FIRST AMENDMENT TO AGREEMENT
Yamhill County and Virginia Garcia Memorial Health Center
Qualified Mental Health Professional (QMHP) Contracted Services

THIS FIRST AMENDMENT TO AGREEMENT ("Amendment #1") is made effective July 1, 2015, between **Yamhill County**, a political subdivision of the State of Oregon, acting by and through its Department of Health and Human Services ("County"), and **Virginia Garcia Memorial Health Center ("VGMHC"),** an Oregon nonprofit corporation 1151 N. Adair Street, Cornelius, OR 97113, Tax Identification Number 930717997.

RECITALS:

A. VGMHC and County are parties to that certain agreement dated as of May 1, 2014 (the "Underlying Agreement"), pursuant to which County provides a Qualified Mental Health Professional (QMHP) to act as part of VGMHC's integrated health team.

B. County and VGMHC now desire to amend the Underlying Agreement upon the terms and conditions as more particularly set forth herein below.

C. Capitalized terms not defined herein shall have the meanings attributed to such terms in the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein below and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the parties hereto, County and VGMHC, intending legally to be bound, hereby agree as follows:

1. Section 1 "Effective Date" of the Underlying Agreement is hereby deleted in its entirety and replaced with the following. "The initial term of this Agreement is from April 15, 2014 through July 31, 2016. Upon conclusion of the initial term of this Agreement, this Agreement will automatically be renewed on a year-by-year basis, under the same terms and conditions as set forth herein, unless terminated as allowed by this section. It is understood by both parties that no commitments have been made or are made by either party beyond the termination of this Agreement."

2. Section 2 "Services" of the Underlying Agreement is hereby amended to include the following: Effective August 1, 2015, the QMHP will hold office hours for forty (40) hours per week during routine business hours as agreed upon by VGMHC and County and VGMHC will provide the QMHP with office space with computer and phone for up to forty (40) hours per week.

3. The balance of Section 2 of the Underlying Agreement remains unchanged.

4. Section 3 "Payment and Billing" of the Underlying Agreement is hereby amended to include the following: Effective August 1, 2015, County will invoice VGMHC for the services

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of the County QMHP and shall receive a monthly payment of $9,671.62 on or about the first of the month following the month of service.

5. The balance of Section 3 of the Underlying Agreement remains unchanged.

6. Ratification. Except as otherwise expressly modified by the terms of this Amendment #1, the Underlying Agreement shall remain unchanged and continue in full force and effect. All terms, covenants and conditions of the Underlying Agreement not expressly modified herein are hereby confirmed and ratified and remain in full force and effect, and, as further amended hereby, constitute valid and binding obligations of VGMHC enforceable according to the terms thereof.

7. Authority. County and VGMHC and each of the persons executing this Amendment #1 on behalf of County and VGMHC hereby covenants and warrants that: (i) such party has full right and authority to enter into this Amendment #1 and has taken all action required to authorize such party (and each person executing this Amendment #1 on behalf of such party) to enter into this Amendment #1, and (ii) the person signing on behalf of such party is authorized to do so on behalf of such entity.

8. Binding Effect. All of the covenants contained in this Amendment #1 shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, legal representatives and permitted successors and assigns.

9. Counterparts. This Amendment #1 may be executed in multiple counterparts, each of which shall be an original, but all of which shall constitute one and the same Amendment #1.

10. Recitals. The foregoing recitals are intended to be a material part of this Amendment #1 and are incorporated herein by this reference.

(signature page follows)

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed on the date indicated by their duly authorized officials, this Amendment #1 in duplicate, each of which shall be deemed an original on the date executed by all parties.

DONE the last date set forth adjacent to the signatures of the parties below.

VIRGINIA GARCIA MEMORIAL HEALTH CENTER

By: _____
(signature)
Date: 7/30/15

Gil Muñoz
(printed name)

CEO
(title)

Tax ID No.: 93-0717997

YAMHILL COUNTY, OREGON

_____
ALLEN SPRINGER, Chair
Board of Commissioners
Date: 8-6-15

_____
SILAS HALLORAN-STEINER, Director
Department of Health & Human Services
Date: 7/31/15

FORM APPROVED BY:

_____
CHRISTIAN BOENISCH
County Counsel
Date: 8/4/15

Accepted by Yamhill County
Board of Commissioners on
8.6.15 by Board Order
15-303

Exhibit C - Fraud, Waste and Abuse Policy

Yamhill County Health and Human Services
Policies and Procedures Manual

Program	Admin ☐ AMH ☐ Abacus ☐ CD ☐ DD ☐ F&Y ☐ PH ☐ All ☒		
Written By:	Paul Kushner	**Original Date:**	8/1/2013
Revised By:	Caren Anderson	**Last Revised Date:**	9/23/2103
Approved By:	Silas Halloran-Steiner	**Approved Date:**	9/23/2013
OAR/ORS:	OAR 410-120-0000(2) and 42 CFR 455.2, 410-120-0000(55);410-120-0000(68) and 42 CFR 455.2; 410-120-0000(96); 410-120-1395 to 410-120-1510 ORS 411.670 to 411.690; 646.505 to 646.656; Chapter 162, 164, 165, to 165.080; 165.690, 165.698; 166.715 to 166.735; 659A.200 to 659A.224; 659A.230 to 659A.233		

SUBJECT: Fraud, Waste and Abuse Policy

NUMBER: 016-79-10-01

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MISSION STATEMENT

It is the policy of Yamhill County HHS Department (YCHHS) to review and investigate all allegations of fraud and/or abuse, whether internal or external, to take corrective action for any supported allegations, and to report misconduct to the appropriate parties. YCHHS is committed to the development and implementation of an aggressive prevention, detection, monitoring and investigation program to reduce fraud and abuse.

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Yamhill County Health and Human Services
Policies and Procedures Manual

PURPOSE & APPLICABILITY:

This policy and procedure document identifies the responsibilities of YCHHS and its sub-contractors with respect to the prevention and detection of Fraud and Abuse related to the Medicare and Medicaid funds. YCHHS must fully comply with federal and state laws and rules that relate to the prevention and detection of fraud and abuse. YCHHS sub-contractors, receiving Medicare and/or Medicaid funds, must also fully comply with these federal and state laws and shall follow the applicable sections of this policy. YCHHS shall follow this policy as it applies to any services funded with Medicare or Medicaid funds. These policies and procedures will be reviewed annually and revised as necessary.

DEFINITIONS:

Certain key terms used in this policy are defined below.

1. **ABUSE:** Provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to YCHHS, the YCCO/MVBCN, or the Division of Medical Assistance Programs (DMAP), or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. *OAR 410-120-0000 (2) and 42 CFR 455.2.*
2. **ADDICTIONS AND MENTAL HEALTH DIVISION (AMH):** The Oregon Department of Human Services (DHS) office responsible for the administration of the state's policy and program for mental health, chemical dependency prevention, intervention and treatment services.
3. **DIVISION OF MEDICAL ASSISTANCE PROGRAMS (DMAP):** A Division within the DHS; DMAP is responsible for coordinating the medical assistance programs within the State of Oregon including the OHP Medicaid demonstration, the State Children's Health Insurance Program (SCHIP-Title XXI), and several other programs. *OAR 410-120-0000 (55).*
4. **FRAUD:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself, an organization or some other person. It includes any act that constitutes Fraud under applicable federal or state law. *OAR 410-120-0000 (68) and 42 CFR 455.2.*
5. **MEDICAID:** A federal and state funded portion of the medical assistance programs established by Title XIX of the Social Security Act, as amended, administered in Oregon by DHS. *OAR 410-120-0000 (96).* In this policy, Medicaid is also referred to as the Oregon Health Plan.
6. **MEDICARE:** A federal health insurance program under the U.S. Social Security Administration that reimburses hospitals and physicians for medical care provided to qualifying people over 65 years old or people of all ages with end-stage renal disease (permanent kidney failure) or certain other disabilities. Because Medicare is health insurance, you share the costs of your care.
7. **OHP MEMBER:** An individual found eligible by a program of DHS to receive health care services under the OHP Medicaid Demonstration Project or State Children's Health Insurance Program and who, for the purposes of this policy, is enrolled with YCCO/MVBCN.
8. **OHP MEMBER REPRESENTATIVE:** A person who can make OHP related decisions for an OHP Member who is not able to make such decisions him/herself. OHP Member

Representative may be, in the following order of priority, a person who is designated as OPH Member's health care representative, a court-appointed guardian, a spouse, or other family member as designated by OHP Member, the Individual Service Plan Team (for OHP Members with developmental disabilities), a DHS case manager, or other DHS designee. For OHP Members in the care or custody of DHS's Children, Adult and Families Division or the Oregon Youth Authority (OYA), OHP Member Representative is DHS or OYA. For OHP Members released by DHS through a Voluntary Placement Agreement (CF Form 499), OHP Member shall be represented by his or her parent or legal guardian.

9. **PERSON**: Any natural person, partnership, corporation, association, or other legal entity, including any state or political subdivision of a state. 31 USC 3729-3733
10. **PROVIDER:** An organization, agency or individual licensed, certified and/or authorized by law to render professional health services to Yamhill County clients SUB-CONTRACTOR: Any contracted YCHHS employee licensed and/or credentialed to provide health care services to Yamhill County clients or a health care organization receiving federal or state funds that have been passed-thru Yamhill County HHS Department to the provider.
11. **RECIPIENT**: A person who is currently eligible for medical assistance. OAR 410-120-0000 (154). In this policy, a Recipient who is assigned to YCCO/MVBCN for MH services is an OHP Member.

POLICY & PROCEDURES:

I. Fraud and Abuse Laws: Liabilities and Penalties

A. YCHHS and each sub-contractor are subject to the following laws and rules that relate to fraud and abuse involving Medicaid funds:

1. Federal False Claims Act (31 USC 3729-3733): This law provides for penalties and triple damages for anyone who knowingly submits or causes the submission of false or fraudulent claims for government funds, such as Medicaid funds. Under this law's *quid tam* provisions, an individual with evidence of fraud, also known as a "whistleblower", is authorized to file a case in federal court and sue, on behalf of the federal government, the Persons or entities engaged in the fraud and to share in any money that the government may recover.
2. Federal administrative remedies for false claims and statements (31 USC 3801-3812): Known as the Program Fraud Civil Remedies Act, under this law, anyone who makes, presents or submits (or causes to be made, presented or submitted) a claim to the federal government, such as for Medicaid funds, that the person knows or has reason to know is false, fictitious or fraudulent, or that omits a material fact, is subject to a penalty of up to $5,000 per claim, plus an assessment of up to twice the amount of each false or fraudulent claim. The United States Inspector General investigates violations of this law. Enforcement can begin with a hearing before an administrative law judge. The government can recover penalties by a lawsuit or through an administrative offset against "clean" claims.
3. Federal Regulation 42 CFR Subpart A 455.12 – 455.106 Medicaid Agency Fraud Detection and Investigation Program, which defines the responsibilities of the state

agency

4. Oregon laws pertaining to civil or criminal penalties for false claims and statements:
   a) ORS 411.670 to 411.690 (submitting wrongful claim or payment prohibited; liability of person wrongfully receiving payment; amount of recovery);
   b) ORS 646.505 to 646.656 (unlawful trade practices);
   c) ORS chapter 162 (crimes related to perjury, false swearing and unsworn falsification);
   d) ORS chapter 164 (crimes related to theft);
   e) ORS chapter 165 (crimes involving fraud or deception), including but not limited to ORS 165.080 (falsification of business records) and ORS 165.690 to 165.698 (false claims for health care payments);
   f) ORS 166.715 to 166.735 (racketeering – civil or criminal);
   g) ORS 659A.200 to 659A.224 (whistleblowing);
   h) ORS 659A.230 to 659A.233 (whistleblowing);
   i) OAR 410-120-1395 to 410-120-1510 (DMAP program integrity, sanctions, fraud and abuse); and
   j) Common law claims founded in fraud, including Fraud, Money Paid by Mistake and Money Paid by False Pretenses.
5. YCHHS and each sub-contractor may be subject to other fraud and abuse laws not identified above.

II. Fraud and Abuse Laws: "Whistleblower" Protections

A. Individuals employed by YCHHS, including sub-contractors, who come forward with evidence of fraud and abuse involving Medicare or Medicaid funds have the following legal protections:

1. Federal False Claims Act (31 USC 3729-3733): Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under the False Claims Act, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under the Act, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.
2. Oregon Whistleblower Law (ORS 659A.200-224): In brief, it is an unlawful employment practice for any public employer to:
   a) Prohibit any employee from disclosing, or take or threaten to take disciplinary action against an employee for the disclosure of, any information that the employee reasonably believes is evidence of:
      i. A violation of any federal or state law, rule or regulation by the state, agency or political subdivision; or
      ii. Mismanagement, gross waste of funds or abuse of authority or substantial and specific danger to public health and safety resulting from action of the state, agency or political subdivision; or

iii. The fact that a person receiving services, benefits or assistance from the state or agency or subdivision, is subject to a felony or misdemeanor warrant for arrest.

b) Require any employee to give notice prior to making any disclosure or engaging in discussion described in Section II (A)(2)(a)(i-iii).

c) Discourage, restrain, dissuade, coerce, prevent or otherwise interfere with disclosure or discussions described in Section II (A)(2)(a)(i-iii).

3. Oregon law pertaining to an employee initiating or aiding in a legal proceeding (ORS 659A.230-233): In brief, it is an unlawful employment practice for an employer to discharge, demote, suspend or in any manner discriminate or retaliate against an employee with regard to promotion, compensation or other terms, conditions or privileges of employment for the reason that the employee has in good faith reported criminal activity by any person, has in good faith caused a complainant's information or complaint to be filed against any person, has in good faith cooperated with any law enforcement agency conducting a criminal investigation, has in good faith brought a civil proceeding against an employer or has testified in good faith at a civil proceeding or criminal trial.
4. Individuals may have other legal protections not identified above.

III. Preventing and Detecting Fraud and Abuse

A. Sub-contractors shall develop and implement a program to prevent and detect fraud and abuse that includes, at a minimum, the following elements:

1. Credentialing of employed and sub-contractors in accordance with YCHHS's credentialing policy. Elements of YCHHS credentialing policy relating to fraud and abuse include:
   a) Provider self-disclosure of adverse actions relating to Medicare and Medicaid provider status, and suspected or verified fraud and/or abuse involving Medicare and Medicaid funds;
   b) Criminal background checks; and
   c) Exclusion of persons described in Subsection *C* below.
2. Requiring employees and contractors to disclose any conflict of interest relating to the provision of and payment for services.
3. Disciplinary guidelines for employees and sub-contractors whose actions constitute fraud or abuse.
4. Formal Complaint and Appeal procedures for clients and client representatives.
5. Periodic auditing of a random sample of Provider clinical records and the corresponding billing and claims payment data.
6. Procedures to promptly repay Medicare and Medicaid funds paid in error and to correct the corresponding billing data.
7. Appropriate controls on employee and contractor access to clinical records, billing and accounting records, service authorization records, appointment schedules, eligibility data, and related resources that may be used to facilitate fraud or abuse.

B. It is the responsibility of YCHHS to develop and implement a program to prevent and detect fraud and abuse that includes, at a minimum, the following elements:

1. Credentialing of out-of-panel Providers in accordance with YCHHS's credentialing policy.
2. Requiring employees and contractors to disclose any conflict of interest relating to the provision of and payment for services.
3. Disciplinary guidelines for employees and contractors whose actions constitute fraud or abuse.
4. Formal Complaint and Appeal procedures for clients and client representatives.
5. Complaint and appeal procedures for Providers.
6. Periodic auditing of a random sample of Provider clinical records and the corresponding billing and claims payment data.
7. Regular monitoring of Provider billing and claims submission activity for patterns and anomalies that may indicate fraud or abuse.
8. Appropriate controls on employee and contractor access to clinical records, billing and accounting records, service authorization records, eligibility data, and related resources that may be used to facilitate fraud or abuse.
9. Procedures to request and process repayment from sub-contractors for Medicare and/or Medicaid funds paid in error.
10. Procedures for employees and sub-contractors to report cases of *suspected* fraud or abuse involving Medicare and Medicaid funds to YCHHS.
11. Procedures for YCHHS to report cases of *probable or confirmed* fraud or abuse involving Medicare or Medicaid funds to the MVBCN for further investigation, corrective action and/or referral to the Medicaid Fraud Control Unit (MFCU).
    1515 SW 5TH Avenue, Suite 410
    Portland, Oregon 97201
    Phone: (971) 673-1880, Fax: (971) 673-1890
12. Procedures for YCHHS to report cases of *suspected or verified* fraud or abuse by an OHP Member to the MVBCN for further investigation, corrective action and/or referral to the DHS Fraud Investigation Unit.
    P.O. BOX 14150
    Salem, Oregon 97309-5027
    Phone: (503) 378-6826, Fax: (503) 373-1525

C. *YCHHS, sub-contractors shall assure the exclusion of certain persons as follows:*

1. Persons who are currently suspended, debarred or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, or from participating in non-procurement activities under regulations issued pursuant to Executive Order No. 12549, or under guidelines implementing such order;
   a) Persons who are currently excluded from participation in Medicare or Medicaid programs under Section 1128 or 1128A of the Social Security Act.

2. YCHHS and Participating Provider shall not:

a) Refer OHP Members to such persons described above, nor accept billings for services for OHP Members from such person; or

b) Knowingly have a person described above as a director, officer, partner, or owner of more than 5% of the entity's equity; or,

c) Have an employment, consulting, or other agreement with a person described above for the provision of items and services that are significant and material to the entity's

obligation under any agreement to provide OHP services.

D. Fraud/Suspicious Claim Referral Sources:

1. The YCHHS receives fraud, abuse and/or suspicious claim referrals from the following sources:
   a) YCHHS Fraud and Abuse Referral Form (See Attachment)
      i. The form is available on the Yamhill County Intranet under HHS/Forms
      ii. The form can be submitted by Fax 503/434-9846,
      iii. By E-mail to kushnep@co.yamhill.or.us & hinrichc@co.yamhill.or.us

or by mail to:
Yamhill County HHS Department
Attn: Fraud and Abuse Officer
627 N. Evans
McMinnville, OR 97128

IV. Training and Education

A. YCHHS and each sub-contractor shall train its employees and contractors regarding YCHHS's policy to prevent and detect fraud and abuse involving Medicare and Medicaid funds and provide, in that training and in writing and to be included in the employee handbook materials, at a minimum, the following:

1. Articulation of the organization's commitment to guard against fraud and abuse.
2. Articulation of the organization's obligation to adhere to YCHHS's policy.
3. Description of federal and state laws relating to personal liability for knowingly engaging in actions that may constitute fraud or abuse.
4. Discussion of an employee's rights as a "whistleblower" to be protected from retaliation by his/her employer for coming forward with information about fraud or abuse.
5. Description of the organization's program to prevent and detect fraud and abuse, including discussion of disciplinary guidelines for actions that constitute fraud or abuse.
6. Procedures to report fraud or abuse to YCHHS or State and Federal governing agencies.
7. DHS and other health oversight entities are not limited in their authority to pursue legal redress for fraud and abuse to the full extent of the law.

V. Compliance Officers; Compliance Committee

A. Compliance Officers

1. YCHHS and each sub-contractor shall designate an individual as the Fraud and Abuse Compliance Officer who is accountable to the organization's senior management. Responsibilities of the Compliance Officer include, but are not limited to, the following:

a) To receive training on, and maintain current knowledge of, the federal and state laws and regulations regarding fraud and abuse;
b) Establishing and implementing a clear and accessible process for any individual to bring concerns or evidence of fraud or abuse to the attention of the Compliance Officer;
c) Ensuring compliance with the organization's program to prevent and detect fraud and abuse, including publicizing the disciplinary consequences of participation in fraud or abuse;
d) Disseminating written information, such as that described in Section IV above; and providing guidance to employees and contractors about the program;
e) Participating in training and resource development activities with other Compliance Officers;
f) Maintaining records of cases reported to the organization and submitting any required reports to YCHHS; and
g) Serving as the point of contact for cases referred to YCHHS and/or the MFCU.
h) Represent YCHHS on the Mid-Valley Behavioral Care Network compliance committee.

B. Compliance Committee

1. A Compliance Committee shall be formed that consists of at least one YCHHS Division Director representing Mental Health programs, as well as representatives from all Divisions within the YCHHS organizational structure.
   a) The Committee shall meet as needed to discuss and review cases reported in order to make recommendations to YCHHS Director about technical assistance, process improvements, and/or corrective actions necessary for YCHHS and its sub-contractors to fully comply with federal and state laws and/or to meet their contractual responsibilities.
   b) The YCHHS Fraud and Abuse Compliance Committee will develop any policy changes needed, create and distribute training materials to staff, oversee the creation of confidential reporting systems and ensure that all policies and procedures are adhered to.

VI. Enforcement; Corrective Action

A. With respect to YCHHS's responsibility to ensure compliance with federal and state laws and rules to prevent and detect fraud and abuse, YCHHS shall develop and implement an enforcement program that includes the following elements:

1. Procedures to receive, and promptly investigate and respond to cases of suspected or verified fraud or abuse reported to YCHHS.
2. Procedures to refer cases of suspected or verified fraud or abuse to the Medicaid Fraud Control Unit and to notify DHS of MFCU referrals.

   a) Examples of cases that should be referred to MFCU include:
      i. Providers who consistently demonstrate a pattern of intentionally reporting encounters or services that did not occur. A pattern would be evident in any

case where 20% or more of sampled or audited services are not supported by documentation in the clinical records;

ii. Providers who consistently demonstrate a pattern of intentionally reporting overstated/understated or up-coded/down-coded levels of service. A pattern would be evident by 20% or more of sampled or audited services that are billed at a higher level procedure code than is documented in the clinical records;

iii. Any verified case where the provider purposefully altered, falsified, or destroyed clinical record documentation for the purpose of artificially inflating or obscuring compliance rating or collecting Medicare or Medicaid payments not otherwise due;

iv. Providers who intentionally or recklessly make false statements about the credentials of persons rendering care to clients;

v. Providers who intentionally fail to render medically appropriate covered services to clients;

vi. Providers who knowingly charge for services that are covered or intentionally balance bill clients the difference between the service charge and the payment from DMAP or the MVBCN, in violation of DHS rules;

vii. Any case of theft, embezzlement or misappropriation of Medicare or Medicaid (Title XIX) program money.

b) Notification to DHS of referrals to MFCU shall include the following information:

i. Provider's name, Oregon Medicaid and/or Medicare provider number and address;

ii. Type of Provider;

iii. Source of complaint;

iv. Nature of complaint;

v. Approximate range of dollars involved;

vi. Disposition of complaint when known; and

vii. Number of complaints for the time period.

3. Procedures to ensure that YCHHS does not notify or otherwise advise a sub-contractor of an MFCU or DHS fraud investigation so as not to compromise the investigation.

B. *YCHHS Director may determine that it is necessary for a sub-contractor to undertake corrective action in order to fully comply with laws and rules to prevent and detect fraud and abuse and/or to meet their contractual responsibilities.*

1. Corrective action procedures shall proceed according to the section in the sub-contractor's contract titled *Termination for Cause,* as follows:

a) If a sub-contractor fails to perform any of its obligations under the contract, within the time and in the manner provided, or otherwise violates any of the terms of the contract or applicable federal, state, and local statutes and rules, YCHHS shall either:

i. Provide an opportunity for the Provider or Entity to cure the breach within ten (10) business days. If YCHHS determines that the efforts to cure the breach within this timeframe are insufficient or ineffective, YCHHS shall seek to cure the breach in accordance with the contract attachment titled *Holding Ourselves Accountable.* If the Provider or Entity has not cured the breach upon conclusion

of the technical assistance and corrective action described in *Holding Ourselves Accountable*, YCHHS shall recommend to its Executive Team termination of the contract. The contract shall then terminate thirty (30) days from the date of the acceptance of the recommendation for contract termination; or

VII. Access to Records; Cooperation with Activities

A. Sub-contractors shall provide access to records and cooperate with the following activities:

1. Recordkeeping – Government Access to Records: All sub-contractors shall provide the Centers for Medicare and Medicaid Services (CMS), the Comptroller General of the United States, the Oregon Secretary of State, the Oregon Department of Justice Medicaid Fraud Control Unit, DHS and all their duly authorized representatives the right of access to facilities and to financial (including all accompanying billing records), clinical, and personnel records and other books, documents, papers, plans and writings of the sub-contractor, or its sub-contractors and other contractors, that are pertinent to the contract to perform examinations and audits and make excerpts and transcripts. The sub-contractor shall retain and keep accessible all financial and personnel records and books, documents, papers, plans, and writings for a minimum of five (5) years, or such longer period as may be required by applicable law, following final payment and termination of the Agreements between Yamhill County HHS Department and the MVBCN, or until the conclusion of any audit, controversy or litigation arising out of or related to the Agreements, whichever date is later. The sub-contractor shall, upon request and without charge, provide a suitable work area and copying capabilities to facilitate such a review or audit. The same rules apply to Yamhill County HHS Department Agreement with the State of Oregon.

2. Fraud and Abuse: All sub-contractors shall cooperate with and participate in activities to implement and enforce Yamhill County HHS Department policies and procedures to prevent, detect and investigate fraud and abuse relating to Medicare and Medicaid. The sub-contractor shall cooperate with authorized State of Oregon entities and CMS in activities for the prevention, detection and investigation of fraud and abuse. The sub-contractor shall allow the inspection, evaluation or audit of books, records, documents, files, accounts, and facilities as required to investigate an incident of fraud or abuse.