

**COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT**

This Agreement is by and between the COUNTY OF MENDOCINO, hereinafter referred to as the "COUNTY", and **James Gerard Flaherty, M.S., M.D., F.A.A.P.**, hereinafter referred to as the "CONTRACTOR".

WITNESSETH

WHEREAS, pursuant to Government Code Section 31000, COUNTY may retain independent contractors to perform special services to or for COUNTY or any department thereof; and,

WHEREAS, COUNTY desires to obtain CONTRACTOR for its support to the California Children's Services program and Vaccines for Children program, and services as Deputy Health Officer; and,

WHEREAS, CONTRACTOR is willing to provide such services on the terms and conditions set forth in this Agreement and is willing to provide same to COUNTY.

NOW, THEREFORE it is agreed that COUNTY does hereby retain CONTRACTOR to provide the services described in Exhibit A, and CONTRACTOR accepts such engagement, on the General Terms and Conditions hereinafter specified in this Agreement, the Additional Provisions attached hereto, and the following described exhibits, all of which are incorporated into this Agreement by this reference:


- | | |
|--------------|--|
| Exhibit A | Definition of Services |
| Exhibit B | Payment Terms |
| Exhibit C | Insurance Requirements |
| Exhibit D | Assurance of Compliance with Nondiscrimination in State and Federally Assisted Programs |
| Appendix A | Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Lower Tier Covered Transactions |
| Addendum A | Business Associate Agreement |
| Attachment 1 | Department of Health Care Services, CCS Medical Eligibility Guide |
| Attachment 2 | Sample Invoice |

The term of this Agreement shall be from July 1, 2026 (the "Effective Date"), and shall continue through June 30, 2027.

The compensation payable to CONTRACTOR hereunder shall not exceed Seventy-Seven Thousand Three Hundred Fifty Dollars (\$77,350) for the term of this Agreement.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Jerine Miller, Psy.D.,
Director of Health Services

Date: 6/18/26

Budgeted: Yes
Budget Unit: 4035
Line Item: HSCCS-HSCSA 862189
 HSADMIN-HSADM 862189
 HSHPP-HSIKH 862189
Grant: No
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: _____
BERNIE NORVELL, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:
DARCIE ANTLE, Clerk of said Board


By: _____
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

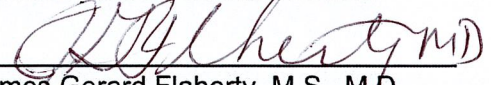
By: _____
Deputy

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/17/2026

CONTRACTOR/COMPANY NAME

By: 
James Gerard Flaherty, M.S., M.D.,
F.A.A.P

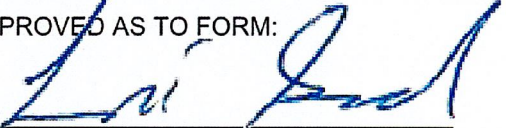
Date: 6/18/26

NAME AND ADDRESS OF CONTRACTOR:

James Gerard Flaherty, M.S., M.D., F.A.A.P.
5 Highland Drive
Ukiah, CA 95482
707-391-9631

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:
By: 
COUNTY COUNSEL

Date: 06/17/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 06/17/2026

Signatory Authority: \$0-25,000 Department; \$25,001-\$75,000 Purchasing Agent; \$75,001+ Board of Supervisors

GENERAL TERMS AND CONDITIONS

1. **INDEPENDENT CONTRACTOR:** No relationship of employer and employee is created by this Agreement; it being understood and agreed that CONTRACTOR is an Independent Contractor. CONTRACTOR is not the agent or employee of the COUNTY in any capacity whatsoever, and COUNTY shall not be liable for any acts or omissions by CONTRACTOR nor for any obligations or liabilities incurred by CONTRACTOR.

CONTRACTOR shall have no claim under this Agreement or otherwise, for seniority, vacation time, vacation pay, sick leave, personal time off, overtime, health insurance medical care, hospital care, retirement benefits, social security, disability, Workers' Compensation, or unemployment insurance benefits, civil service protection, or employee benefits of any kind.

CONTRACTOR shall be solely liable for and obligated to pay directly all applicable payroll taxes (including federal and state income taxes) or contributions for unemployment insurance or old age pensions or annuities which are imposed by any governmental entity in connection with the labor used or which are measured by wages, salaries or other remuneration paid to its officers, agents or employees and agrees to indemnify and hold COUNTY harmless from any and all liability which COUNTY may incur because of CONTRACTOR's failure to pay such amounts.

In carrying out the work contemplated herein, CONTRACTOR shall comply with all applicable federal and state workers' compensation and liability laws and regulations with respect to the officers, agents and/or employees conducting and participating in the work; and agrees that such officers, agents, and/or employees will be considered as Independent Contractors and shall not be treated or considered in any way as officers, agents and/or employees of COUNTY.

CONTRACTOR does, by this Agreement, agree to perform his/her said work and functions at all times in strict accordance with all applicable federal, state and COUNTY laws, including but not limited to prevailing wage laws, ordinances, regulations, titles, departmental procedures and currently approved methods and practices in his/her field and that the sole interest of COUNTY is to ensure that said service shall be performed and rendered in a competent, efficient, timely and satisfactory manner and in accordance with the standards required by the COUNTY agency concerned.

Notwithstanding the foregoing, if the COUNTY determines that pursuant to state and federal law CONTRACTOR is an employee for purposes of income tax withholding, COUNTY may upon two (2) week's written notice to CONTRACTOR, withhold from payments to CONTRACTOR hereunder federal and state income taxes and pay said sums to the federal and state governments.

2. **INDEMNIFICATION:** To the furthest extent permitted by law (including without limitation California Civil Code sections 2782 and 2782.8, if applicable), CONTRACTOR shall assume the defense of, indemnify, and hold harmless the COUNTY, its officers, agents, and employees, from and against any and all claims, demands, damages, costs, liabilities, and losses whatsoever alleged to be occurring or resulting in connection with the CONTRACTOR's performance or its obligations under this Agreement, unless arising out of the sole negligence or willful misconduct of COUNTY. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.
3. **INSURANCE AND BOND:** CONTRACTOR shall at all times during the term of the Agreement with the COUNTY maintain in force those insurance policies and bonds as designated in the attached Exhibit C, and will comply with all those requirements as stated therein.
4. **WORKERS' COMPENSATION:** CONTRACTOR shall provide Workers' Compensation insurance, as applicable, at CONTRACTOR's own cost and expense and further, neither the CONTRACTOR nor its carrier shall be entitled to recover from COUNTY any costs, settlements, or expenses of Workers' Compensation claims arising out of this Agreement.

CONTRACTOR affirms that s/he is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for the Workers' Compensation or to undertake self-insurance in accordance with the provisions of the Code and CONTRACTOR further assures that s/he will comply with such provisions before commencing the performance of work under this Agreement. CONTRACTOR shall furnish to COUNTY certificate(s) of insurance evidencing Worker's Compensation Insurance coverage to cover its employees, and CONTRACTOR shall require all subcontractors similarly to provide Workers' Compensation Insurance as required by the Labor Code of the State of California for all of subcontractors' employees.

5. **CONFORMITY WITH LAW AND SAFETY:**
 - a. In performing services under this Agreement, CONTRACTOR shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal, and local governing bodies, having jurisdiction over the scope of services, including all applicable provisions of the California Occupational Safety and Health Act. CONTRACTOR shall indemnify and hold COUNTY harmless from any and all liability, fines, penalties and consequences from any of CONTRACTOR's failures to comply with such laws, ordinances, codes and regulations.

- b. Accidents: If a death, serious personal injury or substantial property damage occurs in connection with CONTRACTOR's performance of this Agreement, CONTRACTOR shall immediately notify Mendocino County Risk Manager's Office by telephone. CONTRACTOR shall promptly submit to COUNTY a written report, in such form as may be required by COUNTY of all accidents which occur in connection with this Agreement. This report must include the following information: (1) name and address of the injured or deceased person(s); (2) name and address of CONTRACTOR's sub-contractor, if any; (3) name and address of CONTRACTOR's liability insurance carrier; and (4) a detailed description of the accident and whether any of COUNTY's equipment, tools, material, or staff were involved.
 - c. CONTRACTOR further agrees to take all reasonable steps to preserve all physical evidence and information which may be relevant to the circumstances surrounding a potential claim, while maintaining public safety, and to grant to the COUNTY the opportunity to review and inspect such evidence, including the scene of the accident.
6. PAYMENT: For services performed in accordance with this Agreement, payment shall be made to CONTRACTOR as provided in Exhibit B hereto as funding permits.

If COUNTY over pays CONTRACTOR for any reason, CONTRACTOR agrees to return the amount of such overpayment to COUNTY, or at COUNTY's option, permit COUNTY to offset the amount of such overpayment against future payments owed to CONTRACTOR under this Agreement or any other Agreement.

In the event CONTRACTOR claims or receives payment from COUNTY for a service, reimbursement for which is later disallowed by COUNTY, State of California or the United States Government, the CONTRACTOR shall promptly refund the disallowance amount to COUNTY upon request, or at its option COUNTY may offset the amount disallowed from any payment due or that becomes due to CONTRACTOR under this Agreement or any other Agreement.

All invoices, receipts, or other requests for payment under this contract must be submitted by CONTRACTOR to COUNTY in a timely manner and consistent with the terms specified in Exhibit B. In no event shall COUNTY be obligated to pay any request for payment for which a written request for payment and all required documentation was first received more than six (6) months after this Agreement has terminated, or beyond such other time limit as may be set forth in Exhibit B.

7. TAXES: Payment of all applicable federal, state, and local taxes shall be the sole responsibility of the CONTRACTOR.

8. **OWNERSHIP OF DOCUMENTS:** CONTRACTOR hereby assigns the COUNTY and its assignees all copyright and other use rights in any and all proposals, plans, specification, designs, drawings, sketches, renderings, models, reports and related documents (including computerized or electronic copies) respecting in any way the subject matter of this Agreement, whether prepared by the COUNTY, the CONTRACTOR, the CONTRACTOR's subcontractors or third parties at the request of the CONTRACTOR (collectively, "Documents and Materials"). This explicitly includes the electronic copies of all above stated documentation.

CONTRACTOR shall be permitted to retain copies, including reproducible copies and computerized copies, of said Documents and Materials. CONTRACTOR agrees to take such further steps as may be reasonably requested by COUNTY to implement the aforesaid assignment. If for any reason said assignment is not effective, CONTRACTOR hereby grants the COUNTY and any assignee of the COUNTY an express royalty – free license to retain and use said Documents and Materials. The COUNTY's rights under this paragraph shall apply regardless of the degree of completion of the Documents and Materials and whether or not CONTRACTOR's services as set forth in Exhibit A of this Agreement have been fully performed or paid for.

The COUNTY's rights under this Paragraph 8 shall not extend to any computer software used to create such Documents and Materials.

9. **CONFLICT OF INTEREST:** The CONTRACTOR covenants that it presently has no interest, and shall not have any interest, direct or indirect, which would conflict in any manner with the performance of services required under this Agreement.
10. **NOTICES:** All notices, requests, demands, or other communications under this Agreement shall be in writing. Notices shall be given for all purposes as follows:

Personal delivery: When personally delivered to the recipient, notices are effective on delivery.

First Class Mail: When mailed first class to the last address of the recipient known to the party giving notice, notice is effective three (3) mail delivery days after deposit in a United States Postal Service office or mailbox. **Certified Mail:** When mailed certified mail, return receipt requested, notice is effective on receipt, if delivery is confirmed by a return receipt.

Overnight Delivery: When delivered by overnight delivery (Federal Express/Airborne/United Parcel Service/DHL WorldWide Express) with charges prepaid or charged to the sender's account, notice is effective on delivery, if delivery is confirmed by the delivery service.

Facsimile transmission: When sent by facsimile to the facsimile number of the recipient known to the party giving notice, notice is effective on receipt, provided that, (a) a duplicate copy of the notice is promptly given by first-class or certified mail or by overnight delivery, or (b) the receiving party delivers a written confirmation of receipt. Any notice given facsimile shall be deemed received on the next business day if it is received after 5:00 p.m. (recipient's time) or on a non-business day.

Addresses for purpose of giving notice are as follows:

To COUNTY: COUNTY OF MENDOCINO
Department of Public Health
1120 South Dora Street
Ukiah, CA 95482
Attn: Jenine Miller, Psy.D.

To CONTRACTOR: James Gerard Flaherty, M.S., M.D., F.A.A.P.
5 Highland Drive
Ukiah, CA 95482

Any correctly addressed notice that is refused, unclaimed, or undeliverable because of an act or omission of the party to be notified shall be deemed effective as of the first date that said notice was refused, unclaimed, or deemed undeliverable by the postal authorities, messenger, or overnight delivery service.

Any party may change its address or facsimile number by giving the other party notice of the change in any manner permitted by this Agreement.

11. USE OF COUNTY PROPERTY: CONTRACTOR shall not use COUNTY property (including equipment, instruments and supplies) or personnel for any purpose other than in the performance of his/her obligations under this Agreement.
12. EQUAL EMPLOYMENT OPPORTUNITY PRACTICES PROVISIONS: CONTRACTOR certifies that it will comply with all Federal, State, and local laws, rules and regulations pertaining to nondiscrimination in employment.
 - a. CONTRACTOR shall, in all solicitations or advertisements for applicants for employment placed as a result of this Agreement, state that it is an "Equal Opportunity Employer" or that all qualified applicants will receive consideration for employment without regard to their race, creed, color, pregnancy, disability, sex, sexual orientation, gender identity, ancestry, national origin, age, religion, Veteran's status, political affiliation, or any other factor prohibited by law.

- b. CONTRACTOR shall, if requested to so do by the COUNTY, certify that it has not, in the performance of this Agreement, engaged in any unlawful discrimination.
 - c. If requested to do so by the COUNTY, CONTRACTOR shall provide the COUNTY with access to copies of all of its records pertaining or relating to its employment practices, except to the extent such records or portions of such records are confidential or privileged under State or Federal law.
 - d. Nothing contained in this Agreement shall be construed in any manner so as to require or permit any act which is prohibited by law.
 - e. The CONTRACTOR shall include the provisions set forth in this paragraph in each of its subcontracts.
13. DRUG-FREE WORKPLACE: CONTRACTOR and CONTRACTOR's employees shall comply with the COUNTY's policy of maintaining a drug-free workplace. Neither CONTRACTOR nor CONTRACTOR's employees shall unlawfully manufacture, distribute, dispense, possess or use controlled substances, as defined in 21 U.S. Code § 812, including, but not limited to, marijuana, heroin, cocaine, and amphetamines, at any COUNTY facility or work site. If CONTRACTOR or any employee of CONTRACTOR is convicted or pleads *nolo contendere* to a criminal drug statute violation occurring at a COUNTY facility or work site, the CONTRACTOR, within five days thereafter, shall notify the head of the COUNTY department/agency for which the contract services are performed. Violation of this provision shall constitute a material breach of this Agreement.
14. ENERGY CONSERVATION: CONTRACTOR agrees to comply with the mandatory standards and policies relating to energy efficiency in the State of California Energy Conservation Plan, (Title 24, California Administrative Code).
15. COMPLIANCE WITH LICENSING REQUIREMENTS: CONTRACTOR shall comply with all necessary licensing requirements and shall obtain appropriate licenses. To the extent required by law, CONTRACTOR shall display licenses in a location that is reasonably conspicuous. Upon COUNTY's request, CONTRACTOR shall file copies of same with the County Executive Office.
- CONTRACTOR represents and warrants to COUNTY that CONTRACTOR and its employees, agents, and any subcontractors have all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required to practice their respective professions.
16. AUDITS; ACCESS TO RECORDS: The CONTRACTOR shall make available to the COUNTY, its authorized agents, officers, or employees, for examination any and all ledgers, books of accounts, invoices, vouchers, cancelled checks, and other records or documents evidencing or relating to the expenditures and

disbursements charged to the COUNTY, and shall furnish to the COUNTY, within sixty (60) days after examination, its authorized agents, officers or employees such other evidence or information as the COUNTY may require with regard to any such expenditure or disbursement charged by the CONTRACTOR.

The CONTRACTOR shall maintain full and adequate records in accordance with COUNTY requirements to show the actual costs incurred by the CONTRACTOR in the performance of this Agreement. If such books and records are not kept and maintained by CONTRACTOR within the County of Mendocino, California, CONTRACTOR shall, upon request of the COUNTY, make such books and records available to the COUNTY for inspection at a location within County or CONTRACTOR shall pay to the COUNTY the reasonable, and necessary costs incurred by the COUNTY in inspecting CONTRACTOR's books and records, including, but not limited to, travel, lodging and subsistence costs. CONTRACTOR shall provide such assistance as may be reasonably required in the course of such inspection. The COUNTY further reserves the right to examine and reexamine said books, records and data during the four (4) year period following termination of this Agreement or completion of all work hereunder, as evidenced in writing by the COUNTY, and the CONTRACTOR shall in no event dispose of, destroy, alter, or mutilate said books, records, accounts, and data in any manner whatsoever for four (4) years after the COUNTY makes the final or last payment or within four (4) years after any pending issues between the COUNTY and CONTRACTOR with respect to this Agreement are closed, whichever is later.

17. **DOCUMENTS AND MATERIALS:** CONTRACTOR shall maintain and make available to COUNTY for its inspection and use during the term of this Agreement, all Documents and Materials, as defined in Paragraph 8 of this Agreement. CONTRACTOR's obligations under the preceding sentence shall continue for four (4) years following termination or expiration of this Agreement or the completion of all work hereunder (as evidenced in writing by COUNTY), and CONTRACTOR shall in no event dispose of, destroy, alter or mutilate said Documents and Materials, for four (4) years following the COUNTY's last payment to CONTRACTOR under this Agreement.
18. **TIME OF ESSENCE:** Time is of the essence in respect to all provisions of this Agreement that specify a time for performance; provided, however, that the foregoing shall not be construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement.
19. **TERMINATION:** The COUNTY has and reserves the right to suspend, terminate or abandon the execution of any work by the CONTRACTOR without cause at any time upon giving to the CONTRACTOR notice. Such notice shall be in writing and may be issued by any COUNTY officer authorized to execute or amend the contract, the County Chief Executive Officer, or any other person designated by the County Board of Supervisors. In the event that the COUNTY should abandon, terminate or suspend the CONTRACTOR's work, the

CONTRACTOR shall be entitled to payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment. Said payment shall be computed in accordance with Exhibit B hereto, provided that the maximum amount payable to CONTRACTOR for its services as outlined in Exhibit A shall not exceed \$77,350 payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment or lack of funding.

20. **NON APPROPRIATION:** If COUNTY should not appropriate or otherwise make available funds sufficient to purchase, lease, operate or maintain the products set forth in this Agreement, or other means of performing the same functions of such products, COUNTY may unilaterally terminate this Agreement only upon thirty (30) days written notice to CONTRACTOR. Upon termination, COUNTY shall remit payment for all products and services delivered to COUNTY and all expenses incurred by CONTRACTOR prior to CONTRACTOR's receipt of the termination notice.
21. **CHOICE OF LAW:** This Agreement, and any dispute arising from the relationship between the parties to this Agreement, shall be governed by the laws of the State of California, excluding any laws that direct the application of another jurisdiction's laws.
22. **VENUE:** All lawsuits relating to this contract must be filed in Mendocino County Superior Court, Mendocino County, California.
23. **WAIVER:** No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this Agreement shall be effective unless it is in writing and signed by the party waiving the breach, failure, right or remedy. No waiver of any breach, failure, right or remedy shall be deemed a waiver of any other breach, failure, right or remedy, whether or not similar, nor shall any waiver constitute a continuing waiver unless the writing so specifies.
24. **ADVERTISING OR PUBLICITY:** CONTRACTOR shall not use the name of COUNTY, its officers, directors, employees or agents, in advertising or publicity releases or otherwise without securing the prior written consent of COUNTY in each instance.
25. **ENTIRE AGREEMENT:** This Agreement, including all attachments, exhibits, and any other documents specifically incorporated into this Agreement, shall constitute the entire Agreement between COUNTY and CONTRACTOR relating to the subject matter of this Agreement. As used herein, Agreement refers to and includes any documents incorporated herein by reference and any exhibits or attachments. This Agreement supersedes and merges all previous understandings, and all other Agreements, written or oral, between the parties and sets forth the entire understanding of the parties regarding the subject matter thereof. This Agreement may not be modified except by a written document

signed by both parties. In the event of a conflict between the body of this Agreement and any of the Exhibits, the provisions in the body of this Agreement shall control.

26. **HEADINGS:** Herein are for convenience of reference only and shall in no way affect interpretation of this Agreement.
27. **MODIFICATION OF AGREEMENT:** This Agreement may be supplemented, amended or modified only by the mutual Agreement of the parties. No supplement, amendment or modification of this Agreement shall be binding unless it is in writing and signed by authorized representatives of both parties.
28. **ASSURANCE OF PERFORMANCE:** If at any time the COUNTY has good objective cause to believe CONTRACTOR may not be adequately performing its obligations under this Agreement or that CONTRACTOR may fail to complete the Services as required by this Agreement, COUNTY may request from CONTRACTOR prompt written assurances of performance and a written plan acceptable to COUNTY, to correct the observed deficiencies in CONTRACTOR's performance. CONTRACTOR shall provide such written assurances and written plan within thirty (30) calendar days of its receipt of COUNTY's request and shall thereafter diligently commence and fully perform such written plan. CONTRACTOR acknowledges and agrees that any failure to provide such written assurances and written plan within the required time is a material breach under this Agreement.
29. **SUBCONTRACTING/ASSIGNMENT:** CONTRACTOR shall not subcontract, assign or delegate any portion of this Agreement or any duties or obligations hereunder without the COUNTY's prior written approval.
 - a. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. Any Agreement that violates this Section shall confer no rights on any party and shall be null and void.
 - b. Only the department head or his or her designee shall have the authority to approve subcontractor(s).
 - c. CONTRACTOR shall remain fully responsible for compliance by its subcontractors with all the terms of this Agreement, regardless of the terms of any Agreement between CONTRACTOR and its subcontractors.
30. **SURVIVAL:** The obligations of this Agreement, which by their nature would continue beyond the termination on expiration of the Agreement, including without limitation, the obligations regarding Indemnification (Paragraph 2), Ownership of Documents (Paragraph 8), and Conflict of Interest (Paragraph 9), shall survive termination or expiration for two (2) years.

31. **SEVERABILITY:** If a court of competent jurisdiction holds any provision of this Agreement to be illegal, unenforceable, or invalid in whole or in part for any reason, the validity and enforceability of the remaining provisions, or portions of them, will not be affected, unless an essential purpose of this Agreement would be defeated by the loss of the illegal, unenforceable, or invalid provision.
32. **INTELLECTUAL PROPERTY WARRANTY:** CONTRACTOR warrants and represents that it has secured all rights and licenses necessary for any and all materials, services, processes, software, or hardware ("CONTRACTOR PRODUCTS") to be provided by CONTRACTOR in the performance of this Agreement, including but not limited to any copyright, trademark, patent, trade secret, or right of publicity rights. CONTRACTOR hereby grants to COUNTY, or represents that it has secured from third parties, an irrevocable license (or sublicense) to reproduce, distribute, perform, display, prepare derivative works, make, use, sell, import, use in commerce, or otherwise utilize CONTRACTOR PRODUCTS to the extent reasonably necessary to use the CONTRACTOR PRODUCTS in the manner contemplated by this Agreement.

CONTRACTOR further warrants and represents that it knows of no allegations, claims, or threatened claims that the CONTRACTOR PRODUCTS provided to COUNTY under this Agreement infringe any patent, copyright, trademark or other proprietary right. In the event that any third party asserts a claim of infringement against the COUNTY relating to a CONTRACTOR PRODUCT, CONTRACTOR shall indemnify and defend the COUNTY pursuant to Paragraph 2 of this Agreement.

In the case of any such claim of infringement, CONTRACTOR shall either, at its option, (1) procure for COUNTY the right to continue using the CONTRACTOR Products; or (2) replace or modify the CONTRACTOR Products so that that they become non-infringing, but equivalent in functionality and performance.

33. **ELECTRONIC COPIES:** The parties agree that an electronic copy, including facsimile copy, email, or scanned copy of the executed Agreement, shall be deemed, and shall have the same legal force and effect as, an original document.
34. **COOPERATION WITH COUNTY:** CONTRACTOR shall cooperate with COUNTY and COUNTY staff in the performance of all work hereunder.
35. **PERFORMANCE STANDARD:** CONTRACTOR shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in CONTRACTOR's profession. COUNTY has relied upon the professional ability and training of CONTRACTOR as a material inducement to enter into this Agreement. CONTRACTOR hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the

requirements of applicable Federal, State, and local laws, it being understood that acceptance of CONTRACTOR's work by COUNTY shall not operate as a waiver or release. If COUNTY determines that any of CONTRACTOR's work is not in accordance with such level of competency and standard of care, COUNTY, in its sole discretion, shall have the right to do any or all of the following: (a) require CONTRACTOR to meet with COUNTY to review the quality of the work and resolve matters of concern; (b) require CONTRACTOR to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of paragraph 19 (Termination) or (d) pursue any and all other remedies at law or in equity.

36. ATTORNEYS' FEES: In any action to enforce or interpret the terms of this Agreement, including but not limited to any action for declaratory relief, each party shall be solely responsible for and bear its own attorneys' fees, regardless of which party prevails.

[END OF GENERAL TERMS AND CONDITIONS]

EXHIBIT A

DEFINITION OF SERVICES

- I. CONTRACTOR shall provide the following services:
 - A. Provide support to the California Children's Services (CCS) program as a Medical Consultant, which shall include the following:
 1. Determine medical eligibility for complex program benefits and/or medical eligibility with certain diagnosis (Refer to Attachment 1, Department of Health Care Services, CCS Medical Eligibility Guide).
 2. Interpret medical reports for CCS nursing staff for comprehensive case management, case conference with CCS nursing staff regarding treatment pathway, and monitor work of CCS nursing staff.
 3. Interpret CCS program standards, program notices, and medical care decisions for physicians and other health care professionals.
 4. Review the medical implications of legislation and determine if it applies to Mendocino County.
 5. Review Evidence-Based Practice (EBP) literature and research, and provide related in-service to staff, as needed.
 - B. Serve in the capacity of Deputy Health Officer for the period of July 1, 2026, through June 30, 2027.
 - C. Act as the local registrar of birth and death certificates.
 - D. Act as Medical Director of the Vaccines for Children (VFC) program as required by California Department of Public Health (CDPH).
 - E. Support the Emergency Preparedness program as Deputy Health Officer, as requested by Public Health (PH) staff upon mutual agreement between CONTRACTOR and PH staff.
 - F. Perform other duties as the Deputy Health Officer as requested by PH staff, upon mutual agreement between CONTRACTOR and PH staff.
 - G. Maintain:

1. Confidentiality of information gathered, reviewed, stored, reported, and transmitted, and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.
 2. A current and active Medical Board of California license that is in good standing and not under suspension or probation.
- II. In carrying out the Definition of Services contained in this Exhibit A, CONTRACTOR shall comply with all requirements to the satisfaction of the COUNTY, in the sole discretion of the COUNTY. For any finding of CONTRACTOR's non-compliance with the requirements contained in the Exhibit A, COUNTY shall within ten (10) working days of discovery of non-compliance notify the CONTRACTOR of the requirement in writing. CONTRACTOR shall provide a written response to the COUNTY within five (5) working days of receipt of this written notification. If the non-compliance issue has not been resolved through response from CONTRACTOR, COUNTY shall notify CONTRACTOR in writing that this non-compliance issue has not been resolved. COUNTY may withhold monthly payment until such time as COUNTY determines the non-compliance has been resolved. Should COUNTY determine that CONTRACTOR's non-compliance has not been addressed to the satisfaction of COUNTY for a period of thirty (30) days from the date of first Notice, and due to the fact that it is impracticable to determine the actual damages sustained by the CONTRACTOR's failure to properly and timely address non-compliance, COUNTY may additionally require a payment from CONTRACTOR in the amount of fifteen percent (15%) of the monthly amount payable to CONTRACTOR for each month following the thirty (30) day time period that CONTRACTOR's non-compliance continues. The parties agree this fifteen percent (15%) payment shall constitute liquidated damages and is not a penalty. CONTRACTOR's failure to meet compliance requirements, as determined by COUNTY, may lead to termination of this contract by the COUNTY with a forty-five (45) day written notice.

[END OF DEFINITION OF SERVICES]

EXHIBIT B

PAYMENT TERMS

- I. COUNTY shall pay CONTRACTOR at the rate of One Hundred Seventy-Five Dollars (\$175) per hour, for an estimated thirty-six (36) hours per month, for an approximate total amount of four hundred forty-two (442) hours, not to exceed Seventy-Seven Thousand Three Hundred Fifty Dollars (\$77,350) for the term of this Agreement. The total amounts billable to each program shall be as outlined below:

Contractor Service	Maximum Amount
<p>A. Provide support to the California Children’s Services (CCS) program as a Medical Consultant, which shall include the following:</p> <ol style="list-style-type: none"> 1. Determine medical eligibility for complex program benefits and/or medical eligibility with certain diagnosis (Refer to Attachment 1, Department of Health Care Services, CCS Medical Eligibility Guide). 2. Interpret medical reports for CCS nursing staff for comprehensive case management, case conference with CCS nursing staff regarding treatment pathway, and monitor work of CCS nursing staff. 3. Interpret CCS program standards, program notices and medical care decisions for physicians and other health care professionals. 4. Review the medical implications of legislation and determine if it applies to Mendocino County. 5. Review Evidence-Based Practice (EBP) literature and research, and provide related in-service to staff, as needed. 	<p>\$45,000</p>
<p>B. Serve in the capacity of Deputy Health Officer for the period of July 1, 2026, through June 30, 2027.</p> <p>C. Act as the local registrar of birth and death certificates.</p> <p>D. Act as Medical Director of the vaccine for children program (VFC) as required by California Department of Public Health (CDPH).</p>	<p>\$8,725</p>
<p>E. Support the Emergency Preparedness program as Deputy Health Officer, as requested by Public Health (PH) staff upon mutual agreement between CONTRACTOR and PH staff.</p>	<p>\$19,250</p>
<p>F. Perform other duties as the Deputy Health Officer as requested by PH staff, upon mutual agreement between CONTRACTOR and PH staff.</p>	<p>\$4,375</p>
Total	\$77,350

II. CONTRACTOR shall invoice COUNTY monthly on a COUNTY approved invoice (Attachment 2). Invoice of services must be received by the tenth (10th) of the month for services rendered the previous month. Billing for services received after the tenth (10th) of the month will not be honored.

A. CONTRACTOR shall submit monthly invoices to COUNTY at the following address:

Mendocino County Public Health
1120 South Dora Street
Ukiah, CA 95482
Attn: Jenine Miller, Psy.D.

B. COUNTY has up to thirty (30) days to reimburse CONTRACTOR for correctly submitted invoices for services provided by CONTRACTOR.

III. Data Reports or invoices submitted by CONTRACTOR incorrectly, incompletely, or inaccurately will be rejected by COUNTY within thirty (30) days. CONTRACTOR will have thirty (30) days from the rejected report/invoice to complete corrections, or the invoice will not be paid without COUNTY Health Services Director approval.

IV. Payments under this Agreement shall not exceed Seventy-Seven Thousand Three Hundred Fifty Dollars (\$77,350) for the term of this Agreement.

[END OF PAYMENT TERMS]

EXHIBIT C

INSURANCE REQUIREMENTS

Insurance coverage in a minimum amount set forth herein shall not be construed to relieve CONTRACTOR for liability in excess of such coverage, nor shall it preclude COUNTY from taking such other action as is available to it under any other provisions of this Agreement or otherwise in law.

CONTRACTOR agrees to indemnify and hold harmless COUNTY, its elected or appointed officials, employees or volunteers against any claims, actions, or demands against them, or any of them, and against any damages, liabilities or expenses, including costs of defense and attorney's fees, for personal injury or death, or for the loss or damage to the property, or any or all of them, to the extent arising out of the performance of this Agreement by CONTRACTOR.

CONTRACTOR affirms that s/he is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for the Workers' Compensation or to undertake self-insurance in accordance with the provisions of the Code and CONTRACTOR further assures that s/he will comply with such provisions before commencing the performance of work under this Agreement. CONTRACTOR shall furnish to COUNTY certificate(s) of insurance evidencing Worker's Compensation Insurance coverage to cover its employees, and CONTRACTOR shall require all subcontractors similarly to provide Workers' Compensation Insurance as required by the Labor Code of the State of California for all of CONTRACTOR'S and subcontractors' employees.

COUNTY shall provide, at no cost to CONTRACTOR, professional liability (malpractice) insurance protection for CONTRACTOR covering services performed under this Agreement and for which payment is made by COUNTY as an additional coverage under COUNTY'S own liability insurance policy. No coverage shall be afforded for any services for which a private billing is made by or authorized by CONTRACTOR.

[END OF INSURANCE REQUIREMENTS]

EXHIBIT D
CONTRACTOR ASSURANCE OF COMPLIANCE WITH
MENDOCINO COUNTY
Department of Public Health
**NONDISCRIMINATION IN STATE
AND FEDERALLY ASSISTED PROGRAMS**

NAME OF CONTRACTOR: **James Gerard Flaherty, M.S., M.D., F.A.A.P.**

CONTRACTOR HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51, et seq., as amended; California Government Code Sections 11135-11139.8, as amended; California Government Code Section 12940; California Government Code Section 4450; Title 22, California Code of Regulations Section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, sexual orientation, gender identity, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief, or other applicable protected basis be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this Agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE CONTRACTOR HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Division 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Sections 11135-11139.8, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

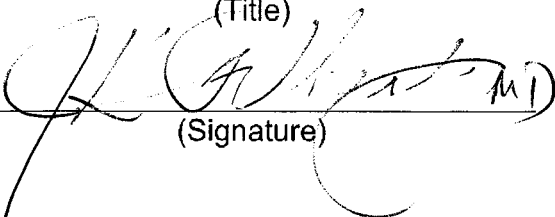
THIS ASSURANCE is binding on CONTRACTOR directly by CONTRACTOR'S assent to provide services or products to the COUNTY, through this Agreement, or through contract, license, or other provider services, as long as it receives federal or state assistance.

5 Highland Drive, Ukiah, CA 95482
Address of CONTRACTOR

Appendix A
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, and OTHER RESPONSIBILITY MATTERS
LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

- (1) The primary principal certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment tendered against them for commission of fraud or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsifications or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification, and
 - (d) Have not, within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the primary principal is unable to certify to any of the statements in this certification, such principal shall attach an explanation.

James Gerard Flaherty	
(Type Name)	(Organization Name)
M.S., M.D., F.A.A.P	5 Highland Drive
(Title)	Ukiah, CA 95482
(Signature)	(Organization Address)
	6/18/26
(Signature)	(Date)

Addendum A

Business Associate Agreement

THIS HIPAA BUSINESS ASSOCIATE AGREEMENT (the "Agreement") is entered into effective July 1, 2026 (the "Effective Date"), by and between **James Gerard Flaherty, M.S., M.D., F.A.A.P.** ("Business Associate/Qualified Service Organization") and **Mendocino County Department of Public Health** (the "Covered Entity").

Business Associate and Covered Entity have a business relationship ("Agreement") in which Business Associate may perform functions or activities on behalf of Covered Entity involving the use and/or disclosure of protected health information received from, or created or received by, Business Associate on behalf of Covered Entity. ("PHI"). Therefore, if Business Associate is functioning as a Business Associate to Covered Entity, Business Associate agrees to the following terms and conditions set forth in this HIPAA Business Associate Agreement.

1. **Definitions.** For purposes of this Agreement, the terms used herein, unless otherwise defined, shall have the same meanings as used in the Health Insurance Portability and Accountability Act of 1996, and any amendments or implementing regulations ("HIPAA"), or the Health Information Technology for Economic and Clinical Health Act (Title XIII of the American Recovery and Reinvestment Act of 2009), and any amendments or implementing regulations ("HITECH").
2. **Compliance with Applicable Law.** The parties acknowledge and agree that, beginning with the relevant effective dates, Business Associate shall comply with its obligations under this Agreement and with all obligations of a Business Associate under HIPAA, HITECH and other related laws, as they exist at the time this Agreement is executed and as they are amended, for so long as this Agreement is in place.
3. **Permissible Use and Disclosure of Protected Health Information.** Business Associate may use and disclose PHI to carry out its duties to Covered Entity pursuant to the terms of the Relationship. Business Associate may also use and disclose PHI (i) for its own proper management and administration, and (ii) to carry out its legal responsibilities. If Business Associate discloses Protected Health Information to a third party for either above reason, prior to making any such disclosure, Business Associate must obtain: (i) reasonable assurances from the receiving party that such PHI will be held confidential and be disclosed only as required by law or for the purposes for which it was disclosed to such receiving party; and (ii) an agreement from such receiving party to immediately notify Business Associate of any known breaches of the confidentiality of the PHI.
4. **Limitations on Uses and Disclosures of PHI.** Business Associate shall not, and shall ensure that its directors, officers, employees, and agents do not, use or disclose PHI in any manner that is not permitted or required by the Relationship, this Agreement, or required by law. All uses and disclosures of, and requests by

Business Associate/Qualified Service Organization, for PHI are subject to the minimum necessary rule of the Privacy Standards and shall be limited to the information contained in a limited data set, to the extent practical, unless additional information is needed to accomplish the intended purpose, or as otherwise permitted in accordance with Section 13405(b) of HITECH and any implementing regulations.

5. **Required Safeguards To Protect PHI.** Business Associate agrees that it will implement appropriate safeguards in accordance with the Privacy Standards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this Agreement.
6. **Reporting of Improper Use and Disclosures of PHI.** Business Associate shall report within 24 business hours to Covered Entity a use or disclosure of PHI not provided for in this Agreement by Business Associate/Qualified Service Organization, its officers, directors, employees, or agents, or by a third party to whom Business Associate disclosed PHI. Business Associate shall also report within 24 business hours to Covered Entity a breach of unsecured PHI, in accordance with 45 C.F.R. §§ 164.400-414, and any security incident of which it becomes aware. Report should be made to:

Compliance Officer
1-866-791-9337
7. **Mitigation of Harmful Effects.** Business Associate agrees to mitigate, to the extent practicable, any harmful effect of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement, including, but not limited to, compliance with any state law or contractual data breach requirements. Business Associate shall cooperate with Covered Entity's breach notification and mitigation activities, and shall be responsible for all costs incurred by Covered Entity for those activities.
8. **Agreements by Third Parties.** Business Associate shall enter into an agreement with any agent or subcontractor of Business Associate that will have access to PHI. Pursuant to such agreement, the agent or subcontractor shall agree to be bound by the same restrictions, terms, and conditions that apply to Business Associate under this Agreement with respect to such PHI.
9. **Access to Information.** Within five (5) days of a request by Covered Entity for access to PHI about an individual contained in a Designated Record Set, Business Associate shall make available to Covered Entity such PHI for so long as such information is maintained by Business Associate in the Designated Record Set, as required by 45 C.F.R. § 164.524. In the event any individual delivers directly to Business Associate a request for access to PHI, Business Associate shall within two (2) days forward such request to Covered Entity.

10. **Availability of PHI for Amendment.** Within five (5) days of receipt of a request from Covered Entity for the amendment of an individual's PHI or a record regarding an individual contained in a Designated Record Set (for so long as the PHI is maintained in the Designated Record Set), Business Associate shall provide such information to Covered Entity for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. § 164.526. In the event any individual delivers directly to Business Associate a request for amendment to PHI, Business Associate shall within two (2) days forward such request to Covered Entity.
11. **Documentation of Disclosures.** Business Associate agrees to document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
12. **Accounting of Disclosures.** Within five (5) days of notice by Covered Entity to Business Associate that it has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, Business Associate shall make available to Covered Entity information to permit Covered Entity to respond to the request for an accounting of disclosures of PHI, as required by 45 C.F.R. § 164.528. In the case of an electronic health record maintained or hosted by Business Associate on behalf of Covered Entity, the accounting period shall be three (3) years and the accounting shall include disclosures for treatment, payment and healthcare operations, in accordance with the applicable effective date of Section 13402(a) of HITECH. In the event the request for an accounting is delivered directly to Business Associate/Qualified Service Organization, Business Associate shall within two (2) days forward such request to Covered Entity.
13. **Electronic PHI.** To the extent that Business Associate creates, receives, maintains or transmits electronic PHI on behalf of Covered Entity, Business Associate shall:
 - (a) Comply with 45 C.F.R. §§164.308, 301, 312, and 316 in the same manner as such sections apply to Covered Entity, pursuant to Section 13401(a) of HITECH, and otherwise implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI;
 - (b) Ensure that any agent to whom Business Associate provides electronic PHI agrees to implement reasonable and appropriate safeguards to protect it; and
 - (c) Report to Covered Entity any security incident of which Business Associate becomes aware.
14. **Judicial and Administrative Proceedings.** In the event Business Associate receives a subpoena, court or administrative order or other discovery request or mandate for release of PHI, Covered Entity shall have the right to control Business Associate/Qualified Service Organization's response to such request. Business

Associate shall notify Covered Entity of the request as soon as reasonably practicable, but in any event within two (2) days of receipt of such request.

15. **Availability of Books and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure and privacy protection of PHI received from Covered Entity, or created, maintained or received by Business Associate on behalf of the Covered Entity, available to the Covered Entity, the State of California, and the Secretary of the Department of Health and Human Services, in the time and manner designated by the Covered Entity, State or Secretary, for purposes of determining Covered Entity's compliance with the Privacy Standards. Business Associate shall notify the Covered Entity upon receipt of such a request for access by the State or Secretary, and shall provide the Covered Entity with a copy of the request as well as a copy of all materials disclosed.
16. **Breach of Contract by Business Associate.** In addition to any other rights Covered Entity may have in the Relationship, this Agreement or by operation of law or in equity, Covered Entity may i) immediately terminate the Relationship if Covered Entity determines that Business Associate has violated a material term of this Agreement, or ii) at Covered Entity's option, permit Business Associate to cure or end any such violation within the time specified by Covered Entity. Covered Entity's option to have cured a breach of this Agreement shall not be construed as a waiver of any other rights Covered Entity has in the Relationship, this Agreement or by operation of law or in equity.
17. **Effect of Termination of Relationship.** Upon the termination of the Relationship or this Agreement for any reason, Business Associate shall return to Covered Entity or, at Covered Entity's direction, destroy all PHI received from Covered Entity that Business Associate maintains in any form, recorded on any medium, or stored in any storage system, unless said information has been de-identified and is no longer PHI. This provision shall apply to PHI that is in the possession of Business Associate/Qualified Service Organizations or agents of Business Associate/Qualified Service Organization. Business Associate shall retain no copies of the PHI. Business Associate shall remain bound by the provisions of this Agreement, even after termination of the Relationship or the Agreement, until such time as all PHI has been returned, de-identified or otherwise destroyed as provided in this Section.
18. **Injunctive Relief.** Business Associate stipulates that its unauthorized use or disclosure of PHI while performing services pursuant to this Agreement would cause irreparable harm to Covered Entity, and in such event, Covered Entity shall be entitled to institute proceedings in any court of competent jurisdiction to obtain damages and injunctive relief.
19. **Indemnification.** Business Associate shall indemnify and hold harmless Covered Entity and its officers, trustees, employees, and agents from any and all claims, penalties, fines, costs, liabilities or damages, including but not limited to reasonable

attorney fees, incurred by Covered Entity arising from a violation by Business Associate of its obligations under this Agreement.

20. **Exclusion from Limitation of Liability.** To the extent that Business Associate has limited its liability under the terms of the Relationship, whether with a maximum recovery for direct damages or a disclaimer against any consequential, indirect or punitive damages, or other such limitations, all limitations shall exclude any damages to Covered Entity arising from Business Associate/Qualified Service Organization's breach of its obligations relating to the use and disclosure of PHI.
21. **Owner of PHI.** Under no circumstances shall Business Associate be deemed in any respect to be the owner of any PHI used or disclosed by or to Business Associate by Covered Entity.
22. **Third Party Rights.** The terms of this Agreement do not grant any rights to any parties other than Business Associate and Covered Entity.
23. **Independent Contractor Status.** For the purposes of this Agreement, Business Associate is an independent contractor of Covered Entity, and shall not be considered an agent of Covered Entity.
24. **Changes in the Law.** The parties shall amend this Agreement to conform to any new or revised legislation, rules and regulations to which Covered Entity is subject now or in the future including, without limitation, HIPAA, HITECH, the Privacy Standards, Security Standards or Transactions Standards.

IN WITNESS WHEREOF, each Party hereby executes this Agreement as of the Effective Date.

Contractor

By: _____

Name: James Gerard Flaherty

Title: M.S., M.D., F.A.A.P

Mendocino County

By: _____

Name: Jenine Miller, Psy.D.

Title: Director of Health Services



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CALIFORNIA CHILDREN'S SERVICES (CCS)**

CCS MEDICAL ELIGIBILITY GUIDE

3/15/2017

DHCS Medical Eligibility Guidelines Workgroup

Please note this manual is only a guide to assist clients or providers in submitting appropriate referrals to the California Children Services (CCS) Program. The diagnoses listed under each category of medical conditions in this guide comprise a representative but not inclusive list of medical conditions in the category. Final medical eligibility for the CCS Program is based on timely submission of a service authorization request (SAR), required supporting medical documentation, California Code of Regulation, Title 22 (CCS regulations) Sections 41515.1-41518.9 for specific qualifiers, and policy letters. Submission based on ICD codes alone does not guarantee approval of services by the CCS Program.

ACKNOWLEDGEMENTS

MEDICAL ELIGIBILITY GUIDELINE WORKGROUP (PREVIOUSLY KNOWN AS THE SAR PROCESSING EFFICIENCIES TASK FORCE)

Under the Direction of:

Patricia McClelland, Current Chief, Systems of Care Division
Dr. Robert Dimand, Chief Medical Officer
Systems of Care Division, California Children's Services

Ms. Patricia McClelland, Chief, Systems of Care Division.

Dr. Robert Dimand and Mr. Louis R. Rico, Thank you for your on-going support, guidance, and vision.

CORE GROUP

Anne Forsythe, RN, PHN, San Diego County CCS Program
Emma Mendez, RN, PHN, Santa Clara County CCS Program
Harry Chang, Unit Chief, Dependent County Operations Section Southern California
Julie Koga, RN, PHN, Program Manager, Orange County CCS Program
Kathy McCoy, RN, PHN, Monterey County CCS Program
Letty Gutierrez, RN, PHN, MSN, Los Angeles County CCS Program
Magdalena Joya, RN, PHN, MSN, Los Angeles County CCS Program
Maria Kelly, RN, PHN, Madera County CCS Program
Pam Sakamoto, RN, PHN, Sr. PHN Solano County CCS Program
Sharon Lambton, RN, MSN, NC III, Systems of Care Division
Sunday Oyewole, RN, Nursing Supervisor, Dependent County Operations Section
Vivian Demaree, RN, PHN, Nursing Supervisor, San Diego County CCS Program
Galynn Thomas, RN, MSN, NCIII, Systems of Care Division

PREVIOUS MEMBERS

Cheryl Collins, RN, PHN Kern County CCS Program
Cheryl Vidal, Nursing Supervisor, Los Angeles County CCS Program
Cyd Ramirez, RN, MS, Systems of Care Division
Ester O'Connor, RN, PHN, MSN, CCS Chief, San Diego County CCS Program
Jayne Buchanan, RN, PHN, SCD, DCOS
Katherine Lindsay, RN, PHN Lake County CCS Program
Sharon Lowther, RN, PHN, SCD, DCOS
Stephen Halley, Chief of Office of Administration and Special Projects, Systems of Care Division
Thank you for the original vision and direction.
Susan Kurtz, RN, PHN Kern County CCS Program

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Trish Haines, RN, PHN Santa Clara County CCS Program

CMSNET STAFF

Traci McCarley, Supervisor, CMSNET System
Julie Rundall, CMS NET Systems Analyst
Yolonda Grisham, CMS NET Systems Analyst

Special acknowledgment to San Diego County CCS program for their on-going participation, knowledge, skills, vision, positive pilot testing the CCS ineligible conditions, and as keeper of this handbook for the duration of the MEG Workgroup.

Ester O'Connor, RN, PHN, MSN, CCS Chief, San Diego County CCS Program
Anne Forsythe, RN, PHN,
Vivian Demaree, RN, PHN, Nursing Supervisor

SYSTEMS OF CARE DIVISION PARTICIPATING MANAGEMENT

Dr. Jill Abramson, Chief, Medical Policy and Consultation Section
Mr. James Delgado, Chief, Dependent County Operations Section
Ms. Barbara Sasaki, Dependent County Operations Section

Dr. Virginia Bliss, Public Health Medical Officer III, Dependent County Operations Section
Dr. Robert P. Dickey, Medical Director, Solano County CCS Program
Dr. Marcia Ehinger, Public Health Medical Officer III, Statewide Medical Services
Dr. Christopher Dael, Medical Director, Riverside County CCS Program
Dr. Halley Morrow, Public Health Medical Officer III, Newborn Hearing Screening Program
Dr. Chester Randle, Public Health Medical Officer III, Dependent County Operations Section
Dr. Seleda Williams, Public Health Medical Officer III, Systems of Care Division

MEDICAL ADVISORY COMMITTEE (MAC) STEERING COMMITTEE

Southern Region Physician Advisory Committee
Jeff Powers, RPT, Statewide Physical Therapy Consultant, Systems of Care Division
Teri Yamaichi, RPT, Dependent County Operations Section
Local County CCS Physical and Occupational Therapy Staff

EDITORS:

Anne Forsythe, RN, PHN, San Diego County CCS Program
Seleda Williams, MD, MPH, PHMO III, Public Health Medical Officer III,
DHCS Systems of Care Division
Galynn Thomas, RN, MSN, NCIII, DHCS Systems of Care Division

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

TABLE OF CONTENTS

TOPICS	PAGE NUMBER
ABOUT THE MEDICAL ELIGIBILITY GUIDELINE (MEG) WORKGROUP	1
BACKGROUND	1
HOW TO USE THIS GUIDE	2
FUTURE UPDATES	3
CCS MEDICAL ELIGIBILITY TABLES	4
Sections: 41515.2 through 41518.9	
41515.2.....Infectious Disease	5
41516.....Neoplasms	7
41516.1.... Endocrine, Nutritional, Metabolic Diseases and Immune Disorders	8
41516.3.... Diseases of Blood and Blood Forming Organs	10
41517..... Mental Disorders and Mental Retardation	12
41517.3.... Diseases of the Nervous System	13
41517.5.... Medical Therapy Program	15
41517.7.... Diseases of the Eye	17
41518..... Diseases of the Ear and Mastoid Process	19
41518.2.... Diseases of the Circulatory System	21
41518.3.... Diseases of the Respiratory System	22
41518.4.... Diseases of the Digestive System	24
41518.5.... Diseases of the Genitourinary System	26
41518.6.... Diseases of the Skin and Subcutaneous Tissues	27
41518.7.... Diseases of the Musculoskeletal System and Connective Tissue	29
41518.8.... Congenital Anomalies	31
41518.9.... Accidents, Poisonings, Violence and Immunization Reactions	33
GLOSSARY OF TERMS	35

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

ABOUT THE MEDICAL ELIGIBILITY GUIDELINES (MEG) WORKGROUP

Sharing the Vision: The California Children's Services (CCS) MEG Workgroup (Workgroup) was convened by the California Department of Health Care Services (DHCS) Systems of Care Division (SCD) with the goal of clarifying the process of approval and adjudication of California Children Services' (CCS) service authorization requests (SARs), as well as improving staff efficiencies in reviewing and processing SARs.

The aims of the Workgroup include:

- Maintenance of integrity and quality of the CCS Program.
- Protecting the integrity of the CCS Program.
- Improving and streamlining the SAR authorization process with technology.
- Identifying items and services where the SAR can be automatically adjudicated.
- Improving staffing efficiencies.
- Identifying barriers and other resources.

One of the outcomes of the Workgroup was the development of this CCS Medical Eligibility Guide (Guide). The Guide is designed to be used by the CCS Program nursing staff, providers, and stakeholders. It can be used as a training tool, general handbook, and as a CCS Program medical eligibility reference. The Guide contains two main sets of tables: one is a set of tables that list medical conditions that are frequently or always recognized as medically eligible for the CCS Program services and the other is for those medical conditions that are generally recognized as ineligible CCS Program medical conditions and is designed to prevent inappropriate referrals to the program. The Guide references and follows, Title 22 California Code of Regulations: Division 2, Part 2, Subdivision 7, CCS Chapter 3, Article 2, Medical Eligibility Sections 41515.2 – 41518.9.

BACKGROUND

This Guide is designed for the purpose of education and training of CCS Program nursing staff, providers, and stakeholders such as Medi-Cal managed care health plans. It is also designed to facilitate program and statewide consistency of the CCS Program referrals. It was developed through the combined efforts of State and county staff who participated in the Workgroup, convened under the direction of the DHCS, SCD executive staff. As a result, the Workgroup identified a list of medical conditions that would lead to either appropriate (CCS medically eligible conditions) or inappropriate referrals (CCS Program medically ineligible conditions) to the CCS Program. The Workgroup coordinated discussions with multiple local county CCS program medical consultants, DHCS Dependent County Operations Section medical consultants, as well as medical consultants of the Southern Region Physician Advisory Committee (SRPAC), Medical Advisory Committee (MAC)/MAC Steering Committee, the Children's Regional Integrated Service System (CRISS) Medical Consultant Medical Eligibility Workgroup, and the DHCS SCD medical consultants.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

HOW TO USE THIS GUIDE

This Guide is intended to be shared and used by CCS Program staff, CCS Program physicians, stakeholders, and Medi-Cal managed care health plans. It can be used as a handbook to assist State and county staff in reviewing SARs. It can also be used by providers to assist with identifying CCS Program eligible individuals so that they can submit appropriate referrals to the CCS Program. Final medical eligibility determination for the CCS Program services is based on the timely submission of a SAR, required supporting medical documentation, the CCS Program regulations, California Code of Regulations, Title 22 Sections 41515.1 - 41518.9 (for specific qualifiers), and policy letters.

Medical Eligibility Guide Format: The Guide is formatted into sections that follow CCS Program medically eligibility criteria, as referenced in Title 22, California Code of Regulations. Readers will note that for each section, there are two tables - one table is for "Frequently Recognized CCS Program -Eligible Conditions" and the other table is for "Generally Recognized as CCS Program -Ineligible Conditions". "Generally Recognized as CCS Program-Ineligible Conditions" usually should not be submitted to the CCS Program, unless there is some other underlying CCS Program medically eligible condition associated with the ineligible diagnosis.

As time permits the Workgroup will consider adding International Classification of Diseases (ICD) -10 CPT codes. Please also note that some of the CCS Program -medically eligible conditions are listed within a broader ICD-10 code that also lists other medical conditions. For example: homocystinuria is listed in ICD-10 code: E72.1: Disorders of sulphur-bearing amino-acid metabolism.

This Guide does not replace the requirements outlined in Section 41515.1, Determination of Medical Eligibility:

"Medical eligibility for the CCS Program, as specified in Sections 41515.2 through 41518.9 shall be determined by the CCS Program medical consultant or designee through review of medical records that document the applicant's medical history, results of a physical examination by a physician, laboratory tests, radiologic findings, or other tests or examinations that support the diagnosis of the eligible condition."

Note: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Final medical eligibility for the CCS Program is based on timely submission of a service request, required supporting medical documentation, the CCS Program regulations (See DHCS-02-08 section 41515.1-41518.9 for specific qualifiers), and policy letters. Submission based on ICD codes alone does not guarantee approval of services by the CCS Program.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

FUTURE UPDATES

This Guide will be updated as needed per future ICD updates and any revisions to the California Code of Regulations Title 22.: Division 2, Part 2, Subdivision 7, CCS Chapter 3, Article 2, Medical Eligibility Sections 41515.2 – 41518.9.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

CCS MEDICAL ELIGIBILITY TABLES

Sections 41515.2 through 41518.9

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41515.2. Infectious Diseases.

CCS applicants diagnosed with at least one of the following shall be medically eligible for participation in the CCS Program:

- (a) Infections of the bone, such as osteomyelitis and periostitis.
- (b) Infections of the eye when the infection, if untreated, may result in permanent visual impairment or blindness.
- (c) Infections of the central nervous system which have produced a neurologic impairment that results in physical disability requiring surgery or rehabilitation services to regain or improve function, such as movement or speech, which was limited or lost as a result of the infection.
- (d) Infections acquired in utero and for which medically necessary postnatal treatment is required, such as toxoplasmosis, cytomegalovirus infection, rubella, herpes simplex, and syphilis.
- (e) Human Immunodeficiency Virus (HIV infection), when confirmed by laboratory tests.
- (f)

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
HIV infection
Congenital syphilis, unspecified
Immunodeficiency with predominantly T-cell defect, unspecified
Keratitis
Chronic dacrocystitis
Arthropathy associated with infections
Osteomyelitis
Periostitis without mention of osteomyelitis
Infections specific to the perinatal period
Severe sepsis

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions*
Intestinal infectious disease
Viral diseases accompanied by exanthem
Arthropod-borne viral diseases
Other diseases due to viruses and chlamydiae
Mycoses
Helminthiases
Cysticercosis
Other infectious and parasitic diseases
Fever unspecified
Other spirochetal diseases [≠]

* Infections listed are usually not medically eligible, but disease sequelae may be.

[≠] Please refer to individual spirochetal diseases.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41516. Neoplasms.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) All malignant neoplasms, including leukemia.
- (b) A benign neoplasm when either of the following is present:
 - (1) The neoplasm is physically disabling or severely disfiguring; or
 - (2) The neoplasm is located contiguous to or within a vital organ or body part, and its continued growth or lack of treatment would limit or eliminate the function of the organ or body part or lead to the death of the applicant.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Malignant neoplasms
Malignant neoplasm of kidney (Wilms' tumor)
Retinoblastoma
ALL (acute lymphoblastic leukemia)
230-234 Carcinoma in situ

Generally Recognized as CCS-INELIGIBLE Conditions
* see below

* A benign tumor that is physically disabling, severely disfiguring or contiguous to or within a vital organ or body part and needs to be referred to the CCS Program medical consultant for medical eligibility determination.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program

Attachment 1

41516.1. Endocrine, Nutritional and Metabolic Diseases, and Immune Disorders.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Diseases of the pituitary, thyroid, parathyroid, thymus, and adrenal glands.
- (b) Growth hormone deficiency.
- (c) Diseases of the ovaries or testicles in which there is delayed onset of puberty, primary amenorrhea after the age of 15 years, sexual development prior to the age of eight years for females and nine years for males, feminization of a male, or virilization of a female.
- (d) Diseases of the pancreas resulting in pancreatic dysfunction.
- (e) Diabetes mellitus.
- (f) Diseases due to congenital or acquired immunologic deficiency manifested by life-threatening infections, as determined from medical information about the applicant's clinical course and laboratory studies.
- (g) Inborn errors of metabolism such as phenylketonuria, homocystinuria, galactosemia, glycogen storage disease and maple syrup urine disease.
- (h) Cystic fibrosis.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code

Frequently Recognized CCS-Eligible Conditions
HIV Infection
Disorders of thyroid gland
Congenital hypothyroidism
Diabetes
Growth hormone deficiency
Adrenal hyperplasia, congenital [†]
PKU (phenylketonuria)
Maple syrup urine disease
Homocystinuria
Glycogen storage disease
Galactosemia
Cystic fibrosis
Lupus erythematosus
JRA (juvenile rheumatoid arthritis)

[†] Please note: A complete list of disorders detectable by the California Newborn Screening Program is available at:

<http://www.cdph.ca.gov/programs/nbs/Pages/NBSDisordersforProviders.aspx>

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Morbid obesity*
Symptoms concerning nutrition, metabolism, and development

*Please note: Morbid obesity accompanied by co-morbidities such as diabetes, hypertension, dyslipidemias and sleep apnea may be medically eligible.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41516.3. Diseases of Blood and Blood-Forming Organs.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Anemias due to abnormal production of red cells or hemoglobin;
- (b) Anemias resulting solely from a nutritional deficiency, such as inadequate intake of iron, folic acid or Vitamin B12 is eligible only when they present with life-threatening complications;
- (c) Hemolytic anemias such as, but not limited to, congenital spherocytosis, sickle cell disease, the thalassemias and erythroblastosis fetalis;
- (d) Hemolytic anemias resulting from infection is eligible only when they present with life-threatening complications;
- (e) Pancytopenias, such as the congenital and acquired aplastic anemias;
- (f) Disorders of leukocytes such as acquired and congenital neutropenia and chronic granulomatous disease;
- (g) Hemorrhagic diseases due to:
 - (1) Coagulation disorders such as the hemophilia's and Von Willebrand's disease; or
 - (2) Disorders of platelets that are life threatening;
- (h) Other disorders of blood and blood-forming organs that are life-threatening such as polycythemia, hypersplenism and hypercoagulable states.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Frequently Recognized CCS-Eligible Conditions
ALL (acute lymphoblastic leukemia) [†]
Pernicious anemia
Congenital spherocytosis
Thalassemias
Sickle cell anemia
Hemolytic anemia
Aplastic anemia, unspecified
Hemophilia
Von Willebrand's disease
Defibrination syndrome (Includes disseminated intravascular coagulation)
Congenital neutropenia
Chronic granulomatous disease
Polycythemia, secondary
Hypersplenism
Erythroblastosis fetalis
Disseminated intravascular coagulation in newborn

[†] Please also refer to Section 41516. Neoplasms

Generally Recognized as CCS-INELIGIBLE Conditions
Beta thalassemia trait
Sickle- cell trait
Anemia, unspecified

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41517. Mental Disorders and Intellectual Disability* [Mental Retardation].

- (a) CCS applicants with a mental disorder, whose application is based upon such a disorder, shall not be medically eligible for the CCS Program.
- (b) CCS applicants with mental retardation, whose application is based upon such disease, shall not be medically eligible for the CCS Program.

Please refer to CCS Numbered Letter (N.L.) 11-2002 Outpatient Mental Health Services as the CCS Program Benefits
<http://www.dhcs.ca.gov/services/ccs/Documents/ccsn1111002.pdf> for guidelines for when mental health disorders may be eligible for the CCS Program benefits.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Not Applicable

Generally Recognized as CCS-INELIGIBLE Conditions
Mental disorders
Eating disorder, unspecified
Bulimia nervosa
Psychogenic vomiting
Enuresis
Encopresis
Hyperkinetic syndrome of childhood
Specific delays in development
Lack of normal development unspecified

*Please note the term "mental retardation" is replaced by the term "intellectual disability".

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41517.3. Diseases of the Nervous System.

- (a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:
- (1) Noninfectious diseases of the central and peripheral nervous system which produce a neurologic impairment that is life threatening or physically disabling.
 - (2) Cerebral palsy, a motor disorder with onset in early childhood resulting from a non-progressive lesion in the brain manifested by the presence of one or more of the following:
 - (A) Rigidity or spasticity.
 - (B) Hypotonia, with normal or increased deep tendon reflexes, and exaggeration of or persistence of primitive reflexes beyond the normal age range.
 - (C) Involuntary movements that are described as athetoid, choreoid, or dystonic.
 - (D) Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait.
 - (3) Seizure disorder when either of the following occurs:
 - (A) It is a component of or secondary to a CCS-eligible condition; or
 - (B) It is of unknown origin and one of the following exists:
 1. The frequency or duration of the seizures requires more than four changes in dosage or type of medications in the 12 months preceding the initial or subsequent determination of medical eligibility;
 2. The frequency or duration of the seizures requires two or more types of seizure medications each day;
 3. The frequency or duration of the seizures requires at least a monthly medical office visit for assessment of the applicant's clinical status and periodic blood tests for medication levels or presence of blood dyscrasia; or
 4. The applicant has experienced an episode of Status Epilepticus in which case medical eligibility shall extend for one year following that event.
 - (4) Congenital anomalies of the nervous system which meet the criteria of section 41518.8.
- (b) When the eligibility criteria listed in subsection (a) (3) (B) above have not been present for at least one year, eligibility shall cease.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Multiple sclerosis
Brachial plexus palsy
Myasthenia gravis

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Frequently Recognized CCS-Eligible Conditions
Muscular dystrophy
Muscular dystrophy, Duchenne's
Myelomeningocele
Spina bifida
Hydrocephalus
Tethered cord

Generally Recognized as CCS-INELIGIBLE Conditions
Organic sleep disorders
Pain
Other headache syndromes
Migraine
Myalgia & myositis, unspecified (fibromyositis)
Spina bifida (occulta)

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41517.5. Medical Therapy Program.

- (a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Medical Therapy Program:
- (1) Cerebral palsy as specified in Section 41517.3(a) (2).
 - (2) Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, and muscular dystrophies.
 - (3) Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations, and contractures resulting from burns.
 - (4) Other conditions manifesting the findings listed in section 41517.3(a) above, such as ataxias, degenerative neurological disease, or other intracranial processes.
- (b) CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present:
- (1) Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity);
 - (2) Increased Deep Tendon Reflexes (DTRs) that are 3+ or greater;
 - (3) Abnormal posturing as characterized by the arms, legs, head, or trunk turned or twisted into an abnormal position;
 - (4) Hypotonicity, with normal or increased DTRs, in infants below one year of age. (Infants above one year must meet criteria described in (a) (1)); or
 - (5) Asymmetry of motor findings of trunk or extremities.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Polio, post-polio syndrome
Multiple sclerosis
Cerebral palsy*
Brachial plexus palsy (aka Erb's Palsy)
Myasthenia gravis
Muscular dystrophy
Muscular dystrophy, Duchenne
Rheumatoid arthritis
Contractures (resulting from burns)
Arthrogryposis
Spina bifida
Spina bifida without mention of hydrocephalus
Osteogenesis imperfecta
Intracranial injury of other and unspecified nature/without mention of open intracranial wound (closed head injury)
Frequently Recognized

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

CCS-Eligible Conditions
Intracranial injury of other and unspecified nature/ with open intracranial wound (open intracranial wound).
Spinal cord injury (without evidence of spinal bone injury)
Spinal cord injury –unspecified site of spinal cord
Amputations of limb(s)

* Regarding cerebral palsy, refer to Section 41517.3 (2) for criteria.

Generally Recognized as CCS-INELIGIBLE Conditions
Spina Bifida (occulta)

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41517.7. Diseases of the Eye.

CCS applicants with at least one of the following eye conditions shall be medically eligible for participation in the CCS Program:

- (a) Strabismus, when surgery is required and either until fusion is obtained, or a visibly abnormal deformity is corrected.
- (b) Infections that produce permanent visual impairment or blindness, such as keratitis and choroiditis.
- (c) Infections that require ophthalmological surgery, such as chronic dacryocystitis.
- (d) Other diseases that can lead to permanent visual impairment such as:
 - 1. Cataract.
 - 2. Glaucoma.
 - 3. Retinal detachment.
 - 4. Optic atrophy or hypoplasia.
 - 5. Optic neuritis.
 - 6. Lens dislocation.
 - 7. Retinopathy of prematurity.
 - 8. Persistent hyperplastic primary vitreous.
 - 9. Ptosis.
- (e) Congenital anomalies of the eye which meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Retinoblastoma
Retinal detachment
ROP (retinopathy of prematurity)
Choroiditis
Glaucoma
Keratitis
Ptosis of eyelid (causing vision loss)
Optic neuritis
Strabismus (requiring surgery)
Lens disorders
Optic atrophy/hypoplasia
Cataract
Persistent hyperplastic primary Vitreous

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Disorders of Refraction and accommodation
Hypermetropia
Myopia
Blepharitis
Blepharitis unspecified
Squamous blepharitis
Hordeolum externum
Hordeolum internum
Abscess of eyelid
Chalazion
Inflammation of eyelids

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518. Diseases of the Ear and Mastoid Process.

- (a) CCS applicants shall be eligible for participation in the CCS Program for diagnostic services to determine the presence of a hearing loss when the applicant:
- (1) Fails two pure tone audiometric hearing screening tests performed at least six weeks apart at levels not to exceed 25 decibels and at the minimum number of frequencies of 1000, 2000 and 4000 Hertz; or
 - (2) Fails to have normal auditory brain stem evoked response; or
 - (3) Fails otoacoustic emission or behavioral responses to auditory stimuli as determined by two tests performed at least six weeks apart; or
 - (4) Fails to pass hearing screening provided through the Newborn and Infant Hearing Screening, Tracking and Intervention Program, pursuant to Health and Safety Code Sections 123975 and 124115 through 124120.5; or
 - (5) Exhibits symptoms that may indicate a hearing loss such as poor speech for age or delay in age-appropriate behavioral milestones; or
 - (6) Has documentation of one of the risk factors associated with a sensorineural hearing or conductive hearing loss such as:
 - (A) A family history of congenital or childhood onset of hearing impairment.
 - (B) Congenital infection known or suspected to be associated with hearing loss.
 - (C) Craniofacial anomalies.
 - (D) Hyperbilirubinemia at a level exceeding the indication for an exchange transfusion.
 - (E) Ototoxic medications used for more than five days.
 - (F) Bacterial meningitis.
 - (G) Severe depression at birth, defined as:
 1. Apgar score of three or less;
 2. Failure to initiate spontaneous respirations by ten minutes of age; or
 3. Hypotonia persisting to two hours of age.
 - (H) Prolonged mechanical ventilation for a duration of at least five days.
 - (I) Findings of a syndrome known to be associated with hearing loss.
- (b) If either of the tests referenced in (a)(1) and (3) above are performed by an audiologist or otolaryngologist, only one exam shall be required for eligibility for diagnostic testing.
- (c) CCS applicants shall be eligible for participating in the CCS Program for treatment services when there is a hearing loss present as defined by the following criteria:
- (1) In children over five years of age, a pure tone audiometric loss of 30 decibels or greater at two or more frequencies in the same ear tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz or a loss of 40 decibels or greater at any one frequency between and including 500 through 8000 Hertz;
 - (2) In children from three to five years of age, a pure tone audiometric loss of 30 decibels or greater at any frequency tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz; or
 - (3) In children unable to complete a pure tone audiometric test and whose auditory brain stem evoked response, or otoacoustic emission, or behavioral responses to auditory stimuli indicate hearing loss of 30 decibels or greater.
- (d) CCS applicants shall be eligible for participation in the CCS Program for treatment services when there is:
- (1) Perforation of the tympanic membrane that requires tympanoplasty; or
 - (2) Mastoiditis; or

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

- (3) Cholesteatoma.
(e) Congenital anomalies of the ear and mastoid process that meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830, 123835, and 123975, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Mastoiditis
Tympanic perforation (needs surgery)
Cholesteatoma
SNHL (sensorineural hearing loss)
Anomalies of the ear—unspecified anomaly of ear

Generally Recognized as CCS-INELIGIBLE Conditions
Otitis media and eustachian tube disorder*
Otitis media
Throat pain
Voice disturbance
Other

* Otitis Media and Eustachian tube disorder: without hearing loss or other co-morbidities

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.2. Diseases of the Circulatory System.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Diseases of the endocardium, myocardium, or pericardium;
- (b) Cardiac dysrhythmias requiring medical or surgical intervention;
- (c) Diseases of blood vessels such as embolism, thrombosis, aneurysms, and periarteritis;
- (d) Cerebral and subarachnoid hemorrhage;
- (e) Chronic diseases of the lymphatic system;
- (f) Primary hypertension that requires medication to control; or
- (g) Congenital anomalies of the circulatory system that meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Essential hypertension* (requiring meds)
Long QT syndrome
Paroxysmal ventricular tachycardia
Atrial fibrillation
Aortic aneurysm
Aneurysm (other)
Periarteritis
Acute venous embolism and Thrombosis of other specified veins
Common truncus
Transposition of the great vessels
Tetralogy of Fallot
Other congenital anomalies of heart
Pulmonary atresia
Coarctation of aorta
Intraventricular hemorrhage

* Essential hypertension that requires medication to control

Generally Recognized as CCS-INELIGIBLE Conditions
Epistaxis [€]

€ Epistaxis: Without Complications

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.3. Diseases of the Respiratory System.

CCS applicants with at least one of the chronic conditions of the respiratory tract, such as the following conditions, shall be eligible for participation in the CCS Program:

- (a) Chronic pulmonary infections such as abscess or bronchiectasis;
- (b) Cystic fibrosis;
- (c) Chronic Lung Disease (CLD) of infancy, such as Bronchopulmonary Dysplasia (BPD), when either (1) or (2) below are met:
 - (1) History of care in a neonatal intensive care unit that includes all of the following:
 - (A) Mechanical ventilation for more than six days;
 - (B) Concentration of oxygen greater than 60 percent for more than four of the days of ventilation; and
 - (C) Need for supplemental oxygen for more than 30 days; or
 - (2) The presence in an infant of at least one of the following:
 - (A) Radiographic changes characteristic of CLD such as areas of hyperinflation, areas of radiolucency, and areas of radio density due to peribronchial thickening or patchy atelectasis;
 - (B) Impaired pulmonary function, as manifested by one or more of the following during a stable phase: increased airway resistance, increased residual capacity, decreased dynamic compliance, arterial CO₂ tension (PaCO₂) greater than 45 or arterial O₂ tension (PaO₂) less than 80; or
 - (C) Cardiovascular sequelae such as pulmonary or systemic hypertension or right or left ventricular hypertrophy.
- (d) Asthma, when it has produced chronic lung disease;
- (e) Chronic disorders of the lung that are the result of chemical injury, metabolic disorders, genetic defects, or immunologic disorders other than asthma;
- (f) Respiratory failure requiring ventilatory assistance;
- (g) Hyaline membrane disease; or
- (h) Congenital anomalies of the respiratory system that meet the criteria of Section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Cystic fibrosis
Respiratory failure
Pulmonary atresia*
Hyaline membrane disease
Bronchopulmonary dysplasia CLD

* Circulatory condition that may have secondary respiratory conditions

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Acute sphenoidal sinusitis
Acute nasopharyngitis (common cold)
Acute sinusitis
Acute maxillary sinusitis
Acute ethmoidal sinusitis
Other acute sinusitis
Acute sinusitis, unspecified
Acute pharyngitis
Acute tonsillitis

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.4. Diseases of the Digestive System.

CCS applicants with at least one of the following conditions shall be eligible for participation in the CCS Program:

- (a) Diseases of the liver including:
 - (1) Acute liver failure;
 - (2) Chronic liver disease;
- (b) Disorders of the gastrointestinal tract including:
 - (1) Chronic inflammatory diseases requiring complex ongoing medical management or surgical intervention such as pancreatitis, peptic ulcer, ulcerative colitis, regional enteritis, diverticulitis, and cholecystitis;
 - (2) Chronic intestinal failure; or
 - (3) Gastroesophageal reflux when:
 - (A) It is part of or complicates the management of a CCS-eligible condition; or
 - (B) It is an isolated condition with complications such as esophageal stricture or chronic aspiration pneumonia.
- (c) Congenital anomalies of the digestive system that meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Diabetes*
Cystic fibrosis
Peptic ulcer (chronic)
Regional enteritis (chronic)
Crohn's disease
Ulcerative colitis (chronic)
Diverticulitis (chronic)
Acute liver failure
Chronic liver disease
Pancreatitis (chronic)
Esophageal atresia
Hirschsprung's
Gastroschisis

* Please also refer to Section 4156.1 Endocrine, Nutritional and Metabolic Diseases, and Immune Disorders

Generally Recognized as CCS-INELIGIBLE Conditions
dehydration - cachexia
Acquired hypertrophic pyloric stenosis
Appendicitis

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Constipation, unspecified
Abscess of anal and rectal regions
Neonatal jaundice associated with preterm delivery
Unspecified fetal & neonatal jaundice Hyperbilirubinemia

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.5. Diseases of the Genitourinary System.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Acute glomerulonephritis in the presence of acute renal failure, malignant hypertension, or congestive heart failure;
- (b) Chronic glomerulonephritis, chronic nephrosis, or chronic nephrotic syndrome;
- (c) Chronic renal insufficiency;
- (d) Obstructive uropathies;
- (e) Vesicoureteral reflux, grade II or greater;
- (f) Renal calculus; or
- (g) Congenital anomalies of the genitourinary tract that meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Malignant hypertension
Chronic nephrosis
Chronic nephrotic syndrome
Chronic glomerulonephritis
Acute kidney failure (unspecified)
Chronic renal disease (unspecified.)
Kidney stones
Vesicoureteral reflux (grade II or greater)
Obstructive uropathies
Undescended testes (bilateral)
Hypospadias(male)

Generally Recognized as CCS-INELIGIBLE Conditions
Not Applicable

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.6. Diseases of the Skin and Subcutaneous Tissues.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Persistent or progressive diseases of the skin or subcutaneous tissue, such as pemphigus and epidermolysis bullosa, which;
 - (1) Are disabling or life-threatening; and
 - (2) Requires multidisciplinary management.
- (b) Scars when surgery is required and at least one of the following criteria is met:
 - (1) There is limitation of or loss of mobility of a major joint, such as the ankle, knee, hip, wrist, elbow, or shoulder; or
 - (2) They are disabling or severely disfiguring.
- (c) Congenital anomalies of the skin or subcutaneous tissue that meet the criteria of section 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Pemphigus
Scars (disfiguring/joint limiting)
Epidermolysis bullosa

Generally Recognized as CCS-INELIGIBLE Conditions
Cellulitis and abscess of anal & rectal regions
Urethral abscess
Other inflammatory disorders of penis
Seminal vesiculitis
Inflammatory disease of breast
Other spec inflammatory disease female pelvic organs/tissues
Unspecified inflammatory disease of female pelvic organs/tissues
Inflammatory disease of cervix, vagina, and vulva
Carbuncle and furuncle
Cellulitis/abscess of finger and toe
Cellulitis/abscess of finger
Felon
Onychia and paronychia of finger
Cellulitis and abscess of toe
Cellulitis and abscess of toe, unspecified
Onychia and paronychia of toe
Cellulitis/abscess of unspecified digit
Other Cellulitis/abscess
Cellulitis/abscess of face

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Cellulitis/abscess of neck
Cellulitis/abscess of trunk
Cellulitis and abscess of upper arm and forearm
Cellulitis and abscess of hand except fingers and thumb
Cellulitis/abscess of buttock
Cellulitis/abscess of leg except foot
Cellulitis/abscess of foot except toes
Cellulitis/abscess of other specified sites
Cellulitis/abscess of unspecified sites
Acute lymphadenitis
Impetigo
Pilonidal Cyst
Other local infections of skin and subcutaneous tissue
Corns and Callosities
Other hypertrophic and atrophic conditions of skin
Acquired acanthosis nigricans
Striae Atrophicae
Seborrheic Keratosis
Inflamed Seborrheic Keratosis
Other seborrheic keratosis
Other specified dermatoses
Urticaria
Other disorders of skin and subcutaneous tissue

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.7. Diseases of the Musculoskeletal System and Connective Tissue.

- (a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:
- (1) Acute and chronic suppurative infections of the joint;
 - (2) Chronic, progressive or recurrent inflammatory disease of the connective tissue or joints, such as rheumatoid arthritis, inflammatory polyarthropathy, lupus erythematosus, dermatomyositis, and scleroderma;
 - (3) Chronic, progressive, or degenerative diseases of muscles and fascia, such as myasthenias, myotonias, dystrophies, and atrophies that lead to atrophy, weakness, contracture and deformity, and motor disability;
 - (4) Intervertebral disc herniation;
 - (5) Scoliosis with a curvature of 20 degrees or greater;
 - (6) Other disease of the bones and joints, except fractures, resulting in limitation of normal function and requiring surgery, complex customized bracing, or more than two castings; or
 - (7) Congenital anomalies of the musculoskeletal system or connective tissue that meet the criteria of section 41518.8.
- (b) Minor orthopedic conditions, such as tibial torsion, femoral anteversion, knock knees, pigeon toes, and flat feet, which only require special shoes, splints, and/or simple bracing are not eligible.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Fractures (see 41518.9 accidents, etc.)
Muscular dystrophy
Myasthenia gravis
Muscular dystrophy, Duchenne
Myotonic muscular dystrophy
Myotonia congenita
Scleroderma
Lupus erythematosus
Dermatomyositis
Joints, septic
Rheumatoid arthritis
JRA (juvenile rheumatoid arthritis)
Inflammatory polyarthropathy
Intervertebral disc herniation
Arthrogryposis
Osteomyelitis
Slipped capital femoral epiphysis
Scoliosis (20 degree or greater)

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Frequently Recognized CCS-Eligible Conditions
Spina bifida
Dislocated hip (congenital)
Clubfoot
Syndactyly
Osteogenesis imperfecta

Generally Recognized as CCS-INELIGIBLE Conditions	ICD-9 Code	ICD-9 Code Disease Category or Name
In growing nail	703.0	Diseases of nail
Plica syndrome	727.83	Other disorders of synovium, tendon, and bursa;
Bone dislocations	830-839	Dislocation

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.8. Congenital Anomalies. (Please also refer to specific organ system sections)

- (a) CCS applicants with congenital anomalies shall be medically eligible for participation in the CCS Program when the congenital anomaly is amenable to cure, correction, or amelioration; and
 - (1) Limits or compromises a body function based on a combination of factors such as its size, type and location; or
 - (2) Is severely disfiguring.
- (b) The following conditions **shall not be** medically eligible for the CCS Program when the application for eligibility is based solely on their presence:
 - (1) Inguinal and umbilical hernia;
 - (2) Hydrocele; or
 - (3) Unilateral undescended testicle.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Frequently Recognized CCS-Eligible Conditions
Inborn errors of metabolism*
Myelomeningocele
Spina bifida
Hydrocephalus
Unspecified anomaly of the brain/spinal cord
Truncus arteriosus
Transposition of the great vessels
Tetralogy of Fallot
Coarctation of aorta
Cleft palate and cleft lip
Cleft lip
Cleft lip with cleft palate
Esophageal atresia
Imperforate anus
Undescended testes (bilateral)
Atresia & stenosis of urethra & Bladder Neck
Clubfoot
Syndactyly
Osteogenesis imperfecta
Dislocated hip (congenital)

* Please refer to Section 41516, Endocrine, Nutritional, Metabolic Disease and Immune Disorders

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

Generally Recognized as CCS-INELIGIBLE Conditions
Inguinal hernia

Please note this handbook is only a guide to assist CCS providers in submitting appropriate referrals to the CCS Program.

Attachment 1

41518.9. Accidents, Poisonings, Violence, and Immunization Reactions.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Program:

- (a) Injuries to organ systems or organs which, if left untreated, are likely to result in permanent physical disability, permanent loss of function, severe disfigurement or death;
- (b) Fractures of the spine, pelvis, or femur;
- (c) Fractures of the skull, which, if left untreated, would result in Central Nervous System complications or severe disfigurement;
- (d) All other fractures which require open reduction, internal fixation or which involve the joints or growth plates.
- (e) Burns, when at least one of the following is present:
 - (1) Second and third degree burns of greater than ten 10 percent of the body surface area for children less than ten 10 years of age;
 - (2) Second and third degree burns of greater than twenty 20 percent of the body surface area for children greater than ten 10 years of age;
 - (3) Third degree burns of greater than five percent of the body surface area for any age group;
 - (4) Burns involving signs or symptoms of inhalation injury or causing respiratory distress;
 - (5) Second or third degree burns of the face, ear, the mouth and throat, genitalia, perineum, major joints, the hands and feet; or
 - (6) Electrical injury or burns, including burns caused by lighting;
- (f) Presence of a foreign body when the object, if not surgically removed, would result in death or a permanent limitation or compromise of a body function;
- (g) Ingestion of drugs or poisons that result in life threatening events and require inpatient hospital treatment;
- (h) Lead poisoning as defined as a confirmed blood level of 20 micrograms per deciliter or above;
- (i) Poisonous snakebites that require complex medical management and that may result in severe disfigurement, permanent disability or death;
- (j) Other envenomation, such as spider bites, that require complex medical management and that may result in severe disfigurement, permanent disability or death; or
- (k) Severe adverse reactions to an immunization requiring extensive medical care.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

Attachment 1

Frequently Recognized CCS-Eligible Conditions
ALL ORIF* (open reduction internal fixation)
Fractures involving joints/growth plates
Pelvic/Spine fractures
Acetabular fracture
Olecranon fracture
Coronoid fracture
Styloid of ulna, fracture
Scaphoid fracture
Epiphyseal fracture
Femur fracture
Condylar fracture
Epiphysis fracture
Intercondylar fracture
Mandibular joint
Burn confined to eye and adnexa
Burn of face, head, and neck
Compartment syndrome
Immunization reaction (severe)

* Please refer to individual fractures

Generally Recognized as CCS-INELIGIBLE Conditions
General symptoms
Concussion

Glossary of Terms

Abnormal

Contrary to the usual structure, position, condition, behavior or rule.

Benign Neoplasm

An abnormal growth of tissue in a body part, organ or skin which does both of the following:

- a. Remains confined within the capsule or boundary of the specific body part, organ or skin; and
- b. Does not seed to other noncontiguous areas of the body.

California Children's Services (CCS)

A State and County program providing medically necessary benefits as defined in Section 41452 to persons under 21 years of age with physically handicapping conditions who meet medical, financial, and residential eligibility requirements for the CCS Program.

CCS Physician

A physician who has been certified by an American Board of Medical Specialties, or whose eligibility for such certification is contingent upon passing the certification examination, and who provides services to the CCS Program clients.

Client

A person under 21 years of age who has been approved for CCS Program benefits.

Department

The California Department of Health Care Services.

Director

The Director of the California Department of Health Care Services.

Disability

The limitation of a body function, which includes both of the following:

- a. Compromises the ability to perform the usual and customary activities that a child of comparable age would be expected to perform; and
- b. Can be identified or quantified by a medical examination and standard tests for that body function.

Disfiguring

A marring of form, appearance or character.

Expert Physician

A physician and surgeon who is certified as a specialist by the American Board of Medical Specialists and has a faculty appointment at an accredited medical school.

Attachment 1

Full Medi-Cal Benefits

The CCS Program client as defined under section 41414 or applicant is eligible for the full range of Medi-Cal benefits without a share of cost.

Function

The specific activity performed to carry out the purpose of an organ or part of the body.

Hearing Officer

A person designated by the Director to conduct state hearings.

Life Threatening

An injury or illness that could lead to death.

Intellectual Disability (mental retardation)

A disability with limitation of a person's thinking, memory, and reasoning ability, as determined by standardized psychological testing.

Malignant Neoplasm

A mass or growth in a body part, organ, or skin which does all of the following:

- a. Is made up of abnormal cells as determined by histological examination;
- b. Rapidly expands and grows;
- c. Invades other adjacent body parts or organs; and
- d. Invades other distant, noncontiguous body parts or organs.

Medical Therapy Program

The specific component of the CCS Program located in public schools that provide physical therapy, occupational therapy, and physician consultations to children with specifically defined eligible medical conditions.

Medically Necessary Benefits

Those services, equipment, tests, and drugs that are required to meet the medical needs of the client's CCS Program-eligible medical condition as prescribed, ordered, or requested by a CCS physician and which are approved within the scope of the benefits provided by the CCS Program.

Mental Disorder

Abnormal functioning of the mind manifested by difficulty or disorganization of thinking, inappropriate emotional response and instability, difficulty in expression and communication, and lack of self-control resulting in abnormal behavior or severe problems in relationships with other people.

Monitoring

The use of equipment to observe and record physiological signs such as pulse, respiration and blood pressure.

Normal

The usual state, amount, or degree.

Attachment 1

Physical

Pertaining to the body.

Primitive Reflexes

Those movements, including the sucking, palmar grasp, Moro, crossed extension, or automatic walking reflexes present in an infant beyond an age in which they disappear in 97 percent of all infants.

Rehabilitation Services

Those activities designed for the restoration of physical function after illness, injury, or surgery involving the neuromuscular or skeletal systems.

Sliding Fee Scale

A scale determined by the Department, which is based on family size and family income and shall be adjusted by the Department to reflect changes in the federal poverty level.



Mendocino County Public Health Services Contract Claim Form

Submit Invoice to: Mendocino County – PH
 Attn: Jenine Miller
 1120 S. Dora Street
 Ukiah California

Contractor: Name
 Attn: Contact
 Address
 City, State, Zip

Type of Service	Date of Service	Rate	Total

Contractor's Signature: _____ Date: _____

Approved By: _____ Date: _____

ACCOUNTS PAYABLE USE ONLY	
Date Paid	
Contract Number	
Batch Number	
Control Number	
Account String	
Description	