

CONTRACT #2017-BH-17

between

CLARK COUNTY

P.O. Box 5000, Vancouver, WA 98666

and

LIFELINE CONNECTIONS

P.O. Box 1678, Vancouver, WA 98668

Program: **Chemical Dependency Treatment Services**
Contract Period: January 1, 2017 through December 31, 2017
Contract Amount: \$1,066,600
Funding Sources: Fund 1952 – Mental Health
 Fund 1954 – Alcohol and Drug
DUNS Number: 104266882
CFDA Numbers: 16.585

Contractor Program Contact	Contractor Fiscal Contact	County Program Contact	County Fiscal Contact
Jared Sanford 360-397-8246 x 7484 jsanford@lifelineconnections.org	Linda Burnham 360-397-8246 x 7518 lburnham@lifelineconnections.org	DeDe Sieler 360-397-2075 x 7823 dede.sielier@clark.wa.gov	John Jokela 360-397-2075 x 7883 john.jokela@clark.wa.gov

By signing below, Clark County, hereinafter referred to as the “County,” and Lifeline Connections, hereinafter referred to as the “Contractor,” agree to the terms of this Contract as well as the County’s General Terms and Conditions which are incorporated herein by reference with the same force and effect as if they were incorporated in full text. The full text version of the County’s General Terms and Conditions are available at <https://www.clark.wa.gov/community-services/general-terms-and-conditions>. Hard copies will be provided by Clark County upon request.

FOR CLARK COUNTY:

FOR LIFELINE CONNECTIONS:

 Mark McCauley, County Manager

DocuSigned by:

 2/23/2017
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 Jared Sanford, Executive Director

APPROVAL AS TO FORM ONLY:

DocuSigned by:

 2/17/2017
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 Amanda Migchelbrink
 Deputy Prosecuting Attorney

**BUDGET SUMMARY
CONTRACT #2017-BH-17
LIFELINE CONNECTIONS**

Nº	STATEMENT OF WORK	PAYMENT TYPE	REVENUE SOURCE	TOTAL BUDGET
1	Chemical Dependency Services	Fee-for-Service and Cost Reimbursement	Fund 1954	\$1,000,000
2	COMET Program	Cost Reimbursement	Fund 1952	\$25,000
3	UA Screening Tests	Fee-for-Service	BJA Grant (CFDA #16.585)	\$41,600
CONTRACT TOTAL				\$1,066,600

**STATEMENT OF WORK #1
CONTRACT #2017-BH-17
LIFELINE CONNECTIONS**

N ^o	STATEMENT OF WORK	PAYMENT TYPE	REVENUE SOURCE	TOTAL BUDGET
1	Chemical Dependency Services	Fee-for-Service and Cost Reimbursement	Fund 1954 Alcohol and Drug	\$1,000,000

1. PURPOSE

The Contractor shall provide chemical dependency treatment services in accordance with the guidelines set forth in Exhibit A and the Department of Community Services General Terms and Conditions.

2. ELIGIBILITY

- 2.1. Funding for this Contract is intended to pay for treatment services for low-income persons of Clark County who are living at or below 220% of the Federal Poverty Level.
- 2.2. Exceptions to these eligibility criteria may be made with the written approval of the County.

3. PAYMENT PROVISIONS

- 3.1. As the payor of last resort for these chemical dependency treatment services, the County will not reimburse the Contractor for any eligible services that would otherwise be covered by MCOs, BH-ASOs, or other insurance companies. Contractor shall be required to submit to the County written evidence with each monthly invoice that its claims were filed and then denied by an MCO, BH-ASO, or commercial insurance company prior to requesting payment by the County.
- 3.2. The Contractor shall assess each consumer's eligibility for third-party coverage and will bill Clark County only for costs that are not covered by a third party. For each consumer, the Contractor shall document its efforts to determine insurance coverage and agrees to allow the County to audit its billing records for proof of said efforts. The Contractor's failure to adequately document consumer coverage will result in a denial of payment or, in the event that payment has already been made, a demand for repayment.
- 3.3. The Contractor agrees to provide the County with complete copies of its contracts with the MCOs and the BH-ASO for the period of this agreement. A copy of the Contractor's current MCO and/or BH-ASO rate schedule must accompany each invoice.

- 3.4. For allowable services other than those specified in Exhibit A, the County will pay on a cost reimbursement basis.

**STATEMENT OF WORK #2
CONTRACT #2017-BH-17
LIFELINE CONNECTIONS**

Nº	STATEMENT OF WORK	PAYMENT TYPE	REVENUE SOURCE	TOTAL BUDGET
2	COMET Program	Cost Reimbursement	Fund 1952 Mental Health	\$25,000

1. OVERVIEW

COMET is a specialized service delivery system that combines Program of Assertive Community Treatment (PACT), the Matrix model for treatment of substance use disorders, and the principles of Integrated Dual Disorder Treatment (IDDT) to deliver integrated substance abuse and mental health treatment services for persons with co-morbid severe and persistent mental illness and substance use disorders.

2. ELIGIBILITY STANDARDS

- 2.1. Consumers funded through this agreement must have a diagnosed substance use and mental health disorder listed in the current DSM.
- 2.2. Funding for this Contract is intended to pay for treatment services for low-income persons of Clark County who are living at or below 220% of the Federal Poverty Level.
- 2.3. Exceptions to these eligibility criteria may be made with the written approval of the County.

3. OBJECTIVES AND GOALS

The Contractor shall provide services that during the course of treatment:

- 3.1. Provide integrated treatment for individuals with co-morbid mental and substance use disorders, utilizing best practices.
- 3.2. Decrease the use of alcohol and other drugs and verify by random UA testing or other approved testing methods. The Contractor will retain UA or other testing results in consumers' records along with documentation of interventions initiated to redirect consumers who continue to use substances.
- 3.3. Improve physical health by initiating the following: (1) When health problems are identified, problems will be entered in consumers' treatment plans along with time-linked interventions to address the problems, and (2) All consumers will be referred to a primary care provider/clinic within 30 days of admission unless

consumer has a primary care provider. Referrals, or documentation that the consumer already has a primary care provider, will be retained in each consumer's record.

- 3.4. Increase housing stability for consumers as measured by number of consumers who attain transitional or stable housing who had transient or no housing upon admission as tracked by consumer interviews and documentation in the consumer's record when housing is secured and status changes.
- 3.5. Increase the number of consumers participating in activities related to employment and/or education as measured by the percent of consumers having vocational and/or educational goals as part of their treatment plan.
- 3.6. Decrease frequency of hospital emergency department visits due to a mental health crisis and/or substance use as measured by change from baseline emergency department visits reported by the consumer in the year prior to admission and documented in the consumer's record at intake and whenever a consumer reports an emergency department visit.
- 3.7. Decrease overall jail days and number of arrests as measured by change from baseline of consumer reported number of arrests and jail days, and by criminal records when available, in the year prior to admission as documented in the consumer's record at intake and whenever jail day and/or arrest information is reported or obtained through other means.

4. SERVICE REQUIREMENTS

The Contractor shall:

- 4.1. Provide services pursuant to the requirements delineated in 70.96A and 71.24 RCW, and 388-865 and 388-805 WAC.
- 4.2. Provide interventions that are consistent with the consumer's phase of treatment (engagement, stabilization, primary treatment, and continuing care) and with the stages of change (pre-contemplation, contemplation, preparation, action, maintenance, and relapse).
- 4.3. Provide group treatment designed to address co-morbid mental and substance use disorders including, but not limited to, relapse prevention that targets both mental health destabilization and substance use relapse triggers, education on the interactions of alcohol and illicit substances with psychotropic medications and neurotransmitters, and improving assertive skills necessary for self-directed recovery.
- 4.4. Staff the COMET team according to best practice standards of care.
- 4.5. Communicate and share information with Clark County Crisis Services.

- 4.6. Connect consumers to services that are consistent with their treatment plans.

5. PROGRAM REQUIREMENTS

- 5.1. The Contractor will participate in outcome development, monitoring, and reporting consistent with the requirements established for County sales tax funding of COMET services.
- 5.2. The Contractor shall maintain and comply with current required policies and procedures in alignment with mental health and substance abuse treatment models used in the Washington State PACT Program Standards, Integrated Dual Disorders Treatment, and MATRIX.

6. PAYMENT

- 6.1. This Statement of Work will be paid on a cost reimbursement basis. Payment will be proportionate to the number of uninsured consumers receiving service during the month as compared to the total number of insured consumers, up to a maximum of 15% over the entire contract period and in accordance with a County-approved COMET budget.
- 6.2. Funding for this contract is intended to pay for services for uninsured, low-income consumers only.
- 6.3. As the payor of last resort for these COMET services, the County will not reimburse the Contractor for any Medicaid-eligible services that would otherwise be covered by MCOs, BH-ASOs, or other insurance companies.
- 6.4. The Contractor shall assess each consumer's eligibility for third-party coverage and will bill Clark County only for costs that are not covered by a third party. For each consumer, the Contractor shall document its efforts to determine insurance coverage and agrees to allow the County to audit its billing records for proof of said efforts. The Contractor's failure to adequately document consumer coverage will result in a denial of payment or, in the event that payment has already been made, a demand for repayment.
- 6.5. The Contractor agrees to provide the County with complete copies of its contracts with the MCOs and the BH-ASO for the period of this agreement.

**STATEMENT OF WORK #3
CONTRACT #2017-BH-17
LIFELINE CONNECTIONS**

**Statement of Work Period
January 1, 2017 through September 30, 2017**

N ^o	STATEMENT OF WORK	PAYMENT TYPE	REVENUE SOURCE	TOTAL BUDGET
3	Urinalysis Screening Tests (Weekends Only)	Cost Reimbursement	BJA Grant (CFDA #16.585)	\$41,600

1. OVERVIEW

Lifeline Connections serves as a treatment provider in the Clark County Therapeutic Specialty Court programs. Research has proven that a best practice in Drug Court models is for frequent and truly randomized urinalysis (UA) testing to occur at a minimum of two tests each week throughout the duration of the program for the most effective model and better outcomes. Due to the rapid elimination rate of most illicit or non-prescribed drugs in urine, testing more frequently (within 48-72 hours) increases the likelihood of detecting substances if present. The continued ability to offer weekend UA testing for traditional drug court participants as well as the individuals who participate in the Drug Offender Sentencing Alternative drug court program is critical to maintaining a best practice standard.

2. PAYMENT PROVISIONS

Payment for this service shall be made on a cost reimbursement basis from January 1, 2017 through September 30, 2017 only.

- The Contract number and the Statement of Work number
 - The name and address of the Contractor
 - A payment request form
 - The signature of a duly-authorized individual
- 4.3. For outpatient treatment services, the Contractor will be paid the same rates as those paid to the Contractor by the Managed Care Organizations (MCOs) under Apple Health.
- 4.4. If a contract exists between the Contractor and an underinsured patient's insurance company, the following applies: The County will pay the Contractor the amount that is the patient's responsibility according to the patient's insurance plan.
- 4.5. If no contract exists between the Contractor and the insurance company, the following applies: The Contractor will be paid the same rates as those paid to the Contractor by the Managed Care Organizations (MCOs) under Apple Health. Any payment provided by the patient's insurance company will be applied against the amount due from the County. If the amount paid by the insurance company exceeds the rates paid by the Managed Care Organizations (MCOs) under Apple Health, the patient's responsibility shall be zero and there shall be no additional payment from the County.
- 4.6. The Contractor shall maintain and submit adequate records to justify the reimbursements being requested. The Contractor is responsible for controlling admissions to ensure it does not to exceed the amount shown in the Statement of Work.
- 4.7. Unless otherwise specified in this Contract, the County shall not pay any claims for services submitted more than ninety (90) days after the calendar month in which the services were performed.
- 4.8. The Contractor agrees to allow the County to make adjustments to the individual budget lines of this Contract when necessary and in the interests of both parties.
- 4.9. The County will review monthly the utilization of Contract funds. If Contract funds are being underutilized, the County may, at its sole discretion, modify the Contract to reallocate funds and/or reduce the amount of this Contract.

5. TERMINATION

- 5.1. The award or continuation of this Contract is dependent upon the availability of future funding. The County's payment obligations are payable only and solely from funds both appropriated and otherwise legally available for this Contract.
- 5.1.1. The absence of initial appropriated or other lawfully-available funds shall render the Contract null and void to the extent funds are not appropriated or available.

- 5.1.2. If the funds upon which the County relied to establish this Contract are withdrawn, reduced, or limited, or if additional or modified conditions are placed on such funding, the County may terminate this Contract by providing no fewer than ten (10) calendar days written notice to the Contractor. The termination shall be effective on the date specified in the notice of termination.
- 5.2. The County shall have the right to terminate this Contract, in whole or in part, with or without cause, any time by providing no fewer than ten (10) calendar days written notice. Upon receipt of a notice of termination, the Contractor shall promptly cease all further work pursuant to this Contract, with such exceptions, if any, specified in the notice of termination. The County shall pay the Contractor, to the extent of funds appropriated or otherwise legally available for such purpose, for all goods delivered, services performed, and obligations incurred prior to the date of termination in accordance with the terms hereof.
- 5.3. Upon termination of this Contract, any unexpended balance of Contract funds will remain with the County. If termination occurs for cause, the Contractor shall immediately, and without notice of presentment, return to the County all funds that were expended in violation of the terms of this Contract.
- 5.4. Any notice required to be given pursuant to the terms of this section shall be in writing and shall be sent by certified or registered mail, return receipt requested, postage prepaid, or by hand delivery, to the receiving party at the address listed on the signature page, or at any other address of which a party has given notice. Notice shall be deemed given on the date of delivery or refusal as shown on the return receipt if delivered by mail, or the date upon which such notice is personally delivered in writing.

6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND/OR VOLUNTARY EXCLUSION

- 6.1. This certification is required by the regulations set forth in Title 2 C.F.R. Part 180. The terms “covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded,” as used in this clause, have the meanings set out in Title 2 C.F.R. Part 180.
- 6.2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction (this section is required, without modification, by County granting agencies).

LOWER TIER COVERED TRANSACTIONS

- a) The lower tier Grantee certifies, by signing this Grant that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any

federal department or agency.

- b) Where the lower tier Grantee is unable to certify to any of the statements in this Grant, such Grantee shall attach an explanation to this Grant.
- 6.3. Before entering into a “covered transaction” with another party at the next lower tier, the Contractor agrees by signing this Contract that it shall first verify that the person or party with whom it intends to do business is not excluded or disqualified. The Contractor may do this by:
- 6.3.1. Checking the Federal Excluded Parties List System at sam.gov; or
 - 6.3.2. Collecting a certification from the person or party; or
 - 6.3.3. Adding a clause or condition to the covered transaction with that person or party that fully meets the requirements set out in Title 2 C.F.R. Part 180.
- 6.4. The Contractor agrees that by signing this Contract that it shall not knowingly enter into any lower tier covered transaction with a person or party who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
- 6.5. The certification in this clause is a material representation of fact upon which reliance is placed at the time of Contract execution and at the time of any subsequent modification(s). If it is at any time determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 6.6. Before hiring any new employee, the Contractor shall conduct a search of the Federal Excluded Parties List System referenced above to ensure that the individual is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. The search must be conducted by the Contractor *prior to* making an employment offer. Evidence of search results must be maintained in the employee’s personnel file.
- 6.7. The Contractor shall maintain written documentation of its compliance with the above-stated requirements and make said documentation available to Clark County for review upon request.
- 6.8. By signing this Contract, the Contractor certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in any federally-funded program by any federal department or agency (Excluded Person) and that no owner, director, officer, or partner with an ownership or control interest in the Contractor is an Excluded Person. In addition, Contractor certifies that no employee or subcontractor of Contractor

who will perform work (whether directly or indirectly) under this Contract is an Excluded Person.

- 6.9. If the Contractor receives federal funds, Contractor shall maintain an active SAM registration with current information at all times. Contractor shall also register for and maintain an active DUNS number.

Business Associate Agreement
between
Clark County Department of Community Services
and
Lifeline Connections

This Business Associate Agreement (BAA) and Qualified Service Organization Agreement (QSOA), (the “Agreement”), is entered into between **Clark County**, by and through its Department of Community Services (the “Covered Entity”), and **Lifeline Connections** (the “Business Associate”).

Recitals

A. Business Associate provides behavioral health services. The provision of these services may, at certain times, involve (i) the use or disclosure of Protected Health Information (as defined below) by Business Associate, (ii) the disclosure of Protected Health Information by Covered Entity (or another business associate of Covered Entity) to Business Associate, or (iii) the creation, receipt, maintenance, or transmission of Electronic Protected Health Information (as defined below) by Business Associate. Accordingly, the use, disclosure, transmission, or maintenance of Protected Health Information by Business Associate is subject to the privacy regulations (the “HIPAA Privacy Regulations”) and the security regulations (the “HIPAA Security Regulations”) promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and 45 C.F.R. Parts 160 and 164 with respect to such Services. This Agreement is intended to document the business associate assurances required by the HIPAA Privacy Regulations (at 45 C.F.R. § 164.504(e)), and the HIPAA Security Regulations (at 45 C.F.R. § 164.314(a)).

B. This Agreement will govern the terms and conditions under which the Covered Entity may disclose or have disclosed to Business Associate, and Business Associate may create, use, disclose, maintain, transmit or receive, Protected Health Information on behalf of Covered Entity. This Agreement will also govern the terms and conditions under which Covered Entity may disclose or have disclosed to Business Associate, and Business Associate may create, receive, maintain or transmit, EPHI on behalf of Covered Entity.

Agreement

1. **Definitions.** Capitalized terms used in this Agreement, but not otherwise defined in this Agreement, shall have the same meanings as those terms in the HIPAA Privacy Regulations and the HIPAA Security Regulations. Unless otherwise stated, a reference to a “Section” is to a Section in this Agreement. For purposes of this Agreement, the following terms shall have the following meanings.

1.1 **Breach.** “Breach” shall have the same meaning as the term “breach” in 45 C.F.R. § 164.402.

1.2 **Designated Record Set.** “Designated Record Set” shall have the same meaning as

the term “designated record set” in 45 C.F.R. § 164.501.

1.3 Electronic Protected Health Information or EPHI. “Electronic Protected Health Information” or “EPHI” shall have the same meaning as the term “electronic protected health information” in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

1.4 Individual. “Individual” shall mean the person who is the subject of Protected Health Information as provided in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

1.5 Individually Identifiable Health Information. “Individually Identifiable Health Information” shall have the same meaning as the term “individually identifiable health information” in 45 C.F.R. § 160.103.

1.6 Protected Health Information or PHI. “Protected Health Information” or “PHI” shall have the same meaning as the term “protected health information” in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

1.7 Required By Law. “Required By Law” shall have the same meaning as the term “required by law” in 45 C.F.R. § 164.103.

1.8 Secretary. “Secretary” shall mean the Secretary of the federal Department of Health and Human Services or that person’s designee.

1.9 Security Incident. “Security Incident” shall have the same meaning as the term “security incident” in 45 C.F.R. § 164.304.

1.10 Unsecured Protected Health Information. “Unsecured Protected Health Information” shall have the same meaning as the term “unsecured protected health information” in 45 C.F.R. § 164.402, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

2. Permitted Uses and Disclosures by Business Associate.

2.1 General. Except as otherwise specified in this Agreement, Business Associate may use or disclose PHI to perform its obligations for, or on behalf of, Covered Entity, provided that such use or disclosure would not violate the HIPAA Privacy Regulations if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

2.2 Other Permitted Uses. Except as otherwise limited by this Agreement, Business Associate may use PHI it receives or creates in its capacity as a business associate of Covered Entity, if necessary:

2.2.1 for the proper management and administration of Business Associate;

2.2.2 to carry out the legal responsibilities of Business Associate; or

2.2.3 to provide Data Aggregation services to Covered Entity which relate to the health care operations of Covered Entity in accordance with the HIPAA Privacy Regulations.

2.3 Other Permitted Disclosures. Except as otherwise limited by this Agreement, Business Associate may disclose to a third party PHI it receives or creates in its capacity as a business associate of Covered Entity for the proper management and administration of Business Associate, provided that:

2.3.1 The disclosure is required by law; or

2.3.2 Business Associate obtains reasonable assurances from the third party to whom the information is disclosed that (i) the PHI will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the third party, and (ii) the third party notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

2.4 De-Identified Information. Health information that has been de-identified in accordance with the requirements of 45 C.F.R. §§ 164.514 and 164.502(d) and is therefore not Individually Identifiable Health Information (“De-Identified Information”) is not subject to the provisions of this Agreement. Covered Entity may disclose PHI to Business Associate to use for the purpose of creating De-Identified Information, whether or not the De-Identified Information is to be used by Covered Entity.

3. Obligations and Activities of Business Associate Regarding PHI.

3.1 Limitations on Uses and Disclosures. Business Associate will not use or further disclose PHI other than as permitted or required by this Agreement or as Required By Law.

3.2 Safeguards. Business Associate will use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.

3.3 Mitigation. Business Associate will mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

3.4 Reporting. Business Associate will report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement of which it becomes aware.

3.5 Agents and Subcontractors. Business Associate will ensure that any agent, including any subcontractor, to whom Business Associate provides PHI received from, or created or received by Business Associate on behalf of, Covered Entity agrees in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

3.6 Access. Where PHI held by Business Associate is contained in a Designated Record Set, within fifteen (15) days of receiving a written request from Covered Entity, Business Associate will make such PHI available to Covered Entity or, as directed by Covered Entity to an Individual, that is necessary for Covered Entity to respond to Individuals’ requests for access to PHI about them in accordance with 45 C.F.R. § 164.524. Business Associate will provide such

PHI in an electronic format upon request by Covered Entity unless it is not readily producible in such format in which case Business Associate will provide Covered Entity a standard hard copy format.

3.7 Amendment of PHI. Where PHI held by Business Associate is contained in a Designated Record Set, within fifteen (15) days of receiving a written request from Covered Entity or an Individual, Business Associate will make any requested amendment(s) or correction(s) to PHI in accordance with 45 C.F.R. § 164.526.

3.8 Disclosure Documentation. Business Associate will document its disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

3.9 Accounting of Disclosures. Within thirty (30) days of receiving a request from Covered Entity, Business Associate will provide to Covered Entity information collected in accordance with Section 3.8 of this Agreement, as necessary to permit Covered Entity to make an accounting of disclosures of PHI about an Individual in accordance with 45 C.F.R. § 164.528.

3.10 Access to Business Associate's Internal Practices. Except to the extent that it violates or interferes with attorney-client privilege, the duty of client confidentiality, or the applicable rules of professional responsibility, Business Associate will make its internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of (a) PHI received from, or created or received by Business Associate on behalf of, Covered Entity; and (b) EPHI created, received, maintained, or transmitted by Business Associate on behalf of Covered Entity, available to the Secretary or to Covered Entity, in a time and manner designated by the Secretary or reasonably specified by Covered Entity, for purposes of the Secretary determining Covered Entity's compliance with the HIPAA Privacy Regulations and HIPAA Security Regulations.

3.11 Breach Notification. Business Associate, following the discovery of a Breach of Unsecured Protected Health Information, shall notify Covered Entity of such breach. Except as otherwise required by law, Business Associate shall provide such notice without unreasonable delay, and in no case later than thirty (30) calendar days after discovery of the Breach.

3.11.1 Notice to Covered Entity required by this Section 3.11 shall include: (i) to the extent possible, the names of the individual(s) whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during the Breach; (ii) a brief description of what happened including the date of the Breach and the date of the discovery of the Breach, if known; (iii) a description of the types of Unsecured Protected Health Information that were involved in the Breach; (iv) a brief description of what Business Associate is doing or will be doing to investigate the Breach, to mitigate harm to the individual(s), and to protect against further Breaches; and (v) any other information that Covered Entity determines it needs to include in notifications to the individual(s) under 45 C.F.R. § 164.404(c).

3.11.2 After receipt of notice, from any source, of a Breach involving Unsecured Protected Health Information used, disclosed, maintained, or otherwise possessed by Business Associate or of a Breach, involving Unsecured Protected Health Information, for which the

Business Associate is otherwise responsible, Covered Entity may in its sole discretion (i) require Business Associate, at Business Associate's sole expense, to use a mutually agreed upon written notice to notify, on Covered Entity's behalf, the individual(s) affected by the Breach, in accordance with the notification requirements set forth in 45 C.F.R. § 164.404, without unreasonable delay, but in no case later than sixty (60) days after discovery of the Breach; or (ii) elect to provide notice to the individual(s) affected by the Breach.

3.12 Performance of Covered Entity's Obligations. To the extent that Business Associate is to carry out an obligation of Covered Entity under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that would apply to Covered Entity in the performance of such obligation.

4. Obligations of Covered Entity.

4.1 Requested Restrictions. Covered Entity shall notify Business Associate, in writing, of any restriction on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, which permits an Individual to request certain restrictions of uses and disclosures, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

4.2 Changes in or Revocation of Permission. Covered Entity will notify Business Associate in writing of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes or revocation may affect Business Associate's use or disclosure of PHI.

4.3 Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy Regulations and HIPAA Security Regulations if done by Covered Entity, except to the extent that Business Associate will use or disclose PHI for Data Aggregation or management and administrative activities of Business Associate.

5. Security Restrictions on Business Associate.

5.1 General. Business Associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by the HIPAA Security Regulations.

5.2 Agents; Subcontractors. Business Associate will ensure that any agent, including a subcontractor, to whom Business Associate provides EPHI agrees to implement reasonable and appropriate safeguards to protect the confidentiality, integrity, and availability of such EPHI.

5.3 Reporting of Security Incidents. Business Associate shall report to Covered Entity any Security Incident affecting EPHI created, received, maintained, or transmitted by Business Associate on behalf of Covered Entity, of which Business Associate becomes aware. This Section constitutes notice to Covered Entity of routine and ongoing attempts to gain unauthorized access to Business Associate's information systems (each an "Unsuccessful Attack"), including but not limited to pings, port scans, and denial of service attacks, for which no additional notice shall be required provided that no such incident results in unauthorized

access to Electronic PHI.

5.4 HIPAA Security Regulations Compliance. Business Associate agrees to comply with Sections 164.308, 164.310, 164.312, and 164.316 of title 45, Code of Federal Regulations.

6. Term and Termination.

6.1 Term. This Agreement shall take effect on the Effective Date (as defined below), and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section 6.

6.2 Termination for Cause. If Covered Entity determines that Business Associate has breached a material term of this Agreement, Covered Entity will provide written notice to Business Associate which sets forth Covered Entity's determination that Business Associate breached a material term of this Agreement, and Covered Entity may:

6.2.1 Provide written notice to Business Associate which provides an opportunity for Business Associate to cure the breach or end the violation, as applicable. If Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, then Covered Entity may immediately thereafter terminate this Agreement; or

6.2.2 Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible.

6.2.3 If neither termination nor cure is feasible as provided in Sections 6.2.1 and 6.2.2 of this Agreement, Covered Entity will report the violation to the Secretary.

6.3 Effect of Termination.

6.3.1 Except as provided in Section 6.3.2 of this Agreement, upon termination of this Agreement, for any reason, Business Associate will return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision also applies to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate will retain no copies of the PHI.

6.3.2 In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate will provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon reasonable determination that return or destruction of PHI is infeasible, Business Associate will extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

7. Qualified Service Organization Agreement. Covered Entity and Business Associate hereby acknowledge that Business Associate and its agents and employees have, as applicable, complied, and will comply, with 42 USC §290dd-2 and 42 CFR Ch. 1, part 2, §§2.11 et seq. (the "Federal Drug and Alcohol Regulations") in that:

7.1 The parties acknowledge that if Business Associate receives, processes, reviews, or otherwise deals with any Covered Entity consumer records during the course of the Services Business Associate and its employees will be providing to Covered Entity, that each and every one of said employees will be fully bound by the Federal Drug and Alcohol Regulations;

7.2 Each of Business Associate's employees and agents will maintain Covered Entity's consumer identifying information in accordance with federal and state confidentiality rules governing drug and alcohol treatment records;

7.3 Each of Business Associate's employees and agents will comply, as applicable, with the limitations on disclosure, re-disclosure and use set forth in 42 CFR Ch. 1, part 2, §§ 2.16 and 2.53; and

7.4 If necessary, each of Business Associate's employees and agents will resist in judicial proceedings any efforts to obtain access to consumer records except as permitted by the Federal Drug and Alcohol Regulations.

8. Miscellaneous.

8.1 Regulatory References. A reference in this Agreement to a section in the HIPAA Privacy Regulations or the HIPAA Security Regulations means the section as in effect or as amended.

8.2 Amendment. If any new state or federal law, rule, regulation, or policy, or any judicial or administrative decision, affecting the use or disclosure of PHI is enacted or issued, including but not limited to any law or regulation affecting compliance with the requirements of the HIPAA Privacy Regulations or the HIPAA Security Regulations, the parties agree to take such action in a timely manner and as is necessary for Covered Entity and Business Associate to comply with such law, rule, regulation, policy or decision. If the parties are not able to agree on the terms of such an amendment, either party may terminate this Agreement on at least thirty (30) days' prior written notice to the other party.

8.3 Survival. The respective rights and obligations of Business Associate under Section 6.3 of this Agreement ("Effect of Termination") shall survive the termination of this Agreement.

8.4 Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the Federal Drug and Alcohol Regulations. The section and paragraph headings of this Agreement are for the convenience of the reader only, and are not intended to act as a limitation of the scope or meaning of the sections and paragraphs themselves.

8.5 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Business Associate and Covered Entity and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

8.6 Assignment. This Agreement shall not be assigned or otherwise transferred by either party without the prior written consent of the other, which consent shall not be

unreasonably withheld; provided that no such consent shall be required for either party's assignment or transfer of this Agreement in connection with a sale or transfer of all or substantially all of the business or assets of the assigning party. This Agreement shall be binding on and inure to the benefit of the parties hereto and their permitted successors and assigns.

8.7 Entire Agreement. This Agreement constitutes the entire agreement between the parties as to its subject matter and supersedes all prior communications, representations, and agreements, oral or written, of the parties with respect to its subject matter.

8.8 Severability and Waiver. The invalidity of any term or provision of this Agreement will not affect the validity of any other provision. Waiver by any party of strict performance of any provision of this Agreement will not be a waiver of or prejudice any party's right to require strict performance of the same provision in the future or of any other provision of this Agreement.

8.9 Notices. Any notices permitted or required by this Agreement will be addressed as follows or to such other address as either party may provide to the other:

If to Covered Entity: Clark County
 Department of Community Services
 Attn.: Contract Section
 P.O. Box 5000
 Vancouver, WA 98666

If to Business Associate: Lifeline Connections
 Attn.: Executive Director
 P.O. Box 1678
 Vancouver, WA 98668

EXHIBIT A

**REQUIREMENTS FOR COUNTY-FUNDED
BEHAVIORAL HEALTH SERVICES**

The behavioral health services funded by the Clark County sales and use tax are provided in accordance with the Revised Code of Washington, Sections 70.96A and 71.24, and the Washington Administrative Code, Sections 388-865 and 388-805.

REQUIREMENTS

1. The County is the payer of last resort for these services and will not reimburse the Contractor for any Medicaid-eligible services that would otherwise be covered by MCOs, BH-ASOs, or other insurance companies.
2. Funding for this Contract is intended to pay for treatment services for low-income persons in Clark County who are living at or below 220% of the Federal Poverty Level.
3. The Contractor shall assess each consumer’s eligibility for third-party coverage and will bill Clark County only for costs that are not covered by a third party. For each consumer, the Contractor shall document its efforts to determine insurance coverage and agrees to allow the County to audit its billing records for proof of said efforts. The Contractor’s failure to adequately document consumer coverage may result in a denial of payment or, in the event that payment has already been made, a demand for repayment.
4. The County shall pay for these services as shown below:

FOR PATIENTS WITH:	CLARK COUNTY WILL PAY THE CONTRACTOR FOR:
COMMERCIAL INSURANCE WHO ARE UNDERINSURED	The amount that is the patient’s responsibility according to the patient’s insurance plan
MEDICAID	Non-covered Medicaid services at the same rates paid by Managed Care Organizations (MCOs)
NO INSURANCE	Covered and non-covered services at the same rates paid by Managed Care Organizations (MCOs)