

**Exhibit A**  
Scope of Work

**1. Service Overview**

This Intergovernmental Agreement (hereinafter referred to as Agreement) is entered into by and between the California Department of Health Care Services (DHCS) and the Contractor for the purpose of identifying and providing covered Drug Medi-Cal Organized Delivery System (DMC-ODS) services for substance use disorder treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code, Sections 14021.51–14021.53 and 14124.20–14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&I Code), Part 438 of the Code of Federal Regulations, and the Special Terms and Conditions of the DMC-ODS waiver.

It is further agreed this Agreement is controlled by applicable provisions of: (a) W&I Code, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, *et seq.* and (b) Division 4 of Title 9 of the California Code of Regulations.

It is understood and agreed that nothing contained in this Agreement shall be construed to impair the single state agency authority of DHCS.

The objective of this Agreement is to make DMC-ODS services available to Medi-Cal beneficiaries through utilization of federal and state funds available pursuant to Title XIX or Title XXI of the Social Security Act for reimbursable covered services rendered by network providers.

**2. Service Location**

The services shall be performed at facilities in the County of Siskiyou.

**3. Service Hours**

The services shall be provided during the working hours and days as defined by the Contractor.

**4. Project Representatives**

A. The project representatives during the term of this Agreement will be:

<b>Department of Health Care Services</b> Contract/Grant Manager: Robert Strom Telephone: (916) 713-8553 Fax: (916) 322-1176 Email: <a href="mailto:Robert.Strom@dhcs.ca.gov">Robert.Strom@dhcs.ca.gov</a>	<b>County of Siskiyou</b> Sarah Collard, Ph.D., Director Telephone: (530) 841-4816 Fax: (530) 841-2790
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B. Direct all inquiries to:

<b>Department of Health Care Services</b>	<b>County of Shasta</b>
Department of Health Care Services MCBHD – Program Policy Section Attention: Sandra Vallejo 1500 Capitol Avenue, MS 2702 Sacramento, CA 95814  Telephone: (916) 713-8558 Fax: (916) 322-1176 Email: <a href="mailto:sandra.vallejo@dhcs.ca.gov">sandra.vallejo@dhcs.ca.gov</a>	Siskiyou County Health and Human Services Agency, BH Division Attention: Sarah Collard, Ph.D., Director 2060 Campus Drive Yreka, CA 96097  Telephone: (530) 841-4816 Fax: (530) 841-2790

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

**5. Americans with Disabilities Act**

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of the Americans with Disabilities Act of 1990, Section 508 of the Rehabilitation Act of 1973 as amended (Rehabilitation Act) (29 U.S.C. § 794d), and regulations implementing the Rehabilitation Act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. In 1998, Congress amended the Rehabilitation Act to require Federal agencies to make their electronic and information technology accessible to people with disabilities. California Government Code Section 7405 codifies Section 508 of the Rehabilitation Act requiring accessibility of electronic and information technology.

**6. See Exhibit A, Attachment I, for a detailed description of the services to be performed.**

**7. Reference Documents**

All DMC-ODS documents incorporated by reference into this Agreement may not be physically attached to the Agreement, but can be found at DHCS' website: <https://www.dhcs.ca.gov/provgovpart/Pages/DMC-ODS-Contracts.aspx>.

Document 1F(a): Reporting Requirement Matrix – County Submission  
Requirements for the Department of Health Care Services

Document 1G: Perinatal Practice Guidelines

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- Document 1J: Attachment Y of the DMC-ODS Special Terms and Conditions
- Document 1K: Drug and Alcohol Treatment Access Report (DATAR)
- Document 1P: Alcohol and/or Other Drug Program Certification Standards
- Document 1V: Youth Treatment Guidelines
- Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995
- Document 2G Drug Medi-Cal Billing Manual
- Document 2L(a): Good Cause Certification (6065A)
- Document 2L(b): Good Cause Certification (6065B)
- Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement
- Document 2P(a): DMC-ODS Cost Report Excel Workbook
- Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
- Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
- Document 3J: CalOMS Treatment Data Collection Guide
- Document 3S CalOMS Treatment Data Compliance Standards
- Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
- Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS 100224A)
- Document 4F : Drug Medi-Cal (DMC) MC # 5312 Services Quarterly Claim for Reimbursement of County Administrative Expenses
- Document 5A : Confidentiality Agreement