



Master Contract No. 900077  
Procurement Contract No. 27090  
Contract History Info: Original

## COMMUNITY-BASED ORGANIZATION (CBO) MASTER CONTRACT AMENDMENT COVERSHEET

This Master Contract Amendment, effective as of July 1, 2024, is a part of the Community Based Organization Master Contract (No. 900077) made and entered into by and between the County of Alameda ("County"), and Alameda Health System hereinafter referred to as the "Contractor".

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference, and hereinafter referred to as "Procurement Contract No. 27090" or the "Procurement Contract":

1. **Exhibit A** – Program Description and Performance Requirements;
2. **Exhibit B** – Terms of Payment;
3. **Exhibit C** – Insurance Requirements;
4. **Exhibit D** – Debarment and Suspension Certification;
5. **Exhibit E** – HIPAA Business Associate Agreement; and
6. **Exhibit F** – Audit Requirements.

The Exhibits above replace and supersede any and all previous Exhibits for this Procurement Contract. Except as herein amended, the Master Contract is continued in full force and effect.

The Term of this Procurement Contract shall be from July 1, 2024 through June 30, 2027. The compensation payable to Contractor hereunder shall not exceed \$600,000 for the term of this Procurement Contract.

Dept. Contact Erica Campos Phone (510) 618-2024 Email Erica.campos@acgov.org

The signatures below signify that attached Exhibits have been received, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract. IN WITNESS WHEREOF and for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree hereto have executed this Procurement Contract, effective as of the date of execution by the County. By signing below, signatory warrants and represents that he/she executed this Procurement Contract in his/her authorized capacity and that by his/her signature on this Procurement Contract, he/she or the entity upon behalf of which he/she acted, executed this Procurement Contract.

### COUNTY OF ALAMEDA

DocuSigned by:  
By Aneeka Chaudhry Date 7/17/2024  
E20638BBE6B64AD...  
Signature

Name For Colleen Chawla

Title Director, Health Care Services Agency

### ALAMEDA HEALTH SYSTEM

DocuSigned by:  
By Mark Fratzke Date 7/17/2024  
F877E453B5...  
Signature

Name Mark Fratzke

Title Chief Operating Officer

### APPROVED AS TO FORM

DocuSigned by:  
By K. Joon Oh Date 7/18/2024  
EFDCE3E661804A0...  
Signature

Name K. Joon Oh

Title Deputy County Counsel

**EXHIBIT A**  
**ALAMEDA HEALTH SYSTEM - HIGHLAND GENERAL HOSPITAL (AHS/HGH)**  
**AND**  
**ALAMEDA COUNTY EMS (ALCO EMS)**  
**AGREEMENT FOR THE PROVISION OF ONLINE MEDICAL DIRECTION FOR EMS CLINICIANS**

**1. SCOPE OF SERVICES:**

- 1.1. AHS/HGH shall provide twenty-four (24) hours a day, three hundred sixty-five (365) days a year online medical direction from a physician for emergency medical services paramedics and emergency medical technicians (EMT) (collectively hereinafter, "EMS clinicians") operating within Alameda County via a dedicated telephone line.
- 1.2. All calls for medical direction to this dedicated phone line must have the following:
  - 1.2.1. Be answered by an approved base hospital physician as determined by the base hospital medical director and criteria listed within this agreement.
  - 1.2.2. If not answered by a base physician, the transfer time from the clerk or other non-base physician party shall be no more than sixty (60) seconds ninety (90%) percent of the time.
  - 1.2.3. Be recorded from time of first phone call ring to the termination of the call.
  - 1.2.4. All call recordings must be retained for seven (7) years per 22 CCR Section 72543 (a)
  - 1.2.5. All call recordings must be easily and digitally accessible to ALCO EMS for review.
- 1.3. Should a failure of the dedicated telephone line occur, AHS/HGH shall make notification to the ALCO EMS Duty Officer and notification to the field through Alameda County Regional Emergency County Communications (ACRECC). For the duration of the failure, field personnel shall utilize the landline within the emergency room that has capacity to record or the East Bay Regional Communications Systems Authority (EBRCSA) two-way radio system, located in the Emergency Department and used by EMS personnel for notification of incoming patients, to facilitate communication between the base hospital physician and EMS clinicians for online medical direction until telephone service is restored. Once restored, notification to the ALCO EMS Duty Officer and ACRECC shall occur.
  - 1.3.1. If the EBRCSA radio is utilized as an alternative for base hospital contact during a system failure, ALCO EMS shall obtain and provide the recordings to the base hospital coordinator with 72 hours of request for review and QI processes.

- 1.4. If at any time, AHS/HGH is temporarily unable to provide the services described above, due to equipment and/or technology failure or for any other reason, AHS/HGH shall notify the ALCO EMS Duty Officer immediately about the interruption in services, expected duration of service interruption, and the plan for service restoration. Within 24 hours of any service interruption, the base hospital medical director shall provide a written report to ALCO EMS regarding the cause of the interruption, mitigation measures taken, and plans to prevent future service interruption(s).
- 1.5. AHS/HGH shall maintain all insurance, licensures, and accreditations necessary to perform as an emergency department and/or Base Hospital.
- 1.6. AHS/HGH shall adhere to all applicable ALCO EMS policies and procedures pertaining to the base hospital's role in the EMS system and applicable State Statutes and Regulations.

## **2. PERSONNEL:**

- 2.1. AHS/HGH shall employ a physician to serve in the position of base hospital medical director in accord with the standards outlined 22 CCR 100169(b)(9).
- 2.2. In accordance with 22 CCR 100169(b)(10), AHS/HGH shall appoint a base hospital coordinator who is a currently licensed registered nurse in California with experience in and knowledge of base hospital operations and ALCO EMS policies and procedures. The base hospital coordinator shall serve as a liaison to ALCO EMS.
- 2.3. The base hospital medical director will identify physicians in the emergency department who are qualified to provide online medical direction and ensure that they complete the approved base hospital physician training program prior to the provision of online medical direction. Identified base physicians shall remain up to date with any base hospital physician training program updates as well as updates to ALCO EMS policy and protocols.
- 2.4. AHS/HGH shall maintain a list of qualified base hospital physicians. This information shall be updated annually on August 1<sup>st</sup> and as new employees are hired or resign and this list shall be provided to ALCO EMS upon request.

## **3. QUALITY IMPROVEMENT**

- 3.1. Within 90 days of the execution of this Procurement Contract, AHS/HGH shall submit a detailed Quality Improvement (QI) plan to ALCO EMS outlining the mechanisms for assuring services and compliance with the terms of this Procurement Contract.

3.2. The QI plan shall include a provision that one hundred percent (100%) of calls made to the base hospital physician are reviewed for, but are not limited to, the following measurements:

3.2.1. Operational:

- Compliance with call answer times as outlined in Section 1.2 of this agreement
- Professionalism of physician and EMS clinician
- Communication by the physician and EMS clinician

3.2.2. Clinical:

- Type/reason for initiation of the call
- Whether EMS protocol deviation was recommended by either the physician or the EMS clinician
- Whether EMS clinician request for intervention was approved or denied
- Appropriateness of EMS clinician care and online medical direction decisions

#### **4. TRAINING AND EDUCATION**

4.1. AHS/HGH in collaboration with ALCO EMS, will develop and maintain a training program to prepare physicians to provide online medical direction which will include, but not be limited to:

- ALCO EMS patient treatment protocols and procedures
- EMT and paramedic personnel scope of practice
- Knowledge of in-county and adjacent county specialty care resources/capabilities
- Geographic and demographic considerations
- Education on utilizing the backup ALCO EMS two-way radio system in case of telephone line failure

4.2. AHS/HGH will conduct annual training with all base hospital physicians based upon the EMS protocol changes/updates developed by ALCO EMS by January 1<sup>st</sup> of each year. A copy of this annual training shall be provided to ALCO EMS upon request.

4.3. AHS/HGH will provide written feedback to physicians providing online medical direction when an opportunity for improvement in medical care/direction was identified in the quality improvement plan outlined in Section 3.2

4.4. AHS/HGH will participate in the monthly ALCO EMS base hospital contact review meetings by performing the following:

- Selection of calls to review
- Preparation of a presentation to discuss the selected calls

- Collaboration with ALCO EMS and ALCO EMS physician fellows for the review and presentation of these calls.

4.5. AHS/HGH will provide continuing education on current topics of interest in emergency medicine relevant to the prehospital environment, on an annual basis, to EMS field clinicians. AHS/HGH will provide a total of eight (8) hours of Continuing education for EMS clinicians per calendar year at no cost to the EMS clinicians. Education provided under this agreement shall be separate and distinct from any other educational requirements contractually obligated through other agreements between ALCO EMS and AHS/HGH to include but not limited to specialty care agreements.

4.6. AHS/HGH will achieve and maintain continuous approval as a Continuing Education Provider with ALCO EMS in order to issue continuing education hour credits to EMS clinicians.

## **5. EQUIPMENT**

5.1. AHS/HGH shall acquire and maintain communication, recording, storage, and any other equipment and/or other technology necessary to provide the services as described in this agreement.

## **6 DELIVERABLES AND REPORTING**

### **6.1 AHS/HGH Deliverables:**

6.1.1 AHS/HGH shall provide to ALCO EMS electronic quarterly reports no later than 15 days following the end of each quarter, which include, at minimum, the following:

- Total calls received
- Types of calls handled (e.g. trauma, medical, refusals etc.)
- Quality improvement trends identified, and steps taken to correct
- Review report on each call received
- ALCO EMS reserves the right to request additional data elements or metrics with a minimum of 30-day notice prior to collection of the new element or metric.

6.1.2 AHS/HGH will provide ALCO EMS with access to all call recordings generated during a base hospital consultation.

6.1.3 AHS/HGH shall identify base hospital calls that have been selected for review as outlined in section 4.4 of this agreement to ALCO EMS by the 1<sup>st</sup> day of each month

6.1.4 AHS/HGH shall notify ALCO EMS of any services failures as outlined in Sections 1.4 of this Procurement Contract

6.1.5 AHS/HGH shall provide ALCO EMS with a QI plan as outlined in Section 3.1 of this Procurement Contract

## 6.2 ALCO EMS Deliverables

6.2.1 ALCO EMS will provide the necessary content for the annual training listed in section 4.2 of this Procurement Contract by October 1st of each year

6.2.2 AHS/HGH shall provide ALCO EMS the curriculum for education developed pursuant to section 4.5 of this agreement. Additionally, within 60 days after each annual training cycle, AHS/HGH shall provide ALCO EMS with a report detailing the number of EMTs and/or paramedics that were provided the education and issued CEs as well as a summary of feedback received through course evaluations completed by those completing the education.

## **EXHIBIT B**

### **ALAMEDA HEALTH SYSTEM - HIGHLAND GENERAL HOSPITAL (AHS/HGH) AND ALAMEDA COUNTY EMS (ALCO EMS) AGREEMENT FOR THE PROVISION OF ONLINE MEDICAL DIRECTION FOR EMS CLINICIANS**

#### **PAYMENT TERMS**

COUNTY will pay AHS/HGH the amount not to exceed \$600,000.00 under this Procurement Contract for online medical direction services provided as outlined in Exhibit A.

Payment for online medical direction services shall be payable quarterly on receipt, review, and approval of invoices by Alameda County Emergency Medical Services (EMS) Director as noted in the table below.

Quarterly Period	Amount
FY24-25 Q1 (July-Sept 2024)	\$50,000.00
FY24-25 Q2 (Oct-Dec 2024)	\$50,000.00
FY24-25 Q3 (Jan-Mar 2025)	\$50,000.00
FY24-25 Q4 (Apr-Jun 2025)	\$50,000.00
FY25-26 Q1 (July-Sept 2025)	\$50,000.00
FY25-26 Q2 (Oct-Dec 2025)	\$50,000.00
FY25-26 Q3 (Jan-Mar 2026)	\$50,000.00
FY25-26 Q4 (Apr-Jun 2026)	\$50,000.00
FY26-27 Q1 (July-Sept 2026)	\$50,000.00
FY26-27 Q2 (Oct-Dec 2026)	\$50,000.00
FY26-27 Q3 (Jan-Mar 2027)	\$50,000.00
FY26-27 Q4 (Apr-Jun 2027)	\$50,000.00

All invoices shall be submitted 90 days after service rendered quarterly. Invoices submitted after 90 days of services rendered quarterly shall be considered untimely and shall be ineligible for payment.

Payment of online medical direction services shall be subject to AHS/HGH's full compliance with the online medical direction service requirements specified in Exhibit A.

Assessed penalties for non-compliance as described below shall be deducted from the next scheduled quarterly payment.

#### **NON-COMPLIANCE**

Any failure(s) detailed below will result in ALCO EMS withholding payment in the amount of the incurred penalty for the quarter in which the failure occurred.

Failure to comply with Exhibit A, Sections 6.1.1, 6.1.2, and 6.1.3 will result in the assessment of a \$250.00 per day penalty until the listed deliverables are received by ALCO EMS.

Failure to comply with Exhibit A, Section 6.1.4 will result in the assessment of a \$1,000.00 per day penalty until satisfactory resolution is achieved.

Failure to meet compliance in the same section of the Procurement Contract for more than one (1) consecutive quarter shall require submission of a corrective action plan (CAP) detailing actions to be taken to achieve compliance within the subsequent quarter. Non-consecutive patterns of non-compliance for the same sections noted over a rolling one-year period shall also be subject to requiring a CAP at the sole discretion of ALCO EMS.




**EXHIBIT C**  
**COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS**

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
<b>A</b>	<b>Commercial General Liability</b> Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
<b>B</b>	<b>Commercial or Business Automobile Liability</b> All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
<b>C</b>	<b>Workers' Compensation (WC) and Employers Liability (EL)</b> Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
<b>D</b>	<b>Professional Liability/Errors &amp; Omissions</b> Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate
<b>E</b>	<p><b><u>Endorsements and Conditions:</u></b></p> <ol style="list-style-type: none"> <li><b>ADDITIONAL INSURED:</b> All insurance required above with the exception of Professional Liability, Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li> <li><b>DURATION OF COVERAGE:</b> All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.</li> <li><b>REDUCTION OR LIMIT OF OBLIGATION:</b> All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.</li> <li><b>INSURER FINANCIAL RATING:</b> Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.</li> <li><b>SUBCONTRACTORS:</b> Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li> <li><b>JOINT VENTURES:</b> If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> <li>Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.</li> <li>Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".</li> </ul> </li> <li><b>CANCELLATION OF INSURANCE:</b> All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.</li> <li><b>CERTIFICATE OF INSURANCE:</b> Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.</li> </ol>	



## CERTIFICATE OF COVERAGE

<b>Named Member:</b> Alameda Health System 1411 E. 31st Street Oakland, CA 94602		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.										
<b>Broker:</b> James & Gable Insurance Brokers 1660 Olympic Blvd., Suite 325 Walnut Creek, CA 94596												
<b>Certificate Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Retroactive Date</b>									
AL-23-067	07/01/2023 at 12:01 a.m.	07/01/2024 at 12:01 a.m.	N/A									
<b>Type of Coverage:</b> <input checked="" type="checkbox"/> Automobile Liability and Physical Damage Coverage - Occurrence												
<b>Limits of Liability:</b> \$20,000,000 Each Accident, Combined Single Limit <b>The Combined Single Limit is subject to the following limits:</b> <table border="0"> <tr> <td>Bodily Injury and Property Damage Liability</td> <td>\$20,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Uninsured/Underinsured Motorist</td> <td>\$1,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Medical Payments</td> <td>\$5,000</td> <td>Each Accident</td> </tr> </table>				Bodily Injury and Property Damage Liability	\$20,000,000	Each Accident	Uninsured/Underinsured Motorist	\$1,000,000	Each Accident	Medical Payments	\$5,000	Each Accident
Bodily Injury and Property Damage Liability	\$20,000,000	Each Accident										
Uninsured/Underinsured Motorist	\$1,000,000	Each Accident										
Medical Payments	\$5,000	Each Accident										
<b>Deductible:</b> <table border="0"> <tr> <td>Comprehensive:</td> <td>\$250</td> <td>Each Loss</td> </tr> <tr> <td>Collision:</td> <td>\$500</td> <td>Each Loss</td> </tr> </table>				Comprehensive:	\$250	Each Loss	Collision:	\$500	Each Loss			
Comprehensive:	\$250	Each Loss										
Collision:	\$500	Each Loss										
<b>Description of Coverage:</b> Automobile Liability and Physical Damage Coverage - Occurrence												
<b>Issue Date:</b> June 23, 2023												
<b>Certificate Holder:</b> FOR INFORMATION ONLY		<b>Authorized Representative:</b>  Michele D. Reager, CPCU Vice President of Underwriting										



## CERTIFICATE OF COVERAGE

<b>Named Member:</b> Alameda Health System 1411 E. 31st Street Oakland, CA 94602		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.	
<b>Broker:</b> James & Gable Insurance Brokers 1660 Olympic Blvd., Suite 325 Walnut Creek, CA 94596			
<b>Certificate Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Retroactive Date *</b>
HCL-23-067	07/01/2023 at 12:01 a.m.	07/01/2024 at 12:01 a.m.	07/01/1998 at 12:01 a.m.
<b>Type of Coverage:</b> <input checked="" type="checkbox"/> Professional Liability - Claims Made and Reported <input checked="" type="checkbox"/> General Liability - Occurrence			
<b>Limits of Liability:</b> \$30,000,000 Per Claim \$40,000,000 Aggregate Per Contract Period		<b>Deductible:</b> \$500,000 Per Claim \$1,500,000 Aggregate Per Contract Period	
<b>Description of Coverage:</b> Evidence of Healthcare Entity Professional Liability, Bodily Injury & Property Damage Liability, Personal Injury and Advertising Injury Liability, and Employee Benefit Liability coverage			
<b>Issue Date:</b> June 23, 2023			
<b>Certificate Holder:</b> FOR INFORMATION ONLY		<b>Authorized Representative:</b> <div style="text-align: center; margin-top: 10px;"> </div> Michele D. Reager, CPCU Vice President of Underwriting	

\* the retroactive date applies to claims made coverage only



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  James + Gable Insurance Brokers (Walnut Creek) 1660 Olympic Blvd., Ste 325 Walnut Creek, CA 94596	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 9259433264	<b>FAX (A/C, No):</b> 9259324260
<b>INSURED</b> Alameda Health System Alameda Health Partners East Bay Medical Group 1411 E. 31st Street HCP Building, QIC 22103 Oakland, CA 94602 Phone: 5104374354	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b>	
	<b>INSURER B:</b> BETA Risk Management Authority	
	<b>INSURER C:</b> Safety National Casualty Corporation	
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N		N/A				WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Excess Workers' Compensation			BETA-XWC-23-067	07/01/23	07/01/24	\$1,000,000 Excess of \$2,000,000 SIR
C	Excess Workers' Compensation			SR 4066651	07/01/23	07/01/24	Statutory Limits Excess of \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Alameda Health System/Alameda Health Partners/East Bay Medical Group, \$2M Self Insured Retention (SIR)

**CERTIFICATE HOLDER****CANCELLATION**

Insured's Copy     Phone: _____ Fax: _____	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michele Reager

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ACORD 25 (2010/05)

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## EXHIBIT D

### COUNTY OF ALAMEDA

#### DEBARMENT AND SUSPENSION CERTIFICATION

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000).

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named and unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Alameda Health System

PRINCIPAL: Mark Fratzke TITLE: Chief Operating Officer

SIGNATURE:  DATE: 7/17/2024

## **EXHIBIT E**

### **HIPAA BUSINESS ASSOCIATE AGREEMENT**

This Exhibit, the HIPAA Business Associate Agreement (“Exhibit”) supplements and is made a part of the underlying agreement (“Agreement”) by and between the County of Alameda, (“County” or “Covered Entity”) and Alameda Health System, (“Contractor” or “Business Associate”) to which this Exhibit is attached. This Exhibit is effective as of the effective date of the Agreement.

#### **I. RECITALS**

Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”);

Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the “HITECH Act”), the regulations promulgated thereunder by the U.S. Department of Health and Human Services (the “HIPAA Regulations”), and other applicable laws; and

The Privacy Rule and the Security Rule in the HIPAA Regulations require Covered Entity to enter into a contract, containing specific requirements, with Business Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, sections 164.314(a), 164.502(e), and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and as contained in this Agreement.

#### **II. STANDARD DEFINITIONS**

Capitalized terms used, but not otherwise defined, in this Exhibit shall have the same meaning as those terms are defined in the HIPAA Regulations. In the event of an inconsistency between the provisions of this Exhibit and the mandatory provisions of the HIPAA Regulations, as amended, the HIPAA Regulations shall control. Where provisions of this Exhibit are different than those mandated in the HIPAA Regulations, but are nonetheless permitted by the HIPAA Regulations, the provisions of this Exhibit shall control. All regulatory references in this Exhibit are to HIPAA Regulations unless otherwise specified.

The following terms used in this Exhibit shall have the same meaning as those terms in the HIPAA Regulations: Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Health Plan, Individual, Limited Data Set, Marketing, Minimum Necessary, Minimum Necessary Rule, Protected Health Information, and Security Incident.

The following term used in this Exhibit shall have the same meaning as that term in the HITECH Act: Unsecured PHI.

### III. SPECIFIC DEFINITIONS

*Agreement.* “Agreement” shall mean the underlying agreement between County and Contractor, to which this Exhibit, the HIPAA Business Associate Agreement, is attached.

*Business Associate.* “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. section 160.103, the HIPAA Regulations, and the HITECH Act, and in reference to a party to this Exhibit shall mean the Contractor identified above. “Business Associate” shall also mean any subcontractor that creates, receives, maintains, or transmits PHI in performing a function, activity, or service delegated by Contractor.

*Contractual Breach.* “Contractual Breach” shall mean a violation of the contractual obligations set forth in this Exhibit.

*Covered Entity.* “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. section 160.103, and in reference to the party to this Exhibit, shall mean any part of County subject to the HIPAA Regulations.

*Electronic Protected Health Information.* “Electronic Protected Health Information” or “Electronic PHI” means Protected Health Information that is maintained in or transmitted by electronic media.

*Exhibit.* “Exhibit” shall mean this HIPAA Business Associate Agreement.

*HIPAA.* “HIPAA” shall mean the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

*HIPAA Breach.* “HIPAA Breach” shall mean a breach of Protected Health Information as defined in 45 C.F.R. 164.402, and includes the unauthorized acquisition, access, use, or Disclosure of Protected Health Information which compromises the security or privacy of such information.

*HIPAA Regulations.* “HIPAA Regulations” shall mean the regulations promulgated under HIPAA by the U.S. Department of Health and Human Services, including those set forth at 45 C.F.R. Parts 160 and 164, Subparts A, C, and E.

*HITECH Act.* “HITECH Act” shall mean the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the “HITECH Act”).

*Privacy Rule and Privacy Regulations.* “Privacy Rule” and “Privacy Regulations” shall mean the standards for privacy of individually identifiable health information set forth in the HIPAA Regulations at 45 C.F.R. Part 160 and Part 164, Subparts A and E.

*Secretary.* "Secretary" shall mean the Secretary of the United States Department of Health and Human Services ("DHHS") or his or her designee.

*Security Rule and Security Regulations.* "Security Rule" and "Security Regulations" shall mean the standards for security of Electronic PHI set forth in the HIPAA Regulations at 45 C.F.R. Parts 160 and 164, Subparts A and C.

#### **IV. PERMITTED USES AND DISCLOSURES OF PHI BY BUSINESS ASSOCIATE**

Business Associate may only use or disclose PHI:

- A. As necessary to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or Disclosure would not violate the Privacy Rule if done by Covered Entity;
- B. As required by law; and
- C. For the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

#### **V. PROTECTION OF PHI BY BUSINESS ASSOCIATE**

- A. *Scope of Exhibit.* Business Associate acknowledges and agrees that all PHI that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording and electronic display, by Covered Entity or its operating units to Business Associate, or is created or received by Business Associate on Covered Entity's behalf, shall be subject to this Exhibit.
- B. *PHI Disclosure Limits.* Business Associate agrees to not use or further disclose PHI other than as permitted or required by the HIPAA Regulations, this Exhibit, or as required by law. Business Associate may not use or disclose PHI in a manner that would violate the HIPAA Regulations if done by Covered Entity.



- C. *Minimum Necessary Rule.* When the HIPAA Privacy Rule requires application of the Minimum Necessary Rule, Business Associate agrees to use, disclose, or request only the Limited Data Set, or if that is inadequate, the minimum PHI necessary to accomplish the intended purpose of that use, Disclosure, or request. Business Associate agrees to make uses, Disclosures, and requests for PHI consistent with any of Covered Entity's existing Minimum Necessary policies and procedures.
- D. *HIPAA Security Rule.* Business Associate agrees to use appropriate administrative, physical and technical safeguards, and comply with the Security Rule and HIPAA Security Regulations with respect to Electronic PHI, to prevent the use or Disclosure of the PHI other than as provided for by this Exhibit.
- E. *Mitigation.* Business Associate agrees to 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 Exhibit. Mitigation includes, but is not limited to, the taking of reasonable steps to ensure that the actions or omissions of employees or agents of Business Associate do not cause Business Associate to commit a Contractual Breach.
- F. *Notification of Breach.* During the term of the Agreement, Business Associate shall notify Covered Entity in writing within twenty-four (24) hours of any suspected or actual breach of security, intrusion, HIPAA Breach, and/or any actual or suspected use or Disclosure of data in violation of any applicable federal or state laws or regulations. This duty includes the reporting of any Security Incident, of which it becomes aware, affecting the Electronic PHI. Business Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized use or Disclosure required by applicable federal and/or state laws and regulations. Business Associate shall investigate such breach of security, intrusion, and/or HIPAA Breach, and provide a written report of the investigation to Covered Entity's HIPAA Privacy Officer or other designee that is in compliance with 45 C.F.R. section 164.410 and that includes the identification of each individual whose PHI has been breached. The report shall be delivered within fifteen (15) working days of the discovery of the breach or unauthorized use or Disclosure. Business Associate shall be responsible for any obligations under the HIPAA Regulations to notify individuals of such breach, unless Covered Entity agrees otherwise.
- G. *Agents and Subcontractors.* Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions, conditions, and requirements that apply through this Exhibit to Business Associate with respect to such information. Business Associate shall obtain written contracts agreeing to such terms from all agents and subcontractors. Any subcontractor who contracts for another company's services with regards to the PHI shall likewise obtain written contracts agreeing to such terms. Neither Business Associate nor any of its subcontractors may subcontract with respect to this Exhibit without the advanced written consent of Covered Entity.
- H. *Review of Records.* Business Associate agrees to make internal practices, books, and records relating to the use and Disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity available to Covered Entity, or at the request of Covered Entity to the Secretary, in a time and manner designated by Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the HIPAA Regulations. Business Associate agrees to make copies of its HIPAA training records and HIPAA business associate agreements with agents and subcontractors available to Covered

Entity at the request of Covered Entity.

- I. *Performing Covered Entity's HIPAA Obligations.* To the extent Business Associate is required to carry out one or more of Covered Entity's obligations under the HIPAA Regulations, Business Associate must comply with the requirements of the HIPAA Regulations that apply to Covered Entity in the performance of such obligations.
- J. *Restricted Use of PHI for Marketing Purposes.* Business Associate shall not use or disclose PHI for fundraising or Marketing purposes unless Business Associate obtains an Individual's authorization. Business Associate agrees to comply with all rules governing Marketing communications as set forth in HIPAA Regulations and the HITECH Act, including, but not limited to, 45 C.F.R. section 164.508 and 42 U.S.C. section 17936.
- K. *Restricted Sale of PHI.* Business Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of Covered Entity and as permitted by the HITECH Act, 42 U.S.C. section 17935(d)(2); however, this prohibition shall not affect payment by Covered Entity to Business Associate for services provided pursuant to the Agreement.
- L. *De-Identification of PHI.* Unless otherwise agreed to in writing by both parties, Business Associate and its agents shall not have the right to de-identify the PHI. Any such de-identification shall be in compliance with 45 C.F.R. sections 164.502(d) and 164.514(a) and (b).
- M. *Material Contractual Breach.* Business Associate understands and agrees that, in accordance with the HITECH Act and the HIPAA Regulations, it will be held to the same standards as Covered Entity to rectify a pattern of activity or practice that constitutes a material Contractual Breach or violation of the HIPAA Regulations. Business Associate further understands and agrees that: (i) it will also be subject to the same penalties as a Covered Entity for any violation of the HIPAA Regulations, and (ii) it will be subject to periodic audits by the Secretary.

## **VI. INDIVIDUAL CONTROL OVER PHI**

- A. *Individual Access to PHI.* Business Associate agrees to make available PHI in a Designated Record Set to an Individual or Individual's designee, as necessary to satisfy Covered Entity's obligations under 45 C.F.R. section 164.524. Business Associate shall do so solely by way of coordination with Covered Entity, and in the time and manner designated by Covered Entity.
- B. *Accounting of Disclosures.* Business Associate agrees to maintain and make available the information required to provide an accounting of Disclosures to an Individual as necessary to satisfy Covered Entity's

obligations under 45 C.F.R. section 164.528. Business Associate shall do so solely by way of coordination with Covered Entity, and in the time and manner designated by Covered Entity.

- C. *Amendment to PHI.* Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set as directed or agreed to by Covered Entity pursuant to 45 C.F.R. section 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. section 164.526. Business Associate shall do so solely by way of coordination with Covered Entity, and in the time and manner designated by Covered Entity.

## **VII. TERMINATION**

- A. *Termination for Cause.* A Contractual Breach by Business Associate of any provision of this Exhibit, as determined by Covered Entity in its sole discretion, shall constitute a material Contractual Breach of the Agreement and shall provide grounds for immediate termination of the Agreement, any provision in the Agreement to the contrary notwithstanding. Contracts between Business Associates and subcontractors are subject to the same requirement for Termination for Cause.
- B. *Termination due to Criminal Proceedings or Statutory Violations.* Covered Entity may terminate the Agreement, effective immediately, if (i) Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which Business Associate has been joined.
- C. *Return or Destruction of PHI.* In the event of termination for any reason, or upon the expiration of the Agreement, Business Associate shall return or, if agreed upon by Covered Entity, destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall retain no copies of the PHI. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate.

If Business Associate determines that returning or destroying the PHI is infeasible under this section, Business Associate shall notify Covered Entity of the conditions making return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Exhibit to such PHI and limit further uses and Disclosures to those purposes that make the return or destruction of the information infeasible.

## **VIII. MISCELLANEOUS**


- A. *Disclaimer.* Covered Entity makes no warranty or representation that compliance by Business Associate with this Exhibit, HIPAA, the HIPAA Regulations, or the HITECH Act will be adequate or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate is or will be secure from unauthorized use or

Disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

- B. *Regulatory References.* A reference in this Exhibit to a section in HIPAA, the HIPAA Regulations, or the HITECH Act means the section as in effect or as amended, and for which compliance is required.
- C. *Amendments.* The parties agree to take such action as is necessary to amend this Exhibit from time to time as is necessary for Covered Entity to comply with the requirements of HIPAA, the HIPAA Regulations, and the HITECH Act.
- D. *Survival.* The respective rights and obligations of Business Associate with respect to PHI in the event of termination, cancellation or expiration of this Exhibit shall survive said termination, cancellation or expiration, and shall continue to bind Business Associate, its agents, employees, contractors and successors.
- E. *No Third Party Beneficiaries.* Except as expressly provided herein or expressly stated in the HIPAA Regulations, the parties to this Exhibit do not intend to create any rights in any third parties.
- F. *Governing Law.* The provisions of this Exhibit are intended to establish the minimum requirements regarding Business Associate's use and Disclosure of PHI under HIPAA, the HIPAA Regulations and the HITECH Act. The use and Disclosure of individually identified health information is also covered by applicable California law, including but not limited to the Confidentiality of Medical Information Act (California Civil Code section 56 *et seq.*). To the extent that California law is more stringent with respect to the protection of such information, applicable California law shall govern Business Associate's use and Disclosure of confidential information related to the performance of this Exhibit.
- G. *Interpretation.* Any ambiguity in this Exhibit shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the HIPAA Regulations, the HITECH Act, and in favor of the protection of PHI.

This EXHIBIT, the HIPAA Business Associate Agreement is hereby executed and agreed to by **CONTRACTOR:**

**ALAMEDA HEALTH SYSTEM**

By (Signature):  \_\_\_\_\_  
F877E453EC33438...  
Print Name: Mark Fratzke  
Title: Chief Operating Officer

## **Exhibit F**

### **Audit Requirements**

The County contracts with various organizations to carry out programs mandated by the Federal and State governments or sponsored by the Board of Supervisors. Under the Single Audit Act Amendments of 1996 (31 U.S.C.A. §§ 7501-7507) and Board policy, the County has the responsibility to determine whether organizations receiving funds through the County have spent them in accordance with applicable laws, regulations, contract terms, and grant agreements. To this end, effective with the first fiscal year beginning on and after December 26, 2014, the following are required.

#### **I. AUDIT REQUIREMENTS**

##### **A. Funds from Federal Sources:**

1. Non-Federal entities which are determined to be subrecipients by the supervising department according to 2 CFR § 200.330 and which expend annual Federal awards in the amount specified in 2 CFR § 200.501 are required to have a single audit performed in accordance with 2 CFR § 200.514.
2. When a non-Federal entity expends annual Federal awards in the amount specified in 2 CFR § 200.501(a) under only one Federal program (excluding R&D) and the Federal program's statutes, regulations, or terms and conditions of the Federal award do not require a financial statement audit of the auditee, the non-Federal entity may elect to have a program-specific audit conducted in accordance with 2 CFR § 200.507 (Program Specific Audits).
3. Non-Federal entities which expend annual Federal awards less than the amount specified in 2 CFR § 200.501(d) are exempt from the single audit requirements for that year except that the County may require a limited-scope audit in accordance with 2 CFR § 200.503(c) .

##### **B. Funds from All Sources:**

Non-Federal entities which expend annual funds from any source (Federal, State, County, etc.) through the County in an amount of:

1. \$100,000 or more must have a financial audit in accordance with the U.S. Comptroller General's Generally Accepted Government Auditing Standards (GAGAS) covering all County programs.
2. Less than \$100,000 are exempt from these audit requirements except as otherwise noted in the contract.

Non-Federal entities that are required to have or choose to do a single audit in accordance with 2 CFR Subpart F, Audit Requirements are not required to have a financial audit in the same year. However, Non-Federal entities that are required to have a financial audit may also be required to have a limited-scope audit in the same year.

C. General Requirements for All Audits:

1. All audits must be conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States (GAGAS).
2. All audits must be conducted annually, except for biennial audits authorized by 2 CFR § 200.504 and where specifically allowed otherwise by laws, regulations, or County policy.
3. The audit report must contain a separate schedule that identifies all funds received from or passed through the County that is covered by the audit. County programs must be identified by contract number, contract amount, contract period, and amount expended during the fiscal year by funding source. An exhibit number must be included when applicable.
4. If a funding source has more stringent and specific audit requirements, these requirements must prevail over those described above.

**II. AUDIT REPORTS**

A. For Single Audits

1. Within the earlier of 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period, the auditee must electronically submit to the Federal Audit Clearinghouse (FAC) the data collection form described in 2 CFR § 200.512(b) and

the reporting package described in 2 CFR § 200.512(c). The auditee and auditors must ensure that the reporting package does not include protected personally identifiable information. The FAC will make the reporting package and the data collection form available on a web site and all Federal agencies, pass-through entities and others interested in a reporting package and data collection form must obtain it by accessing the FAC. As required by 2 CFR § 200.512(a)(2), unless restricted by Federal statutes or regulations, the auditee must make copies available for public inspection.

2. A notice of the audit report issuance along with two copies of the management letter with its corresponding response should be sent to the County supervising department within ten calendar days after it is submitted to the FAC. The County supervising department is responsible for forwarding a copy of the audit report, management letter, and corresponding responses to the County Auditor within one week of receipt.

B. For Audits other than Single Audits

At least two copies of the audit report package, including all attachments and any management letter with its corresponding response, should be sent to the County supervising department within six months after the end of the audit year, or other time frame as specified by the department. The County supervising department is responsible for forwarding a copy of the audit report package to the County Auditor within one week of receipt.

### **III. AUDIT RESOLUTION**

Within 30 days of issuance of the audit report, the entity must submit to its County supervising department a corrective action plan consistent with 2 CFR § 200.511(c) to address each audit finding included in the current year auditor's report. Questioned costs and disallowed costs must be resolved according to procedures established by the County in the Contract Administration Manual. The County supervising department will follow up on the implementation of the corrective action plan as it pertains to County programs.

### **IV. ADDITIONAL AUDIT WORK**

The County, the State, or Federal agencies may conduct additional audits or reviews to carry out their regulatory responsibilities. To the extent possible, these audits and reviews will rely on the audit work already performed under the audit requirements listed above.