

J. PROVIDER CONTRACTING

Note: References to contracting do not apply to County-operated programs.

All contracted providers, including subcontractors, shall adhere to the Mental Health Plan contract executed between San Diego County and the California State Department of Health Care Services (DHCS).

All non-County-operated organizational providers must contract with the County of San Diego in order to receive reimbursement for Specialty Mental Health Services. Please read your contract carefully. It contains:

- General terms applicable to all contracts;
- Special terms specific to a particular contract;
- A description of work or services to be performed;
- Payment Schedule and/or budget; and
- Statutes and/or regulations particular to the Medi-Cal managed mental health care programs as well as programs supported by other funds.

Selection and monitoring of organizational agencies is governed by contracting procedures, which require a review of the organization's fiscal soundness, resumes of principal administrators and supervisors, the agency's experience with similar services, and a proposed staffing plan. All contracted providers will be expected to adhere to these requirements. Please contact your Behavioral Health Services Contracting Officer's Representative (COR) if you have any questions regarding your contract.

Disclosure Requirements

The Managed Care Plan (MCP) providers and contractors shall disclose to the state any persons or corporations with an ownership or control interest in the MCP that:

- Has direct, indirect, or combined direct/indirect ownership interest of 5% or more of the MCP's equity;
- Owns 5% or more of any mortgage, deed of trust, note, or other obligation secured by the MCP if that interest equals at least 5% of the value of the MCP's assets;
- Is an officer or director of an MCP organized as a corporation; or
- Is a partner in an MCP organized as a partnership.

Disclosure to the State shall be done during the following:

- When the MCP submits a proposal in accordance with the state's procurement process or when the contractor submits a provider application.

- When the MCP executes a contract with the state or when the provider executes a provider agreement with the state.
- When the state renews or extends the MCP contract.
- Within 35 days after any change in ownership of the MCP or contractor/disclosing entity.
- Upon request of the state during the revalidation of the provider enrollment.
- Within 35 days after any change in ownership of the disclosing entity.

See Section 1124(a)(2)(A) of the Act; section 1903(m)(2)(A)(viii) of the Act; 42 CFR 438.608(c)(2); 42 CFR 455.100 - 104]

Program Monitoring

Each provider will have assigned to their program a Program Monitor (also known as Contracting Officer's Representative - COR), who will monitor compliance with outcome measures, productivity requirements and other performance indicators, analyze reports from providers, and provide programmatic review for budgets and budget variances in accordance with contract terms and conditions. Program monitors/CORs hold regular providers meeting to keep providers informed on the System of Care. All provider contract questions should be directed to the assigned Program Monitor/COR.

Contractor Orientation

All new contracts require a contractor orientation meeting within 45 days of contract execution. The COR, in conjunction with the BHS Contract Support Services Unit and Agency Contract Support shall, be responsible for contractor orientation. Contractor will designate a contact person to coordinate attendance of necessary contractor staff at the orientation.

Notification in Writing of Status Changes

Providers are required to notify BHS Contract Support, (BHSCS) COR and QM in writing if any of the following changes occurs:

- Change in office address, phone number or fax;
- Addition or deletion of a program site;
- Change of tax ID number or check payable name (only to BHSCS);
- Additions or deletions from your roster of Medi-Cal billing personnel (BHSCS& MIS); or
- Proposed change in Program Manager or Head of Service.

Site Visits

The County MHP will conduct, at a minimum, an annual site visit to all organizational providers. The County MHP includes BHS Program Monitor/COR/Designee, MHS Administrative Services Unit, BHS Quality Improvement (QM) Unit, and the Health and Human Services Agency (HHS) Contract Support. The site visit may include, but is not limited to, a review of:

- Compliance with contractual statement of work;
- Client medical records (where applicable);
- Building and safety issues;
- Staff turnover rates;
- Insurance, licensure, NPI, and certification validation;
- Fiscal and accounting policies and procedures;
- Beneficiary informing materials requirement;
- Compliance with standard terms and conditions.

Information from the QM site visit will be included in the contract monitoring process. When a Medi-Cal certification or re-certification is due, an in-depth site review will be completed. Please see Section G of this handbook for a more detailed discussion of Medi-Cal provider site visits.

An additional note: Contractor's Program Manager shall be available during regular business hours and respond to the Program Monitor/COR or designee within 2 business days. Contractor shall have the technological capability to communicate, interface and comply with all County requirements electronically using compatible systems, hardware and software.

Corrective Action Notice

Corrective Action Notice (CAN) is a tool identifying deficiencies in compliance with contractual obligations and requires corrective actions within a specified time frame. A CAN may result from site visits or information derived from reports. Contractors are required to respond to the CAN specifying course of actions initiated/implemented to comply within the specified time frame.

Monthly and Quarterly Status Reports

Contracted providers are required to submit a completed Monthly Status Report (MSR) and/or Quarterly Status Report (QSR) within 20 calendar days after the end of the report month. The COR reviews the status report for needed information on compliance and contractual requirements. The Quality Improvement Unit (QI) tracks and trends data, provides analysis and issues reports as needed for the Department of Health Care Services (DHCS), BHS Administration, the Quality Review Council and other groups. The status reports include: 1) A narrative (including General Information, Program Description, Activities/Events, Community Outreach, Emerging Issues, Quality Improvement Activities), 2) Outcomes, 3) Data Summaries for Units/Subunits, 4) Staffing & Personnel, 5) Client Suggestions & Transfer Requests, 6) Notices of Action, and 7) Additional Information Requested by the COR. It is important to become familiar with the status reports to document pertinent information as required. The Status Report templates offers drop-down boxes including codes to make data entry collection easier. Please see Section C on Accessing Services on Clients who must transfer to a new provider for more detail on Provider Transfers.

Contract Issue Resolution

Issues, problems or questions about your contract shall be addressed to your COR.

Local Emergency Response

In the event that a local health emergency or local emergency is declared, or when the State or federal government has declared an emergency that includes areas within the County of San Diego, the prompt and effective utilization of Contractor resources essential to the safety, care and welfare of the public shall occur at the direction of the County, to the extent possible. Contractors shall provide assistance in the prevention of, response to, and recovery from, any public health emergency, as applicable. Providers shall work with the County to initiate processes and develop and implement plans, guidelines and procedures as required. As relevant, Contractors shall also refer to disaster preparedness and disaster response language outlined in this section of the Handbook.

Disaster Response

- In the event that a local, state, or federal emergency is proclaimed within San Diego County, contractors shall cooperate with the County in the implementation of a Behavioral Health Services response plan. Response may include staff being deployed to provide services in the community, out of county under mutual aid Contracts, in shelters, and/or other designated areas.
- Contractor shall provide BHS with a roster of key administrative personnel's after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be held confidential and never given out to other than authorized personnel.
- Contractor shall identify 25% of direct service staff to prepare for and deploy (if needed and available) to a critical incident. These staff shall participate in County provided Disaster Training (or other approved training) and provide personal contact information to be included in the Disaster Personnel Roster maintained by the County. Contractor shall advise COR of subsequent year training needs to maintain 25% trained direct service staff in the event of staff turnover. Contractor shall maintain 25% staff deployment capability at all times.
- In the event that contractor's program site is closed due to disaster or emergency, contractor shall call the Access and Crisis Line and their COR to inform them of this.

Transportation of Clients

Contractors shall not use taxi cabs to transport unescorted minors who receive services funded by the County of San Diego.

CLAIMS AND BILLING FOR CONTRACT PROVIDERS

Contractor Payments

Contractors will be paid in arrears. After the month for which service has been given, the BHS Administrative Services Unit (ASU) will process claims (invoice) in accordance with the contract terms.

Budgets, Cost Reports and Supplemental Data Sheets and Claims (Invoices)

- Budgets, cost reports, supplemental data sheets, and claims (invoices) must comply with the established procedures in the State of California, Department of Mental Health, Cost Reporting/Data Collection Manual.
- Year-end Cost report is due by August 31.
- Quarterly claims for MAA, QA and Admin - 45 days after quarter end as shown below:
 1. Q1 ending September 30 – submission is November 15
 2. Q2 ending December 31 – submission is February 15
 3. Q3 ending March 31 – submission is May 15
 4. Q4 ending June 30 – submission is August 15
- Short Doyle annual cost report is due December 31 following the end of the previous fiscal year.
- Reconciled cost report is due 18 months after the end of the Fiscal Year

Medi-Cal Billing to the State

- Direct service claims can be submitted to the State up to a year from the date of service. Replacement of a denied service can be submitted up to 15 months.
- If the service was denied and the error is with the State's system, services can be replaced up to 36 months with a DRC 9. Voids can be process at any time and no limitation.

Submitting Claims (Invoice) for Services

Please submit all claims (invoice) for payment to:

Behavioral Health Services Contract Support, (BHSCS) (P531K)
P O Box 85524
San Diego, CA 92186-5524
Fax to: (619) 563-2730, Attn: Lead Fiscal Analyst

Overpayment

In the event of overpayments, excess funds must be returned or offset against future claim payments.

Certification on Disbarment or Exclusion

All claims for reimbursement submitted must contain a certification about staff freedom from federal debarment, exclusion, suspension or ineligibility from services. In order to be in compliance with these federal regulations, all organizational providers must verify monthly the status of employees with the Government Services Agency (GSA) Federal System for Award Management (SAM) list, the Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), and the State of California Medi-Cal Suspended and Ineligible (S&I) list. Providers will report immediately to their COR any individual or entity that appears on any government excluded list and take the appropriate corrective action. Providers shall maintain documentation that evidences the required monthly verification.

To verify online if someone is on the federal System for Award Management (SAM) list go to <http://SAM.gov> the OIG Exclusion list and the GSA debarment list go to: <https://exclusions.oig.hhs.gov>. To view the list of what will get someone placed on the OIG list, go to: <https://oig.hhs.gov/exclusions/authorities.asp>.

To verify if a provider of health care services is subject to suspension from participation in the Medi-Cal program, go to: <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>. This would be due to:

- Been convicted of a felony;
- Been convicted of a misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service;
- Been suspended from the federal Medicare or Medicaid programs for any reasons;
- Lost or surrendered a license, certificate, or approval to provide health care; or
- Breached a contractual agreement with the Department that explicitly specifies inclusion on this list as a consequence of the breach, verification can be access by clicking on the link

Social Security Death Master File Verification

Prior to executing a contract with a provider, the MHP is required to verify that the provider (individual) is not listed within the Social Security Death Master File (DMF) upon enrollment. Should a contract provider appear on the list, the MHP will notify the County's Department of Purchasing and Contracts (DPC) to take the appropriate action regarding enrollment or disenrollment from the MHP and notify the appropriate regulatory authority.

National Provider Identification Verification

All HHSa contractors are required to verify that all clinical staff, licensed or not, have an active National Provider Identification (NPI) number. For new employees, contracted programs are to provide employee with necessary paperwork needed to apply for an NPI number, should they not

already have one. If the new employee has an NPI number, the contractor shall verify in the National Plan and Provider Enumeration System (NPPES) for accuracy. Contractors must update the NPPES system as needed when the employee's information changes. The MHP is required to complete the same verification process for the contracted providers. When contractor submits their Access Request Form (ARF) for staff account set up in the electronic health record, the MHP MHMIS unit performs validation through the NPPES database. Staff shall not have access to the electronic health record without a valid NPI number.

License Verifications

All HHSa contractors are required to verify the license status of all employees who are required by the contract Statement of Work to have and maintain professional licenses. The verification must be submitted at the time of contract execution, renewal or extension. In order to ensure the license is valid and current, the appropriate website(s) shall be checked. For county operated programs, license verification is completed by the Human Resource department. All providers are responsible for ensuring that all staff licenses are active and valid. Providers shall keep documentation that evidences active licensure for staff.

SHORT-DOYLE MEDI-CAL

Per Cost Reporting/Data Collection Manual the "policy of the State Agency is that reimbursement for Short-Doyle Medi-Cal services shall be limited to the lowest of published charges and actual costs.

I. Definitions

Provider means the program providing the mental health services. It is part of a legal entity on file with the State Department of Mental Health.

Published Charge or Published Rate is a "term used in CFR Title 42 to define provider cost reimbursement mechanisms from third party sources. This generally means that customary charges throughout the year should be as close to actual (cost) as possible to avoid a lesser of costs or charges audit exception circumstance."

Published rates for services provided by organizational providers must be updated at the beginning of each fiscal year to ensure the County's MIS has the accurate information as well as ensuring no potential loss of Medi-Cal revenue.

The published rate for a specific service should, at a minimum, reflect the total cost for providing that service to ensure no loss of Medi-Cal revenue.

Published rates are to be submitted to Optum and MHS CAU no later than June 14 of each year.

Actual Cost is reasonable and allowable cost based on year-end cost reports and Medicare principles of reimbursement per 42 CFR Part 413 and HCFA Publication 15-1.

Federal Financial Participation per Title 9 CCR Chapter 11 means the federal matching funds available for services provided to Medi-Cal beneficiaries under the Medi-Cal program.

II. Medi-Cal Revenue

The Fiscal Services Unit will bill Medi-Cal for covered services provided to Medi-Cal beneficiaries by Short-Doyle Medi-Cal certified programs. The State will deny services that do not clear the billing edits, programs have 15 months from the date of service to fix denied services. Once the program has fixed the error, in order to rebill for the service, the program must complete the current Replace Service Request form located on the Optum Website at <https://www.optumsandiego.com/> and email the form to the email addresses stated on the form. After the form has been received and the replace processed, the program will be faxed back the form, this serves as notification that the replace was processed. If the reason for the denial is for Other Health Coverage or Medicare, the explanation of benefits (EOB) must be faxed to the billing unit with a copy of the denial report – fax to BHSBU/F (858) 467-9682.

County of San Diego HHS – Mills Bldg.
Behavioral Health Services Billing Unit Fiscal Services (BHSBU/F)
1255 Imperial Ave.
San Diego, CA 92101
Attn: Fiscal Services 6th Floor Rm. 633

III. Medi-Cal Disallowance/Recoupment of Federal Financial Participation (FFP) Dollars

BHS is obligated to disallow Specialty Mental Health Services (SMHS) for Medi-Cal reimbursement per the current California State DHCS Reasons for Recoupment of FFP dollars categories:

- Medical Necessity
- Client Plan
- Progress Notes

Organizational providers shall be responsible for ensuring that all medical records comply with federal, state and county documentation standards when billing for reimbursement of services.

The federal share of the Medi-Cal claims for the above circumstances will be deducted from your contract payment.

In accordance with State guidelines, these disallowances may be subject to future change.

Contractor shall reimburse BHS for any disallowance of Short-Doyle/Medi-Cal payments, and reimbursement shall be based on the disallowed units of service at the Contractor's approved budgeted unit cost. The Federal share of the Medi-Cal claims for the above circumstances will be deducted from your contract payment.

The State announced that the State (non-Federal) share of EPSDT claims will also be subject to recoupment if any current or new recoupment criteria issued by the Department of Mental Health are met.

IV. Billing Disallowances – Provider Self Report

The policy of San Diego County Behavioral Health Services Administration (SDCBHS) is to recoup Federal Financial Participation (FFP) and Early Periodic Screening and Diagnostic Treatment (EPSDT) dollars by disallowing billing which has been identified and reported to the SDCBHS by the Contracted Organizational Providers and County Owned and Operated Clinics in accordance with documentation standards as set forth in the current California State Department of Mental Health "Reasons for Recoupment of Federal Financial Participation Dollars."

PROCEDURES

The following are the procedures to be followed for Self-Reporting of Billing Disallowances to ensure consistent procedures are used when the information is reported to Behavioral Health Services Administration by providers.

Provider Requirements

1. Providers are required to conduct internal review of medical records on a regular basis (i.e. monthly) in order to ensure that the documentation meets all County, State and Federal standards and that billing is substantiated.
2. If the review of a Medi-Cal client's chart results in a finding that the clinical documentation does not meet the documentation standards as set forth in the current California State Department of Health "Reasons for Recoupment of Federal Financial Participation Dollars" the provider shall be responsible for addressing the issue by filing a self-report of billing disallowances with SDCBHS.
3. To file a self-report of billing disallowances request with SDCMH, providers shall fill out the Provider Self-Report Billing Disallowance and a Void Service Request form if the service was billed and paid. E-mail the applicable form to MH Admin email addresses as

directed on the form, who will forward the form to BHSBU. Providers shall ensure that the services listed on the form as disallowances are noted correctly and do not contain errors. Items that are listed on the form incorrectly are the responsibility of the provider to correct. All disallowed services must be listed on the form exactly as they were billed.

4. All services that are disallowed will also be voided from CCBH. Providers are responsible for re-entering corrected service information; services can be re-entered as non-billable or no re-entry as applicable based on the void/replace reasons (found on the CCBH Void -Replace Service Forms document located on the Optum San Diego Website at <https://www.optumsandiego.com/>). Services that are submitted for corrections because of clerical errors may be replaced and programs will need to complete the replacement service request form and submit to MH Admin who forwards to the BHSBU.
5. Providers will need to check if applicable, see disallowance instructions and re-enter the services.

BHS Contract Support Procedures

1. On a quarterly basis, BHS Administrative Services Unit (ASU) staff will prepare a letter pertaining to disallowances that will be sent to Contractors indicating that the County shall be entitled to recoup the disallowances.
2. Within 90 days of the end of the fiscal year, ASU staff will ensure that all disallowances are included in the calculation of the year-end provider payment settlement. Notices will be sent to all Contractors that are entitled to additional payment or are subject to recoupment because of overpayment to the Contractor.
3. Contractors that have been overpaid may elect to repay the recoupment via check or an offset from future payments.
 - If the contractor pays by check, the check is received by ASU staff and forwarded to Financial Management staff for deposit. The payment is logged in the contract file along with a copy of the payment.
 - If no check is received by ASU within 15 business days from the date of the letter to the Contractor; the recoupment amount is deducted from the next scheduled provider payment.

Billing Inquiries

Questions regarding claims (invoice) for payment should be directed in writing to:
BHS Contract Support (P531K)
PO Box 85524
San Diego, CA 92186-5524
Attn: Lead Fiscal Analyst

Questions can also be addressed by calling the Contract Support Unit Fiscal Analyst

Inventory Guidelines for County Contracts

All Capital (Fixed) Assets/Equipment, Minor Equipment, and Consumable Supplies purchases shall be included in Cost Reimbursement contract budgets and shall be approved by the Contracting Officer's Representative (COR) upon budget submission. The equipment and supplies shall directly benefit clients and program's objectives.

County retains title to all non-expendable property provided to Contractor by County, or which Contractor may acquire with contract Agreement funds if payment is on a cost reimbursement basis, including property acquired by lease purchase Agreement. Internal Controls and Procedures below provide guidelines on handling Capital (Fixed) Assets and Minor Equipment.

1) Definitions

- a) **Capital (Fixed) Assets/Equipment:** Tangible non-expendable property that has been purchased with County funds and has a normal life expectancy of **more than one year** and a unit cost of \$5,000 or more. Prior written approval from the COR is required for the acquisition of Capital (Fixed) Assets/Equipment. Examples of Capital (Fixed) Assets/Equipment include, but are not limited to: building improvements, vehicles, machinery, furnaces, air conditioners, multifunction copy machines, furnishings, etc.
- b) **Minor Equipment:** Any non-consumable implement, tool, or device that has a useful life of **more than one year** and an acquisition amount of \$100 to \$4,999. Examples of Minor Equipment include, but are not limited to: televisions, video recorders and players, computer monitors, therapy equipment, refrigerators, hand-held electronic devices, electronic games, modular furniture, desks, chairs, conference tables, etc.
- c) **Consumable Supplies:** Goods that have a useful life of **one year or less** and an acquisition value under \$500. Examples of consumable supplies include, but are not limited to: pens, pencils, paper, notepads, file folders, post-it notes, toner or ink cartridges, waiting room supplies, etc.

2) Internal Controls and Procedures

Contractors shall have the following internal controls and procedures in place for managing Capital (Fixed) Assets/Equipment and Minor Equipment, whether acquired in whole or in part with County funds, until disposition takes place:

- a) Prior written approval from the COR is required for the acquisition of Capital (Fixed) Assets/Equipment through budget development requests or Administrative Adjustment Requests.

- b) Contractors shall place *County of San Diego Property* tags on Capital (Fixed) Assets/Equipment and Minor Equipment to identify items purchased with County funds. These tags can be requested through the COR.
- c) Contractors shall include the expenditure of Capital (Fixed) Assets/Equipment and Minor Equipment on the monthly invoice/cost report that immediately follows the acquisition.
- d) Contractors shall maintain inventory records that include a description of the item, a serial number or other identification number (if applicable), the acquisition date, the acquisition cost, location of the item, condition of the item, program funding for the item, and any ultimate disposition data including the date of disposal.
- e) Contractors shall submit an Inventory Report of Capital (Fixed) Assets/Equipment and Minor Equipment purchased using County funds at the end of each fiscal year. The inventory report is due to the COR no later than thirty (30) days after the end of the fiscal year. The COR will review the Inventory Report to determine if the information is reasonable and complete based on their knowledge of the contract and approval of invoices containing charges for equipment.
- f) The Inventory Report is to include all Capital (Fixed) Assets/Equipment and Minor Equipment items purchased since inception of the cost reimbursement contract.
- g) Inventory records on non-expendable equipment shall be retained and shall be made available to the County upon request, for at least three years following date of disposition.
- h) Contractors may choose to utilize their own Inventory Report as long as the required information above is included. Otherwise, contractors can utilize the BHS Inventory Form.
- i) Contractors shall include in the Inventory Report any items that were transferred from one County program to another and note the transfer date and program. A DPC 203 form shall be completed.
- j) Contractors shall make all purchased items available to the COR (or their designee) for inspection at any time.
- k) Contractors shall be responsible for accounting of all items purchased with County funds.
- l) Contractors that are required to work with computers, laptops, portable devices or media that contain personal information relating to clients, patients and residents shall have a duty to protect this data from loss, theft or misuse (refer to [Article 14 Information Privacy and Security Provisions](#) in the contract). For all Electronic Property and Information Technology (IT) related items capable of storing information, regardless of acquisition price and useful life, please refer to the Organizational Provider Operations Handbook page J.16 for appropriate inventory guidelines. Examples of Electronic Property and IT related items capable of storing information include, but are not limited to: cellphones, laptops, tablets, USB memory devices, cameras, etc.
- m) Contractors do not need to include in the Inventory Report consumable supplies valued under \$500.

3) **Disposition**

- a) Contractors should not remove the items previously listed on their Inventory Report submitted to the County, unless the COR approved the salvage or transfer of those items, or a County Behavioral Health Services policy provided such instructions.
- b) Minor Equipment not meeting the requirement to be listed on the Inventory Report and Consumable Supplies does not need to be disposed through the County process.
- c) Non-expendable property that has value at the end of a contract (e.g. has not been depreciated so that its value is zero), and which the County may retain title, shall be disposed of at the end of the contract Agreement as follows:

At County's option, it may:

- i) Have Contractor deliver to another County contractor or have another County contractor pick up the non-expendable property;
- ii) Allow the Contractor to retain the non-expendable property provided that the Contractor submits to the County a written statement in the format directed by the County of how the non-expendable property will be used for the public good; or
- iii) Direct the Contractor to return to the County the non-expendable property.

4) **Stolen, Damaged or Missing Equipment**

- a) Contractor shall inform the COR in writing within 48 hours of any stolen, damaged or missing equipment purchased with County funds. *Exception:* Any lost or missing item that contains personal information shall be reported in writing to the COR within 24 hours. [Article 14 Information Privacy and Security Provisions](#) requirements shall be followed when appropriate.
- b) Contractor may be responsible for reimbursing the County for any stolen, damaged or missing equipment at the current book value of the asset.

5) **Vehicles**

- a) The preferred method for Contractor to acquire vehicles is through a lease arrangement. If purchase is necessary, vehicles shall be registered with the Contractor as the lien holder and registered owner. Contractor shall maintain appropriate insurance on vehicles.
- b) At contract termination, or when the original or replacement equipment/vehicle is no longer needed, or has become obsolete, or is inoperable and impractical to repair, a formal disposition process will be required (refer to BHS Property Transfer/Disposal Process). Contractors shall work with the COR, who will determine the final disposition of the item(s).
 - a. **Inventory Disposition:**

- i. Contact the COR before disposing of property purchased with County funds, and which the County may retain title under this paragraph, shall be disposed of at the end of the Contract Agreement as follows:
 - ii. At County's option, it may:
 1. Have contractor deliver to another County contractor or have another County contractor pick up the non-expendable property;
 2. Allow the contractor to retain the non-expendable property provided that the contractor submits to the County a written statement in the format directed by the County of how the non-expendable property will be used for the public good;
 3. Direct the Contractor to return to the County the non-expendable property.
- b. BHS Property Inventory Form: *Appendix J (A.J.1)*:**
- i. As the contractor disposes of equipment the following columns on the BHS Inventory form must be completed and a copy provided to the COR.
 - ii. "Date of Disposition of Capital/Fixed Assets or Minor Equipment": This is the actual date the item was delivered and accepted by County Salvage.
 - iii. "Date form AUD253 completed": This is the date the COR signs and returns AUD253 form to the contractor.
- c. DPC 203 Transfer or Disposition of Minor Equipment Form(s):**

NOTE: Procedure for Property Transfer to the County of San Diego – Property Disposal or transfer to another contractor. Both versions of form DPC 203, the Mobile Devices SUPPLEMENTAL and the Mobile Devices pricing sheet can be downloaded from links in the Technical Resource Library (TRL) or provided to the contractor by BHS. BHS Contract Support administrators will keep an internal record of any County-owned property and conduct an inventory of all County-owned property during selected site visits.

There are three distinct transfer/disposition procedures in place for minor equipment. These are for disposal of Non-IT items that do not have memory, IT items containing memory, and Mobile Devices. All minor equipment salvage requests are to be completed by the contractor on the appropriate version of the *DPC 203 form and forwarded to their Contracting Officer's Representative (COR) who will review, approve, sign and forward the DPC 203 form to the appropriate County staff. Once processed and approved by BHS and/or the Department of Purchasing and Contracting (DPC), the COR will notify the contractor on further steps. All DPC 203 forms must include the program name, contract number, COR name, address noting the physical location of the items, and full site contact information including name, phone number and email.

Directions for transfers between contracts are included below for each procedure. *Contractors are not to make changes to the DPC 203 forms, including changing pre-filled wording or making any entries in the forms' boxes #7 through #16.* ***Non-IT equipment, IT equipment and Mobile Devices should not be listed on the same DPC 203 form.**

Links to the DPC 203 forms used for minor equipment disposal and the Mobile Devices pricing sheet are located on the Optum Website (<https://www.optumsandiego.com>) under the References tab.

- i. **Non-IT Disposal Requests** (furniture, computer monitors, keyboards, mice, office equipment, printers, most copiers, etc.):
 - **Requests** are to be completed on the DPC 203 form, checking the Non-IT box and sent to the COR for review, approval, signature and forwarding.
 - Non-IT requests require the condition of the items to be noted and must be accompanied by photos in .jpg format, with items grouped but identifiable in photos.
 - Once DPC's approval is final, the COR will provide the program with the approved DPC 203 form and directions for delivery by the program, per pre-scheduled appointment, accompanied by the approved DPC 203 form, to the County's disposal contractor.
 - *[Transfers of Non-IT items between contracts/programs require the sending program to enter both the sending and receiving programs' names, contract #, COR name, address of property, the site contact name, phone # and email address, and to secure both CORs' signatures.]*

- ii. **IT Disposal Requests** (those items with memory: computers, laptops, notebooks, servers, zip drives, higher-end copiers with memory, etc.)
 - Requests are to be completed on the DPC 203 form checking the IT Box and then sent to the COR for review, approval, signature and forwarding. The DPC 203 form includes a certification of scrubbing section for use with IT items.
 - For IT items, the serial numbers must be provided in the "Listing No." column. Pictures and condition are not required for IT items.
 - Following receipt of the disposal form with COR approval, the contractor will be contacted by HHSA IT's contractor, Hewlett Packard (HP), to arrange for scrubbing. The contractor must ensure that HP completes the scrubbing certification section of the DPC 203 form following scrubbing.

- Once the equipment is scrubbed, the contractor will send a copy of the DPC 203 form with scrubbing confirmation to the COR. The COR will then provide the program with detailed instructions for disposition of the scrubbed equipment.
 - *[Transfers of IT items between contracts/programs, after scrubbing, require the sending program to enter both the sending and receiving programs' name, contract #, COR name, address of property, the site contact name, phone # and email address, and secure both CORs' signatures. Scrubbing for transfers follows the IT disposal process above. Following scrubbing, the sending and receiving programs will coordinate transfer of scrubbed equipment.]*
- iii. **Mobile Devices Disposal Requests** (cell phones, flip phones, smart phones, hotspots, Wi-Fi cards, tablets, etc.)
- **Requests** are to be completed using two DPC 203 forms, the Mobile Devices DPC 203 and the Mobile Devices SUPPLEMENTAL DPC 203, that are sent to the COR for review, approval and forwarding.
 - The Mobile Devices DPC 203 form is identical to the DPC 203 form but with the notation "Please See Attached for Mobile Devices" entered instead of a list of items.
 - The Mobile Devices SUPPLEMENTAL DPC 203 form is to be completed, listing individual items and also listing a "FAIR MARKET VALUE PER EXHIBIT C" for each item, using the Mobile Device pricing sheet provided. For cell phones, a serial numbers (NOT model numbers) must be provided on the SUPPLEMENTAL form.
 - This salvage process requires a group photo, in .jpg format, of the listed Mobile Devices, and results in a FedEx barcode emailed to the contractor to use for shipping the package of Mobile Devices to the County's Mobile Device salvaging vendor.
 - *[Transfers of Mobile Devices are limited to situations where the provider, program and services remain the same and only the contract number changes.]*

The Contractor shall repair or replace, at the Contractor's expense, any County owned property damaged or lost as a result of Contractor negligence. Further, the Contractor shall exonerate, indemnify and hold harmless the County from and against any and all claims for any damage resulting from the use, misuse, or failure of County-owned property/equipment, whether such damage be to an employee or property of the Contractor, other contractors or other persons or property.

6. Electronic Property/IT:

Contractors Inventory Minimum Guidelines on A Cost Reimbursement and Fixed PRICE Contract

Inventory responsibility includes these minimum guidelines for the security of client information and portable electronic and data storage devices. This responsibility exists whether the information is in paper or electronic form. Additionally, all Contractor employees have the duty to protect any County assets assigned to them or in their possession, including desktop computers, portable devices and portable media.

Definitions

Client Data: Any identifying information relating to any individual receiving services from any program.

Portable Devices: Tools such as laptops, external hard drive, PDAs, cell phones, Tablet PCs, other USB memory devices and cameras (digital, non-digital, and video).

Portable Media: Any tool used to transport information any distance such as CDs, DVDs, USB memory sticks, flash drives or smart cards.

Minimum Guidelines

All Contractors' executives shall be responsible for maintaining a current inventory of all portable devices and portable media in their program.

1. All Contractors' electronic devices shall be password protected.
2. All client data transported on any portable device or media shall be encrypted and/or password protected.
3. Portable devices or portable media shall not be used for routine storage of client data.
4. For any privacy incident (e.g., lost or stolen laptop, client files/records accessed, etc.) refer to *Serious Incident Reporting to Quality Improvement Unit* procedures.