

C O N T R A C T

The COUNTY OF SAN BENITO ("COUNTY") and 7th AVENUE ("CONTRACTOR") enter into this contract which shall be effective on the date stated in Paragraph 1.

1. **Duration of Contract.**

This contract shall commence on July 1, 2016 and end on June 30, 2017, unless sooner terminated as specified herein.

2. **Scope of Services.**

CONTRACTOR, for COUNTY's benefit shall perform the services specified on Attachment A to this contract. Attachment A is made a part of this contract.

3. **Compensation for Services.**

In consideration for CONTRACTOR's performance, COUNTY shall pay compensation to CONTRACTOR according to the terms specified in Attachment B. Attachment B is made a part of this contract.

4. **General Terms and Conditions.**

The rights and duties of the parties to this contract are governed by the general terms and conditions mutually agreed to and listed in Attachment C. Attachment C is made a part of this contract.

5. **Insurance Limits.**

CONTRACTOR shall maintain the following insurance policy limits of coverage consistent with the further insurance requirements specified in Attachment C.

- (a) Comprehensive general liability insurance: \$1,000,000
- (b) Professional liability insurance: \$1,000,000
- (c) Comprehensive motor vehicle liability insurance: \$1,000,000

6. **Termination.**

The number of days of advance written notice required for termination of this contract is thirty (30) days.

7. **Specific Terms and Conditions** *(check one)*

- ☐ [] There are no additional provisions to this contract.
- ☒ [X] The rights and duties of the parties to this contract are additionally governed by the specific, additional terms mutually agreed to and listed in Attachment D. Attachment D is made a part of this contract.
- ☒ [X] The rights and duties of the parties to this contract are additionally governed by the specific, additional terms mutually agreed to and listed in Attachment E. Attachment E is made a part of this contract.

8. Information about Contract Administrators.

The following names, titles, addresses, and telephone numbers are the pertinent information for the respective contract administrators for the parties.

Contract Administrator for COUNTY:

Name: Alan Yamamoto

Title: Behavioral Health Director

Address: 1131 San Felipe Road

Hollister, California 95023

Telephone No.: (831) 636-4020

Fax No.: (831) 636-4025

Contract Administrator for CONTRACTOR:

Name: Ann Butler

Title: President

Address: 2115 7th Avenue

Santa Cruz, CA 95062

Telephone No.: (831) 420-0120

Fax No.: (831) 420-0136

SIGNATURES

APPROVED BY COUNTY:

Name: _____

Chair, San Benito County Board of Supervisors

Date: _____

APPROVED BY CONTRACTOR:

Name: Ann Butler

Title: President

Date: 2-29-16

APPROVED AS TO LEGAL FORM:

San Benito County Counsel

By: 

Date: 4-18-16

ATTACHMENT A

Scope of Services

IMD ADMISSIONS/BASIC SERVICES STATEMENT

1. Contractor shall admit patients with a DSM III-R diagnosis subject to bed availability, the order of a physician, and compliance with reasonable admission policies and procedures. Individuals in need of 24 hour Mental Health Rehabilitation Center, patients who may have histories of and, without adequate treatment, are at risk of displaying behavioral symptoms (such as combativeness, elopement risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level care facility, shall also be considered acceptable for admission. Frequency scope and severity of these behaviors is a determining factor to be negotiated on an individual patient basis between the County and Contractor. The County may grant individual exceptions to these admission criteria.
2. It is agreed by the County and the Contractor that individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from developmental disability, mental retardation, or physical illnesses (without a psychiatric component), shall not be considered for admission. All admissions are subject to the prior authorization process described in **Exhibit "B"**.
3. It is agreed by both Contractor and County that the basic service level (the minimum array of services provided to IMD residents) fully complies with CCR, TITLE 9, Division 1., Chapter 3.5 Mental Health Rehabilitation Centers, which includes life skill training, money management, training on accessing community services, transitional programs, and discharge planning with county staff.
4. It is further agreed by the Contractor that basic services will also include reasonable access to required medical treatment and up-to-date psychopharmacology and transportation to needed off-site services and bilingual/bicultural programming.
5. The County shall provide a minimum of 48 hours for all planned, non-emergency discharges. The discharge notice will be given to the Admission and Discharge Coordinator or designated person. For notices that are less than 48 hours (non-emergency) the county will pay the administrative day rate for inpatient acute stay day.

Emergency discharges will consist of acute hospitalization, both medical and psychiatric. Contractor shall contact County for authorization for hospitalization of County's client and to determine appointed hospital. Contractor shall consult with County's crisis staff to obtain authorization during holidays, weekends and after business hours. **These may be bed holds when mutually agreed upon.** Contractor strongly recommends that all those either going to jail or having gone AWOL are placed on at least 48 hour bed hold, unless it is determined that the client will not be returning to the facility.

END OF ATTACHMENT A

ATTACHMENT B

Payment Schedule

B - 1. BILLING

Charges for services rendered pursuant to the terms and conditions of this contract shall be invoiced on the following basis: (check one)

- ☒ (X) One month in arrears.
- ☐ () Upon the complete performance of the services specified in Attachment A.
- ☐ () The basis specified in paragraph B-4.

B - 2. PAYMENT

COUNTY shall make payment to CONTRACTOR at the address specified in paragraph 8 of this contract, net thirty (30) days from the invoice date.

B - 3. COMPENSATION

COUNTY shall pay to CONTRACTOR: (check one)

- ☐ () A total lump sum payment, or
- ☒ (X) A total sum not to exceed eighty-nine thousand dollars (\$89,000.00) for services rendered pursuant to the terms and conditions of this contract and pursuant to any special compensation terms specified in this Attachment B.

B - 4. SPECIAL COMPENSATION TERMS: (Check one)

- ☐ () There are no additional terms of compensation
- ☒ (X) The following specific terms of compensation shall apply: (specify)

Mental Health Rehabilitation Center/IMD Services.....	\$215.59/bed day
Bed Hold Rate.....	\$208.94/bed day
Enhanced Services Add-on.....	\$35.00 to \$250.00/bed day
1 to 1 Rate, NTE 5 days.....	\$250.00 per day

Enhanced Services Add-on rates are negotiated on a per-client basis (depending on the assessed need) within the range provided. The need for continuing Enhanced Services will be re-assessed on a weekly to monthly basis throughout the individual's stay. All per bed day rates will be renegotiated on at least an annual basis or when the contract is renewed.

Prior Authorization

a. Form

County shall develop a prior authorization form, which must be completed for each patient admitted by Contractor under this agreement. At a minimum, this form shall contain a clear patient identification, admission date, and County approval of the admission and level of service. Contractor is committed to provide care in accordance with the terms of this agreement, and County is committed to reimburse Contractor for care as set forth in this Exhibit.

b. Process

County contract liaison identified in Section 19 of this agreement shall provide Contractor with a completed authorization form prior to each patient admission. A patient may be admitted without a completed authorization form on the basis of verbal authorization from the county contract liaison by mutual consent of the County and Contractor, provided County supplies a completed form within three (3) days from the date of admission.

Reimbursement

a. Rate

County shall reimburse Contractor on fee for service basis for services under this agreement at a rate for basic services and as described in Attachment B. The basic rate for services is adjusted annually by DHS and this per patient day contract rate shall be adjusted as required to reflect the current rates. The monthly gross billings shall reflect a reduction of third party revenues received on behalf of individual clients from this County.

b. Claims

Contractor shall submit all claims for reimbursement under the agreement within sixty (60) days after the ending date of the agreement. All claims submitted after sixty (60) days following the ending date of the agreement will not be subject to reimbursement by the County. Any "obligations incurred" included in claims for reimbursement and paid by the County which remain unpaid by the Contractor after ninety (90) days following the ending date of the agreement will be disallowed under audit by the County.

c. Monthly Payment

County shall provide Contractor with an approved form for use in billing services under this agreement. Contractor shall bill for services under this agreement on a monthly basis in arrears. Contractor shall provide County with a bill on the approved form within ten (10) days of the end of the month of service. County shall reimburse Contractor for services within thirty (30) days of receipt of the approved form.

d. First Payment

To ensure adequate cash flow, County shall reimburse Contractor for services rendered in the first month of this agreement within thirty (30) days of the effective date of the agreement. Counties that cannot meet this timeframe shall provide Contractor with a cash advance payment equal to one-twelfth of the total amount of reimbursement available under this contract (a. above) within thirty (30) days of the effective date of this agreement.

e. **Final Payment**

County shall provide Contractor with final payment for services under this agreement within thirty (30) days of receipt of Contractor billing for the last month of service. Final payment shall be adjusted as appropriate to reconcile cash advance provided Contractor (c. above), differences between estimated and actual Contractor share of cost receipts, and other outstanding payment issues.

f. **Medi-Cal Reimbursement**

Contractor further agrees that it shall comply with all requirements necessary for Medi-Cal reimbursement for mental health treatment services; that it shall comply with all provisions and requirements in law pertaining to patient rights; that it shall comply with all requirements in federal law and regulations pertaining to federally funded mental health programs; and, Contractor further agrees that it shall comply with all applicable laws and regulations for all services delivered.

County agrees that residents' Medi-Cal codes remain with their county of origin and not be changed to the host county throughout their stay at the Contractor's facility. Upon notification to the County by the Contractor that a county code change has occurred, County shall facilitate corrections.

Audits

a. **Scope**

County may audit Contractor billing for, and provision of, services under this agreement at any time with fourteen (14) days advance written notice. County audits shall be conducted in accordance with generally accepted audit standards and limited to a verification that services billed by the Contractor were actually provided to County patients as prescribed in the Basic Services Statement included in Exhibit "A". Contractor shall provide County with on-site access to all reasonable documents, records, and other supporting information for billing and services under this agreement.

b. Contractor shall make available to County, upon written request, and to the Federal/State Government or any of their duly authorized representatives, this agreement and such books, documents and records of Contractor that are necessary to certify the nature and extent of the reasonable costs of services to County.

c. **Findings**

Where problems are identified in the course of an audit, which resulted in a significant overpayment to the Contractor, County must conduct an exit conference with the Contractor at the close of the audit and provide a written report and demand letter within thirty (30) days of audit completion.

d. **Repayment**

Contractor must repay County for any overpayment identified in the course of an audit within thirty (30) days of audit completion unless the audit findings are appealed as set forth in D below. At the Contractor's discretion, repayment may be scheduled for direct submission to the County or an offset of a future bill for services under this agreement. If Contractor fails to submit appropriate repayment within designated timeframe, County may offset future bills for services under this agreement.

e. **Appeals**

Contractor has the right to appeal audit findings and related County actions in writing to the County Board of Supervisors or through any other administrative conflict resolution mechanism identified by county. County shall schedule a formal hearing for Contractor appeals within thirty (30) days of receipt of a written request. County shall issue a final report on appeal findings within thirty (30) days of the formal hearing. Contractor shall also have the right to judicial review of County actions related to audits conducted under this agreement. In the case of such an appeal, contractor repayment shall be due within thirty (30) days after the appeal process is final.

END OF ATTACHMENT B

ATTACHMENT C

General Terms and Conditions

C-1. INDEMNIFICATION.

CONTRACTOR and COUNTY each agree to indemnify, defend and save harmless the other party and the other party's officers and employees, from and against any and all claims and losses whatsoever arising out of, or in any way related to, the indemnifying party's performance under this contract, including, but not limited to, claims for property damage, personal injury, death, and any legal expenses (such as attorneys' fees, court costs, investigation costs, and experts' fees) incurred by the indemnitee in connection with such claims or losses. A party's "performance" includes the party's action or inaction and the action or inaction of that party's officers and employees.

C-2. GENERAL INSURANCE REQUIREMENTS.

Without limiting CONTRACTOR's duty to indemnify COUNTY, CONTRACTOR shall comply with the insurance coverage requirements set forth in the contract and in this attachment. Those insurance policies mandated by Paragraph C-3 shall satisfy the following requirements:

- (a) Each policy shall be issued by a company authorized by law to transact business in the State of California.
- (b) Each policy shall provide that COUNTY shall be given notice in writing at least thirty (30) days in advance of any change, cancellation, or nonrenewal thereof.
- (c) The comprehensive motor vehicle and comprehensive general liability policies shall each provide an endorsement naming the County of San Benito and its officers, agents and employees as additional insureds.
- (d) The required coverage shall be maintained in effect throughout the term of this contract.

CONTRACTOR shall require all subcontractors performing work under this contract to obtain substantially the identical insurance coverage required of CONTRACTOR pursuant to this agreement.

C-3. INSURANCE COVERAGE REQUIREMENTS.

If required by paragraph 5 of the contract, CONTRACTOR shall maintain the following insurance policies in full force and effect during the term of this contract:

- (a) Comprehensive general liability insurance. CONTRACTOR shall maintain comprehensive general liability insurance, covering all of CONTRACTOR's operations with a combined single limit of not less than the amount set out in paragraph 5 of this contract.
- (b) Professional liability insurance. CONTRACTOR shall maintain professional liability insurance with liability limits of not less than the amount set out in paragraph 5 of this contract.

- (c) Comprehensive motor vehicle liability insurance. CONTRACTOR shall maintain comprehensive motor vehicle insurance covering all motor vehicles (including owned, non-owned and hired) used in providing services under this contract, with a combined single limit of not less than the amount set out in Paragraph 5 of this contract.
- (d) Workers' compensation insurance. CONTRACTOR shall maintain a workers' compensation plan covering all of its employees as required by California Labor Code Section 3700, either through workers' compensation insurance issued by an insurance company or through a plan of self-insurance certified by the State Director of Industrial Relations. If CONTRACTOR elects to be self-insured, the certificate of insurance otherwise required by this contract shall be replaced with a consent to self-insure issued by the State Director of Industrial Relations.

C-4. CERTIFICATE OF INSURANCE.

Prior to the commencement of performance of services by CONTRACTOR and prior to any obligations of COUNTY, CONTRACTOR shall file certificates of insurance with COUNTY, showing that CONTRACTOR has in effect the insurance required by this contract. CONTRACTOR shall file a new or amended certificate promptly after any change is made in any insurance policy which would alter the information on the certificate then on file. In lieu of providing proof of insurance, CONTRACTOR may provide proof of self-insurance meeting requirements equivalent to those imposed herein. CONTRACTOR warrants that CONTRACTOR's self-insurance provides substantially the same protection to COUNTY as the insurance required herein. CONTRACTOR further agrees to notify COUNTY in the event any change in self-insurance occurs that would alter the obligations undertaken in this contract within thirty (30) days of such change.

C-5. RECORDS TO BE MAINTAINED.

CONTRACTOR shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. CONTRACTOR shall contractually require that all of CONTRACTOR's subcontractors performing work called for under this contract also keep and maintain such records. All such records, whether kept by CONTRACTOR or any subcontractor, shall be made available to COUNTY or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by COUNTY, its authorized representative, or officials of the State of California.

C-6. RETENTION OF RECORDS.

CONTRACTOR shall maintain and preserve all records related to this contract for a period of three years from the close of the fiscal year in which final payment under this contract is made. CONTRACTOR shall also contractually require the maintenance of such records in the possession of any third party performing work related to this contract for the same period of time. Such records shall be retained beyond the three-year period, if any audit involving such records is then pending, until the audit findings are resolved. The obligation to insure the maintenance of the records beyond the initial three year period shall arise only if the COUNTY notifies CONTRACTOR of the commencement of an audit prior to the expiration of the three year period.

C-7. TITLE TO DOCUMENTS; COPYRIGHT.

All reports and other materials collected or produced by the CONTRACTOR or any subcontractor of CONTRACTOR shall, after completion and acceptance of the contract, become the property of COUNTY, and shall not be subject to any copyright claimed by the CONTRACTOR, subcontractor, or their agents or employees. CONTRACTOR may retain copies of all such materials exclusively for administrative purposes. Any use of completed or uncompleted documents for other projects by CONTRACTOR, any subcontractor, or any of their agents or employees, without the prior written consent of COUNTY is prohibited.

C-8. INDEPENDENT CONTRACTOR.

CONTRACTOR and its officers and employees, in the performance of this contract, are independent contractors in relation to COUNTY and not officers or employees of COUNTY. Nothing in this contract shall create any of the rights, powers, privileges or immunities of any officer or employee of COUNTY. CONTRACTOR shall be solely liable for all applicable taxes or benefits, including, but not limited to, federal and state income taxes, Social Security taxes, or ERISA retirement benefits, which taxes or benefits arise out of the performance of this contract. CONTRACTOR further represents to COUNTY that CONTRACTOR has no expectation of receiving any benefits incidental to employment.

C-9. CONFLICT OF INTEREST.

CONTRACTOR covenants that it presently has no interest and shall not acquire any interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of the services hereunder. CONTRACTOR further covenants that, in the performance of this contract, no subcontractor or person having such an interest shall be used or employed.

C-10. COMPLIANCE WITH APPLICABLE LAWS.

CONTRACTOR shall comply with all applicable federal, state and local laws now, or hereafter, in force, and with any applicable regulations, in performing the work and providing the services specified in this contract. This obligation includes, without limitation, the acquisition, and maintenance of any permits, licenses, or other entitlements necessary to perform the duties imposed expressly or impliedly under this contract.

C-11. NONDISCRIMINATION.

CONTRACTOR shall not discriminate in the employment of persons necessary to perform this contract on any legally impermissible basis, including on the basis of the race, color, national origin, ancestry, religion, age, sex, or disability of such person.

C-12. BANKRUPTCY.

CONTRACTOR shall immediately notify COUNTY in the event that CONTRACTOR ceases conducting business in the normal manner, becomes insolvent, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or assets,

or avails itself of, or becomes subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors.

C-13. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION OF DUTIES.

Except as specifically authorized herein, no rights under this contract may be assigned and no duties under this contract may be delegated by CONTRACTOR without the prior written consent of COUNTY, and any attempted assignment or delegation without such consent shall be void.

C-14. NEGOTIATED CONTRACT.

This contract has been arrived at through negotiation between the parties. Neither party is to be deemed the party which prepared this contract within the meaning of California Civil Code Section 1654.

C-15. SEVERABILITY.

Should any provision herein be found or deemed to be invalid, this contract shall be construed as not containing such provision, and all other provisions which are otherwise lawful shall remain in full force and effect. To this end, the provisions of this contract are declared to be severable.

C-16. ENTIRE CONTRACT.

This contract is the entire agreement of the parties. There are no understandings or agreements pertaining to this contract except as are expressly stated in writing in this contract or in any document attached hereto or incorporated herein by reference.

C-17. TIME IS OF THE ESSENCE.

Time is of the essence in the performance of this contract.

C-18. TERMINATION.

Either party may terminate this contract, with or without cause, at any time. In order to terminate this contract, the terminating party shall give advance written notice to the other party. The termination shall be effective no earlier than the expiration of the number of days specified in paragraph 6 of this contract. The termination notice shall be made as specified in paragraph C-19, below. In the event of termination, COUNTY shall pay CONTRACTOR for all work satisfactorily performed prior to the effective date of the termination.

C-19. NOTICES.

Notices to the parties in connection with the administration of this contract shall be given to the parties' contract administrator personally, by regular mail, or by facsimile transmission as more particularly specified in this paragraph. Notices will be deemed given on:

- (a) The day the notice is personally delivered to the contract administrator or the office of the party's contract administrator; or

- (b) Five days after the date the notice is deposited in the United States mail, addressed to a party's contract administrator as indicated in this contract, with first-class postage fully prepaid; or
- (c) On the day that the notice is transmitted by facsimile to a party's facsimile number specified in paragraph 8 of this contract, provided that an original of such notice is deposited in the United States mail, addressed to a party's contract administrator as indicated in this contract, on the same day as the facsimile transmission is made.

C-20. RESPONSIBILITY OF CONTRACT ADMINISTRATORS.

All matters concerning this contract which are within the responsibility of the parties shall be under the direction of, or shall be submitted to, the respective contract administrators or to the party's employee specified, in writing, by the contract administrator. A party may, in its sole discretion, change its designation of its contract administrator and shall promptly give written notice to the other party of any such change.

C-21. MATERIALITY.

The parties consider each and every term, covenant, and provision of this contract to be material and reasonable.

C-22. WAIVER.

Waiver by either party of a breach of any covenant of this contract will not be construed to be a continuing waiver of any subsequent breach. COUNTY's receipt of consideration with knowledge of CONTRACTOR's violation of a covenant does not waive its right to enforce any covenant of this contract. The parties shall not waive any provisions of this contract unless the waiver is in writing and signed by all parties.

C-23. AUTHORITY AND CAPACITY.

CONTRACTOR and CONTRACTOR's signatory each warrant and represent that each has full authority and capacity to enter into this contract.

C-24. BINDING ON SUCCESSORS.

All of the conditions, covenants and terms herein contained shall apply to, and bind, the heirs, successors, executors, administrators and assigns of CONTRACTOR. CONTRACTOR and all of CONTRACTOR's heirs, successors, executors, administrators, and assigns shall be jointly and severally liable under this contract.

C-25. CUMULATION OF REMEDIES.

All of the various rights, options, elections, powers and remedies of the parties shall be construed as cumulative, and no one of them exclusive of any other or of any other legal or equitable remedy which a party might otherwise have in the event of a breach or default of any condition, covenant or term by the other party. The exercise of any single right, option, election, power or

remedy shall not, in any way, impair any other right, option, election, power or remedy until all duties and obligations imposed shall have been fully performed.

C-26. INDEPENDENT ADVICE.

Each party hereby represents and warrants that in executing this contract it does so with full knowledge of the rights and duties it may have with respect to the other. Each party also represents and warrants that it has received independent legal advice from its attorney with respect to the matters set forth in this contract and the rights and duties arising out of this contract, or that such party willingly foregoes any such consultation.

C-27. NO RELIANCE ON REPRESENTATIONS.

Each party hereby represents and warrants that it is not relying, and has not relied, upon any representation or statement made by the other party with respect to the facts involved or its rights or duties. Each party understands and agrees that the facts relevant, or believed to be relevant to this contract may hereunder turn out to be other than, or different from the facts now known to such party as true, or believed by such party to be true. The parties expressly assume the risk of the facts turning out to be different and agree that this contract shall be effective in all respects and shall not be subject to rescission by reason of any such difference in facts.

C-28. REDUCTION OF CONSIDERATION.

CONTRACTOR agrees that COUNTY shall have the right to deduct from any payments specified in Attachment B any amount owed to COUNTY by CONTRACTOR as a result of any obligation arising prior to, or after, the execution of this contract. For purposes of this paragraph, obligations arising prior to, or after, the execution of this contract may include, without limitation, any property tax, secured or unsecured, which tax is in arrears. If COUNTY exercises the right to reduce the consideration specified in Attachment B, COUNTY, at the time of making a reduced payment, shall give CONTRACTOR notice of the amount of any off-set and the reason for the reduction.

C-29. COUNTERPARTS.

This contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original. The counterparts shall together constitute one contract.

END OF ATTACHMENT C.

ATTACHMENT D

SPECIFIC TERMS AND CONDITIONS

- D-1. **CONTRACTOR** shall comply specifically with Division 5 of the Welfare and Institutions Code, Titles 9 and 22 of the California Code of Regulations, and all statutes and regulations related thereto.
- D-2. **CONTRACTOR** shall adhere to all statutes and regulations governing the confidentiality of records.
- D-3. **CONTRACTOR** shall maintain all patient records in compliance with all appropriate federal, state and local requirements.
- D-4. **CONTRACTOR** shall comply with all Patients' Rights statutes and regulations.
- D-5. **CONTRACTOR** shall ensure that all pertinent admissions and length of stay requests comply with utilization review regulations.
- D-6. **CONTRACTOR** shall ensure that appropriate service and financial records are maintained and retained at least four (4) years or until audit findings are resolved, whichever is later.
- D-7. State and County agencies shall have the right to inspect all records to evaluate the cost, quality, appropriateness and time lines of services.
- D-8. **CONTRACTOR** agrees to complete and return to COUNTY the Provider Satisfaction Survey when **COUNTY** provides such.
- D-9. Facility access for handicapped persons shall comply with Section 504 of the Rehabilitation Act of 1973.
- D-10. In the event of a medical emergency, either psychiatric or non-psychiatric, **CONTRACTOR** shall stabilize and treat or transfer patients in accordance with Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd ("EMTALA"). **COUNTY** agrees that all screenings and stabilizing services provided by a **CONTRACTOR** in a medical emergency are services covered by **COUNTY** under this agreement.
- D-11. The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA). Each party understands that, as a provider of medical treatment services, it is a "covered entity" under HIPAA, and as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate patient authorizations specified under HIPAA.
- D-12. As to all insurance coverage required herein, any deductible or self-insured retention exceeding 1% of company's annual gross earnings or \$5,000 for an individual shall be disclosed to and be subject to approval by County Risk Manager, prior to the effective date of this contract.

- D-13. If any insurance coverage required hereunder is provided on a "claim made" rather than "occurrence" form, **CONTRACTOR** shall maintain such insurance coverage with an effective date earlier or equal to the effective date of the contract and continue coverage for a period of three (3) years after the expiration of the contract and any extensions thereof.
- D-14. In lieu of maintaining post-contract expiration coverage as specified above, **CONTRACTOR** may satisfy this provision by purchasing tail coverage for the "claims made" policy. Such tail coverage shall, at a minimum, provide coverage for claims received and reported three (3) years after the expiration of this contract.
- D-15. **CONTRACTOR** will cooperate with **COUNTY** in the preparation of and will furnish any and all information required for reports to be prepared by **COUNTY** as may be required by the rules, regulations, or statutes of the State of California or United States Government.
- D-16. **COUNTY**, with prior written notice of fourteen (14) days to **CONTRACTOR**, may, at any time during the term of this agreement, conduct an evaluation of services provided hereunder.
- D-17. Nothing herein shall be deemed to prohibit **CONTRACTOR** from contracting with more than one entity to perform additional work similar to or the same as that herein contracted.
- D-18. **CONTRACTOR** agrees to comply with all requirements which are now, or may hereafter be, imposed by the funding governmental entity with respect to the receipt and disbursement of the funds referred to in Exhibit "B", as well as such requirements as may be imposed by **COUNTY**. Without limiting the generality of the foregoing, **CONTRACTOR** agrees that it will not use funds received pursuant to this agreement, either directly or indirectly, as a contribution in order to obtain any federal funding under any federal programs.
- D-19. **CONTRACTOR** and **CONTRACTOR's** employees shall comply with the **COUNTY's** policy of maintaining a drug-free workplace. Neither the **CONTRACTOR** or **CONTRACTOR's** employees shall unlawfully manufacture, distribute, dispense, possess or use controlled substances as defined in Title 21, USC, Chapter 13, Subchapter I, part B, Section 812, including but not limited to marijuana, heroin, cocaine and amphetamines at any of **CONTRACTOR's** facilities or **COUNTY's** facilities or worksites. If **CONTRACTOR** or any employee of **CONTRACTOR** is convicted or pleads not guilty to a criminal drug statute violation occurring at a **COUNTY** facility or worksite, the **CONTRACTOR**, within five (5) days thereafter, shall notify the supervising department of the **COUNTY** department/agency for which the contract services are performed. Violation of this provision shall constitute a material breach of this agreement.
- D-20. In this connection, the parties hereto agree that the term "without reasonable cause" utilized in Section 5657 of the Welfare and Institutions Code means, for purposes of this agreement, that a representative of the **COUNTY** agency has not articulated, verbally or in written form, a reason for not making payment within sixty (60) days of the required payment date as set forth in Exhibit "B".
- D-21. In cases of unusual occurrences **CONTRACTOR** shall comply with the California Code of Regulations (CCR) Title 9; Division 1., Chapter 3.5 Mental Health Rehabilitation Centers, Article 4, Subsection 784.15. Contractor agrees to concurrently notify County in writing of said unusual occurrence.

- D.22 **COUNTY** agrees that resident's Medi-Cal codes remain within their county of origin throughout their stay at **CONTRACTOR's** facility and agrees not to recode resident's Medi-Cal county codes to Santa Cruz County and to ensure that rapid corrections are made should a Medi-Cal number be re-coded in any manner to Santa Cruz County.

END ATTACHMENT D

ATTACHMENT E

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

BUSINESS ASSOCIATE

- (a) Contractor shall comply with, and assist the County in complying with, the privacy requirements of the Health Insurance Portability and Accountability Act (including but not limited to 42 U.S.C. 1320d et seq.; "HIPAA") and its implementing regulations (including but not limited to 45 CFR Parts 142, 160, 162 and 164), hereinafter collectively referred to as the "Privacy Rule." Terms used but not otherwise defined in this Addendum shall have the same meaning as those terms are used in the Privacy Rule.
- (b) Except as otherwise limited in this Addendum, Contractor may use or disclose Protected Health Information to perform functions, activities, or services for or on behalf of the County as specified in this Addendum, provided that such use or disclosure would not violate the Privacy Rule with which the County complies.
- (c) Contractor shall not use or further disclose Protected Health Information other than as permitted or required by this Addendum, or as required by law.
- (d) Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Addendum.
- (e) Contractor shall report to the County any use or disclosure of the Protected Health Information not provided for by this Addendum.
- (f) Contractor shall mitigate, to the extent practicable, any harmful effect that is known to Contractor as a result of a use or disclosure of Protected Health Information by Contractor, which is in violation of the requirements of this Agreement.
- (g) Contractor shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, created, or received by Contractor on behalf of the County, agrees to the same restrictions and conditions that apply through this Agreement to Contractor with respect to such information.
- (h) Contractor shall provide access, at the request of the County, and in the time and manner designated by the County, to Protected Health Information in a Designated Record Set; this Protected Health Information will be released to the County or, as directed by the County, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
- (i) Contractor shall make any amendment(s) to Protected Health Information in a Designated Record Set that the County directs, pursuant to 45 CFR Section 164.526, at the request of the County or an Individual, and in the time and manner designated by the County.
- (j) Contractor shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the County, to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.
- (k) Contractor shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with subsection (j), to permit the County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Section 164.528.

- (l) Contractor shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of the County, available to the County; or at the request of the County, to the Secretary of the United States Department of Health and Human Services ("Secretary"), in a time and manner designated by the County or the Secretary, for purposes of the Secretary determining the County's compliance with the Privacy Rule.
- (m) A breach by Contractor of any provision of this Addendum, as determined by County, shall constitute a material breach of the contract and shall provide grounds for immediate termination of the Contract by the County.
 - (1) Except as provided in subparagraph (2) of this section, upon termination of this Addendum for any reason, Contractor shall return or destroy all Protected Health Information received from the County, or created or received by Contractor on behalf of the County. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. Contractor, its agents and subcontractors shall retain no copies of the Protected Health Information.
 - (2) In the event that Contractor determines that returning or destroying the Protected Health Information is infeasible, Contractor shall provide to the County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Contractor shall extend the protections of this Addendum to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Contractor, or any of its agents or subcontractors, maintains such Protected Health Information.
- (n) Contractor is responsible for providing the required notification only if a breach involved of "unsecured PHI". **Unsecured PHI** is PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified in guidance by the Secretary of DHHS. The most current guidance can be found on the DHHS website (<http://www.hhs.gov>).
- (o) The Parties agree to take action to amend this Agreement from time to time as is necessary for the County to comply with the requirements for the Privacy Rule or any other requirements of HIPAA and its implementing regulations.

END ATTACHMENT E



7THAVEN-01

KGOAD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2015

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

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

PRODUCER License # 0C36861 Inland Empire-Alliant Insurance Services, Inc. 735 Carnegie Dr Ste 200 San Bernardino, CA 92408	CONTACT NAME: Karen M Adcock	
	PHONE (A/C, No, Ext): (909) 886-9861 FAX (A/C, No): (909) 886-2013	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Arch Specialty Insurance Company	21199
	INSURER B : Philadelphia Indemnity Insurance Company	18058
	INSURER C : State Compensation Insurance Fund of CA	35076
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

7th Avenue Center LLC
2115 7th Avenue
Santa Cruz, CA 95062

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	FLP000247111	11/01/2015	11/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PHPK1414177	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		FLP000247111	11/01/2015	11/01/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	9028361-15	10/01/2015	10/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liabili		FLP000247111	11/01/2015	11/01/2016	Per Claim 1,000,000
A	Professional Liabili		FLP000247111	11/01/2015	11/01/2016	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employee Theft: Hartford Fire Insurance Co. Policy #00FA023247912; Effective 7/1/15-16; \$1,100,000 Limit

Certholder is additional insured as respects general liability per endorsements attached.

CERTIFICATE HOLDER**CANCELLATION**

County of San Benito Mental Health Services
1131 San Felipe Rd
Hollister, CA 95023-2800

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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POLICY NUMBER: FLP000247111

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROFESSIONAL PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following designated coverage forms:

HEALTHCARE PROFESSIONAL LIABILITY COVERAGE FORM;
HEALTHCARE GENERAL LIABILITY COVERAGE FORM; and
HEALTHCARE GENERAL LIABILITY COVERAGE FORM – CLAIMS-MADE

whichever applies.

A. Changes Applicable to All Coverage Forms

The following is added to the **Who Is An Insured** section of your policy:

Good Samaritan. Your "employees" are insureds for any "occurrence" or "medical incident" arising out of their rendering emergency first aid outside of their duties as your "employees" as long as the emergency first aid is rendered without the receipt or expectation of remuneration.

For the purpose of this Good Samaritan provision only, "medical incident" means any act or omission in the providing or failure to provide "health care professional services". We will consider a series of related acts or omissions in the providing or failure to provide "health care professional services" to be one "medical incident".

Medical Director. Your Medical Directors are covered for "medical professional injury" that results from acts or omissions in the providing of or failure to provide "health care professional services" that are performed as part of their employment duties for you.

Blanket Additional Protected Persons. Other individuals or organizations when required to be covered by written contract, agreement, or permit, provided the written contract, agreement or permit is executed prior to the "claim" being made or the "suit" being brought. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limit of liability for any covered "claim" or "suit". Damages paid on their behalf will reduce and may exhaust your limit of liability under this policy.

B. CHANGES APPLICABLE TO ALL COMMON POLICY CONDITIONS

The following paragraph is added to item 15. **Transfer of Rights Of Recovery Against Others To Us:**

We waive the right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only when required by written contract and when such contract was executed prior to any loss.

C. Changes Applicable to Healthcare Professional Liability Coverage Form

The following is added to **Section I – Coverage:**

DAMAGE TO PATIENT'S PROPERTY

Section I – Coverage, 2. Additional Payments is amended to add:

- g. We will pay up to \$500 for loss that is due to "property damage" to your patient's tangible property if resulting directly from the performance or failure to perform "healthcare professional services". We will make these payments regardless of fault.

These payments will not exceed \$5,000 for all such losses resulting from all "healthcare professional services", regardless of the number of patients whose tangible property is injured.

For the purposes of this Additional Payment, the following changes are made:

1. **Section IV – Deductibles** does not apply;
2. **Section VIII – Definitions** is amended to add:

"Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

"Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- b. Loss of use of tangible property of others that is not physically injured. All such loss of use shall be deemed to occur at the time of the accident, including continuous or repeated exposure to substantially the same general harmful conditions that caused it.

For the purposes of this Insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

MEDICAL BOARD LICENSING HEARING COST REIMBURSEMENT COVERAGE

- h. We will reimburse the named insured for "hearing costs" which arise out of "hearings" involving physicians named in the Named Individual Or Organization Endorsement – Employed Individuals (Shared Limit) provided such "hearings" result from "medical incidents" covered by this coverage form. We have no right or duty to defend any physician in any "hearing".

For the purposes of **Medical Board Licensing Hearing Cost Reimbursement Coverage**, the following paragraphs are added to **Section III – Limits Of Insurance**:

4. Subject to the aggregate limit described in 3. above, the medical board licensing hearing cost per physician aggregate limit shown below is the most we will reimburse for all "hearing costs" covered by this endorsement regarding any one physician.

Medical Board Licensing Hearing Cost Per Physician Aggregate Limit: \$20,000

5. Subject to the medical board licensing hearing cost per physician aggregate limit shown above, the per hearing per physician limit shown below is the most we will reimburse for costs associated with any one "hearing" covered by this endorsement regarding any one physician.

Per Hearing Per Physician Limit: \$10,000

For the purposes of Medical Board Licensing Hearing Cost Reimbursement Coverage only, the following exclusions are added to Section VI – Exclusions:

Medical Staff Privileges This insurance does not apply to any "hearing" arising out of or resulting from the appointment or reappointment to medical staff or the revocation or restriction of medical staff privileges by any health care facility or managed care organization.

Completion Or Alteration Of Medical Records This insurance does not apply to any "hearing" arising out of or resulting from disputes over timely completion or alteration of medical records.

Fraud, Abuse, Or Non-Compliance This insurance does not apply to any "hearing" arising out of or resulting from fraud, abuse or willful non-compliance with the rules and regulations of Medicaid or Medicare or any other program of a local, state or federal agency.

Substance Abuse This insurance does not apply to any "hearing" arising out of or resulting from allegations of substance abuse by the physician.

Improper Prescriptions This insurance does not apply to any "hearing" arising out of or resulting from allegations of improper prescription of any medication. This includes prescriptions provided without an appropriate history or physical.

For the purposes of Medical Board Licensing Hearing Cost Reimbursement Coverage only, the following changes are made:

1. Section IV – Deductibles does not apply;
2. Section VIII – Definitions is changed to add the following:

"Hearings" means investigations conducted, or administrative proceedings or actions brought, by state medical licensing boards.

"Hearing costs" means reasonable and necessary fees and expenses of legal counsel and expert consultants, including, without limitation, investigation, travel, costs of transcripts, and court filing fees, incurred in the defense of an administrative proceeding or action. "Hearing costs" associated with appeals are considered part of those incurred during the original proceeding. "Hearing costs" do not include salary, charges or incidental expenses of your "employees", "administrators" or agents, or any sanctions, penalties, fines or other monetary penalties imposed by a medical licensing board.

COVERAGE TERRITORY CHANGE (Worldwide)

The following is added to the "Coverage Territory" definition:

- c. For any "claims" or "suits" not addressed by paragraphs a. or b. above, we will only reimburse the named insured for:
 - (1) Reasonable expenses incurred by your investigation and defense.
 - (2) Damages for liability incurred or settlement(s) made that are otherwise covered by this policy.

Any reimbursement made under paragraph c. for "claims" or "suits", including any expense associated with these "claims" or "suits", will be subject to the limit of insurance shown below

and the deductibles shown in the declarations page. You must notify us of all such "claims" or "suits" as soon as practicable. We will have the right at our sole discretion, but not the duty, to investigate or associate in the defense of any such "claim" or "suit". Expense associated with our defense of such "claims" will be subject to the limit of insurance shown below and the deductibles shown in the declarations page.

Aggregate Limit: \$1,000,000

Each Medical Incident Limit: \$1,000,000

The above limits are part of, and not in addition to, the each medical incident limit specified in the declarations.

Notwithstanding the above, the coverage territory does not include any country or jurisdiction which is subject to trade or other economic sanction or embargo by the United States of America.

D. Changes applicable to Healthcare General Liability Coverage Form and Healthcare General Liability Coverage Form – Claims-Made, whichever applies

EVACUATION EXPENSE COVERAGE

The following is added to Supplementary Payments – Coverages A and B:

- h. We will reimburse the insured for "evacuation expenses" actually incurred in connection with an "evacuation" which first takes place during the Policy Period and which is reported in accordance with the Duties In the Event an Evacuation Occurs section of this endorsement, subject to the sublimit shown below.

Evacuation Sublimit of Insurance

Annual Aggregate Evacuation Expense Limit: \$25,000

Each "Claim" Evacuation Expense Limit: \$25,000

The annual aggregate evacuation expense limit shown above is the maximum we will pay for all expenses in any way related to, in whole or in part, "evacuation expense".

Subject to the annual aggregate evacuation expense limit, the each "claim" evacuation expense limit shown above is the maximum we will pay for expenses for any one "claim" in any way related to, in whole or in part, "evacuation expense".

The above limits are part of, and not in addition to, the aggregate limit applicable to this coverage form.

For the purposes of Evacuation Expense Coverage, no coverage will be available for "evacuation expenses" arising out of any:

- a. strike or bomb threat, unless the "evacuation" was ordered by a civil authority;
- b. false fire alarm or a planned evacuation drill;
- c. vacating of one or more residents because of their individual medical condition;
- d. nuclear reaction, radiation or any radioactive contamination, however caused;

- e. seizure or destruction of property by order of a governmental authority; provided that this Exclusion shall not apply to an order of evacuation by a governmental authority due to a condition described above; or
- f. war, including undeclared or civil war, warlike action by a military force, insurrection, rebellion or revolution.

For the purposes of **Evacuation Expense Coverage**, the following definitions are added:

"Evacuation" means the removal of all or the majority of residents from one or more of your locations or facilities in response to an actual or threatened, natural or man-made condition, that is unexpected and unforeseen and, causes the residents of such location or facility to be in imminent danger of loss of life or physical harm.

Such condition must be in the form of an emergency or sudden crisis requiring immediate action, and not the result of a latent or hidden condition at the location or facility.

"Evacuation expenses" means reasonable costs and expenses actually incurred by you in connection with the "evacuation", including the costs associated with transporting and lodging residents who have been evacuated. "Evacuation expenses" shall not include any remuneration, salaries, overhead, fees or benefit expenses of the Named Insured or any Insured.

Duties in the Event an Evacuation Occurs

1. Any "evacuation" shall be reported to us as soon as practicable, but in no event later than thirty (30) days after you first incur "evacuation expenses" for which coverage will be requested, or thirty (30) days after the expiration date of your policy, or whichever is earlier.
2. You are not required to obtain our prior written approval or consent before incurring any "evacuation expenses".

E. Changes applicable to Healthcare Professional Liability Coverage Form; Healthcare General Liability Coverage Form; and Healthcare General Liability Coverage Form – Claims-Made, whichever applies

The **Abuse or Molestation** exclusion is deleted from the Exclusions section of your policy.

The following is added to **Section I – Coverages, 1. Insuring Agreement of the Healthcare Professional Liability Coverage Form, Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability, 1. Insuring Agreement of the Healthcare General Liability Coverage Form, and Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability, 1. Insuring Agreement of the Healthcare General Liability Coverage Form – Claims-Made.**

We will defend any "claim" in any way related to, in whole or in part, "abuse or molestation", provided that no insured, other than the alleged perpetrator and/or victim, knew about or could have reasonably foreseen or discovered the event which gave rise to such "claim". We will also pay amounts that any Insured becomes legally required to pay as damages.

The defense provided and damages paid under this coverage are subject to the abuse or molestation limits of Insurance shown below. Defense expenses and damages paid will reduce and may exhaust the limits of Insurance as shown in the declarations.

Annual Aggregate Abuse Or Molestation Limit: \$1,000,000

Each "Claim" Abuse Or Molestation Limit: \$1,000,000

The annual aggregate abuse or molestation limit shown above is the maximum we will pay for all "claims" in any way related to, in whole or in part, "abuse or molestation", including the defense expense related to such "claims". This limit is part of, and not in addition to, the aggregate limit or the general aggregate limit specified in the declarations, whichever applies.

Subject to the annual aggregate abuse or molestation limit, the each "claim" abuse or molestation limit shown above is the maximum we will pay for any one "claim" in any way related to, in whole or in part, "abuse or molestation", including the defense expense related to such "claims". This limit is part of, and not in addition to, the each medical incident limit or the each occurrence limit, whichever applies, specified in the declarations.

All other terms of your policy remain unchanged.

Endorsement Number: 7

Policy Number: FLP0002471

Named Insured: 7th Avenue Center, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 11/01/2013