

Form 2 – Supplemental Questions and Materials

Purpose: In addition to the Application, various units within the Sonoma County Department of Health Services require answers to questions or materials to be assessed prior to entering into contract. The prompts below are organized by unit.

Guidance: Full adherence to this document may require attachments, which should be titled so they are easily recognizable by personnel assessing them. For example, if Privacy unit requires applicant to submit “HIPAA Authorization to Disclose PHI” form, the document submitted should be titled “Privacy – HIPAA Authorization to Disclose PHI.”

Minimum Qualifications

Compliance Unit

1. Does your organization have a Compliance Program per 42 CFR 438.608?

☐ Yes ☐ No

2. If Yes, describe how your organization meets each of the requirements below:

- a. Compliance Policies & Procedures and Standards of Conduct

- b. Compliance Officer

- c. Compliance Committee

- d. Training and Education

- e. Reporting and Investigation (Communication)

f. Enforcement and Discipline

g. Auditing and Monitoring; Response and Prevention

Fiscal & Revenue Management Unit

1. The applicant must submit a copy of the organization's most recent Single Audit. If a Single Audit was not conducted, please explain why and provide either a copy of the organization's independent third-party financial audit or a justification as to why this requirement does not apply to your agency.
2. Does the organization have written Internal Controls that define separation of duties to mitigate risk and fraud?
☐ Yes ☐ No
 - a. Attach fraud prevention and risk control policies and procedures
☐ Attached
3. When providing Medi-Cal billable Services, has your organization been late submitting required admission, discharge, Client Services Information, and diagnosis information?

Privacy Unit

1. Applicant must submit "HIPAA Authorization to Disclose PHI" in both English and Spanish
☐ English Attached
☐ Spanish Attached
2. Applicant must provide the date of their last HIPAA Security Risk Assessment and the name of firm that conducted the assessment
 - a. Date & name of firm