

Exhibit J: Delegation Reporting and Compliance Plan

This Exhibit contains instructions and templates for Contractor to make submissions to DHCS per the requirements set forth in Exhibit A, Attachment III, Subsection 3.1.3 (*Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan*). As with all Exhibits to the Contract, Exhibit J is a part of this Contract and the reporting requirements in this Exhibit J and the use of the prescribed template are binding and enforceable contractual obligations under this Contract. Contractor must complete Exhibit J for each county in which they operate.

Template A: Delegation Function Matrix

**Instructions:** Complete *Table A1: Delegation Function Matrix – For Subcontractor* for all functions that are delegated through applicable Subcontractor Agreements. Contractor may not delegate contractual duties and obligations where delegation is legally or contractually prohibited. Use additional pages of Table A1 as needed – additional pages will not be counted in the total page count for the Delegation Justification and Plan.

**Contractor Name:** [San Francisco Health Plan](#)

**Applicable County:** San Francisco

**Compliance Officer:** Nina Maruyama

**Compliance Contact Information:** 415-615-4217 [nmaruyama@sfhp.org](mailto:nmaruyama@sfhp.org)

- 1. Subcontractor Name:** Name of the Subcontractor with whom Contractor has a Subcontractor Agreement
- 2. Type of Subcontractor:** Fully Delegated Subcontractor, Partially Delegated Subcontractor, Administrative Subcontractor
- 3. Delegated Function(s):** The function(s) Contractor is delegating to Subcontractor. In the case of a Fully Delegated Subcontractor, this may be “all delegable functions.”

4. **Address:** The address for location of the performance of Subcontractor's functions
5. **Contact Info:** Name and contact information for each of Subcontractor's key personnel who is responsible for ensuring compliance.
6. **Medi-Cal Managed Care Member:** Percentage of the total Medi-Cal Members assigned to the Subcontractor if applicable.
7. **Proportion of Capitated Rates At Risk:** Proportion of total capitated rates for which the Subcontractor is at risk, if applicable.

Table A1: Delegation Function Matrix—For Subcontractors

Sub-contractor Name	Type of Sub-contractor	Delegated Function(s)	Address	Contact Info	Percentage of Total Members	Proportion of Total Capitated Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)
San Francisco Health Network (SFHN)	Partially Delegated Subcontractor	Credentialing	Office of Managed Care 375 Laguna Honda Blvd Box 16 San Francisco Ca, 94116	Stella Cao stella.cao@sfdph.org	37%	
Asian American Medical Group (AAMG)	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	1668 S. GARFIELD AVE 2ND FL, ALHAMBRA, CA 91801	Brandon Sim	3%	
Jade	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	1668 S. GARFIELD AVE 2ND FL, ALHAMBRA, CA 91801	Thomas S Lam MD	2%	
Carelon	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management, Partial Grievance/appeal	200 State St Boston, MA 02109	Copeland, Sherry <Sherry.Copeland@carelon.com>	100%	
Vision Services Plan (VSP)	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	333 Quality Dr Rancho Cordova, CA 95670	Christine Foote christine.foote@vsp.com	100%	

Brown and Toland (BTP)	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	1221 Broadway Ste 700 Oakland, CA 94612	Magda Lenartowicz, MD	>1%	
Hill Physicians	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	2409 Camino Ramon, San Ramon	David Joyner 925-327-6710	1%	
North East Medical Services (NEMS, NMS)	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	2171 Junipero Blvd, 7th floor Daly City, CA	Johnson Wong	27%	
University California, San Francisco (UCSF)	Partially Delegated Subcontractor	Credentialing	505 Parnassus San Francisco, CA 94143	Michael P Delane delanem@ucsfmg.ucsf.edu	8%	
American Specialty Network (ASH)	Partially Delegated Subcontractor	UM, Care Management, Credentialing, Claims and PDRs, Network Management,	12800 N. Meridian St Carmel IN 46032	Hannah Wojtala hannahw@ashn.com	100%	
Teledoc	Partially Delegated Subcontractor	Credentialing	2 Manhattanville Rd. Purchase, NY 10577	Jack Rose jrose@teladochealth.com	100%	


**Instructions:** Complete *Table A2 Delegation Function Matrix—Downstream Subcontractors* for all functions that are delegated through applicable Downstream Subcontractor Agreements. Use additional pages of Table A2 as needed. Subcontractor or Downstream Subcontractor may not delegate contractual duties and obligations where delegation is legally or contractually prohibited. Complete one for each Subcontractor that delegates functions downstream and, as applicable, for each Downstream Subcontractor, if they further delegate functions downstream. Use additional pages of Table A2 as needed – additional pages will not be counted in the total page count for the Delegation Justification and Plan.

**Subcontractor or Downstream Subcontractors Name:**

**Applicable County(ies):**

**Compliance Officer:**

**Compliance Contact Information:**

- 1. Downstream Subcontractor Name:** Name of the Downstream Subcontractor with whom the Subcontractor has a Downstream Subcontractor Agreement; or the name of the Downstream Subcontractor with whom the Subcontractor's Downstream Subcontractor further delegates functions downstream
- 2. Type of Downstream Subcontractor:** Downstream Fully Delegated Subcontractor, Downstream Partially Delegated Subcontractor, Downstream Administrative Subcontractor
- 3. Delegated Function(s):** The function(s) Subcontractor is delegating to Downstream Subcontractor; In the case of a Downstream Fully Delegated Subcontractor, this may be "all delegable functions."
- 4. Address:** The address of the location of the performance of the Downstream Subcontractor's functions
- 5. Contact Info:** Name and contact information for each of the Downstream Subcontractor's key personnel who is responsible for ensuring compliance.
- 6. Medi-Cal Managed Care Member:** Percentage of the total Medi-Cal Members assigned to the Downstream Subcontractor, if applicable.

- 7. Proportion of Capitated Rates At Risk:** Proportion of total capitated rates for which the Downstream Subcontractor, is at risk, if applicable.





Template B: Delegation Justification and Plan

**Instructions:** Complete this template for each Subcontractor or Downstream Subcontractor. Contractor may not delegate for those contractual duties and obligations where delegation is legally or contractually prohibited. Responses must be limited to no more than ten (10) pages.

**Subcontractor or Downstream Subcontractor Name:**

**Applicable County(ies):**

**Subcontractor or Downstream Key Personnel:**

**Subcontractor Key Personnel Contact Information:**

**Type of Subcontractor or Downstream Subcontractor:** Fully delegated, Partially delegated, Administrative, Downstream Fully delegated, Downstream Partially delegated, Downstream Administrative:

- a) **Justification of Subcontractor or Downstream Subcontractor Agreement:** Describe the purpose and the justification of the Subcontractor or Downstream Subcontractor Agreement.
- b) **Pre-Existing Relationships:** Describe any pre-existing relationship, including any affiliation, parent entity, or prior existing contract between Contractor and Subcontractor, or Subcontractor and Downstream Subcontractor including the duration of such pre-existing relationship.
- c) **Sub-Delegation:** Indicate if Subcontractor or Downstream Subcontractor is permitted to sub-delegate any functions. If so, describe how Contractor will maintain oversight over delegated functions to Subcontractors and Downstream Subcontractors. Provide citations to provisions in the Subcontractor and Downstream Subcontractor Agreement to support Contractor's assertions.
- d) **Impact on Contractor:** Describe the impact and benefit, if any, the Subcontractor or Downstream Subcontractor Agreement will have on Contractor's operations, administrative capacity, and financial viability.

- e) **Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor:** Describe Contractor's administrative capacity to oversee and monitor Subcontractor and Downstream Subcontractor as applicable
- f) **Subcontractor's and Downstream Administrative Capacity:** Describe Subcontractor's and Downstream administrative capacity to perform each delegated function, including but not limited to Subcontractor's and Downstream capacity to perform quality monitoring and community engagement, if applicable.
- g) **Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions:** Detail how the Subcontractor Agreement and Downstream Subcontractor Agreement complies with, and ensures compliance, with all provisions of the Contract applicable to the delegated functions, including appropriate citations to the provisions in the Subcontractor Agreement and Downstream Subcontractors' Agreement. Please complete Template C Contract Requirements Grid in Exhibit J to indicate which provisions are included in the Subcontractors Agreements and Downstream Subcontractors Agreements, as applicable for each Agreement.
- h) **Contractor's Oversight Policy and Procedures:** Describe how Contractor will inform Subcontractor and Downstream Subcontractors of Contractor's oversight policies and procedures.
- i) **Financial Arrangement:** Contractor must include description of any financial arrangements it has with Subcontractor and Downstream Subcontractor.
- j) **Other Information:** Include any other information that would assist DHCS in its review of Contractor's delegated structure.
- k) **Previously Approved Documents: (Applicable to annual submissions only)** If Contractor has previously submitted documentation to DHCS in connection with the Subcontractor Agreement or Downstream Subcontractor Agreement, either through the Request for Proposal (RFP) process or during the term of this Contract, Contractor must provide any such documentation.

Template C: Contract Requirements Grid

**Instructions:** If you delegate any functions, complete this template for those contractual duties. One (1) Template C should be submitted showing all delegated functions to accompany Templates A and B.

Contractors must complete this table to indicate all the contract requirements that are applicable to their Subcontractors or Downstream Subcontractor, depending on the functions that are delegated to the respective entities.

This table also references obligations of the Contractor where delegation must be contractually prohibited. While the Contractor must not delegate contractual duties and obligations where delegation is contractually prohibited, Contractor or Subcontractor or Downstream Contractor may include related contractual requirements in their Agreements. For example, while the Contractor may not delegate the functions of a Compliance Program, they may require Subcontractor and Downstream Subcontractors to maintain their own compliance programs. Regardless of a Contractor's system of delegation, Contractor remains obligated to ensure performance of all duties and obligations under the contract.

Fully Delegated Subcontractors must comply with all contractual requirements. Partially Delegated Subcontractors and Downstream Partially Delegated Subcontractors, and Administrative Subcontractors and Downstream Administrative Subcontractors must at minimum comply with requirements outlined in Exhibit A, Attachment III, Subsection 3.1.6.B (*Subcontractor and Downstream Subcontractor Agreement Requirements*).

Additional requirements may apply depending on the nature of the function or functions delegated. For example, if a Subcontractor delegates claims processing to an Administrative Downstream Subcontractor for this function, the Administrative Downstream Subcontractor must comply with Exhibit A, Attachment III, Subsection 3.3.5 (*Claims Processing*) for all requirements related to timely processing of claims.

Delegating functions or including contractual provisions in Subcontractor Agreements or Downstream Subcontractor Agreements does not absolve the Contractor of ensuring compliance of the Subcontractors or Downstream Subcontractors.

*Note:*

**(1) *Must not be delegated:*** These rows reference contractual requirements associated with functions for which delegation is contractually prohibited. While the Contractor must not delegate contractual duties and obligations where delegation is legally or contractually prohibited, Contractor may include related contractual requirements in the Subcontractor Agreements. For example, while the Contractor may not delegate the functions of a Compliance Program, they may require Subcontractor and Downstream Subcontractors to maintain their own compliance programs.

**Contractor Name:**

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>1.0 Organization</b>	
<b>1.1 Plan Organization and Administration</b>	
1.1.1 Legal Capacity	<input type="checkbox"/>
1.1.2 Key Personnel Disclosure Form	<input type="checkbox"/>
1.1.3 Conflict of Interest – Current and Former State Employees	<input type="checkbox"/>
1.1.4 Contract Performance	<input type="checkbox"/>
1.1.5 Medical Decisions	<input type="checkbox"/>
1.1.6 Medical Director	<input type="checkbox"/>
1.1.7 Chief Health Equity Officer	<i>(1) Must not be delegated</i>
1.1.8 Key Personnel Changes	<input type="checkbox"/>
1.1.9 Administrative Duties/Responsibilities	<input type="checkbox"/>
1.1.10 Member Representation	<input type="checkbox"/>
1.1.11 Diversity, Equity, and Inclusion Training	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>1.2 Financial Information</b>	
1.2.1 Financial Viability and Standards Compliance	<input type="checkbox"/>
1.2.2 Contractor’s Financial Reporting Obligations	<input type="checkbox"/>
1.2.3 Independent Financial Audit Reports	<input type="checkbox"/>
1.2.4 Cooperation with DHCS’ Financial Audits	<input type="checkbox"/>
1.2.5 Medical Loss Ratio (MLR)	<i>(1) Must not be delegated</i>
1.2.6 Contractor’s Obligations	<input type="checkbox"/>
1.2.7 Community Reinvestment Plan and Report	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>1.3 Program Integrity and Compliance Program</b>	
1.3.1 Compliance Program	<i>(1) Must not be delegated</i>
1.3.2 Fraud Prevention Program	<input type="checkbox"/>
1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing	<input type="checkbox"/>
1.3.4 Contractor’s Obligations Regarding Suspended, Excluded, and Ineligible Providers and Ineligible Providers	<input type="checkbox"/>
1.3.5 Disclosures	<input type="checkbox"/>
1.3.6 Treatment of Overpayment Recoveries	<input type="checkbox"/>
1.3.7 Federal False Claims Act Compliance and Support	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>2.0 Systems and Processes</b>	
<b>2.1 Management Information System</b>	
2.1.1 Management Information System Capability	<input type="checkbox"/>
2.1.2 Encounter Data Reporting	<input type="checkbox"/>
2.1.3 Participation in the State Drug Rebate Program	<input type="checkbox"/>
2.1.4 Network Provider Data Reporting	<input type="checkbox"/>
2.1.5 Program Data Reporting	<input type="checkbox"/>
2.1.6 Template Data Reporting	<input type="checkbox"/>
2.1.7 MIS/Data Audits	<input type="checkbox"/>
2.1.8 MIS/Data Correspondence	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>2.2 Quality Improvement and Health Equity Transformation Program (QIHETP)</b>	
2.2.1 QIHETP Overview	<input type="checkbox"/>
2.2.2 Governing Board	<input type="checkbox"/>
2.2.3 QIHEC	<input type="checkbox"/>
2.2.4 Provider Participation	<input type="checkbox"/>
2.2.5 Subcontractor and Downstream Subcontractor QI Activities	<input type="checkbox"/>
2.2.6 QIHETP Policies and Procedures	<input type="checkbox"/>
2.2.7 Quality Improvement and Health Equity Annual Plan	<input type="checkbox"/>
2.2.8 NCQA Accreditation	<i>(1) Must not be delegated</i>
2.2.9 External Quality Review (EQR) Requirements	<input type="checkbox"/>
2.2.10 Quality Care for Children	<input type="checkbox"/>
2.2.11 Disease Surveillance	<input type="checkbox"/>
2.2.12 Credentialing and Recredentialing	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>2.3 Utilization Management Program</b>	
2.3.1 Prior Authorizations and Review Procedures	<input type="checkbox"/>
2.3.2 Timeframes for Medical Authorization	<input type="checkbox"/>
2.3.3 Review of Utilization Data	<input type="checkbox"/>
2.3.4 Delegating UM Activities	<input type="checkbox"/>



Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors</b>	
<b>3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements and Contractor's Oversight Duties</b>	
3.1.1 Overview of Contractor's Duties and Obligations	<input type="checkbox"/>
3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements	<input type="checkbox"/>
3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit a "Delegation, Oversight, and Compliance Plan"	<input type="checkbox"/>
3.1.4 Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance	<i>(1) Must not be delegated</i>
3.1.5 Subcontractor and Downstream Subcontractor Reports	<input type="checkbox"/>
3.1.6 Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements	<input type="checkbox"/>
3.1.7 Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers	<input type="checkbox"/>
3.1.8 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Federally Qualified Health Centers and Rural Health Clinics	<input type="checkbox"/>
3.1.9 Network Provider Agreements with Safety-Net Providers	<input type="checkbox"/>
3.1.10 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments	<input type="checkbox"/>
3.1.11 Nondiscrimination in Provider Contracts	<input type="checkbox"/>
3.1.12 Public Records	<input type="checkbox"/>
3.1.13 Requirement to Post	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>3.2 Provider Relations</b>	
3.2.1 Exclusivity	<input type="checkbox"/>
3.2.2 Provider Dispute Resolution Mechanism	<input type="checkbox"/>
3.2.3 Out-of-Network Provider Relations	<input type="checkbox"/>
3.2.4 Contractor's Provider Manual	<input type="checkbox"/>
3.2.5 Network Provider Training	<input type="checkbox"/>
3.2.6 Emergency Department Protocols	<input type="checkbox"/>
3.2.7 Prohibited Punitive Action Against the Provider	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>3.3 Provider Compensation Arrangements</b>	
3.3.1 Compensation and Value Based Arrangements	<input type="checkbox"/>
3.3.2 Capitation Arrangements	<input type="checkbox"/>
3.3.3 Provider Financial Incentive Program Payments	<input type="checkbox"/>
3.3.4 Identification of Responsible Payor	<input type="checkbox"/>
3.3.5 Claims Processing	<input type="checkbox"/>
3.3.6 Prohibited Claims	<input type="checkbox"/>
3.3.7 Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Indian Health Service (IHS) Facilities	<input type="checkbox"/>
3.3.8 Non-Contracting Certified Nurse Midwife (CNM), Certified Nurse Practitioner (CNP), and Licensed Midwife (LN) Providers	<input type="checkbox"/>
3.3.9 Non-Contracting Family Planning Providers	<input type="checkbox"/>
3.3.10 Sexually Transmitted Disease (STD)	<input type="checkbox"/>
3.3.11 HIV Testing and Counseling	<input type="checkbox"/>
3.3.12 Immunizations	<input type="checkbox"/>
3.3.13 Community Based Adult Services (CBAS)	<input type="checkbox"/>
3.3.14 Major Organ Transplants	<input type="checkbox"/>
3.3.15 Long-Term Care Services	<input type="checkbox"/>
3.3.16 Emergency Services and Post-Stabilization Care Services	<input type="checkbox"/>
3.3.17 Provider-Preventable Conditions (PPCs)	<input type="checkbox"/>
3.3.18 Prohibition Against Payment to Excluded Providers	<input type="checkbox"/>
3.3.19 Compliance with Directed Payment Initiatives and Related Reimbursement Requirements	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.0 Member</b>	
<b>4.1 Marketing</b>	
4.1.1 Training and Certification of Marketing Representatives	<input type="checkbox"/>
4.1.2 Marketing Plan	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.2 Enrollments and Disenrollments</b>	
4.2.1 Enrollment	<input type="checkbox"/>
4.2.2 Disenrollment	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.3 Population Health Management and Coordination of Care</b>	
4.3.1 Population Health Management (PHM) Program Requirements	<input type="checkbox"/>
4.3.2 Population Needs Assessment (PNA)	<input type="checkbox"/>
4.3.3 Data Integration and Exchange	<input type="checkbox"/>
4.3.4 PHM Service	<input type="checkbox"/>
4.3.5 Population Risk Stratification Segmentation (RSS) and Risk Tiering	<input type="checkbox"/>
4.3.6 Screening and Assessments	<input type="checkbox"/>
4.3.7 Care Management Programs	<input type="checkbox"/>
4.3.8 Basic Population Health Management	<input type="checkbox"/>
4.3.9 Other Population Health Requirements for Children	<input type="checkbox"/>
4.3.10 Wellness and Prevention Programs	<input type="checkbox"/>
4.3.11 Transitional Care Services	<input type="checkbox"/>
4.3.12 Targeted Case Management (TCM) Services	<input type="checkbox"/>
4.3.13 Mental Health Services	<input type="checkbox"/>
4.3.14 Alcohol and SUD Treatment Services	<input type="checkbox"/>
4.3.15 California Children’s Services (CCS)	<input type="checkbox"/>
4.3.16 Services for Persons with DD	<input type="checkbox"/>
4.3.17 School-Based Services	<input type="checkbox"/>
4.3.18 Dental	<input type="checkbox"/>
4.3.19 Direct Observed Therapy (COT) for Treatment of Tuberculosis (TB)	<input type="checkbox"/>
4.3.20 Women, Infants, and Children (WIC) Supplemental Nutrition Program	<input type="checkbox"/>
4.3.21 HCBS Waiver Programs	<input type="checkbox"/>
4.3.22 IHSS	<input type="checkbox"/>
4.3.23 Indian Health Services	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.4 Enhanced Care Management (ECM)</b>	
4.4.1 Contractor’s Responsibilities for Administration of ECM	<input type="checkbox"/>
4.4.2 Populations of Focus for ECM	<input type="checkbox"/>
4.4.3 ECM Providers	<input type="checkbox"/>
4.4.4 ECM Provider Capacity	<input type="checkbox"/>
4.4.5 Model of Care (MOC)	<input type="checkbox"/>
4.4.6 Member Identification for ECM	<input type="checkbox"/>
4.4.7 Authorizing Members for ECM	<input type="checkbox"/>
4.4.8 Assignment to an ECM Provider	<input type="checkbox"/>
4.4.9 Initiating Delivery of ECM	<input type="checkbox"/>
4.4.10 Discontinuation of ECM	<input type="checkbox"/>
4.4.11 Core Service Components of ECM	<input type="checkbox"/>
4.4.12 Data System Requirements and Data Sharing to Support ECM	<input type="checkbox"/>
4.4.13 Oversight of ECM Providers	<input type="checkbox"/>
4.4.14 Payment of ECM Providers	<input type="checkbox"/>
4.4.15 DHCS Oversight of ECM	<input type="checkbox"/>
4.4.16 ECM Quality and Performance Incentive Program	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.5 Community Supports</b>	
4.5.1 Contractor’s Responsibility for Administration of Community Supports	<input type="checkbox"/>
4.5.2 DHCS Pre-Approved Community Supports	<input type="checkbox"/>
4.5.3 Community Supports Providers	<input type="checkbox"/>
4.5.4 Community Supports Provider Capacity	<input type="checkbox"/>
4.5.5 Community Supports Model of Care (MOC)	<input type="checkbox"/>
4.5.6 Identifying Members for Community Supports	<input type="checkbox"/>
4.5.7 Authorizing Members for Community Supports and Communication of Authorization Status	<input type="checkbox"/>
4.5.8 Referring Members to Community Supports Providers for Community Supports	<input type="checkbox"/>
4.5.9 Data System Requirements and Data Sharing to Support Community Supports	<input type="checkbox"/>
4.5.10 Oversight of Community Supports Providers	<input type="checkbox"/>
4.5.11 Delegation of Community Supports Administration to Subcontractors and Downstream Subcontractors	<input type="checkbox"/>
4.5.12 Payment of Community Supports Providers	<input type="checkbox"/>
4.5.13 DHCS Oversight of Community Supports	<input type="checkbox"/>
4.5.14 Community Supports Quality and Performance Incentive Program	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>4.6 Member Grievance and Appeal System</b>	
4.6.1 Grievance Process	<input type="checkbox"/>
4.6.2 Discrimination Grievances	<input type="checkbox"/>
4.6.3 Notice of Action	<input type="checkbox"/>
4.6.4 Appeal Process	<input type="checkbox"/>
4.6.5 Responsibilities in Expedited Appeals	<input type="checkbox"/>
4.6.6 State Fair Hearings and Independent Medical Reviews	<input type="checkbox"/>
4.6.7 Continuation of Services Until Appeal and State Fair Hearing Rights Are Exhausted	<input type="checkbox"/>
4.6.8 Grievance and Appeal Reporting and Data	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.0 Services – Scope and Delivery</b>	
<b>5.1 Member Services</b>	
5.1.1 Members Rights and Responsibilities	<input type="checkbox"/>
5.1.2 Member Services Staff	<input type="checkbox"/>
5.1.3 Member Information	<input type="checkbox"/>
5.1.4 Primary Care Service Provider Selection	<input type="checkbox"/>
5.1.5 Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests	<input type="checkbox"/>



Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.2 Network and Access to Care</b>	
5.2.1 Access to Network Providers and Covered Services	<input type="checkbox"/>
5.2.2 Network Capacity	<input type="checkbox"/>
5.2.3 Network Composition	<input type="checkbox"/>
5.2.4 Network Ratios	<input type="checkbox"/>
5.2.5 Network Adequacy Standards	<input type="checkbox"/>
5.2.6 Access to Emergency Service Providers and Emergency Services	<input type="checkbox"/>
5.2.7 Out-of-Network Access	<input type="checkbox"/>
5.2.8 Specific Requirements for Access to Programs and Covered Services	<input type="checkbox"/>
5.2.9 Network and Access Changes to Covered Services	<input type="checkbox"/>
5.2.10 Access Rights	<input type="checkbox"/>
5.2.11 Cultural and Linguistic Programs and Committees	<input type="checkbox"/>
5.2.12 Continuity of Care	<input type="checkbox"/>
5.2.13 Network Reports	<input type="checkbox"/>
5.2.14 Site Review	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.3 Scope of Services</b>	
5.3.1 Covered Services	<input type="checkbox"/>
5.3.2 Medically Necessary Services	<input type="checkbox"/>
5.3.3 Initial Health Appointment	<input type="checkbox"/>
5.3.4 Services for Members less than 21 Years of Age	<input type="checkbox"/>
5.3.5 Services for Adults	<input type="checkbox"/>
5.3.6 Pregnant and Postpartum Members	<input type="checkbox"/>
5.3.7 Services for All Members	<input type="checkbox"/>
5.3.8 Investigational Services	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.4 Community Based Adult Services (CBAS)</b>	
5.4.1 Covered Services	<input type="checkbox"/>
5.4.2 Coordination of Care	<input type="checkbox"/>
5.4.3 Required Reports for the CBAS Program	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.5 Mental Health and Substance Use Disorder Benefits</b>	
5.5.1 Mental Health Parity Requirements	<input type="checkbox"/>
5.5.2 Non-specialty Mental Health Services and Substance Use Disorder Services	<input type="checkbox"/>
5.5.3 Non-specialty Mental Health Services Providers	<input type="checkbox"/>
5.5.4 Emergency Mental Health and Substance Use Disorder Services	<input type="checkbox"/>
5.5.5 Mental Health and Substance Use Disorder Services Disputes	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>5.6 MOUs and Agreements with Third Parties</b>	
5.6.1 MOUs with Third-Party Entities and County Programs	<input type="checkbox"/>
5.6.2 MOU Requirements	<input type="checkbox"/>
5.6.3 MOU Oversight and Compliance	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>6.0 Emergency Preparedness and Response</b>	
6.1 General Requirement	<input type="checkbox"/>
6.2 Business Continuity Emergency Plan	<input type="checkbox"/>
6.3 Member Emergency Preparedness Plan	<input type="checkbox"/>
6.4 California’s Standardized Emergency Management System	<input type="checkbox"/>
6.5 Reporting Requirements During an Emergency	<input type="checkbox"/>
6.6 DHCS Emergency Directives	<input type="checkbox"/>

Contractual Requirements	Delegated to Subcontractor
<b>Exhibit A, Attachment III</b>	
<b>7.0 Operations Deliverables and Requirements</b>	<input type="checkbox"/>

Contractual Requirements		Delegated to Subcontractor
<b>Exhibit E</b>		
<b>1.0</b>	<b>Program Terms and Conditions</b>	
1.1	Governing Law	<input type="checkbox"/>
1.2	DHCS Guidance	<input type="checkbox"/>
1.3	Contract Interpretation	<input type="checkbox"/>
1.4	Assignments, Mergers, Acquisitions	<input type="checkbox"/>
1.5	Independent Contractor	<input type="checkbox"/>
1.6	Amendment and Change Order Process	<input type="checkbox"/>
1.7	Delegation of Authority	<i>(1) Must not be delegated</i>
1.8	Authority of the State	<input type="checkbox"/>
1.9	Fulfillment of Obligations	<input type="checkbox"/>
1.10	Obtaining DHCS Approval	<input type="checkbox"/>
1.11	Certifications	<input type="checkbox"/>
1.12	Notices	<input type="checkbox"/>
1.13	Term	<input type="checkbox"/>
1.14	Service Area	<input type="checkbox"/>
1.15	Contract Extension	<input type="checkbox"/>
1.16	Termination	<input type="checkbox"/>
1.17	Phaseout Requirements	<input type="checkbox"/>
1.18	Indemnification	<input type="checkbox"/>
1.19	Sanctions	<input type="checkbox"/>
1.20	Liquidated Damages	<input type="checkbox"/>
1.21	Contractor's Dispute Resolution Requirements	<input type="checkbox"/>
1.22	Inspection and Audit of Records and Facilities	<input type="checkbox"/>
1.23	Confidentiality of Information	<input type="checkbox"/>
1.24	Pilot Projects	<input type="checkbox"/>

Contractual Requirements		Delegated to Subcontractor
1.25	Cost Avoidance and Post-Payment Recovery (PPR) of Other Health Coverage (OHC)	<input type="checkbox"/>
1.26	Third-Party Tort and Workers' Compensation Liability	<input type="checkbox"/>
1.27	Litigation Support	<input type="checkbox"/>
1.28	Equal Opportunity Employer	<input type="checkbox"/>
1.29	Federal and State Nondiscrimination Requirements	<input type="checkbox"/>
1.30	Discrimination Prohibitions	<input type="checkbox"/>
1.31	Small Business Participation and Disabled Veteran Business Enterprises (DVBE) Reporting Requirements	<input type="checkbox"/>
1.32	Conflict of Interest Avoidance Requirements	<b><i>(1) Must not be delegated</i></b>
1.33	Guaranty Provision	<input type="checkbox"/>
1.34	Priority of Provisions	<input type="checkbox"/>
1.35	Miscellaneous Provision	<input type="checkbox"/>

[This page is intentionally left blank]