

Table A1: Delegation Function Matrix—For Subcontractors

<b>Contractor Name:</b>		Kern Health Systems (KHS)				
<b>Applicable County:</b>		Kern				
<b>Compliance Officer:</b>		Deborah Murr, MHA, BS-HCM, RN				
<b>Compliance Contact Information:</b>		Deborah Murr, MHA, BS-HCM, RN Chief Compliance and Fraud Prevention Officer 661.664.6141		<a href="mailto:deborah.murr@khs-net.com">deborah.murr@khs-net.com</a>		
		Jane MacAdam Director of Compliance and Regulatory Affairs 661.664.5016		<a href="mailto:jane.macadam@khs-net.com">jane.macadam@khs-net.com</a>		
		Heather Fowler Compliance Manager 661.617.2505		<a href="mailto:heather.fowler@khs-net.com">heather.fowler@khs-net.com</a>		
<b>Subcontractor Name (1)</b>	<b>Type of Subcontractor (2)</b>	<b>Delegated Function(s) (3)</b>	<b>Address (4)</b>	<b>Contact Info (5)</b>	<b>Percentage of Total Members (6) *</b>	<b>Proportion of Total Capitated Rate (7)</b>
VSP	Partially Delegated Subcontractor	Vision Provider Network & Credentialing Vision Claims Processing Vision Customer Service	5000 Airport Plaza Dr, suite 250 Long Beach, CA 90815	Amy Kelly 916.851.4282	100%	N/A
Health Dialog	Administrative Delegated Subcontractor	24/7 Nurseline After Hours Call Center	100 Summer Street, Suite 1400 Boston, MA 02110	Sharon McKinley 603.665.5824	100%	N/A
American Logistics	Administrative Delegated Subcontractor	Transportation Administration (e.g. Scheduling)	901 Calle Amanecer, Suite 260 San Clemente, CA 92673	Don Maloy 310.592.0806	100%	N/A
LanguageLine	Administrative Delegated Subcontractor	Interpreter Services	1 Lower Ragsdale Drive, Bldg 2 Monterey, CA 93940		N/A	N/A

\* KHS NOTE: Unclear how to complete; members are not "assigned" to these vendors, but these vendors may provide services for our entire membership (if the members utilize their services)

Table B  
Delegation Justification  
VSP

Template B	Delegation Justification and Plan
Instructions	Complete this template for <b>each</b> 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	VSP
Applicable County(ies)	Kern
Subcontractor or Downstream Key Personnel	Amy Kelly
Subcontractor Key Personnel Contact Information	916.851.4282
Type of Subcontractor or Downstream Subcontractor	Partially delegated
a) Justification of Subcontractor or Downstream Subcontractor Agreement	Vision Network & Credentialing Vision Claims Processing
b) Pre-Existing Relationships	Existing vision provider since 1995
c) Sub-Delegation	Current contractual language includes: "...VSP agrees that any assignment or delegation of this Agreement shall be void unless prior approval is obtained..."
d) Impact on Contractor	KHS benefits from an administrative capacity and operations perspective through engaging a subcontractor with expertise in the provision of vision benefits and a vision provider network.
Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor	KHS has the capacity to oversee & monitor the subcontractor through daily communications; monthly reporting; quarterly JOC meetings; receipt & resolution of all grievances related to services performed by subcontractor; annual delegation oversight audit
f) Subcontractor's and Downstream Administrative Capacity	VSP has the capacity to perform the delegated functions of providing a vision network and processing vision claims, as evidenced by the monthly call & claims reporting; % of grievances received; reporting of potential fraud, waste, and abuse; etc.
g) Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions	KHS subcontractor agreement templates have been updated to comply with the subcontractor agreement requirements outlined throughout the 2024 DHCS Contract. Current contract with VSP contains provisions related to complying with all state and federal laws and regulations and KHS Policies, including claims processing and credentialing requirements; confidentiality; Protected Health Information; termination for cause; inspection rights; etc. KHS will be working with VSP to execute the updated KHS subcontractor & Business Associate Agreement templates.
h) Contractor's Oversight Policy and Procedures	KHS communicates our oversight policies and procedures through regular communication with the subcontractor; quarterly JOC meetings; and annual audits. An updated external-facing Delegation Oversight Policy will be distributed to subcontractors prior to 12/31/2023
i) Financial Arrangement	KHS pays VSP a PMPM fee; VSP is responsible for the cost of the claims
j) Other Information	None
k) Previously Approved Documents	N/A

Table C  
Contract Requirements  
VSP

Contractual Requirements	Delegated to Subcontractor	KHS Comments
<b>Exhibit A, Attachment III</b>	insert checkbox	
1.0 Organization	<input type="checkbox"/>	
1.1 Plan Organization and Administration	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
1.2 Financial Information	<input type="checkbox"/>	
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)	(1) Must not be delegated	
1.2.6 Contractor’s Obligations	<input type="checkbox"/>	
1.2.7 Community Reinvestment Plan and Report	<input type="checkbox"/>	
1.3 Program Integrity and Compliance Program	<input type="checkbox"/>	
1.3.1 Compliance Program	(1) Must not be delegated	
1.3.2 Fraud Prevention Program	<input type="checkbox"/>	
1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing	<input checked="" type="checkbox"/>	VSP Vision Networ
1.3.4 Contractor’s Obligations Regarding Suspended, Excluded, and Ineligible Providers and Ineligible Providers	<input checked="" type="checkbox"/>	VSP Vision Network
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"/>	
2.0 Systems and Processes	<input type="checkbox"/>	

Table C  
Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
2.1 Management Information System	<input type="checkbox"/>	
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"/>	
2.2 Quality Improvement and Health Equity Transformation Program (QIHETP)	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
2.3 Utilization Management Program	<input type="checkbox"/>	
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"/>	
3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors	<input type="checkbox"/>	
3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements and Contractor's Oversight Duties	<input type="checkbox"/>	
3.1.1 Overview of Contractor's Duties and Obligations	<input type="checkbox"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
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"/>	
3.2 Provider Relations	<input type="checkbox"/>	
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"/>	
3.3 Provider Compensation Arrangements	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
3.3.4 Identification of Responsible Payor	<input type="checkbox"/>	
3.3.5 Claims Processing	<input checked="" type="checkbox"/>	Vision Claims
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"/>	
4.0 Member	<input type="checkbox"/>	
4.1 Marketing	<input type="checkbox"/>	
4.1.1 Training and Certification of Marketing Representatives	<input type="checkbox"/>	
4.1.2 Marketing Plan	<input type="checkbox"/>	
4.2 Enrollments and Disenrollments	<input type="checkbox"/>	
4.2.1 Enrollment	<input type="checkbox"/>	
4.2.2 Disenrollment	<input type="checkbox"/>	
4.3 Population Health Management and Coordination of Care	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.4 Enhanced Care Management (ECM)	<input type="checkbox"/>	
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"/>	
4.5 Community Supports	<input type="checkbox"/>	
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"/>	

Table C  
Contract Requirements  
VSP

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.6 Member Grievance and Appeal System	<input type="checkbox"/>	
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"/>	
5.0 Services – Scope and Delivery	<input type="checkbox"/>	
5.1 Member Services	<input type="checkbox"/>	
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"/>	
5.2 Network and Access to Care	<input type="checkbox"/>	
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"/>	



Table C  
Contract Requirements  
VSP

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
5.3 Scope of Services	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	D. Vision Care - Lenses
5.3.8 Investigational Services	<input type="checkbox"/>	
5.4 Community Based Adult Services (CBAS)	<input type="checkbox"/>	
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"/>	
5.5 Mental Health and Substance Use Disorder Benefits	<input type="checkbox"/>	
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"/>	
5.6 MOUs and Agreements with Third Parties	<input type="checkbox"/>	
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"/>	
6.0 Emergency Preparedness and Response	<input type="checkbox"/>	

Table C  
Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
7.0 Operations Deliverables and Requirements	<input type="checkbox"/>	
<b>Exhibit E</b>	<input type="checkbox"/>	
1.0 Program Terms and Conditions	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
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"/>	

Table C  
 Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
1.33 Guaranty Provision	<input type="checkbox"/>	
1.34 Priority of Provisions	<input type="checkbox"/>	
1.35 Miscellaneous Provision	<input type="checkbox"/>	

Table B  
Delegation Justification  
Health Dialog

Template B	Delegation Justification and Plan
Instructions	Complete this template for <b>each</b> 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	Health Dialog
Applicable County(ies)	Kern
Subcontractor or Downstream Key Personnel	Sharon McKinley
Subcontractor Key Personnel Contact Information	603.665.5824
Type of Subcontractor or Downstream Subcontractor	Administrative
a) Justification of Subcontractor or Downstream Subcontractor Agreement	24/7 Nurseline After Hours Call Center
b) Pre-Existing Relationships	Existing Nurseline/after hour call center support vendor since 2016
c) Sub-Delegation	Contractual term indicates: <i>"No contract or agreement shall be made by Contractor with any party for the furnishing of any of the work or services described in this Agreement ("subcontractors"), without KHS's prior written consent. This provision shall not require the approval of employment contracts or agreements between Contractor and personnel that have been specifically named in this Agreement or in any attachments hereto. Subcontractors do not include third parties who provide support or incidental services to Contractor and no prior written approval is necessary. This Agreement shall not be assigned by either party, either in whole or in part, without prior written consent of the other party. Notwithstanding the foregoing, Contractor expressly agrees that any assignment or delegation of this agreement shall be void unless prior written approval is obtained from Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) where required."</i>
d) Impact on Contractor	KHS benefits from an administrative capacity and operations perspective through engaging a subcontractor with expertise in the provision of nurse advice (vs. KHS having to retain clinical staff to provide the service); and after hours call support (vs. having to staff a call center 24/7)
Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor	KHS has the capacity to oversee & monitor the subcontractor through daily communications; monthly reporting; quarterly JOC meetings; receipt & resolution of all grievances related to services performed by subcontractor; annual delegation oversight audit
f) Subcontractor's and Downstream Administrative Capacity	Health Dialog has the capacity to perform the delegated functions of providing nurse advice line and after hours call support, as evidenced by the monthly call & claims reporting; % of grievances received, etc.
g) Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions	KHS subcontractor agreement templates have been updated to comply with the subcontractor agreement requirements outlined throughout the 2024 DHCS Contract. Current contract with Health Dialog contains provisions related to complying with all state and federal laws and regulations and KHS Policies; providing access to books and records; confidentiality; Protected Health Information; Conflict of Interest; Disaster Recovery Plan; excluded persons; monitoring, assessment and evaluation; nondiscrimination; termination for cause; business associate addendum; etc.
h) Contractor's Oversight Policy and Procedures	KHS communicates our oversight policies and procedures through regular communication with the subcontractor; quarterly JOC meetings; and annual audits. An updated external-facing Delegation Oversight Policy will be distributed to subcontractors prior to 12/31/2023
i) Financial Arrangement	KHS pays Health Dialog a PMPM fee for the services provided
j) Other Information	None
k) Previously Approved Documents	N/A

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
<b>Exhibit A, Attachment III</b>	insert checkbox	
1.0 Organization	<input type="checkbox"/>	
1.1 Plan Organization and Administration	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
1.2 Financial Information	<input type="checkbox"/>	
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)	(1) Must not be delegated	
1.2.6 Contractor’s Obligations	<input type="checkbox"/>	
1.2.7 Community Reinvestment Plan and Report	<input type="checkbox"/>	
1.3 Program Integrity and Compliance Program	<input type="checkbox"/>	
1.3.1 Compliance Program	(1) Must not be delegated	
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"/>	
2.0 Systems and Processes	<input type="checkbox"/>	

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
2.1 Management Information System	<input type="checkbox"/>	
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"/>	
2.2 Quality Improvement and Health Equity Transformation Program (QIHETP)	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
2.3 Utilization Management Program	<input type="checkbox"/>	
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"/>	
3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors	<input type="checkbox"/>	
3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements and Contractor's Oversight Duties	<input type="checkbox"/>	
3.1.1 Overview of Contractor's Duties and Obligations	<input type="checkbox"/>	

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
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"/>	
3.2 Provider Relations	<input type="checkbox"/>	
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"/>	
3.3 Provider Compensation Arrangements	<input type="checkbox"/>	
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"/>	

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.0 Member	<input type="checkbox"/>	
4.1 Marketing	<input type="checkbox"/>	
4.1.1 Training and Certification of Marketing Representatives	<input type="checkbox"/>	
4.1.2 Marketing Plan	<input type="checkbox"/>	
4.2 Enrollments and Disenrollments	<input type="checkbox"/>	
4.2.1 Enrollment	<input type="checkbox"/>	
4.2.2 Disenrollment	<input type="checkbox"/>	
4.3 Population Health Management and Coordination of Care	<input type="checkbox"/>	
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"/>	



Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.4 Enhanced Care Management (ECM)	<input type="checkbox"/>	
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"/>	
4.5 Community Supports	<input type="checkbox"/>	
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"/>	

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.6 Member Grievance and Appeal System	<input type="checkbox"/>	
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"/>	
5.0 Services – Scope and Delivery	<input type="checkbox"/>	
5.1 Member Services	<input checked="" type="checkbox"/>	Nurse advice line and after hours call only
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"/>	
5.2 Network and Access to Care	<input type="checkbox"/>	
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"/>	

Table C  
 Contract Requirements  
 Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
5.3 Scope of Services	<input type="checkbox"/>	
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"/>	
5.4 Community Based Adult Services (CBAS)	<input type="checkbox"/>	
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"/>	
5.5 Mental Health and Substance Use Disorder Benefits	<input type="checkbox"/>	
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"/>	
5.6 MOUs and Agreements with Third Parties	<input type="checkbox"/>	
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"/>	
6.0 Emergency Preparedness and Response	<input type="checkbox"/>	

Table C  
Contract Requirements  
Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
7.0 Operations Deliverables and Requirements	<input type="checkbox"/>	
<b>Exhibit E</b>	<input type="checkbox"/>	
1.0 Program Terms and Conditions	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
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"/>	

Table C  
 Contract Requirements  
 Health Dialog

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
1.33 Guaranty Provision	<input type="checkbox"/>	
1.34 Priority of Provisions	<input type="checkbox"/>	
1.35 Miscellaneous Provision	<input type="checkbox"/>	

Table B  
Delegation Justification  
American Logistics

Template B	Delegation Justification and Plan
Instructions	Complete this template for <b>each</b> 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	American Logistics
Applicable County(ies)	Kern
Subcontractor or Downstream Key Personnel	Don Maloy
Subcontractor Key Personnel Contact Information	310.592.0806
Type of Subcontractor or Downstream Subcontractor	Administrative
a) Justification of Subcontractor or Downstream Subcontractor Agreement	Administrative scheduling of transportation services
b) Pre-Existing Relationships	Existing Transportation broker since 2014
c) Sub-Delegation	Contractual term indicates: <i>"No contract or agreement shall be made by Contractor with any party for the furnishing of any of the work or services described in this Agreement ("subcontractors"), without KHS's prior written consent. This provision shall not require the approval of employment contracts or agreements between Contractor and personnel that have been specifically named in this Agreement or in any attachments hereto. Subcontractors do not include third parties who provide support or incidental services to Contractor and no prior written approval is necessary. This Agreement shall not be assigned by either party, either in whole or in part, without prior written consent of the other party. Notwithstanding the foregoing, Contractor expressly agrees that any assignment or delegation of this agreement shall be void unless prior written approval is obtained from Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) where required."</i>
d) Impact on Contractor	Requirements related to NEMT and NMT benefits continue to increase, which results in the need for KHS to engage a subcontractor with the expertise, capacity and functionality to support KHS in meeting the regulatory requirements. This subcontractors administrative capacity to handle the volume of transportation requests received, while maintaining low complaint percentages, and provide 24/7 transportation to our membership is extremely beneficial to KHS and our administrative capacity and operations.
Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor	KHS has the capacity to oversee & monitor the subcontractor through daily communications; monthly reporting; quarterly JOC meetings; receipt & resolution of all grievances related to services performed by subcontractor; invoice reconciliation; annual delegation oversight audit
f) Subcontractor's and Downstream Administrative Capacity	AL has the capacity to perform transportation broker functions as evidenced by the monthly call reporting; trip logs; % of grievances received; reporting of potential fraud, waste, and abuse; etc.
g) Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions	KHS subcontractor agreement templates have been updated to comply with the subcontractor agreement requirements outlined throughout the 2024 DHCS Contract. Current contract with AL contains provisions related to complying with all state and federal laws and regulations and KHS Policies; providing access to books and records; confidentiality; Protected Health Information; Conflict of Interest; Disaster Recovery Plan; excluded persons; monitoring, assessment and evaluation; nondiscrimination; termination for cause; business associate addendum; etc.
h) Contractor's Oversight Policy and Procedures	KHS communicates our oversight policies and procedures through regular communication with the subcontractor; quarterly JOC meetings; and annual audits. An updated external-facing Delegation Oversight Policy will be distributed to subcontractors prior to 12/31/2023
i) Financial Arrangement	KHS pays an administrative PMPM fee to American Logistics for the administrative services; KHS covers the cost of the actual transportation
j) Other Information	None
k) Previously Approved Documents	N/A

Table C  
Contract Requirements  
American Logistics

Contractual Requirements	Delegated to Subcontractor	KHS Comments
<b>Exhibit A, Attachment III</b>	insert checkbox	
1.0 Organization	<input type="checkbox"/>	
1.1 Plan Organization and Administration	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
1.2 Financial Information	<input type="checkbox"/>	
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)	(1) Must not be delegated	
1.2.6 Contractor’s Obligations	<input type="checkbox"/>	
1.2.7 Community Reinvestment Plan and Report	<input type="checkbox"/>	
1.3 Program Integrity and Compliance Program	<input type="checkbox"/>	
1.3.1 Compliance Program	(1) Must not be delegated	
1.3.2 Fraud Prevention Program	<input type="checkbox"/>	
1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing	<input checked="" type="checkbox"/>	
1.3.4 Contractor’s Obligations Regarding Suspended, Excluded, and Ineligible Providers and Ineligible Providers	<input checked="" 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"/>	
2.0 Systems and Processes	<input type="checkbox"/>	

Table C  
Contract Requirements  
American Logistics

Contractual Requirements	Delegated to Subcontractor	KHS Comments
2.1 Management Information System	<input type="checkbox"/>	
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"/>	
2.2 Quality Improvement and Health Equity Transformation Program (QIHETP)	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
2.3 Utilization Management Program	<input type="checkbox"/>	
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"/>	
3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors	<input type="checkbox"/>	
3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements and Contractor's Oversight Duties	<input type="checkbox"/>	
3.1.1 Overview of Contractor's Duties and Obligations	<input type="checkbox"/>	



Table C  
Contract Requirements  
American Logistics

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
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"/>	
3.2 Provider Relations	<input type="checkbox"/>	
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"/>	
3.3 Provider Compensation Arrangements	<input type="checkbox"/>	
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"/>	

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Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.0 Member	<input type="checkbox"/>	
4.1 Marketing	<input type="checkbox"/>	
4.1.1 Training and Certification of Marketing Representatives	<input type="checkbox"/>	
4.1.2 Marketing Plan	<input type="checkbox"/>	
4.2 Enrollments and Disenrollments	<input type="checkbox"/>	
4.2.1 Enrollment	<input type="checkbox"/>	
4.2.2 Disenrollment	<input type="checkbox"/>	
4.3 Population Health Management and Coordination of Care	<input type="checkbox"/>	
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"/>	

Table C  
Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.4 Enhanced Care Management (ECM)	<input type="checkbox"/>	
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"/>	
4.5 Community Supports	<input type="checkbox"/>	
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"/>	

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Contract Requirements  
American Logistics

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.6 Member Grievance and Appeal System	<input type="checkbox"/>	
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"/>	
5.0 Services – Scope and Delivery	<input type="checkbox"/>	
5.1 Member Services	<input type="checkbox"/>	
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"/>	
5.2 Network and Access to Care	<input type="checkbox"/>	
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"/>	

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Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
5.3 Scope of Services	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	Transportation Broker Only
5.3.8 Investigational Services	<input type="checkbox"/>	
5.4 Community Based Adult Services (CBAS)	<input type="checkbox"/>	
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"/>	
5.5 Mental Health and Substance Use Disorder Benefits	<input type="checkbox"/>	
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"/>	
5.6 MOUs and Agreements with Third Parties	<input type="checkbox"/>	
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"/>	
6.0 Emergency Preparedness and Response	<input type="checkbox"/>	

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Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
7.0 Operations Deliverables and Requirements	<input type="checkbox"/>	
<b>Exhibit E</b>	<input type="checkbox"/>	
1.0 Program Terms and Conditions	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
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"/>	

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 Contract Requirements  
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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
1.33 Guaranty Provision	<input type="checkbox"/>	
1.34 Priority of Provisions	<input type="checkbox"/>	
1.35 Miscellaneous Provision	<input type="checkbox"/>	

Table B  
Delegation Justification  
LanguageLine Solutions

Template B	Delegation Justification and Plan
Instructions	Complete this template for <b>each</b> 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	LanguageLine Solutions
Applicable County(ies)	Kern
Subcontractor or Downstream Key Personnel	
Subcontractor Key Personnel Contact Information	
Type of Subcontractor or Downstream Subcontractor	Administrative
a) Justification of Subcontractor or Downstream Subcontractor Agreement	KHS has engaged LanguageLine Solutions for providing verbal interpretation services as needed in support of our members that speak other languages.
b) Pre-Existing Relationships	Existing interpreter vendor
c) Sub-Delegation	Contractual term indicates: <i>"No contract or agreement shall be made by CONTRACTOR with any party for the furnishing of any of the work or services described hereinm, and in Attachment A, and this Agreement whall not be assigned by CONTRACTOR, either in whole or in part, without prior written consent of KHS, as approved and authorized by the Governing Board of KHS. This provision shall not require the approval of contracts or agreements for the employment between CONTRACTOR and personnel that have been specifically named in this Agreement or any attachments.</i>
d) Impact on Contractor	KHS benefits from an administrative capacity and operations perspective through engaging a subcontractor with expertise in the provision of interpreter services for members that speak other languages. KHS would have to hire additional Member Services staff with specific language capabilities to be able to offer interpretation services in the numerous languages supported by LanguageLine, which may not even be possible.
Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor	KHS has the capacity to oversee & monitor the subcontractor through regular communications; monthly reporting; and periodic quality monitoring audits.
f) Subcontractor's and Downstream Administrative Capacity	LanguageLine has the capacity to perform the interpreter services, as evidenced by the company's significant history and expertise in these services and supported through the reporting and results of quality sampling audits. .
g) Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions	KHS subcontractor agreement templates have been updated to comply with the subcontractor agreement requirements outlined throughout the 2024 DHCS Contract. Current contract with LanguageLine contains provisions related to complying with all state and federal laws and regulations and KHS Policies; providing access to books and records; confidentiality; Protected Health Information; Conflict of Interest; Disaster Recovery Plan; excluded persons; monitoring, assessment and evaluation; nondiscrimination; termination for cause; business associate addendum; etc.
h) Contractor's Oversight Policy and Procedures	KHS communicates our oversight policies and procedures through regular communication with the subcontractor and quality audits.
i) Financial Arrangement	KHS pays LanguageLine based on the agreed upon fee schedule in the contract
j) Other Information	None
k) Previously Approved Documents	N/A



Table C  
 Contract Requirements  
 LanguageLine Solutions

Contractual Requirements	Delegated to Subcontractor	KHS Comments
<b>Exhibit A, Attachment III</b>	insert checkbox	
1.0 Organization	<input type="checkbox"/>	
1.1 Plan Organization and Administration	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
1.2 Financial Information	<input type="checkbox"/>	
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)	(1) Must not be delegated	
1.2.6 Contractor’s Obligations	<input type="checkbox"/>	
1.2.7 Community Reinvestment Plan and Report	<input type="checkbox"/>	
1.3 Program Integrity and Compliance Program	<input type="checkbox"/>	
1.3.1 Compliance Program	(1) Must not be delegated	
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"/>	
2.0 Systems and Processes	<input type="checkbox"/>	
2.1 Management Information System	<input type="checkbox"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
2.2 Quality Improvement and Health Equity Transformation Program (QIHETP)	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
2.3 Utilization Management Program	<input type="checkbox"/>	
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"/>	
3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors	<input type="checkbox"/>	
3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements and Contractor's Oversight Duties	<input type="checkbox"/>	
3.1.1 Overview of Contractor's Duties and Obligations	<input type="checkbox"/>	

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Contract Requirements  
LanguageLine Solutions

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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	(1) Must not be delegated	
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"/>	
3.2 Provider Relations	<input type="checkbox"/>	
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"/>	
3.3 Provider Compensation Arrangements	<input type="checkbox"/>	
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"/>	

Table C  
Contract Requirements  
LanguageLine Solutions

Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.0 Member	<input type="checkbox"/>	
4.1 Marketing	<input type="checkbox"/>	
4.1.1 Training and Certification of Marketing Representatives	<input type="checkbox"/>	
4.1.2 Marketing Plan	<input type="checkbox"/>	
4.2 Enrollments and Disenrollments	<input type="checkbox"/>	
4.2.1 Enrollment	<input type="checkbox"/>	
4.2.2 Disenrollment	<input type="checkbox"/>	
4.3 Population Health Management and Coordination of Care	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.4 Enhanced Care Management (ECM)	<input type="checkbox"/>	
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"/>	
4.5 Community Supports	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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"/>	
4.6 Member Grievance and Appeal System	<input type="checkbox"/>	
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"/>	
5.0 Services – Scope and Delivery	<input type="checkbox"/>	
5.1 Member Services	<input type="checkbox"/>	
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"/>	
5.2 Network and Access to Care	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
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 checked="" type="checkbox"/>	Interpreter Services
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"/>	
5.3 Scope of Services	<input type="checkbox"/>	
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"/>	
5.4 Community Based Adult Services (CBAS)	<input type="checkbox"/>	
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"/>	
5.5 Mental Health and Substance Use Disorder Benefits	<input type="checkbox"/>	
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"/>	
5.6 MOUs and Agreements with Third Parties	<input type="checkbox"/>	
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"/>	
6.0 Emergency Preparedness and Response	<input type="checkbox"/>	
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"/>	

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Contractual Requirements	Delegated to Subcontractor	KHS Comments
6.5 Reporting Requirements During an Emergency	<input type="checkbox"/>	
6.6 DHCS Emergency Directives	<input type="checkbox"/>	
7.0 Operations Deliverables and Requirements	<input type="checkbox"/>	
<b>Exhibit E</b>	<input type="checkbox"/>	
1.0 Program Terms and Conditions	<input type="checkbox"/>	
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	(1) Must not be delegated	
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"/>	
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	(1) Must not be delegated	



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Contractual Requirements	Delegated to Subcontractor	KHS Comments
1.33 Guaranty Provision	<input type="checkbox"/>	
1.34 Priority of Provisions	<input type="checkbox"/>	
1.35 Miscellaneous Provision	<input type="checkbox"/>	