

SERVICE AGREEMENT

This Service Agreement (“Agreement”) is dated November 5, 2024 and is between each Contractor(s) (“Contractor”) listed in Exhibit A, “List of Contractors”, and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. County, through its Department of Social Services (DSS), is in need of a qualified agency to provide SB163 wraparound services to eligible children and their families involved in the Child Welfare Services (CWS) and Probation systems and the Adoption Assistance Program (AAP); and

B. Senate Bill 163 (SB 163), Chapter 795, Statutes of 1997 (Welfare and Institutions Code Sections 18250, et seq.) authorizes California counties to provide children with service alternatives to congregate care through the development of expanded family-based service programs, including “wraparound” services, where services are wrapped around a child living with his or her birthparent(s), relative(s), adoptive parent(s), licensed or certified resource parent(s), or guardian(s), and are built on the strengths of each eligible child and family and tailored to address their unique and changing needs; and

C. County has identified a need for enhanced wraparound services, referred to as “Super Wrap”, for high acuity foster youth who require intensive support through their involvement in the County’s crisis continuum; and

D. County, through its Department of Behavioral Health (DBH), is a Mental Health Plan (MHP) as defined in Title 9 of California Code of Regulations (CCR), Section 1810.226; and

E. County issued Request for Proposal (RFP) No. 23-021 for Wraparound services for Fresno County dated January 23, 2023. Addendum No. One (1) dated January 23, 2023 was issued to correct the RFP number and Addendum No. Two (2) dated February 16, 2023 was issued to extend the closing date from February 22, 2023 to March 2, 2023; and

F. Contractor(s) responded to said RFP dated March 2, 2023 and was selected to provide services in accordance with the RFP and Contractor’s response. Contractor(s) represents that it

1 is qualified and willing to provide said services pursuant of the terms and conditions of this
2 Agreement.

3 The parties therefore agree as follows:

4 **Article 1**

5 **Contractor's Services**

6 1.1 **Scope of Services.** The Contractor(s) shall perform all of the services provided
7 in Exhibit B to this Agreement, titled "Scope of Services", and pursuant to the staffing patterns
8 and program expenses detailed in Exhibit C, titled "Compensation".

9 1.2 **Representation.** The Contractor(s) represents that it is qualified, ready, willing,
10 and able to perform all of the services provided in this Agreement.

11 1.3 **Compliance with Laws.** The Contractor(s) shall, at its own cost, comply with all
12 applicable federal, state, and local laws and regulations in the performance of its obligations
13 under this Agreement, including but not limited to workers compensation, labor, and
14 confidentiality laws and regulations.

15 Contractor(s) shall provide services in conformance with all applicable State and Federal
16 statutes, regulations and subregulatory guidance, as from time to time amended, including but
17 not limited to:

- 18 (A) California Code of Regulations, Title 9;
- 19 (B) California Code of Regulations, Title 22;
- 20 (C) California Welfare and Institutions Code, Division 5;
- 21 (D) United States Code of Federal Regulations, Title 42, including but not limited to
22 Parts 438 and 455;
- 23 (E) United States Code of Federal Regulations, Title 45;
- 24 (F) United States Code, Title 42 (The Public Health and Welfare), as applicable;
- 25 (G) Balanced Budget Act of 1997;
- 26 (H) Health Insurance Portability and Accountability Act (HIPAA); and
- 27 (I) Applicable Medi-Cal laws and regulations, including applicable sub-regulatory
28 guidance, such as Behavioral Health Information Notices (BHINs), Mental Health and

1 Substance Use Disorder Services Information Notices (MHSUDS INs), and provisions of
2 County's, state or federal contracts governing services for persons served.

3 In the event any law, regulation, or guidance referred to in this section 1.3 is amended
4 during the term of this Agreement, the parties agree to comply with the amended authority as of
5 the effective date of such amendment without amending this Agreement.

6 Contractor(s) recognizes that County operates its mental health programs under an
7 agreement with the Department of Health Care Services (DHCS), and that under said
8 agreement the State imposes certain requirements on County and its subcontractors.

9 Contractor(s) shall adhere to all State requirements, including those identified in Exhibit D,
10 "Behavioral Health Requirements".

11 1.4 **Meetings.** Contractor(s) shall participate in monthly, or as needed, workgroup
12 meetings consisting of staff from the County to discuss service requirements, data reporting,
13 training, policies and procedures, overall program operations and any problems or foreseeable
14 problems that may arise. Contractor(s) shall also participate in other County meetings, such as
15 but not limited to quality improvement meetings, provider meetings, Behavioral Health Board
16 meetings, bi-monthly Contractor(s) meetings, etc. Schedule for these meetings may change
17 based on the needs of the County.

18 1.5 **Organizational Provider.** Contractor(s) shall maintain requirements as a Mental
19 Health Plan (MHP) organizational provider throughout the term of this Agreement, as described
20 in Article 17 of this Agreement. If for any reason, this status is not maintained, County may
21 terminate this Agreement pursuant to Article 7 of this Agreement.

22 1.6 **Staffing.** Contractor(s) agrees that prior to providing services under the terms and
23 conditions of this Agreement, Contractor(s) shall have staff hired and in place for program
24 services and operations or County may, in addition to other remedies it may have, suspend
25 referrals or terminate this Agreement, in accordance with Article 7 of this Agreement.

26 1.7 **Credentialing and Recredentialing.** Contractor(s) and their respective staff must
27 follow the uniform process for credentialing and recredentialing of service providers established
28 by County, including disciplinary actions such as reducing, suspending, or terminating provider's

1 privileges. Failure to comply with specified requirements can result in suspension or termination
2 of an individual or provider.

3 Upon request, the Contractor(s) must demonstrate to the County that each of its
4 providers are qualified in accordance with current legal, professional, and technical standards,
5 and that they are appropriately licensed, registered, waived, and/or certified.

6 Contractor(s) must not employ or subcontract with providers debarred, suspended or
7 otherwise excluded (individually, and collectively referred to as “Excluded”) from participation in
8 Federal Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set
9 forth in 42 C.F.R. §438.610. See Article 12 below.

10 Contractor(s) is required to verify and document at a minimum every three years that
11 each network provider that delivers covered services continues to possess valid credentials,
12 including verification of each of the credentialing requirements as per the County’s uniform
13 process for credentialing and recredentialing. If any of the requirements are not up-to-date,
14 updated information should be obtained from network providers to complete the re-credentialing
15 process.

16 1.8 **Criminal Background Check.** Contractor(s) shall ensure that all providers and/or
17 subcontracted providers consent to a criminal background check, including fingerprinting to the
18 extent required under state law and 42 C.F.R. § 455.434(a). Contractor(s) shall provide
19 evidence of completed consents when requested by the County, DHCS or the US Department
20 of Health & Human Services (US DHHS).

21 1.9 **Guiding Principles.** Contractor(s) shall align programs, services, and practices with
22 the vision, mission, and guiding principles of the DBH, as further described in Exhibit E, “Fresno
23 County Department of Behavioral Health Guiding Principles of Care Delivery”.

24 1.10 **Clinical Leadership.** Contractor(s) shall send to County upon execution of this
25 Agreement, a detailed plan ensuring clinically appropriate leadership and supervision of their
26 clinical program. Recruitment and retaining clinical leadership with the clinical competencies to
27 oversee services based on the level of care and program design presented herein shall be
28 included in this plan. A description and monitoring of this plan shall be provided.

1 1.11 **Timely Access.** It is the expectation of the County that Contractor(s) provide timely
2 access to services that meet the State of California standards for care. Contractor(s) shall track
3 timeliness of services to persons served and provide a monthly report showing the monitoring or
4 tracking tool that captures this data. County and Contractor(s) shall meet to go over this
5 monitoring tool, as needed, but at least on a monthly basis. County shall take corrective action if
6 there is a failure to comply by Contractor(s) with timely access standards. Contractor(s) shall
7 also provide tracking tools and measurements for effectiveness, efficiency, and persons served
8 satisfaction as further detailed in Exhibit B.

9 1.12 **Electronic Health Record.** Contractor(s) may maintain its records in County's
10 electronic health record (EHR) system in accordance with Exhibit F, "Documentation Standards
11 for Person Served Records", as licenses become available. The person served record shall
12 begin with registration and intake, and include person served authorizations, assessments,
13 plans of care, and progress notes, as well as other documents as approved by County. County
14 shall be allowed to review records of all and any services provided. If Contractor(s) determines
15 to maintain its records in the County's EHR, it shall provide County's DBH Director, or his or her
16 designee, with a thirty (30) day notice. If at any time Contractor(s) chooses not to maintain its
17 records in the County's EHR, it shall provide County's DBH Director, or designee, with thirty (30)
18 days advance written notice and Contractor(s) will be responsible for obtaining its own system,
19 at its own cost, for electronic health records management.

20 Disclaimer

21 County makes no warranty or representation that information entered into the County's
22 DBH EHR system by Contractor(s) will be accurate, adequate, or satisfactory for Contractor's
23 own purposes or that any information in Contractor(s)'s possession or control, or transmitted or
24 received by Contractor(s), is or will be secure from unauthorized access, viewing, use,
25 disclosure, or breach. Contractor(s) is solely responsible for person served information entered
26 by Contractor(s) into the County's DBH EHR system. Contractor(s) agrees that all Private
27 Health Information (PHI) maintained by Contractor(s) in County's DBH EHR system will be
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1 maintained in conformance with all HIPAA laws, as stated in section 18.1, "Health Insurance
2 Portability and Accountability Act."

3 1.13 **Records.** Contractor(s) shall maintain records in accordance with Exhibit F,
4 "Documentation Standards for Person Served Records". All person served records shall be
5 maintained for a minimum of 10 years from the date of the end of this Agreement.

6 1.14 **Access to Records.** Contractor(s) shall provide County with access to all
7 documentation of services provided under this Agreement for County's use in administering this
8 Agreement. Contractor(s) shall allow County, CMS, the Office of the Inspector General, the
9 Controller General of the United States, and any other authorized Federal and State agencies to
10 evaluate performance under this Agreement, and to inspect, evaluate, and audit any and all
11 records, documents, and the premises, equipment and facilities maintained by the Contractor(s)
12 pertaining to such services at any time and as otherwise required under this Agreement.

13 1.15 **Quality Improvement Activities and Participation.** Contractor(s) shall comply with
14 the County's ongoing comprehensive Quality Assessment and Performance Improvement
15 (QAPI) Program (42 C.F.R. § 438.330(a)) and work with the County to improve established
16 outcomes by following structural and operational processes and activities that are consistent
17 with current practice standards.

18 Contractor(s) shall participate in quality improvement (QI) activities, including clinical
19 and non-clinical performance improvement projects (PIPs), as requested by the County in
20 relation to State and Federal requirements and responsibilities, to improve health outcomes and
21 individuals' satisfaction over time. Other QI activities include quality assurance, collection and
22 submission of performance measures specified by the County, mechanisms to detect both
23 underutilization and overutilization of services, individual and system outcomes, utilization
24 management, utilization review, provider appeals, provider credentialing and re-credentialing,
25 and person served grievances. Contractor(s) shall measure, monitor, and annually report to the
26 County its performance.

27 1.16 **Rights of Persons Served.** Contractor(s) shall comply with applicable laws and
28 regulations relating to patients' rights, including but not limited to Welfare and Institutions Code

1 5325, California Code of Regulations (CCR), Title 9, sections 862 through 868, and 42 C.F.R. §
2 438.100. The Contractor(s) shall ensure that its subcontractors comply with all applicable
3 patients' rights laws and regulations.

4 **Article 2**
5 **Reporting**

6 2.1 **Reports.** The Contractor(s) shall submit the following reports:

7 (A) Outcome Reports

8 Contractor(s) shall submit to County clinical program performance outcome
9 reports, as requested.

10 Outcome reports and outcome requirements are subject to change at County's
11 discretion. Contractor(s) shall provide outcomes as stated in Exhibit B, "Scope of
12 Services" and G, "Performance Outcome Measures".

13 (B) Staffing Report

14 Contractor(s) shall submit monthly staffing reports due by the 10th of each month
15 that identify all direct service and support staff by first and last name, applicable
16 licensure/certifications, and full-time hours worked to be used as a tracking tool to
17 determine if Contractor's program is staffed according to the requirements of this
18 Agreement.

19 (C) Additional Reports

20 Contractor(s) shall also furnish to County such statements, records, reports,
21 data, and other information as County may request pertaining to matters covered by this
22 Agreement. In the event that Contractor(s) fails to provide such reports or other
23 information required hereunder, it shall be deemed sufficient cause for County to
24 withhold monthly payments until there is compliance. In addition, Contractor(s) shall
25 provide written notification and explanation to County within five (5) days of any funds
26 received from another source to conduct the same services covered by this Agreement.

27 2.2 **Monitoring.** Contractor(s) agrees to extend to County's staff and the DHCS, or their
28 designees, the right to review and monitor records, programs, or procedures, at any time, in

1 regard to persons served, as well as the overall operation of Contractor's programs, in order to
2 ensure compliance with the terms and conditions of this Agreement.

3 Article 3

4 County's Responsibilities

5 3.1 The County shall meet all obligations provided in Exhibit B to this Agreement,
6 titled "Scope of Services."

7 3.2 The County shall provide oversight and collaborate with Contractor(s), other County
8 Departments and community agencies to help achieve program goals and outcomes. In addition
9 to Contractor(s) monitoring of program, oversight includes, but not limited to, coordination with
10 the DHCS in regard to program administration and outcomes. County shall participate in
11 evaluating the progress of the overall program, levels of care components, and the efficiency of
12 collaboration with the Contractor(s) staff and will be available to Contractor(s) for ongoing
13 consultation.

14 3.3 County shall receive and analyze statistical outcome data from Contractor(s), on a
15 monthly basis, throughout the term of contract. County shall notify the Contractor(s) when
16 additional participation is required. The performance outcome measurement process will not be
17 limited to survey instruments but will also include, as appropriate, persons served and staff
18 surveys, chart reviews, and other methods of obtaining required information.

19 Article 4

20 Compensation, Invoices, and Payments

21 4.1 The County agrees to pay, and the Contractor(s) agrees to receive,
22 compensation for the performance of its services under this Agreement as described in Exhibit
23 C to this Agreement, titled "Compensation."

24 4.2 The services provided by the Contractor(s) under this Agreement are funded in
25 whole or in part by the State of California and/or the United States Federal government. In the
26 event that funding for these services is delayed by the State Controller or the Federal
27 government, the County may defer payment to the Contractor(s). The amount of the deferred
28 payment shall not exceed the amount of funding delayed to the County. The period of time of

1 the deferral by the County shall not exceed the period of time of the State Controller's or
2 Federal government's delay of payment to County plus forty-five (45) days.

3 4.3 **Maximum Compensation.** The maximum compensation payable to the
4 Contractor(s) under this Agreement for the period beginning upon execution of the contract
5 through June 30, 2025 for actual services provided by both parties is Six Million, Forty-Two
6 Thousand, Seven Hundred Seventy-Five and No/100 Dollars (\$6,042,775.00), which is not a
7 guaranteed sum but shall be paid only for services rendered and received.

8 The maximum compensation payable to the Contractor(s) under this Agreement for the
9 period of July 1, 2025 through June 30, 2026 for actual services provided by both parties is Nine
10 Million, One Hundred Ninety-Nine Thousand, Nine Hundred Eighty-Six and No/100 Dollars
11 (\$9,199,986.00), which is not a guaranteed sum but shall be paid only for services rendered and
12 received.

13 The maximum compensation payable to the Contractor(s) under this Agreement for the
14 period of July 1, 2026 through June 30, 2027 for actual services provided by both parties is Nine
15 Million, Five Hundred Twelve Thousand, Four Hundred Eighty-Four and No/100 Dollars
16 (\$9,512,484.00), which is not a guaranteed sum but shall be paid only for services rendered and
17 received.

18 If this Agreement is extended for the first optional 12-month extension period, the
19 maximum compensation payable to the Contractor(s) under this Agreement for the period of
20 July 1, 2027 through June 30, 2028 for actual services provided by both parties is Nine Million,
21 Eight Hundred Forty-Six Thousand, Four Hundred Fifty-Four and No/100 Dollars
22 (\$9,846,454.00), which is not a guaranteed sum but shall be paid only for services rendered and
23 received.

24 If this Agreement is extended for the second optional 12-month extension period, the
25 maximum compensation payable to the Contractor(s) under this Agreement for the period of
26 July 1, 2028 through June 30, 2029 for actual services provided by both parties is Ten Million,
27 One Hundred Eighty-Two Thousand, Nine Hundred Forty-Four and No/100 Dollars
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1 (\$10,182,944.00), which is not a guaranteed sum but shall be paid only for services rendered
2 and received.

3 In no event shall the accumulative contract amount for all the services provided by the
4 Contractors to County under the terms and conditions of this Agreement be in excess of Forty-
5 Four Million, Seven Hundred Eighty-Four Thousand, Six Hundred Forty-Three and No/100
6 Dollars (\$44,784,643.00), during the entire term of this Agreement.

7 The Contractor(s) acknowledges that the County is a local government entity and does
8 so with notice that the County's powers are limited by the California Constitution and by State
9 law, and with notice that the Contractor(s) may receive compensation under this Agreement
10 only for services performed according to the terms of this Agreement and while this Agreement
11 is in effect, and subject to the maximum amount payable under this section. The Contractor(s)
12 further acknowledges that County employees have no authority to pay the Contractor(s) except
13 as expressly provided in this Agreement.

14 The Contractor(s) will be compensated for performance of its services under this
15 Agreement as provided in this Article. The Contractor(s) is not entitled to any compensation
16 except as expressly provided in this Agreement.

17 4.4 **Medi-Cal Billing**

18 Contractor(s), DBH and DSS will review the Medi-Cal revenue billing claims of the
19 Contractor(s) over the first two (2) years of the contract term and will work in coordination with
20 Contractor(s) to determine if transitioning to a hybrid model with DBH paying the Contractor(s) a
21 fee-for-service rate for all Medi-Cal claimable revenue and DSS continuing to reimburse via a
22 revised cost-reimbursement budget would be mutually beneficial to both parties. If a transition is
23 considered appropriate, an amendment will be written to include the new rates and updated
24 budgets. Upon such time, Contractor(s), DBH and DSS shall continuously monitor the programs
25 and analyze data to review accuracy of rate categories assigned and may only reassign rate
26 categories with the written agreement of both parties pursuant to Article 26.

27 4.5 **Specialty Mental Health Services Claiming.** Contractor(s) shall enter claims
28 data into the County's billing and transactional database system by the fifteenth (15th) of every

1 month for actual services rendered in the previous month. Contractor(s) shall use Current
2 Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS)
3 codes, as provided in the DHCS Billing Manual available at
4 <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time
5 amended.

6 Claims shall be complete and accurate and must include all required information
7 regarding the claimed services. Claims data entry into the County's electronic health record
8 system shall be the responsibility of Contractor(s). County shall monitor the volume of services,
9 billing amounts and service types entered into County's electronic health record/information
10 system. Any and all audit exceptions resulting from the provision and reporting of specialty
11 mental health services by Contractor(s) shall be the sole responsibility of Contractor(s).
12 Contractor(s) will comply with all applicable policies, procedures, directives, and guidelines
13 regarding the use of County's electronic health record/information system. Contractor(s) will be
14 100% responsible for denial of Medi-Cal claims due to Contractor(s) administrative errors and
15 oversight in the billing processes.

16 Contractor(s) must provide all necessary data to allow County to bill Medi-Cal, and any
17 other third-party source, for services and meet State and Federal reporting requirements. The
18 necessary data can be provided by a variety of means, including but not limited to: 1) direct data
19 entry into County's electronic health record/information system; 2) providing an electronic file
20 compatible with County's electronic health record/information system; or 3) integration between
21 County's electronic health record/information system and Contractor(s)'s information system(s).
22 Contractor(s) shall maximize the Federal Financial Participation (FFP) reimbursement by
23 claiming all possible Medi-Cal services and correcting denied services for resubmission as
24 needed.

25 **4.6 Applicable Fees.** Contractor(s) shall not charge any persons served or third-
26 party payers any fee for service unless directed to do so by the County's DBH Director, or
27 designee, at the time the individual is referred for services. When directed to charge for
28 services, Contractor(s) shall use the uniform billing and collection guidelines prescribed by

1 DHCS. Contractor(s) will perform eligibility and financial determinations, in accordance with
2 DHCS' Uniform Method of Determining Ability to Pay (UMDAP), for all individuals unless
3 directed otherwise by the County's DBH Director. or designee. Contractor(s) shall not submit a
4 claim to, or demand or otherwise collect reimbursement from, the person served or persons
5 acting on behalf of the person served for any specialty mental health or related administrative
6 services provided under this Contract, except to collect other health insurance coverage, share
7 of cost, and co-payments (Cal. Code Regs., tit. 9, §1810.365(c).

8 The Contractor(s) must not bill persons served, for covered services, any amount
9 greater than would be owed if the County provided the services directly as per and otherwise
10 not bill persons served as set forth in 42 C.F.R. § 438.106. If a person served has dual
11 coverage, such as other health coverage (OHC) or Federal Medicare, Contractor(s) will be
12 responsible for billing the carrier and obtaining a payment/denial or have validation of claiming
13 with no response for ninety (90) days after the claim was mailed before the service can be
14 entered into the County's electronic health record/information system. Contractor(s) must report
15 all third-party collections for Medicare, third-party or client-pay or private-pay in each month. A
16 copy of explanation of benefits or CMS 1500 form is required as documentation. Contractor(s)
17 must comply with all laws and regulations governing the Federal Medicare program, including,
18 but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2)
19 the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid
20 Services as they relate to participation, coverage and claiming reimbursement. Contractor(s)
21 will be responsible for compliance as of the effective date of each Federal, State or local law or
22 regulation specified.

23 **4.7 Invoices.** The Contractor(s) shall submit monthly invoices, in arrears by the fifteenth
24 (15th) day of each month, in the format directed by the County. The Contractor(s) shall submit
25 invoices electronically to: DSSInvoices@fresnocountyca.gov with a copy to the assigned
26 County's DSS and DBH Staff Analysts. At the discretion of County's DBH and DSS Directors, or
27 their designees, if an invoice is incorrect or is otherwise not in proper form or substance,
28 County's DBH and/or DSS Directors, or their designees, shall have the right to withhold

1 payment as to only the portion of the invoice that is incorrect or improper after five (5) days prior
2 notice to Contractor(s). Contractor(s) agrees to continue to provide services for a period of
3 ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day
4 period, the invoice is still not corrected to County satisfaction, County's DBH Director, or
5 designee, may elect to terminate this Agreement, pursuant to the termination provision stated in
6 Article 7 of this Agreement.

7 **4.8 Cost Reimbursement Based Invoices.** Contractor(s) shall submit monthly
8 invoices and general ledgers to County that itemize the line item charges for monthly
9 program costs. The Contractor(s) shall submit each invoice within 30 days following the
10 month in which expenses were incurred and services rendered, and in any case within 60
11 days after the end of the term or termination of this Agreement. The invoices and general
12 ledgers will serve as tracking tools to determine if Contractor's costs are in accordance with
13 its budgeted cost. Failure to submit reports and other supporting documentation shall be
14 deemed sufficient cause for County to withhold payments until there is compliance.
15 Contractor(s) must report all revenue collected from a third-party, client-pay or private-pay in
16 each monthly invoice. In addition, Contractor(s) shall submit monthly invoices for
17 reimbursement that equal the amount due less any revenue collected and/or unallowable
18 cost such as lobbying or political donations from the monthly invoice reimbursements. Travel
19 shall be reimbursed based on actual expenditures and reimbursement shall be at
20 Contractor's adopted rate, not to exceed the Federal Internal Revenue Services (IRS)
21 published rate. Any claimable services submitted beyond six (6) months from the month of
22 service may be ineligible for payment.

23 **4.9 Corrective Action Plans.** Contractor(s) shall enter services into the County's
24 billing and transactional database and submit invoices in accordance with the deadlines listed
25 above and information shall be accurate. Failure to meet the requirements set forth above will
26 result in a corrective action plan at the discretion of the County's DBH Director, or designee, and
27 may result in financial penalties or termination of agreement per Article 7.
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1 4.10 **Payment.** The County shall pay each correctly completed and timely submitted
2 invoice within 45 days after receipt. If an invoice is incorrect or otherwise not in proper form or
3 detail, County's DSS Director or designee shall have the right to withhold payment as to only
4 that portion of the invoices that is incorrect or improper, after five (5) days prior written notice or
5 email correspondence to Contractor(s). The County shall remit any payment to the Contractor's
6 address specified in the invoice. Proof of payment may be required for certain funding streams
7 and will be made available by the Subrecipient as requested by the County.

8 Payments shall be made by County to Contractor(s) in arrears, for services provided
9 during the preceding month, within forty-five (45) days after the date of receipt, verification, and
10 approval by County. All final invoices and/or any final budget modification requests shall be
11 submitted by Contractor(s) within sixty (60) days following the final month of service for which
12 payment is claimed. No action shall be taken by County on claims submitted beyond the sixty
13 (60) day closeout period. Any compensation which is not expended by Contractor(s) pursuant to
14 the terms and conditions of this Agreement shall automatically revert to County.

15 4.11 **Cost Reimbursement Payments.** Payment shall be made upon certification or
16 other proof satisfactory to County that services have actually been performed by Contractor(s)
17 as specified in this Agreement and/or after receipt and verification of actual expenditures
18 incurred by Contractor(s) for monthly program costs, as identified in the budget narratives and
19 budgets identified in Exhibit C, in the performance of this Agreement. County shall not be
20 obligated to make any payments under this Agreement if the request for payment is received by
21 County more than sixty (60) days after this Agreement has terminated or expired.

22 4.12 **Recoupsments and Audits.** County shall recapture from Contractor(s) the value
23 of any services or other expenditures determined to be ineligible based on the County or State
24 monitoring results. The County reserves the right to enter into a repayment agreement with
25 Contractor(s), with total monthly payments not to exceed twelve (12) months from the date of
26 the repayment agreement, to recover the amount of funds to be recouped. The County has the
27 discretion to extend the repayment plan up to a total of twenty-four (24) months from the date of
28 the repayment agreement. The repayment agreement may be made with the signed written

1 approval of County's DBH Director, or designee, and respective Contractor(s) through a
2 repayment agreement. The monthly repayment amounts may be netted against the
3 Contractor(s)'s monthly billing for services rendered during the month, or the County may, in its
4 sole discretion, forego a repayment agreement and recoup all funds immediately. This remedy
5 is not exclusive, and County may seek requital from any other means, including, but not limited
6 to, a separate contract or agreement with Contractor(s).

7 Contractor(s) shall be held financially liable for any and all future disallowances/audit
8 exceptions due to Contractor(s)'s deficiency discovered through the State audit process and
9 County utilization review for services provided during the course of this Agreement. At County's
10 election, the disallowed amount will be remitted within forty-five (45) days to County upon
11 notification or shall be withheld from subsequent payments to Contractor(s). Contractor(s) shall
12 not receive reimbursement for any units of services rendered that are disallowed or denied by
13 the Fresno County MHP utilization review process or through the State of California DHCS audit
14 and review process, cost report audit settlement if applicable, for Medi-Cal eligible beneficiaries.

15 **4.13 Incidental Expenses.** The Contractor(s) is solely responsible for all of its costs
16 and expenses that are not specified as payable by the County under this Agreement. If
17 Contractor(s) fails to comply with any provision of this Agreement, County shall be relieved of its
18 obligation for further compensation.

19 **4.14 Restrictions and Limitations.** This Agreement shall be subject to any restrictions,
20 limitations, and/or conditions imposed by County or state or federal funding sources that may in
21 any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also
22 contingent upon sufficient funds being made available by County, state, or federal funding
23 sources for the term of the Agreement. If the federal or state governments reduce financial
24 participation in the Medi-Cal program, County agrees to meet with Contractor(s) to discuss
25 renegotiating the services required by this Agreement.

26 Funding is provided by fiscal year. Any unspent fiscal year appropriation does not roll
27 over and is not available for services provided in subsequent years.

1 In the event that funding for these services is delayed by the State Controller, County
2 may defer payments to Contractor(s). The amount of the deferred payment shall not exceed the
3 amount of funding delayed by the State Controller to the County. The period of time of the
4 deferral by County shall not exceed the period of time of the State Controller's delay of payment
5 to County plus forty-five (45) days.

6 **4.15 Additional Financial Requirements.** County has the right to monitor the
7 performance of this Agreement to ensure the accuracy of claims for reimbursement and
8 compliance with all applicable laws and regulations.

9 Contractor(s) must comply with the False Claims Act employee training and policy
10 requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States
11 Department of Health and Human Services may specify.

12 Contractor(s) agrees that no part of any federal funds provided under this Agreement
13 shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of
14 the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as
15 from time to time amended.

16 Federal Financial Participation is not available for any amount furnished to an Excluded
17 individual or entity, or at the direction of a physician during the period of exclusion when the
18 person providing the service knew or had reason to know of the exclusion, or to an individual or
19 entity when the County failed to suspend payments during an investigation of a credible
20 allegation of fraud [42 U.S.C. section 1396b(i)(2)].

21 Contractor(s) must maintain financial records for a minimum period of ten (10) years or
22 until any dispute, audit or inspection is resolved, whichever is later. Contractor(s) will be
23 responsible for any disallowances related to inadequate documentation.

24 **4.16 Contractor(s) Prohibited from Redirection of Contracted Funds.**
25 Contractor(s) may not redirect or transfer funds from one funded program to another funded
26 program under which Contractor(s) provides services pursuant to this Agreement except
27 through a duly executed amendment to this Agreement.

1 based on the Contractor's satisfactory performance. The extension of this Agreement by the
2 County is not a waiver or compromise of any default or breach of this Agreement by the
3 Contractor(s) existing at the time of the extension whether or not known to the County.

4 **Article 6**

5 **Notices**

6 6.1 **Contact Information.** The persons and their addresses having authority to give
7 and receive notices provided for or permitted under this Agreement include the following:

8 **For the County:**

9 Director of Department of Social Services
10 County of Fresno
205 W. Pontiac Way
Clovis, CA 93612

11 Director of Department of Behavioral Health
12 County of Fresno
1925 E. Dakota Avenue
13 Fresno CA, 93726

14 **For the Contractor(s):**

15 See Exhibit A

16 6.2 **Change of Contact Information.** Either party may change the information in
17 section 6.1 by giving notice as provided in section 6.3.

18 6.3 **Method of Delivery.** Each notice between the County and the Contractor(s)
19 provided for or permitted under this Agreement must be in writing, state that it is a notice
20 provided under this Agreement, and be delivered either by personal service, by first-class
21 United States mail, by an overnight commercial courier service, by telephonic facsimile
22 transmission, or by a Portable Document Format (PDF) document attached to an email.

23 (A) A notice delivered by personal service is effective upon service to the recipient.

24 (B) A notice delivered by first-class United States mail is effective three (3) County
25 business days after deposit in the United States mail, postage prepaid, addressed to the
26 recipient.

27 (C) A notice delivered by an overnight commercial courier service is effective one (1)
28 County business day after deposit with the overnight commercial courier service,

1 delivery fees prepaid, with delivery instructions given for next day delivery, addressed to
2 the recipient.

3 6.4 **Claims Presentation.** For all claims arising from or related to this Agreement,
4 nothing in this Agreement establishes, waives, or modifies any claims presentation
5 requirements or procedures provided by law, including the Government Claims Act (Division 3.6
6 of Title 1 of the Government Code, beginning with section 810).

7 6.5 **Notification of Changes.** Contractor(s) shall notify County in writing of any
8 change in organizational name, Head of Service or principal business at least fifteen (15)
9 business days in advance of the change. Contractor(s) shall notify County of a change of
10 service location at least six (6) months in advance to allow County sufficient time to comply with
11 site certification requirements. Said notice shall become part of this Agreement upon
12 acknowledgment in writing by the County, and no further amendment of the Agreement shall be
13 necessary provided that such change of address does not conflict with any other provisions of
14 this Agreement.

15 Contractor(s) must immediately notify County of a change in ownership, organizational
16 status, licensure, or ability of Contractor(s) to provide the quantity or quality of the contracted
17 services in a and in no event more than fifteen (15) days of the change.

18 **Article 7**

19 **Termination and Suspension**

20 7.1 **Termination for Non-Allocation of Funds.** The terms of this Agreement are
21 contingent on the approval of funds by the appropriating government agency. If sufficient funds
22 are not allocated, then the County, upon at least thirty (30) days' advance written notice to the
23 Contractor(s), may:

- 24 (A) Modify the services provided by the Contractor(s) under this Agreement; or
- 25 (B) Terminate this Agreement.

26 7.2 **Termination for Breach.**

27 (A) Upon determining that a breach (as defined in paragraph (C) below) has
28 occurred, the County may give written notice of the breach to the Contractor(s). The

1 written notice may suspend performance under this Agreement and must provide at
2 least thirty (30) days for the Contractor(s) to cure the breach.

3 (B) If the Contractor(s) fails to cure the breach to the County's satisfaction within the
4 time stated in the written notice, the County may terminate this Agreement immediately.

5 (C) For purposes of this section, a breach occurs when, in the determination of the
6 County, the Contractor(s) has:

- 7 (1) Obtained or used funds illegally or improperly;
- 8 (2) Failed to comply with any part of this Agreement;
- 9 (3) Submitted a substantially incorrect or incomplete report to the County; or
- 10 (4) Improperly performed any of its obligations under this Agreement.

11 **7.3 Termination without Cause.** In circumstances other than those set forth above,
12 the County or Contractor(s) may terminate this Agreement by giving at least thirty (30) days
13 advance written notice to the Contractor(s) or County.

14 **7.4 No Penalty or Further Obligation.** Any termination of this Agreement by the
15 County under this Article 7 is without penalty to or further obligation of the County.

16 **7.5 County's Rights upon Termination.** Upon termination for breach under this
17 Article 7, the County may demand repayment by the Contractor(s) of any monies disbursed to
18 the Contractor(s) under this Agreement that, in the County's sole judgment, were not expended
19 in compliance with this Agreement. The Contractor(s) shall promptly refund all such monies
20 upon demand. This section survives the termination of this Agreement.

21 In the event this Agreement is terminated, Contractor(s) shall be entitled to
22 compensation for all Specialty Mental Health Services (SMHS) satisfactorily provided pursuant
23 to the terms and conditions of this Agreement through and including the effective date of
24 termination. This provision shall not limit or reduce any damages owed to the County due to a
25 breach of this Agreement by Contractor(s).

26 **Article 8**

27 **Informing Materials for Persons Served**

28 //

1 8.1 **Basic Information Requirements.** Contractor(s) shall provide information in a
2 manner and format that is easily understood and readily accessible to the persons served (42
3 C.F.R. § 438.10(c)(1)). Contractor(s) shall provide all written materials for persons served in
4 easily understood language, format, and alternative formats that take into consideration the
5 special needs of individuals in compliance with 42 C.F.R. § 438.10(d)(6). Contractor(s) shall
6 inform the persons served that information is available in alternate formats and how to access
7 those formats in compliance with 42 C.F.R. § 438.10.

8 Contractor(s) shall provide the required information in this section to each individual
9 receiving SMHS under this Agreement and upon request (1915(b) Medi-Cal Specialty Mental
10 Health Services Waiver, § (2), subd. (d), at p. 26., attachments 3, 4; Cal. Code Regs., tit. 9, §
11 1810.360(e)).

12 Contractor(s) shall utilize the County's website that provides the content required in this
13 section and 42 C.F.R. § 438.10 and complies with all requirements regarding the same set forth
14 in 42 C.F.R. § 438.10.

15 Contractor(s) shall use the DHCS/County-developed beneficiary handbook and persons
16 served notices.(42 C.F.R. §§ 438.10(c)(4)(ii), 438.62(b)(3)).

17 8.2 **Electronic Submission.** Persons served information required in this section may
18 only be provided electronically by the Contractor(s) if all of the following conditions are met:

19 (A) The format is readily accessible;

20 (B) The information is placed in a location on the Contractor's website that is
21 prominent and readily accessible;

22 (C) The information is provided in an electronic form which can be electronically
23 retained and printed;

24 (D) The information is consistent with the content and language requirements of this
25 Agreement;

26 (E) The individual is informed that the information is available in paper form without
27 charge upon request and the Contractor(s) shall provide it upon request within five (5)
28 business days (42 C.F.R. § 438.10(c)(6)).

1 8.3 **Language and Format.** Contractor(s) shall provide all written materials, including
2 taglines, for persons served or potential persons served in a font size no smaller than twelve
3 (12) point (42 C.F.R. 438.10(d)(6)(ii)).

4 Contractor(s) shall ensure its written materials that are critical to obtaining services are
5 available in alternative formats, upon request of the person served or potential person served at
6 no cost.

7 Contractor(s) shall make its written materials that are critical to obtaining services,
8 including, at a minimum, provider directories, beneficiary handbook, appeal and grievance
9 notices, denial and termination notices, and the Contractor's mental health education materials,
10 available in the prevalent non-English languages in the County (42 C.F.R. § 438.10(d)(3)).

11 (A) Contractor(s) shall notify persons served, prospective persons served, and
12 members of the public that written translation is available in prevalent languages free of
13 cost and how to access those materials (42 C.F.R. § 438.10(d)(5)(i), (iii); Welfare & Inst.
14 Code § 14727(a)(1); Cal. Code Regs. tit. 9 § 1810.410, subd. (e), para. (4)).

15 Contractor(s) shall make auxiliary aids and services available upon request and free of
16 charge to each person served (42 C.F.R. § 438.10(d)(3)-(4)).

17 Contractor(s) shall make oral interpretation and auxiliary aids, such as Teletypewriter
18 Telephone/Text Telephone (TTY/TDY) and American Sign Language (ASL), available and free
19 of charge for any language in compliance with 42 C.F.R. § 438.10(d)(2), (4)-(5).

20 Taglines for written materials critical to obtaining services must be printed in a
21 conspicuously visible font size, no smaller than twelve (12) point font.

22 8.4 **Beneficiary Informing Materials.** Each person served must receive and have
23 access to the beneficiary informing materials upon request by the individual and when first
24 receiving SMHS from Contractor(s). Beneficiary informing materials include but are not limited
25 to:

- 26 (A) Consumer Handbook
- 27 (B) Provider Directory
- 28 (C) Appeal/Expedited Appeal Form

1 (D) Advance Directives Brochure

2 (E) Change of Provider Form

3 (F) Suggestions Brochure

4 (G) Notice of Privacy Practices

5 (H) Notices of Adverse Benefit Determination (NOABDs – including Denial and
6 Termination Notices)

7 (I) Early & Periodic Screening, Diagnostic and Treatment (EPSDT) poster (if serving
8 individuals under the age of 21)

9 (J) Contractor(s) shall ensure beneficiary informing materials are displayed in the
10 threshold languages of Fresno County at all service sites, including but not limited to the
11 following:

12 (1) Consumer Handbook

13 (2) Provider Directory

14 (3) Grievance Form

15 (4) Appeal/Expedited Appeal Form

16 (5) Advance Directives Brochure

17 (6) Change of Provider Form

18 (7) Suggestions Brochure

19 All beneficiary informing written materials will use easily understood language and
20 format (i.e., material written and formatted at a 6th grade reading level), and will use a font size
21 no smaller than 12 point. All beneficiary informing written materials shall inform beneficiaries of
22 the availability of information in alternative formats and how to make a request for an alternative
23 format. Inventory and maintenance of all beneficiary informing materials will be maintained by
24 the County's DBH Managed Care Division. Contractor(s) will ensure that its written materials
25 include taglines or that an additional taglines document is available.

26 8.5 **Beneficiary Handbook.** Contractor(s) shall provide each persons served with a
27 beneficiary handbook at the time the individual first accesses services and thereafter upon
28

1 request. The beneficiary handbook shall be provided to beneficiaries within fourteen (14)
2 business days after receiving notice of enrollment.

3 Contractor(s) shall give each individual notice of any significant change to the
4 information contained in the beneficiary handbook at least thirty (30) days before the intended
5 effective date of change as per BHIN 22-060.

6 **8.6 Accessibility.** Required informing materials must be electronically available on
7 Contractor's website and must be physically available at the Contractor's facility lobby for
8 individuals' access.

9 Informing materials must be made available upon request, at no cost, in alternate
10 formats (i.e., Braille or audio) and auxiliary aids (i.e., California Relay Service (CRS) 711 and
11 American Sign Language) and must be provided to persons served within five (5) business
12 days. Large print materials shall be in a minimum of eighteen (18) point font size.

13 Informing materials will be considered provided to the individual if Contractor(s) does
14 one or more of the following:

15 (A) Mails a printed copy of the information to the persons served's mailing address
16 before the individual receives their first specialty mental health service;

17 (B) Mails a printed copy of the information upon the individual's request to their
18 mailing address;

19 (C) Provides the information by email after obtaining the persons served's agreement
20 to receive the information by email;

21 (D) Posts the information on the Contractor's website and advises the person served
22 in paper or electronic form that the information is available on the internet and includes
23 applicable internet addresses, provided that individuals with disabilities who cannot
24 access this information online are provided auxiliary aids and services upon request and
25 at no cost; or,

26 (E) Provides the information by any other method that can reasonably be expected
27 to result in the person served receiving that information. If Contractor(s) provides
28 informing materials in person, when the individual first receives specialty mental health

1 services, the date and method of delivery shall be documented in the persons served's
2 file.

3 8.7 **Provider Directory.** Contractor(s) must follow the County's provider directory policy,
4 in compliance with MHSUDS IN 18-020.

5 Contractor(s) must make available to persons served, in paper form upon request and
6 electronic form, specified information about the County provider network as per 42 C.F.R. §
7 438.10(h). The most current provider directory is electronically available on the County website
8 and is updated by the County no later than thirty (30) calendar days after information is received
9 to update provider information. A paper provider directory must be updated at least monthly as
10 set forth in 42 C.F.R. § 438.10(h)(3)(i).

11 Any changes to information published in the provider directory must be reported to the
12 County within two (2) weeks of the change.

13 Contractor(s) will only need to report changes/updates to the provider directory for
14 licensed, waived, or registered mental health providers.

15 **Article 9**

16 **Independent Contractor(s)**

17 9.1 **Status.** In performing under this Agreement, the Contractor(s), including its
18 officers, agents, employees, and volunteers, is at all times acting and performing as an
19 independent. Contractor(s), in an independent capacity, and not as an officer, agent, servant,
20 employee, joint venturer, partner, or associate of the County.

21 9.2 **Verifying Performance.** The County has no right to control, supervise, or direct
22 the manner or method of the Contractor's performance under this Agreement, but the County
23 may verify that the Contractor(s) is performing according to the terms of this Agreement.

24 9.3 **Benefits.** Because of its status as an independent Contractor(s), the
25 Contractor(s) has no right to employment rights or benefits available to County employees. The
26 Contractor(s) is solely responsible for providing to its own employees all employee benefits
27 required by law. The Contractor(s) shall save the County harmless from all matters relating to
28

1 the payment of Contractor's employees, including compliance with Social Security withholding
2 and all related regulations.

3 9.4 **Services to Others.** The parties acknowledge that, during the term of this
4 Agreement, the Contractor(s) may provide services to others unrelated to the County.

5 9.5 **Operating Costs.** Contractor(s) shall provide all personnel, supplies, and
6 operating expenses of any kind required for the performance of this Agreement.

7 9.6 **Additional Responsibilities.** The parties acknowledge that, during the term of
8 this Agreement, the Contractor(s) will be performing hiring, training, and credentialing of staff,
9 and County will be performing additional staff credentialing to ensure compliance with State and
10 Federal regulations.

11 9.7 **Subcontracts.** Contractor(s) shall obtain written approval from County's
12 Department of Behavioral Health Director, or designee, before subcontracting any of the
13 services delivered under this Agreement. County's Department of Behavioral Health Director, or
14 designee, retains the right to approve or reject any request for subcontracting services. Any
15 transferee, assignee, or subcontractor will be subject to all applicable provisions of this
16 Agreement, and all applicable State and Federal regulations. Contractor(s) shall be held
17 primarily responsible by County for the performance of any transferee, assignee, or
18 subcontractor unless otherwise expressly agreed to in writing by County's Department of
19 Behavioral Health Director, or designee. The use of subcontractors by Contractor(s) shall not
20 entitle Contractor(s) to any additional compensation that is provided for under this Agreement.

21 Contractor(s) shall remain legally responsible for the performance of all terms and
22 conditions of this Agreement, including, without limitation, all SMHS provided by third parties
23 under subcontracts, whether approved by the County or not.

24 **Article 10**

25 **Indemnity and Defense**

26 10.1 **Indemnity.** The Contractor(s) shall indemnify and hold harmless and defend the
27 County (including its officers, agents, employees, and volunteers) against all claims, demands,
28 injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties, and

1 liabilities of any kind to the County, the Contractor(s), or any third party that arise from or relate
2 to the performance or failure to perform by the Contractor(s) (or any of its officers, agents,
3 subcontractors, or employees) under this Agreement. The County may conduct or participate in
4 its own defense without affecting the Contractor's obligation to indemnify and hold harmless or
5 defend the County.

6 10.2 **Survival.** This Article 10 survives the termination of this Agreement.

7 **Article 11**

8 **Insurance**

9 11.1 The Contractor(s) shall comply with all the insurance requirements in Exhibit H to
10 this Agreement.

11 **Article 12**

12 **Assurances**

13 12.1 **Certification of Non-exclusion or Suspension from Participation in a Federal**
14 **Health Care Program.**

15 (A) In entering into this Agreement, Contractor(s) certifies that it is not excluded from
16 participation in Federal Health Care Programs under either Section 1128 or 1128A of the
17 Social Security Act. Failure to so certify will render all provisions of this Agreement null
18 and void and may result in the immediate termination of this Agreement.

19 (B) In entering into this Agreement, Contractor(s) certifies, that the Contractor(s)
20 does not employ or subcontract with providers or have other relationships with providers
21 excluded from participation in Federal Health Care Programs, including Medi-
22 Cal/Medicaid or procurement activities, as set forth in 42 C.F.R. §438.610. Contractor(s)
23 shall conduct initial and monthly exclusion and suspension searches of the following
24 databases and provide evidence of these completed searches when requested by
25 County, DHCS or the US Department of Health and Human Services (DHHS):

26 (1) www.oig.hhs.gov/exclusions - Office of Inspector General's List of Excluded
27 Individuals/Entities (LEIE) Federal Exclusions
28

1 (2) www.sam.gov/content/exclusions - General Service Administration (GSA)
2 Exclusions Extract www.Medi-Cal.ca.gov - Suspended & Ineligible Provider List

3 (3) <https://nppes.cms.hhs.gov/#/> - National Plan and Provider Enumeration
4 System (NPPES)

5 (4) any other database required by DHCS or US DHHS.

6 (C) In entering into this Agreement, Contractor(s) certifies, that Contractor(s) does
7 not employ staff or individual Contractors/vendors that are on the Social Security
8 Administration's Death Master File. Contractor(s) shall check the database prior to
9 employing staff or individual Contractors/vendors and provide evidence of these
10 completed searches when requested by the County, DHCS or the US DHHS.

11 (D) Contractor(s) is required to notify County immediately if Contractor(s) becomes
12 aware of any information that may indicate their (including employees/staff and individual
13 Contractors/vendors) potential placement on an exclusions list.

14 (E) Contractor(s) shall screen and periodically revalidate all network providers in
15 accordance with the requirements of 42 C.F.R., Part 455, Subparts B and E.

16 (F) Contractor(s) must confirm the identity and determine the exclusion status of all
17 its providers, as well as any person with an ownership or control interest, or who is an
18 agent or managing employee of the contracted agency through routine checks of federal
19 and state databases. This includes the Social Security Administration's Death Master
20 File, NPPES, the Office of Inspector General's LEIE, the Medi-Cal Suspended and
21 Ineligible Provider List (S&I List) as consistent with the requirements of 42 C.F.R. §
22 455.436.

23 (G) If Contractor(s) finds a provider that is excluded, it must promptly notify the
24 County as per 42 C.F.R. § 438.608(a)(2), (4). The Contractor(s) shall not certify or pay
25 any Excluded provider with Medi-Cal funds, must treat any payments made to an
26 excluded provider as an overpayment, and any such inappropriate payments may be
27 subject to recovery.

28 //

1 **Article 13**

2 **Inspections, Audits, Record Maintenance, and Public Records**

3 13.1 **Inspection of Documents.** The Contractor(s) shall make available to the
4 County, and the County may examine at any time during business hours and as often as the
5 County deems necessary, all of the Contractor's records and data with respect to the matters
6 covered by this Agreement, excluding attorney-client privileged communications. The
7 Contractor(s) shall, upon request by the County, permit the County to audit and inspect all of
8 such records and data to ensure the Contractor's compliance with the terms of this Agreement.

9 13.2 **State Audit Requirements.** If the compensation to be paid by the County under
10 this Agreement exceeds \$10,000, the Contractor(s) is subject to the examination and audit of
11 the California State Auditor, as provided in Government Code section 8546.7, for a period of
12 three years after final payment under this Agreement. This section survives the termination of
13 this Agreement.

14 13.3 **Internal Auditing.** Contractors of sufficient size as determined by County shall
15 institute and conduct a Quality Assurance Process for all services provided hereunder. Said
16 process shall include at a minimum a system for verifying that all services provided and claimed
17 for reimbursement shall meet SMHS definitions and be documented accurately.

18 In addition, Contractors with medication prescribing authority shall adhere to County's
19 medication monitoring review practices. Contractor(s) shall provide County with notification and
20 a summary of any internal audit exceptions and the specific corrective actions taken to
21 sufficiently reduce the errors that are discovered through Contractor's internal audit process.
22 Contractor(s) shall provide this notification and summary to County as requested by the County.

23 13.4 **Confidentiality in Audit Process.** Contractor(s) and County mutually agree to
24 maintain the confidentiality of Contractor's records and information of persons served, in
25 compliance with all applicable State and Federal statutes and regulations, including but not
26 limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor(s) shall
27 inform all of its officers, employees, and agents of the confidentiality provisions of all applicable
28 statutes.

1 Contractor's fiscal records shall contain sufficient data to enable auditors to perform a
2 complete audit and shall be maintained in conformance with standard procedures and
3 accounting principles.

4 Contractor's records shall be maintained as required by DSS, DBH and DHCS on forms
5 furnished by DHCS or the County. All statistical data or information requested by the County's
6 DSS and DBH Directors, or their designees, shall be provided by the Contractor(s) in a
7 complete and timely manner.

8 **13.5 Reasons for Recoupment.** County will conduct periodic audits of Contractor(s) files
9 to ensure appropriate clinical documentation, high quality service provision and compliance with
10 applicable federal, state and county regulations.

11 Such audits may result in requirements for Contractor(s) to reimburse County for
12 services previously paid in the following circumstances:

13 (A) Identification of Fraud, Waste or Abuse as defined in federal regulation

14 (1) Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code,
15 section 14107.11, subdivision (d).

16 (2) Definitions for "fraud," "waste," and "abuse" can also be found in the Medicare
17 Managed Care Manual available at [https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)
18 [Guidance/Guidance/Manuals](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)

19 (B) Overpayment of Contractor(s) by County due to errors in claiming or
20 documentation.

21 (C) Other reasons specified in the SMHS Reasons for Recoupment document
22 released annually by DHCS and posted on the DHCS BHIN website.

23 Contractor(s) shall reimburse County for all overpayments identified by Contractor(s),
24 County, and/or state or federal oversight agencies as an audit exception within the timeframes
25 required by law or Country or state or federal agency. Funds owed to County will be due within
26 forty-five (45) days of notification by County, or County shall withhold future payments until all
27 excess funds have been recouped by means of an offset against any payments then or
28

1 thereafter owing to County under this or any other Agreement between the County and
2 Contractor(s).

3 **13.6 Cooperation with Audits.** Contractor(s) shall cooperate with County in any review
4 and/or audit initiated by County, DHCS, or any other applicable regulatory body. This
5 cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

6 In addition, Contractor(s) shall comply with all requests for any documentation or files
7 including, but not limited to, files for persons served.

8 Contractor(s) shall notify the County of any scheduled or unscheduled external
9 evaluation or site visits when it becomes aware of such visit. County shall reserve the right to
10 attend any or all parts of external review processes.

11 Contractor(s) shall allow inspection, evaluation and audit of its records, documents and
12 facilities for ten (10) years from the term end date of this Agreement or in the event
13 Contractor(s) has been notified that an audit or investigation of this Agreement has been
14 commenced, until such time as the matter under audit or investigation has been resolved,
15 including the exhaustion of all legal remedies, whichever is later pursuant to 42 C.F.R. §§
16 438.3(h) and 438.2301(3)(i-iii).

17 **13.7 Single Audit Clause.** If Contractor(s) expends Seven Hundred Fifty Thousand
18 Dollars (\$750,000) or more in Federal and Federal flow-through monies annually, Contractor(s)
19 agrees to conduct an annual audit in accordance with the requirements of the Single Audit
20 Standards as set forth in Office of Management and Budget (OMB) Title 2 of the Code of
21 Federal Regulations Part 200. Contractor(s) shall submit said audit and management letter to
22 County. The audit must include a statement of findings or a statement that there were no
23 findings. If there were negative findings, Contractor(s) must include a corrective action signed
24 by an authorized individual. Contractor(s) agrees to take action to correct any material non-
25 compliance or weakness found as a result of such audit. Such audit shall be delivered to
26 County's DSS, Administration and Finance, and County's DBH Finance Division for review
27 within nine (9) months of the end of any fiscal year in which funds were expended and/or
28 received for the program. Failure to perform the requisite audit functions as required by this

1 Agreement may result in County performing the necessary audit tasks, or at County's option,
2 contracting with a public accountant to perform said audit, or, may result in the inability of
3 County to enter into future agreements with Contractor(s). All audit costs related to this
4 Agreement are the sole responsibility of Contractor(s).

5 **13.8 Program Audit Requirements.** A single audit report is not applicable if all
6 Contractor's Federal contracts do not exceed the Seven Hundred Fifty Thousand Dollars
7 (\$750,000) requirement or Contractor's funding is through Drug related Medi-Cal. If a single
8 audit is not applicable, a program audit must be performed and a program audit report with
9 management letter shall be submitted by Contractor(s) to County as a minimum
10 requirement to attest to Contractor's solvency. Said audit report shall be delivered to
11 County's DSS, Administration, for review no later than nine (9) months after the close of the
12 fiscal year in which the funds supplied through this Agreement are expended. Failure to
13 comply with this Act may result in County performing the necessary audit tasks or
14 contracting with a qualified accountant to perform said audit. All audit costs related to this
15 Agreement are the sole responsibility of Contractor(s) who agrees to take corrective action
16 to eliminate any material noncompliance or weakness found as a result of such audit. Audit
17 work performed by County under this paragraph shall be billed to the Contractor(s) at
18 County cost, as determined by County's Auditor-Controller/Treasurer-Tax Collector.

19 **13.9 Record Establishment and Maintenance.** Contractor(s) shall establish and
20 maintain records in accordance with those requirements prescribed by County, with respect
21 to all matters covered by this Agreement. Contractor(s) shall retain all fiscal books, account
22 records and client files for services performed under this Agreement for at least five (5)
23 years from date of final payment under this Agreement or until all State and Federal audits
24 are completed for that fiscal year, whichever is later.

25 (A) Cost Documentation. Contractor(s) agrees to maintain records to verify costs
26 under this Agreement including a General Ledger, properly executed payrolls, time
27 records, invoices, vouchers, orders, proof of payment, and any other accounting
28 documents pertaining in whole or in part to this Agreement and they shall be clearly

1 identified and readily accessible. The support documentation must indicate the line
2 budget account number to which the cost is charged.

3 (B) Service Documentation. Contractor(s) agrees to maintain records to verify
4 services under this Agreement including names and addresses of clients served, if
5 applicable, and the dates of service and a description of services provided on each
6 occasion. These records and any other documents pertaining in whole or in part to this
7 Agreement shall be clearly identified and readily accessible.

8 (C) County shall notify Contractor(s) in writing within thirty (30) days of any potential
9 State or Federal audit exception discovered during an examination. Where findings
10 indicate that program requirements are not being met and State or Federal participation
11 in this program may be imperiled in the event that corrections are not accomplished by
12 Contractor(s) within thirty (30) days of receipt of such notice from County, written
13 notification thereof shall constitute County's intent to terminate this Agreement.

14 **13.10 Public Records.** The County is not limited in any manner with respect to its
15 public disclosure of this Agreement or any record or data that the Contractor(s) may provide to
16 the County. The County's public disclosure of this Agreement or any record or data that the
17 Contractor(s) may provide to the County may include but is not limited to the following:

18 (A) The County may voluntarily, or upon request by any member of the public or
19 governmental agency, disclose this Agreement to the public or such governmental
20 agency.

21 (B) The County may voluntarily, or upon request by any member of the public or
22 governmental agency, disclose to the public or such governmental agency any record or
23 data that the Contractor(s) may provide to the County, unless such disclosure is
24 prohibited by court order.

25 (C) This Agreement, and any record or data that the Contractor(s) may provide to the
26 County, is subject to public disclosure under the Ralph M. Brown Act (California
27 Government Code, Title 5, Division 2, Part 1, Chapter 9, beginning with section 54950).

28 //

1 (D) This Agreement, and any record or data that the Contractor(s) may provide to the
2 County, is subject to public disclosure as a public record under the California Public
3 Records Act (California Government Code, Title 1, Division 7, Chapter 3.5, beginning
4 with section 6250) ("CPRA").

5 (E) This Agreement, and any record or data that the Contractor(s) may provide to the
6 County, is subject to public disclosure as information concerning the conduct of the
7 people's business of the State of California under California Constitution, Article 1,
8 section 3, subdivision (b).

9 (F) Any marking of confidentiality or restricted access upon or otherwise made with
10 respect to any record or data that the Contractor(s) may provide to the County shall be
11 disregarded and have no effect on the County's right or duty to disclose to the public or
12 governmental agency any such record or data.

13 (G) Notwithstanding sections A-F above, any information protected by law shall not
14 be subject to public disclosure.

15 **13.7 Public Records Act Requests.** If the County receives a written or oral request
16 under the CPRA to publicly disclose any record that is in the Contractor's possession or control,
17 and which the County has a right, under any provision of this Agreement or applicable law, to
18 possess or control, then the County may demand, in writing, that the Contractor(s) deliver to the
19 County, for purposes of public disclosure, the requested records that may be in the possession
20 or control of the Contractor(s). Within five business days after the County's demand, the
21 Contractor(s) shall (a) deliver to the County all of the requested records that are in the
22 Contractor's possession or control, together with a written statement that the Contractor(s), after
23 conducting a diligent search, has produced all requested records that are in the Contractor's
24 possession or control, or (b) provide to the County a written statement that the Contractor(s),
25 after conducting a diligent search, does not possess or control any of the requested records.
26 The Contractor(s) shall cooperate with the County with respect to any County demand for such
27 records. If the Contractor(s) wishes to assert that any specific record or data is exempt from
28 disclosure under the CPRA or other applicable law, it must deliver the record or data to the

1 County and assert the exemption by citation to specific legal authority within the written
2 statement that it provides to the County under this section. The Contractor's assertion of any
3 exemption from disclosure is not binding on the County, but the County will give at least 10
4 days' advance written notice to the Contractor(s) before disclosing any record subject to the
5 Contractor's assertion of exemption from disclosure. The Contractor(s) shall indemnify the
6 County for any court-ordered award of costs or attorney's fees under the CPRA that results from
7 the Contractor's delay, claim of exemption, failure to produce any such records, or failure to
8 cooperate with the County with respect to any County demand for any such records.

9 **Article 14**

10 **Right to Monitor**

11 14.1 **Right to Monitor.** County or any subdivision or appointee thereof, and the State of
12 California or any subdivision or appointee thereof, including the Auditor General, shall have
13 absolute right to review and audit all records, books, papers, documents, corporate minutes,
14 financial records, staff information, records of persons served, other pertinent items as
15 requested, and shall have absolute right to monitor the performance of Contractor(s) in the
16 delivery of services provided under this Agreement. Full cooperation shall be given by the
17 Contractor(s) in any auditing or monitoring conducted, according to this agreement.

18 14.2 **Accessibility.** Contractor(s) shall make all of its premises, physical facilities,
19 equipment, books, records, documents, agreements, computers, or other electronic systems
20 pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished
21 under the terms of this Agreement, or determinations of amounts payable available at any time
22 for inspection, examination, or copying by County, the State of California or any subdivision or
23 appointee thereof, CMS, U.S. Department of Health and Human Services (HHS) Office of
24 Inspector General, the United States Controller General or their designees, and other
25 authorized federal and state agencies. This audit right will exist for at least ten years from the
26 final date of the Agreement period or in the event the Contractor(s) has been notified that an
27 audit or investigation of this Agreement has commenced, until such time as the matter under
28

1 audit or investigation has been resolved, including the exhaustion of all legal remedies,
2 whichever is later (42 CFR §438.230(c)(3)(l)-(ii)).

3 The County, DHCS, CMS, or the HHS Office of Inspector General may inspect,
4 evaluate, and audit the Contractor(s) at any time if there is a reasonable possibility of fraud or
5 similar risk. The Department's inspection shall occur at the Contractor's place of business,
6 premises, or physical facilities (42 CFR §438.230(c)(3)(iv)).

7 **14.3 Cooperation.** Contractor(s) shall cooperate with County in the implementation,
8 monitoring and evaluation of this Agreement and comply with any and all reporting requirements
9 established by County. Should County identify an issue or receive notification of a complaint or
10 potential/actual/suspected violation of requirements, County may audit, monitor, and/or request
11 information from Contractor(s) to ensure compliance with laws, regulations, and requirements,
12 as applicable.

13 **14.4 Probationary Status.** County reserves the right to place Contractor(s) on
14 probationary status, as referenced in the Probationary Status Article, should Contractor(s) fail to
15 meet performance requirements; including, but not limited to violations such as high
16 disallowance rates, failure to report incidents and changes as contractually required, failure to
17 correct issues, inappropriate invoicing, untimely and inaccurate data entry, not meeting
18 performance outcomes expectations, and violations issued directly from the State. Additionally,
19 Contractor(s) may be subject to Probationary Status or termination if agreement monitoring and
20 auditing corrective actions are not resolved within specified timeframes.

21 **14.5 Record Retention.** Contractor(s) shall retain all records and documents originated
22 or prepared pursuant to Contractor's performance under this Agreement, including grievance
23 and appeal records, and the data, information and documentation specified in 42 C.F.R. parts
24 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten years from the term
25 end date of this Agreement or until such time as the matter under audit or investigation has
26 been resolved. Records and documents include but are not limited to all physical and electronic
27 records and documents originated or prepared pursuant to Contractor's or subcontractor's
28 performance under this Agreement including working papers, reports, financial records and

1 documents of account, records of persons served, prescription files, subcontracts, and any
2 other documentation pertaining to covered services and other related services for persons
3 served.

4 **14.6 Record Maintenance.** Contractor(s) shall maintain all records and management
5 books pertaining to service delivery and demonstrate accountability for agreement performance
6 and maintain all fiscal, statistical, and management books and records pertaining to the
7 program. Records should include, but not be limited to, monthly summary sheets, sign-in
8 sheets, and other primary source documents. Fiscal records shall be kept in accordance with
9 Generally Accepted Accounting Principles and must account for all funds, tangible assets,
10 revenue and expenditures. Fiscal records must also comply with the Code of Federal
11 Regulations (CFR), Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative
12 Requirements, Cost Principles, and Audit Requirements for Federal Awards.

13 All records shall be complete and current and comply with all Agreement requirements.
14 Failure to maintain acceptable records per the preceding requirements shall be considered
15 grounds for withholding of payments for billings submitted and for termination of Agreement.

16 Contractor(s) shall maintain records of persons served and community service in
17 compliance with all regulations set forth by local, state, and federal requirements, laws, and
18 regulations, and provide access to clinical records by County staff.

19 Contractor(s) shall comply with the Article 19 and Article 1 regarding relinquishing or
20 maintaining medical records.

21 Contractor(s) shall agree to maintain and retain all appropriate service and financial
22 records for a period of at least ten (10) years from the date of final payment, the final date of the
23 contract period, final settlement, or until audit findings are resolved, whichever is later.

24 **14.7 Financial Reports.** Contractor(s) shall submit audited financial reports on an annual
25 basis to the County. The audit shall be conducted in accordance with Generally Accepted
26 Accounting Principles and generally accepted auditing standards.

27 **14.8 Agreement Termination.** In the event the Agreement is terminated, ends its
28 designated term or Contractor(s) ceases operation of its business, Contractor(s) shall deliver or

1 make available to County all financial records that may have been accumulated by Contractor(s)
2 or subcontractor under this Agreement, whether completed, partially completed or in progress
3 within seven (7) calendar days of said termination/end date.

4 **14.9 Facilities and Assistance.** Contractor(s) shall provide all reasonable facilities and
5 assistance for the safety and convenience of the County's representatives in the performance of
6 their duties. All inspections and evaluations shall be performed in such a manner that will not
7 unduly delay the work of Contractor(s).

8 **14.10 County Discretion to Revoke.** County has the discretion to revoke full or partial
9 provisions of the Agreement, delegated activities or obligations, or application of other remedies
10 permitted by state or federal law when the County or DHCS determines Contractor(s) has not
11 performed satisfactorily.

12 **14.11 Site Inspection.** Without limiting any other provision related to inspections or audits
13 otherwise set forth in this Agreement, Contractor(s) shall permit authorized County, state, and/or
14 federal agency(ies), through any authorized representative, the right to inspect or otherwise
15 evaluate the work performed or being performed hereunder including subcontract support
16 activities and the premises which it is being performed. Contractor(s) shall provide all
17 reasonable assistance for the safety and convenience of the authorized representative in the
18 performance of their duties. All inspections and evaluations shall be made in a manner that will
19 not unduly delay the work of the Contractor(s).

20 **Article 15**

21 **Complaint Logs and Grievances**

22 **15.1 Documentation.** Contractor(s) shall log complaints and the disposition of all
23 complaints from a person served or their family. Contractor(s) shall provide a copy of the
24 detailed complaint log entries concerning County-sponsored persons served to County at
25 monthly intervals by the tenth (10th) day of the following month, in a format that is mutually
26 agreed upon. Contractor(s) shall allow beneficiaries or their representative to file a grievance
27 either orally or in writing, at any time with the Mental Health Plan. In the event Contractor(s) is
28 notified by a beneficiary or their representative of a discrimination grievance, subcontractor shall

1 report discrimination grievances to the Mental Health Plan within 24 hours. The Contractor(s)
2 shall not require a beneficiary of their representative to file a Discrimination Grievance with the
3 Mental Health Plan before filing the complaint directly with the DHCS Office of Civil Rights and
4 the U.S. Health and Human Services Office for Civil Rights.

5 15.2 **Rights of Persons Served.** Contractor(s) shall post signs informing persons served
6 of their right to file a complaint or grievance, appeals, and expedited appeals. In addition,
7 Contractor(s) shall inform every person served of their rights as set forth in Exhibit I.

8 15.3 **Incident Reporting.** Contractor(s) shall file an incident report for all incidents
9 involving persons served, following the protocol identified in Exhibit J.

10 **Article 16**

11 **Property of County**

12 16.1 **Applicability.** Article 16 shall only apply to the program components and services
13 provided under operational costs.

14 16.2 **Fixed Assets.** County and Contractor(s) recognize that fixed assets are tangible and
15 intangible property obtained or controlled under County for use in operational capacity and will
16 benefit County for a period more than one (1) year.

17 16.3 **Agreement Assets.** Assets shall be tracked on an agreement by agreement basis.
18 All of these assets shall fall into the "Equipment" category unless funding source allows for
19 additional types of assets. At a minimum, the following types of items are considered to be
20 assets:

- 21 (A) Any items over \$5,000 or more with a lifespan of at least two (2) years:
- 22 (1) Computers (desktops and laptops)
 - 23 (2) Copiers, cell phones, tablets, and other devices with any HIPPA data
 - 24 (3) Modular furniture
 - 25 (4) Televisions
 - 26 (5) Washers/Dryers
 - 27 (6) Printers
 - 28 (7) Digital Cameras

1 (8) Other equipment/furniture

2 (9) Items in total when purchased or used as a group fall into one or more of the
3 above categories

4 (B) Items of sensitive nature shall be purchased and allocated to a single agreement.

5 All items containing HIPAA data are considered sensitive.

6 Contractor(s) shall ensure proper tracking for contact assets that include the following
7 asset attributes at a minimum:

8 (A) Description of the asset;

9 (B) The unique identifier of the asset if applicable, i.e., serial number;

10 (C) The acquisition date;

11 (D) The quantity of the asset;

12 (E) The location of the asset or to whom the asset is assigned;

13 (F) The cost of the asset at the time of acquisition;

14 (G) The source of grant funding if applicable;

15 (H) The disposition date, and

16 (I) The method of disposition (surplus, transferred, destroyed, lost)

17 All Contract assets shall be returned to the Department at the end of the agreement
18 period.

19 **16.4 Retention and Maintenance.** Assets shall be retained by County, as County
20 property, in the event this Agreement is terminated or upon expiration of this Agreement.

21 Contractor(s) agrees to participate in an annual inventory of all County fixed and inventoried
22 assets. Upon termination or expiration of this Agreement, Contractor(s) shall be physically
23 present when fixed and inventoried assets are returned to County possession. Contractor(s) is
24 responsible for returning to County all County-owned undepreciated fixed and inventoried
25 assets, or the monetary value of said assets if unable to produce the assets at the expiration or
26 termination of this Agreement. Contractor(s) further agrees to the following:

27 Maintain all items of equipment in good working order and condition, normal wear and
28 tear excepted;

1 Label all items of equipment with County assigned program number, to perform periodic
2 inventories as required by County and to maintain an inventory list showing where and how the
3 equipment is being used in accordance with procedures developed by County. All such lists
4 shall be submitted to County within ten (10) days of any request therefore; and

5 Report in writing to County immediately after discovery, the loss or theft of any items of
6 equipment. For stolen items, the local law enforcement agency must be contacted, and a copy
7 of the police report submitted to County.

8 **16.5 Equipment Purchase.** The purchase of any equipment by Contractor(s) with funds
9 provided hereunder shall require the prior written approval of County's DSS Director or
10 designee, shall fulfill the provisions of this Agreement as appropriate, and must be directly
11 related to Contractor's services or activity under the terms of this Agreement. County may
12 refuse reimbursement for any costs resulting from equipment purchased, which are incurred by
13 Contractor(s), if prior written approval has not been obtained from County.

14 **16.6 Modification.** Contractor(s) must obtain prior written approval from County's DSS
15 whenever there is any modification or change in the use of any property acquired or improved,
16 in whole or in part, using funds under this Agreement. If any real or personal property acquired
17 or improved with said funds identified herein is sold and/or is utilized by Contractor(s) for a use
18 which does not qualify under this Agreement, Contractor(s) shall reimburse County in an
19 amount equal to the current fair market value of the property, less any portion thereof
20 attributable to expenditures of funds not provided under this Agreement. These requirements
21 shall continue in effect for the life of the property. In the event this Agreement expires, the
22 requirements for this Article shall remain in effect for activities or property funded with said
23 funds, unless action is taken by the State government to relieve County of these obligations.

24 **Article 17**

25 **Compliance**

26 **17.1 Compliance.** Contractor(s) agrees to comply with County's Contractor(s) Code of
27 Conduct and Ethics and the County's Compliance Program in accordance with Exhibit K. Within
28 thirty (30) days of entering into this Agreement with County, Contractor(s) shall ensure all of

1 Contractor's employees, agents, and subcontractors providing services under this Agreement
2 certify in writing, that he or she has received, read, understood, and shall abide by the
3 Contractor(s) Code of Conduct and Ethics. Contractor(s) shall ensure that within thirty (30)
4 days of hire, all new employees, agents, and subcontractors providing services under this
5 Agreement shall certify in writing that he or she has received, read, understood, and shall abide
6 by the Contractor(s) Code of Conduct and Ethics. Contractor(s) understands that the promotion
7 of and adherence to the Contractor(s) Code of Conduct is an element in evaluating the
8 performance of Contractor(s) and its employees, agents, and subcontractors.

9 Within thirty (30) days of entering into this Agreement, and annually thereafter, all
10 employees, agents, and subcontractors providing services under this Agreement shall complete
11 general compliance training, and appropriate employees, agents, and subcontractors shall
12 complete documentation and billing or billing/reimbursement training. All new employees,
13 agents, and subcontractors shall attend the appropriate training within thirty (30) days of hire.
14 Each individual who is required to attend training shall certify in writing that he or she has
15 received the required training. The certification shall specify the type of training received and
16 the date received. The certification shall be provided to County's DBH Compliance Officer at
17 1925 E. Dakota Ave, Fresno, California 93726. Contractor(s) agrees to reimburse County for
18 the entire cost of any penalty imposed upon County by the Federal Government as a result of
19 Contractor's violation of the terms of this Agreement.

20 **17.2 Compliance with State Medi-Cal Requirements.** Contractor(s) shall be required to
21 maintain Mental Health Plan organizational provider certification by Fresno County.
22 Contractor(s) must meet Medi-Cal organization provider standards as listed in Exhibit L,
23 "Compliance with State Medi-Cal Requirements". It is acknowledged that all references to
24 Organizational Provider and/or Provider in Exhibit L shall refer to Contractor(s).

25 **17.3 Medi-Cal Certification and Mental Health Plan Compliance.** Contractor(s) will
26 establish and maintain Medi-Cal certification or become certified within ninety (90) days of the
27 effective date of this Agreement through County to provide reimbursable services to Medi-Cal
28 eligible persons served. In addition, Contractor(s) shall work with the County's DBH to execute

1 the process if not currently certified by County for credentialing of staff. During this process, the
2 Contractor(s) will obtain a legal entity number established by the DHCS, a requirement for
3 maintaining Mental Health Plan organizational provider status throughout the term of this
4 Agreement. Contractor(s) will be required to become Medi-Cal certified prior to providing
5 services to Medi-Cal eligible persons served and seeking reimbursement from the County.
6 Contractor(s) will not be reimbursed by County for any services rendered prior to certification.

7 Contractor(s) shall provide direct specialty mental health services in accordance with the
8 Mental Health Plan. Contractor(s) must comply with the "Fresno County Mental Health Plan
9 Compliance Program and Code of Conduct" set forth in Exhibit K.

10 Contractor(s) may provide direct specialty mental health services using unlicensed staff
11 as long as the individual is approved as a provider by the Mental Health Plan, is supervised by
12 licensed staff, works within his/her scope and only delivers allowable direct specialty mental
13 health services. It is understood that each service is subject to audit for compliance with
14 Federal and State regulations, and that County may be making payments in advance of said
15 review. In the event that a service is disapproved, County may, at its sole discretion, withhold
16 compensation or set off from other payments due the amount of said disapproved services.
17 Contractor(s) shall be responsible for audit exceptions to ineligible dates of services or incorrect
18 application of utilization review requirements.

19 **17.4 Network Adequacy.** The Contractor(s) shall ensure that all services covered under
20 this Agreement are available and accessible to persons served in a timely manner and in
21 accordance with the network adequacy standards required by regulation. (42 C.F.R. §438.206
22 (a), (c)).

23 Contractor(s) shall submit, when requested by County and in a manner and format
24 determined by the County, network adequacy certification information to the County, utilizing a
25 provided template or other designated format.

26 Contractor(s) shall submit updated network adequacy information to the County any time
27 there has been a significant change that would affect the adequacy and capacity of services.

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1 To the extent possible and appropriately consistent with CCR, Title 9, §1830.225 and 42
2 C.F.R. §438.3 (l), the Contractor(s) shall provide a person served the ability to choose the
3 person providing services to them.

4 **17.5 Compliance Program, Including Fraud Prevention and Overpayments.**

5 Contractor(s) shall have in place a compliance program designed to detect and prevent fraud,
6 waste and abuse, as per 42 C.F.R. § 438.608(a)(1), that must include:

7 (A) Written policies, procedures, and standards of conduct that articulate the
8 organization's commitment to comply with all applicable requirements and standards
9 under the Agreement, and all applicable federal and state requirements.

10 (B) A Compliance Office (CO) who is responsible for developing and implementing
11 policies, procedures, and practices designed to ensure compliance with the
12 requirements of this Agreement and who reports directly to the CEO and the Board of
13 Directors.

14 (C) A Regulatory Compliance Committee on the Board of Directors and at the senior
15 management level charged with overseeing the organization's compliance program and
16 its compliance with the requirements under the Agreement.

17 (D) A system for training and education for the Compliance Officer, the organization's
18 senior management, and the organization's employees for the federal and state
19 standards and requirements under the Agreement.

20 (E) Effective lines of communication between the Compliance Officer and the
21 organization's employees.

22 (F) Enforcement of standards through well-publicized disciplinary guidelines.

23 (G) The establishment and implementation of procedures and a system with
24 dedicated staff for routine internal monitoring and auditing of compliance risks, prompt
25 response to compliance issues as they are raised, investigation of potential compliance
26 problems as identified in the course of self-evaluation and audits, corrections of such
27 problems promptly and thoroughly to reduce the potential for recurrence and ongoing
28 compliance with the requirements under the Agreement.

1 (H) The requirement for prompt reporting and repayment of any overpayments
2 identified.

3 17.6 **Reporting.** Contractor(s) must have administrative and management arrangements
4 or procedures designed to detect and prevent fraud, waste and abuse of federal or state health
5 care funding. Contractor(s) must report fraud and abuse information to the County including but
6 not limited to:

7 (A) Any potential fraud, waste, or abuse as per 42 C.F.R. § 438.608(a), (a)(7),

8 (B) All overpayments identified or recovered, specifying the overpayment due to
9 potential fraud as per 42 C.F.R. § 438.608(a), (a)(2),

10 (C) Information about changes in a persons served's circumstances that may affect
11 the person served's eligibility including changes in their residence or the death of the
12 person served as per 42 C.F.R. § 438.608(a)(3).

13 (D) Information about a change in the Contractor's circumstances that may affect the
14 network provider's eligibility to participate in the managed care program, including the
15 termination of this Agreement with the Contractor(s) as per 42 C.F.R. § 438.608(a)(6).

16 Contractor(s) shall implement written policies that provide detailed information about the
17 False Claims Act ("Act") and other federal and state laws described in section 1902(a)(68) of the
18 Act, including information about rights of employees to be protected as whistleblowers.

19 Contractor(s) shall make prompt referral of any potential fraud, waste or abuse to County
20 or potential fraud directly to the State Medicaid Fraud Control Unit.

21 17.7 **Overpayments.** County may suspend payments to Contractor(s) if DHCS or County
22 determine that there is a credible allegation of fraud in accordance with 42 C.F.R. §455.23. (42
23 C.F.R. §438.608 (a)(8)).

24 Contractor(s) shall report to County all identified overpayments and reason for the
25 overpayment, including overpayments due to potential fraud. Contractor(s) shall return any
26 overpayments to the County within sixty (60) calendar days after the date on which the
27 overpayment was identified. (42 C.F.R. § 438.608 (a)(2), (c)(3)).
28

1 **Article 18**

2 **Federal and State Laws**

3 18.1 **Health Insurance Portability and Accountability Act.** County and Contractor(s)
4 each consider and represent themselves as covered entities as defined by the U.S. Health
5 Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to
6 use and disclose Protected Health Information (PHI) as required by law.

7 County and Contractor(s) acknowledge that the exchange of PHI between them is only
8 for treatment, payment, and health care operations.

9 County and Contractor(s) intend to protect the privacy and provide for the security of PHI
10 pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for
11 Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated
12 thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and
13 other applicable laws.

14 As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require
15 Contractor(s) to enter into a agreement containing specific requirements prior to the disclosure
16 of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and
17 164.504(e) of the Code of Federal Regulations.

18 18.2 **Physical Accessibility.** In accordance with the accessibility requirements of section
19 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor(s) must
20 provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal
21 beneficiaries with physical or mental disabilities.

22 18.3 **Child Abuse Reporting.** Contractor(s) shall utilize a procedure acceptable to
23 County to ensure that all of Contractor's employees, volunteers, consultants, subcontractors, or
24 agents performing services under this Agreement shall report all known or suspected child
25 abuse or neglect to one or more of the agencies set forth in Penal Code Section 11165.9. This
26 procedure shall include having all of Contractor's employees, volunteers, consultants,
27 subcontractors or agents performing services under this Agreement sign a statement that he or
28 she knows of and will comply with the reporting requirements set forth in Penal Code Section

1 11166. The statement to be utilized by Contractor(s) is set forth in Exhibit M, "Notice of Abuse
2 Reporting Law", attached hereto and by this reference incorporated herein.

3 **Article 19**

4 **Medi-Cal Confidentiality and Data Security**

5 19.1 **Data Security Requirements.** Contractor(s) shall comply with data security
6 requirements in Exhibit N to this Agreement.

7 19.2 **Conformance with Laws:** All services performed by Contractor(s) under this
8 Agreement shall be in strict conformance with all applicable Federal, State of California, and/or
9 local laws and regulations relating to confidentiality. Contractor(s) shall require its employees,
10 agents, officers and subcontractors to comply with the provisions of Sections 10850 and
11 14100.2 of the Welfare and Institutions Code, as well as the California Department of Social
12 Services (CDSS) Manual of Policies and Procedures, Division 19-0000 and the California
13 Department of Health Care Services (DHCS) Medi-Cal Eligibility Procedures Manual, Section
14 2H. These Code sections provide that:

15 (A) All applications and records concerning any individual made or kept by any public
16 officer or agency in connection with the administration of any provision of the Welfare
17 and Institutions Code relating to Medicaid or any form of public social services for which
18 grants-in-aid are received by the State of California from the United States government
19 shall be confidential, and shall not be open to examination for any purpose not directly
20 connected with the administration of such public social services.

21 (B) No person shall publish or disclose or permit or cause to be published or
22 disclosed any list of persons receiving public social services, except as is provided by
23 law.

24 (C) No person shall publish, disclose, or use, or permit or cause to be published,
25 disclosed, or used any confidential information pertaining to an applicant or recipient,
26 except as is provided by laws.

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1 (D) Contractor(s) shall inform all of its employees, agents, officers and
2 subcontractors of the above provisions and that any person knowingly and intentionally
3 violating such provisions is guilty of a misdemeanor.

4 (E) In addition, Contractor(s), its employees, agents, and officers shall comply, and
5 require all of its subcontractors to comply, with (1) the DHCS Medi-Cal Privacy and
6 Security Agreement between the California DHCS and the County of Fresno that is then
7 in effect, and (2) the Privacy and Security Agreement between the CDSS and the
8 County of Fresno that is then in effect, both of which together shall be referred to in this
9 section as “the Agreements” and are incorporated herein by this reference. The current
10 versions of both the DHCS and CDSS Privacy and Security agreements are available
11 upon request or can be viewed at: [https://www.fresnocountyca.gov/Departments/Social-](https://www.fresnocountyca.gov/Departments/Social-Services/DSS-Administration/Privacy-and-Security-Agreements)
12 [Services/DSS-Administration/Privacy-and-Security-Agreements](https://www.fresnocountyca.gov/Departments/Social-Services/DSS-Administration/Privacy-and-Security-Agreements). Contractor(s) shall
13 insure that all personally identifiable information (PII), as defined in the Agreements,
14 concerning program recipients shall be kept confidential and shall not be opened to
15 examination, publicized, disclosed, or used for any purpose not directly connected with
16 the administration of the program. Contractor(s) shall use appropriate administrative,
17 physical, and technical safeguards to protect PII, as set forth in the Agreements. Upon
18 discovery of a breach, security incident, intrusion, or unauthorized access, use, or
19 disclosure of PII, Contractor(s) shall immediately report the incident to the County by
20 calling (559) 600-2300 or emailing the privacy mailbox at
21 dssprivacyincident@fresnocountyca.gov. Contractor(s) shall certify that all employees,
22 agents, officers and subcontractors have received privacy and security training before
23 accessing any PII and have received refresher training annually, as required by the
24 Agreements.

25 Article 20

26 Publicity Prohibition

27 20.1 **Self-Promotion.** None of the funds, materials, property, or services provided directly
28 or indirectly under this Agreement shall be used for Contractor’s advertising, fundraising, or

1 **Article 22**

2 **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-**
3 **Lower Tier Covered Transactions.**

4 22.1 County and Contractor(s) recognize that Contractor(s) is a recipient of State or
5 Federal assistance funds under the terms of this Agreement. By signing this Agreement,
6 Contractor(s) agrees to comply with applicable Federal suspension and debarment
7 regulations, including but not limited to: 7 CFR 3016.35, 29 CRF 97.35, 45 CFR 92.35, and
8 Executive Order 12549. By signing this Agreement, Contractor(s) attests to the best of its
9 knowledge and belief, that it and its principals:

10 (A) Are not presently debarred, suspended, proposed for debarment, declared
11 ineligible, or voluntarily excluded from participation in this transaction by any Federal
12 department or agency; and

13 (B) Shall not knowingly enter into any lower tier covered transaction with an entity or
14 person who is debarred, suspended, proposed for debarment, declared ineligible, or
15 voluntarily excluded from participation in this transaction by any Federal department or
16 agency.

17 (C) Contractor(s) shall provide immediate written notice to County if at any time
18 during the term of this Agreement Contractor(s) learns that the representations it makes
19 above were erroneous when made or have become erroneous by reason of changed
20 circumstances.

21 22.2 Contractor(s) shall include a clause titled "Certification Regarding Debarment,
22 Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" and
23 similar in nature to this Article 22 in all lower tier covered transactions and in all solicitations
24 for lower tier covered transactions.

25 22.3 Contractor(s) shall, prior to soliciting or purchasing goods and services in excess
26 of \$25,000 funded by this Agreement, review and retain the proposed vendor's suspension
27 and debarment status at <https://sam.gov/SAM/>.

28 //

1 (1) The ownership of any subcontractor with whom Contractor(s) has had
2 business transactions totaling more than \$25,000 during the 12-month period ending
3 on the date of the request.

4 (2) Any significant business transactions between Contractor(s) and any wholly
5 owned supplier, or between Contractor(s) and any subcontractor, during the 5-year
6 period ending on the date of the request. (42 C.F.R. § 455.105(b).)

7 (C) Disclosures Related to Persons Convicted of Crimes:

8 (1) The identity of any person who has an ownership or control interest in the
9 provider or is an agent or managing employee of the provider who has been
10 convicted of a criminal offense related to that person's involvement in any program
11 under the Medicare, Medicaid, or the Title XXI services program since the inception
12 of those programs. (42 C.F.R. § 455.106.)

13 (2) County shall terminate the enrollment of Contractor(s) if any person with five
14 percent (5%) or greater direct or indirect ownership interest in the disclosing entity
15 has been convicted of a criminal offense related to the person's involvement with
16 Medicare, Medicaid, or Title XXI program in the last 10 years.

17 23.3 Contractor(s) must provide disclosure upon execution of Contract, extension for
18 renewal, and within 35 days after any change in Contractor(s) ownership or upon request of
19 County. County may refuse to enter into an agreement or terminate an existing agreement with
20 Contractor(s) if Contractor(s) fails to disclose ownership and control interest information,
21 information related to business transactions and information on persons convicted of crimes, or
22 if Contractor(s) did not fully and accurately make the disclosure as required.

23 23.4 Contractor(s) must provide the County with written disclosure of any prohibited
24 affiliations under 42 C.F.R. § 438.610. Contractor(s) must not employ or subcontract with
25 providers or have other relationships with providers Excluded from participation in Federal
26 Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42
27 C.F.R. §438.610.

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1 information will be considered. If it is later determined that the Contractor(s) failed to disclose
2 required information, any contract awarded to such Contractor(s) may be immediately voided
3 and terminated for material failure to comply with the terms and conditions of the award.

4 Contractor(s) must sign a "Certification Regarding Debarment, Suspension, and Other
5 Responsible Matters – Primary Covered Transactions" in the form set forth in Exhibit Q.
6 Additionally, Contractor(s) must immediately advise the County in writing if, during the term of
7 the Agreement: (1) Contractor(s) becomes suspended, debarred, excluded or ineligible for
8 participation in Federal or State funded programs or from receiving federal funds as listed in the
9 excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions
10 become applicable to Contractor(s). Contractor(s) shall indemnify, defend, and hold County
11 harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility,
12 or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other
13 Responsibility Matters.

14 **Article 25**

15 **Cultural and Linguistic Competency**

16 25.1 **General.** All services, policies and procedures must be culturally and linguistically
17 appropriate. Contractor(s) must participate in the implementation of the most recent Cultural
18 Competency Plan for the County and shall adhere to all cultural competency standards and
19 requirements. Contractor(s) shall participate in the County's efforts to promote the delivery of
20 services in a culturally competent and equitable manner to all individuals, including those with
21 limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and
22 regardless of gender, sexual orientation, or gender identity including active participation in the
23 County's Diversity, Equity and Inclusion Committee.

24 25.2 **Policies and Procedures.** Contractor(s) shall comply with requirements of policies
25 and procedures for ensuring access and appropriate use of trained interpreters and material
26 translation services for all limited and/or no English proficient beneficiaries, including, but not
27 limited to, assessing the cultural and linguistic needs of the beneficiaries, training of staff on the
28 policies and procedures, and monitoring its language assistance program. Contractor's policies

1 and procedures shall ensure compliance of any subcontracted providers with these
2 requirements.

3 **25.3 Interpreter Services.** Contractor(s) shall notify its beneficiaries that oral
4 interpretation is available for any language and written translation is available in prevalent
5 languages and that auxiliary aids and services are available upon request, at no cost and in a
6 timely manner for limited and/or no English proficient beneficiaries and/or beneficiaries with
7 disabilities. Contractor(s) shall avoid relying on an adult or minor child accompanying the
8 beneficiary to interpret or facilitate communication; however, if the beneficiary refuses language
9 assistance services, the Contractor(s) must document the offer, refusal, and justification in the
10 beneficiary's file.

11 **25.4 Interpreter Qualifications.** Contractor(s) shall ensure that employees, agents,
12 subcontractors, and/or partners who interpret or translate for a beneficiary or who directly
13 communicate with a beneficiary in a language other than English (1) have completed annual
14 training provided by County at no cost to Contractor(s); (2) have demonstrated proficiency in the
15 beneficiary's language; (3) can effectively communicate any specialized terms and concepts
16 specific to Contractor's services; and (4) adheres to generally accepted interpreter ethic
17 principles. As requested by County, Contractor(s) shall identify all who interpret for or provide
18 direct communication to any program beneficiary in a language other than English and identify
19 when the Contractor(s) last monitored the interpreter for language competence.

20 **25.5 CLAS Standards.** Contractor(s) shall submit to County for approval, within ninety
21 (90) days from date of contract execution, Contractor's plan to address all fifteen (15) National
22 Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the
23 Office of Minority Health and as set forth in Exhibit R "National Standards on Culturally and
24 Linguistically Appropriate Services". As the CLAS standards are updated, Contractor's plan
25 must be updated accordingly. As requested by County, Contractor(s) shall be responsible for
26 conducting an annual CLAS self-assessment and providing the results of the self-assessment to
27 the County. The annual CLAS self-assessment instruments shall be reviewed by the County
28 and revised as necessary to meet the approval of the County.

1 (C) Changes to line items in the Exhibit C, Compensation, in an amount not to
2 exceed 10% of the maximum annual compensation payable to the Contractor(s) may be
3 made with the written approval of County's DSS Director or their designee. Said
4 modifications shall not result in any changes to the maximum compensation amount
5 payable to Contractor(s), as stated in this Agreement.

6 (D) Contractor(s) agrees that reductions to the maximum compensation set forth
7 under Article 3 of this Agreement may be necessitated by a reduction in funding from
8 State or Federal sources. Any such reduction to the maximum compensation may be
9 made with the written approval of County's DSS Director or their designee and
10 Contractor(s). Contractor(s) further understands that this Agreement is subject to any
11 restriction, limitations, or enactments of all legislative bodies which affect the provisions,
12 term, or funding of this Agreement in any manner. If the parties do not provide written
13 approval for modification due to reduced funding, this Agreement may be terminated in
14 accordance with Section 7.1 above.

15 **26.2 Contractor's Name Change.** An amendment, assignment, or new agreement is
16 required to change the name of Contractor(s) as listed on this Agreement. Upon receipt of legal
17 documentation of the name change, County will process the agreement. Payment of invoices
18 presented with a new name cannot be paid prior to approval of said agreement.

19 **26.3 Public Information.** Contractor(s) shall disclose County as a funding source in
20 all public information and program materials developed in support of contracted services.

21 **26.4 Non-Assignment.** Neither party may assign its rights or delegate its obligations
22 under this Agreement without the prior written consent of the other party. Any transferee,
23 assignee or subcontractor will be subject to all applicable provisions of this Agreement, and all
24 applicable State and Federal regulations. Contractor(s) shall be held primarily responsible by
25 County for the performance of any transferee, assignee or subcontractor unless otherwise
26 expressly agreed to in writing by County. The use of subcontractor by Contractor(s) shall not
27 entitle Contractor(s) to any additional compensation than provided for under this Agreement.

28 //

1 26.5 **Governing Law.** The laws of the State of California govern all matters arising
2 from or related to this Agreement.

3 26.6 **Jurisdiction and Venue.** This Agreement is signed and performed in Fresno
4 County, California. Contractor(s) consents to California jurisdiction for actions arising from or
5 related to this Agreement, and, subject to the Government Claims Act, all such actions must be
6 brought and maintained in Fresno County.

7 26.7 **Construction.** The final form of this Agreement is the result of the parties'
8 combined efforts. If anything in this Agreement is found by a court of competent jurisdiction to
9 be ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement
10 against either party.

11 26.8 **Days.** Unless otherwise specified, "days" means calendar days.

12 26.9 **Headings.** The headings and section titles in this Agreement are for convenience
13 only and are not part of this Agreement.

14 26.10 **Severability.** If anything in this Agreement is found by a court of competent
15 jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in
16 effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of
17 this Agreement with lawful and enforceable terms intended to accomplish the parties' original
18 intent.

19 26.11 **Nondiscrimination.** During the performance of this Agreement, the
20 Contractor(s) shall not unlawfully discriminate against any employee or applicant for
21 employment, or recipient of services, because of race, religious creed, color, national origin,
22 ancestry, physical disability, mental disability, medical condition, genetic information, marital
23 status, sex, gender, gender identity, gender expression, age, sexual orientation, military status
24 or veteran status pursuant to all applicable State of California and federal statutes and
25 regulation.

26 Contractor(s) shall take affirmative action to ensure that services to intended Medi-Cal
27 beneficiaries are provided without use of any policy or practice that has the effect of
28 discriminating on the basis of race, color, religion, ancestry, marital status, national origin, ethnic

1 group identification, sex, sexual orientation, gender, gender identity, age, medical condition,
2 genetic information, health status or need for health care services, or mental or physical
3 disability.

4 (A) Domestic Partners and Gender Identity. For State fund-funded contracts of
5 \$100,000 or more, Contractor(s) certifies that it complies with Public Contract Code
6 Section 10295.3.

7 (B) Americans with Disabilities Act. Contractor(s) shall comply with the Americans
8 with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of
9 disability, as well as all applicable regulations and guidelines issued pursuant to the ADA
10 (42 U.S.C. 12101 et seq.).

11 (C) Contractor(s) shall include the non-discrimination and compliance provisions of
12 this section in all subcontracts to perform work under this Agreement.

13 **26.12 Limited English Proficiency.** Contractor(s) shall provide interpreting and
14 translation services to persons participating in Contractor's services who have limited or no
15 English language proficiency, including services to persons who are deaf or blind. Interpreter
16 and translation services shall be provided as necessary to allow such participants meaningful
17 access to the programs, services and benefits provided by Contractor(s). Interpreter and
18 translation services, including translation of Contractor's "vital documents" (those documents
19 that contain information that is critical for accessing Contractor's services or are required by law)
20 shall be provided to participants at no cost to the participant. Contractor(s) shall ensure that any
21 employees, agents, subcontractors, or partners who interpret or translate for a program
22 participant, or who directly communicate with a program participant in a language other than
23 English, demonstrate proficiency in the participant's language and can effectively communicate
24 any specialized terms and concepts peculiar to Contractor's services.

25 **26.13 Drug-Free Workplace Requirements.** For purposes of this paragraph,
26 Contractor(s) will be referred to as the "grantee". By drawing funds against this grant award, the
27 grantee is providing the certification that it is required by regulations implementing the Drug-
28 Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. These regulations require certification

1 by grantees that they will maintain a drug-free workplace. False certification or violation of the
2 certification shall be grounds for suspension of payments, suspension or termination of grants,
3 or government wide suspension or debarment. Contractor(s) shall also comply with the
4 requirements of the Drug-Free Workplace Act of 1990 (California Government Code section
5 8350 et seq.).

6 **26.14 Clean Air Act and the Federal Water Pollution Control Act.** If the
7 compensation to be paid by the County under this Agreement exceeds One Hundred Fifty
8 Thousand and No/100 Dollars (\$150,000) of Federal funding, Contractor(s) agrees to comply
9 with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42
10 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–
11 1387). Violations must be reported to the Federal awarding agency and the Regional Office of
12 the Environmental Protection Agency (EPA).

13 **26.15 Procurement of Recovered Materials.** If compensation to be paid by the
14 County under this Agreement is funded in whole or in part with Federal funding, In the
15 performance of this Agreement, Contractor(s) shall comply with section 6002 of the Solid Waste
16 Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements
17 of Section 6002 include procuring only items designated in guidelines of the Environmental
18 Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered
19 materials practicable, consistent with maintaining a satisfactory level of competition, where the
20 purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the
21 preceding fiscal year exceeded \$10,000; procuring solid waste management services in a
22 manner that maximizes energy and resource recovery; and establishing an affirmative
23 procurement program for procurement of recovered materials identified in the EPA guidelines.

24 **26.16 No Waiver.** Payment, waiver, or discharge by the County of any liability or
25 obligation of the Contractor(s) under this Agreement on any one or more occasions is not a
26 waiver of performance of any continuing or other obligation of the Contractor(s) and does not
27 prohibit enforcement by the County of any obligation on any other occasion.

28 //

1 26.17 **Child Support Compliance Act.** If compensation to be paid by the County
2 under this Agreement includes State funding in excess of \$100,000, the Contractor(s)
3 acknowledges in accordance with Public Contract Code 7110, that:

4 (A) Contractor(s) recognizes the importance of child and family support obligations
5 and shall fully comply with all applicable state and federal laws relating to child and
6 family support enforcement, including, but not limited to, disclosure of information and
7 compliance with earnings assignment orders, as provided in Chapter 8 (commencing
8 with section 5200) of Part 5 of Division 9 of the Family Code; and

9 (B) Contractor(s) to the best of its knowledge is fully complying with the earnings
10 assignment orders of all employees and is providing the names of all new employees to
11 the New Hire Registry maintained by the California Employment Development
12 Department.

13 26.18 **Priority Hiring Considerations.** If compensation to be paid by the County under
14 this Agreement includes State funding and services in excess of \$200,000, Contractor(s) shall
15 give priority consideration in filling vacancies in positions funded by the Agreement to qualified
16 recipients of aid under Welfare and Institutions Code Section 11200, in accordance with Public
17 Contract Code Section 10353.

18 26.19 **Entire Agreement.** This Agreement, including its exhibits, is the entire
19 agreement between the Contractor(s) and the County with respect to the subject matter of this
20 Agreement, and it supersedes all previous negotiations, proposals, commitments, writings,
21 advertisements, publications, and understandings of any nature unless those things are
22 expressly included in this Agreement. If there is any inconsistency between the terms of this
23 Agreement without its exhibits and the terms of the exhibits, then the inconsistency will be
24 resolved by giving precedence first to the terms of this Agreement without its exhibits, and then
25 to the terms of the exhibits.

26 26.20 **No Third-Party Beneficiaries.** This Agreement does not and is not intended to
27 create any rights or obligations for any person or entity except for the parties.

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1 26.21 **Authorized Signature.** The Contractor(s) represents and warrants to the County
2 that:

3 (A) The Contractor(s) is duly authorized and empowered to sign and perform its
4 obligations under this Agreement.

5 (B) The individual signing this Agreement on behalf of the Contractor(s) is duly
6 authorized to do so and his or her signature on this Agreement legally binds the
7 Contractor(s) to the terms of this Agreement.

8 26.22 **Electronic Signatures.** The parties agree that this Agreement may be executed
9 by electronic signature as provided in this section.

10 (A) An “electronic signature” means any symbol or process intended by an individual
11 signing this Agreement to represent their signature, including but not limited to (1) a
12 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
13 electronically scanned and transmitted (for example by PDF document) version of an
14 original handwritten signature.

15 (B) Each electronic signature affixed or attached to this Agreement (1) is deemed
16 equivalent to a valid original handwritten signature of the person signing this Agreement
17 for all purposes, including but not limited to evidentiary proof in any administrative or
18 judicial proceeding, and (2) has the same force and effect as the valid original
19 handwritten signature of that person.

20 (C) The provisions of this section satisfy the requirements of Civil Code section
21 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
22 Part 2, Title 2.5, beginning with section 1633.1).

23 (D) Each party using a digital signature represents that it has undertaken and
24 satisfied the requirements of Government Code section 16.5, subdivision (a),
25 paragraphs (1) through (5), and agrees that each other party may rely upon that
26 representation.

27 //

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1 (E) This Agreement is not conditioned upon the parties conducting the transactions
2 under it by electronic means and either party may sign this Agreement with an original
3 handwritten signature.

4 26.23 **Counterparts.** This Agreement may be signed in counterparts, each of which is
5 an original, and all of which together constitute this Agreement.

6 [SIGNATURE PAGES FOLLOW]

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The parties are signing this Agreement on the date stated in the introductory clause.

County of Fresno



Nathan Magsig, Chairman of the Board of Supervisors of the County of Fresno

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By: 
Deputy

For accounting use only:

Org No.: 56107480
Account No.: 7870
Fund No.: 0001
Subclass No.: 10000

Please see additional signature page attached.

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Aspiranet, Inc.

DocuSigned by:
Vernon Brown 10/9/2024
66ACD384F972492...
Vernon Brown, CEO

1320 E. Shaw Avenue Suite 140
Fresno, CA 93710

Signed by:
Kari Sturgeon 10/10/2024
79F0591DE232490...
Kari Sturgeon, President of the
Board of Directors

1320 E. Shaw Avenue Suite 140
Fresno, CA 93710

For accounting use only:

Org No.: 56107480
Account No.: 7870
Fund No.: 0001
Subclass No.: 10000

Please see additional
signature page attached.

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Central Star Behavioral Health, Inc.

Kent Dunlap
Kent Dunlap (Oct 28, 2024 11:44 PDT)

Kent Dunlap, President/CEO

1501 Hughes Way, Suite 150
Long Beach, CA 90810

Olivia Aranda
Olivia Aranda (Oct 28, 2024 12:47 PDT)

Olivia Aranda, Vice President/CFO

1501 Hughes Way, Suite 150
Long Beach, CA 90810

For accounting use only:

Org No.: 56107480
Account No.: 7870
Fund No.: 0001
Subclass No.: 10000

Exhibit A

List of Contractors

1. **Aspiranet, Inc. (Exhibit B-1 and C-1)**
151 E. Canal Drive
Turlock, CA 95380
Phone#: (209) 669-8577, ext. 2323
Contact for Notices: Division Director
2. **Central Star Behavioral Health, Inc. (Exhibit B-2 and C-2)**
1501 Hughes Way, Suite 150
Long Beach, CA 90810
Phone#: (310) 221-6336, ext. 125
Contact for Notices: Chief Executive Officer

Exhibit B-1

SCOPE OF SERVICES

ORGANIZATION: Aspiranet, Inc.

ADDRESS: 1320 E. Shaw Ave, Suite 140 Fresno, CA 93710

SERVICES: **Senate Bill 163 Wraparound and Super Wraparound Services**

TELEPHONE: 209-669-2577, ext. 2323

CONTACT: Sharon Lawicki, Division Director

EMAIL: slawicki@aspiranet.org

CONTRACT PERIOD: Upon execution - June 30, 2027 with two (2) optional one-year extensions
Year 1: Upon execution – June 30, 2025
Year 2: July 1, 2025 – June 30, 2026
Year 3: July 1, 2026 – June 30, 2027
Year 4: July 1, 2027 – June 30, 2028
Year 5: July 1, 2028 – June 30, 2029

I. BACKGROUND

The California Department of Social Services (CDSS) describes Wraparound as a strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach. The intent is to build on individual and family strengths to help families achieve positive goals and improve well-being. Wraparound is also a team-driven process. From the start, a child and family team is formed and works directly with the family as they identify their own needs and strengths. The team develops a service plan that describes specific strategies for meeting the needs identified by the family. The service plan is individualized, with strategies that reflect the youth and family's culture and preferences. California Wraparound is intended to allow youth to live and grow up in a safe, stable, permanent family environment.

The Fresno County Children's Wellbeing Continuum (CWBC) is designed to offer a seamless service delivery model across multiple service levels and settings for Fresno youth with complex behavioral and emotional needs. The Wraparound program will have a key role in ensuring consistency as the youth moves through the continuum.

This Scope of Services is based on the current understanding of the needs of Fresno County (County) youth and the initial conceptualization of program design to best meet the needs of youth. The County and Aspiranet, Inc. (Contractor) acknowledge that circumstances may arise that necessitate adjustments to the program design. In such cases, both parties agree to work together in good faith to review and, if necessary, revise this Scope of Services. Any changes to

Exhibit B-1

this Scope of Services shall be documented in writing and agreed upon by both parties. These changes may include additions, deletions, or modifications to the services originally agreed upon. Any adjustments to this Scope of Services may have an impact on the project timeline and deliverables, which will be discussed and agreed upon by both parties before implementation.

II. TARGET POPULATION

Youth considered eligible for **Wraparound** will meet the following criteria:

1. Must be California Welfare and Institutions Code (WIC) 300, 601, 602; and
2. Currently placed in, at risk of being placed in, or recently discharged from a licensed Short-Term Residential Therapeutic Program (STRTP) and;
3. Must be receiving services through Fresno County and/or be eligible for Fresno County Medi-Cal.

Youth considered eligible for **Super Wraparound** will meet the following criteria:

1. Must be California Welfare and Institutions Code (WIC) 300, 601, 602; and
2. Currently placed, or at risk of being placed, in a licensed Short-Term Residential Therapeutic Program (STRTP); and
3. Must be receiving services through Fresno County and/or be eligible for Fresno County Medi-Cal; and
4. Must be enrolled in the CWBC.

III. LOCATION OF SERVICES

Services will be provided at Contractor's clinic site, in the community, at home and education locations, whichever is most comfortable for the youth and family. Contractor must also be capable of offering services through telehealth-phone and telehealth-video, should the need arise.

IV. HOURS OF OPERATION

Contractors' office(s) shall be open Monday through Friday, 8:00 a.m. to 5:00 p.m., with services available on evenings and weekends, if required to meet the unique needs of the youth and family. At least fifty percent (50%) of services will be provided in the community and shall be scheduled on days and times that are convenient for the families, including evenings and weekends.

Youth/families also have access to on-call crisis support twenty-four hours a day, seven days a week (24/7). The Contractor's on-call worker, in consultation with a supervisor and Fresno County CWS Supervisor if needed, will determine the level of support needed to address the crisis. Support ranges from telephone support and coaching to an immediate in-person response by staff. The telephonic response time is 10 minutes or less and the in-person

Exhibit B-1

response time for an emergency is 30 minutes or less; staff are required to respond in-person when the persons served identify an urgent need.

V. DESCRIPTION OF SERVICES - CONTRACTOR RESPONSIBILITIES

Contractor shall provide a level of service and support that will reflect each youth's unique and individual needs.

A. Specialty Mental Health Services

1. Contractor shall provide the following services to all youth in the program. Services will include but are not limited to the following:
 - i. Provide support to the youth's family and other members of the youth's social network to help them manage the symptoms and illness of the youth and reduce the level of family and social stress associated with the illness;
 - ii. Make appropriate referrals and linkages to services that are beyond that of Contractor's services under this Agreement, or as appropriate when discharging/transiting a youth from the program;
 - iii. Coordinate services with any other community mental health and non-mental health providers as well as other medical professionals;
 - iv. Assist youth/family with accessing all entitlements or benefits for which they are eligible (i.e., Medi-Cal, SSI, Section 8 vouchers, etc.);
 - v. Develop family support and involvement whenever possible;
 - vi. Refer youth/family to supported education and employment opportunities, as appropriate;
 - vii. Provide or link to transportation services when it is critical to initially access a support service or gain entitlements or benefits; and
 - viii. Provide peer support activities, as appropriate.
2. Contractor shall deliver a comprehensive Specialty Mental Health program. Behavioral Health services include, but are not limited to:
 - i. Assessment;
 - ii. Treatment or care planning/goal setting;
 - iii. Pediatric Symptom Checklist (PSC) 35 and the clinically appropriate version of the Child and Adolescent Needs and Strengths (CANS) assessment;
 - iv. Individual therapy;
 - v. Group therapy;
 - vi. Family therapy;
 - vii. Case management;
 - viii. Consultation;

Exhibit B-1

- ix. Medication support services;
 - x. Hospitalization/Post Hospitalization Support;
 - xi. Certified Peer Support Services; and
 - xii. Intensive Home-Based Services (IHBS), as appropriate.
3. Contractor will ensure that all services:
- i. Are determined in collaboration with youth and family and reflect the voice and choice and cultural practices of the youth and family;
 - ii. Be values-driven, strengths-based, individual-driven, trauma-informed and co-occurring capable;
 - iii. Be culturally and linguistically competent;
 - iv. Be age, culture, gender, and language appropriate; and
 - v. Include accommodations for youth with physical disability(ies)
4. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Mental Health Plan (MHP) confidentiality rules.
5. Contractor shall maintain up-to-date caseload records of all youth enrolled in services, and provide individual, programmatic, and other demographic information to County as requested.
6. Contractor shall ensure billable Specialty Mental Health Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards and provide all pertinent and appropriate information in a timely manner to Fresno County Department of Behavioral Health (DBH) for the purpose of billing Medi-Cal for services rendered.
7. Staffing should be appropriate for services needed by the youth and family, and shall include a Wraparound trained clinician, Wraparound coach, Family Specialist, Facilitator, Parent Partner, and Youth Peer Partner. [Wraparound Role Descriptions \(ca.gov\)](http://ca.gov)
- B. SB 163 Wraparound (Wrap)
- 1. Contractor shall provide Wraparound services for up to fifty (50) youth at any given time, with Wrap team caseload size of eight (8) to twelve (12) youth per team. Services shall be highly coordinated, individualized, unconditional, and assist youth and families in addressing identified needs.
 - 2. Contractor shall ensure that at least one staff person is available by phone and in person, if needed, 24 hours per day, 7 days per week during the service period to provide support and services to youth and their Caregivers on request.
 - 3. Contractor shall provide services based on the ten (10) foundational principles of Wraparound:

Exhibit B-1

- i. Family voice and choice
 - ii. Team-based
 - iii. Natural supports
 - iv. Collaborative
 - v. Community-based
 - vi. Culturally competent
 - vii. Individualized
 - viii. Strengths-based
 - ix. Persistence
 - x. Outcome-based
4. Ensure that each Wrap team provides four (4) phases of effective Wrap care coordination and supportive services, including:
- i. Engagement:
 1. Within 24 hours of receiving the referral, Facilitator or Parent Partner shall make voice-to-voice contact with the referral source and Caregiver to clarify the reason for the referral, ascertain any permanency plans for foster/probation youth, determine the referral source's anticipated outcomes, and to explain the Wrap process.
 2. Within 72 hours of receiving the referral, Facilitator, Support Counselor, and Family Partner, as needed, engage in a face-to-face meeting with the Person served and Caregiver to clarify expectations, explain the role and principles of Wrap, discuss the overall timeline, begin to explore the Person served and their Caregiver's values, strengths, hopes and desired outcomes, and begin to get to know the Person served and Caregiver "outside the problems."
 3. Within 48 hours of the initial meeting, Facilitator, Support Counselor, and Family Partner, as needed, meet with Person served and Caregiver to briefly identify or re-state referral areas of concern to be addressed in later meetings; explain the obligations of Wrap Team members as mandated reporters; identify any safety concerns in the home, neighborhood and community and, as necessary, develop an Initial Safety Plan to address those concerns; and make a plan for the next meeting.
 - ii. Initial plan development. (All timelines are determined by date of first contact, which is to occur within 24 hours of receiving the referral.)
 1. Facilitator shall complete a comprehensive CANS assessment within 14 calendar days to identify Person served and Caregiver's needs and strengths, determine medical necessity for specialty mental health services, and drive the development of a treatment plan.
 2. Facilitator, in collaboration with the referring County Social Worker (CSW) or Deputy Probation Officer (DPO), shall convene a Child and Family Team (CFT) meeting within 30 calendar days of commencing Wrap services to engage all existing and potential sources of support and connection for the Person served and Caregiver. By including them in the Wrap process from the outset, the goal is to build and

Exhibit B-1

- strengthen a team that can sustain the Person served and Caregiver after termination of Wrap services.
3. Facilitator, in collaboration with Person served and Caregiver, referring CWS or DPO, and representative(s) of the MHP, develops individualized Plans that are in the language of the Person served and Caregiver, and that include goals that are specific, measurable, achievable, relevant, and time-bound (i.e., SMART goals). Treatment plan shall be completed within the timeframe required by the MHP.
 4. Facilitator, in collaboration with the CFT shall develop a Wraparound Action Plan (WAP) within 30 calendar days of commencing Wrap services that will be reviewed at each CFT meeting, delineating SMART goals and the specific action steps that each member of the CFT will take to put the plan into effect in order to achieve the goals, including: what is going to be done, who is going to do it, when it should be completed, and how the CFT will know the action step is completed and whether it was effective.
 5. Clinician shall collaborate with the Person served and Caregiver to complete an ecomap, genogram, PSC-35, and any other documentation required by the County within 60 calendar days of commencing Wrap services.
- iii. Plan implementation: During the next three to four (3-4) months of Wrap services:
1. Facilitator and Support Counselor, in collaboration with the Person served and Caregiver, shall conduct a more thorough functional analysis of particular target behavior.
 2. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that a CFT meets no less frequently than every four (4) weeks in order to monitor progress since the prior CFT meeting; support the inclusion on the CFT of “natural supports,” that is individuals in the ecologies of Persons Served and Caregivers who provide care and support; identify emerging skills and competencies, supports and resources that can be utilized to achieve objectives and foundational goals; develop hypotheses about how to achieve desired outcomes in short windows of time; and develop action steps designed to address larger foundational goals that can be accomplished weekly or monthly, in order to maintain momentum by quickly demonstrating to Person served, Caregiver, and other CFT members that progress is being made and there is hope for change.
 3. Facilitator, and Family Partner as needed, shall meet at least once a week with Person served and Caregiver to ensure that the action steps are taken, to troubleshoot difficulties they may have encountered, and provide assistance navigating systems as needed.
 4. Support Counselor shall meet at least once a week with Person served and Caregiver to review, coach and support behavioral interventions that may help shift behaviors, support insight building around connection between emotions, thoughts, and behaviors, and support identity building and strengthening.

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5. Facilitator, Support Counselor, and Family Partner as appropriate, shall monitor progress to identify when the Person served and Caregiver are ready to begin the transition out of formal Wrap services and support. Wrap team members shall utilize the CANS process, monitoring verbal reports from CFT members, and personal observation, completion of action steps and achievement of short-term goals, proportionate increase in CFT composition of “natural supports,” increased involvement of “natural supports” in completing action steps and managing the Wraparound process, engagement efforts related to pursuing viable alternative permanency plans for Persons Served in foster care, and decreased frequency, duration and/or intensity of target behaviors or areas of concern to assess transition readiness.
- iv. Transition: Approximately two (2) months prior to termination of Wrap services and support:
 1. Facilitator, Support Counselor, and Family Partner as appropriate, shall ensure Persons Served and Caregivers have adequate support systems, both formal and “natural,” to sustain progress achieved during Wrap, and that proper referrals have been made and no fewer than three (3) “warm handoffs” to ongoing formal service providers have been completed.
 2. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that consensus exists among members of the CFT that Persons Served and Caregivers have made sufficient progress, and that adequate support systems, both formal and “natural,” sufficient to sustain progress are in place such that Wrap services and support are no longer needed.
 3. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that a plan is in place and agreed to by members of the CFT regarding how the team will respond when problems arise in the future.
 4. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that the Person served and Caregiver are provided an opportunity to celebrate success with other members of the CFT and say good-bye to members of the Wrap Team
5. It is likely that some youth in the Wraparound program will be placed in a highly intensive therapeutic placement setting such as Enhanced Intensive Services Foster Care (E-ISFC) or an Enhanced STRTP (E-STRTP). For youth dually enrolled in Wraparound and an intensive service setting, the person-served’s CFT will determine which agency and which person is assigned as lead for the following tasks based on existing therapeutic relationships, treatment goals, and transition goals:
 - i. Advanced clinical services (example: therapy and psychiatry)
 - ii. Behavioral intervention/rehabilitation
 - iii. Case coordination such as CFT facilitation, case management, plan development
 - iv. Permanency work and family finding
6. Wraparound team members shall have the flexibility to adjust service levels based on the needs of the youth and family. When the youth is in an intensive service setting, the

Exhibit B-1

Wraparound team will remain engaged and responsible for care coordination and other tasks as identified by the CFT and may need to decrease service intensity to avoid duplication with the placement provider. Wraparound teams shall also be flexible to increase service intensity when needed and as determined by the CFT.

7. Length of Stay:

- i. The approximate length of stay for the traditional Wrap service line is nine (9) to twelve (12) months. While stated length of stay reflects general parameters, a youth and family's ongoing participation in the Wrap program is driven by their demonstrated need.

C. Super Wrap

1. In addition to the above-mentioned Wraparound services, the Contractor shall provide higher intensity Wrap services referred to as "Super Wrap" to four (4) youth, at any given time, who have been pre-authorized for these services by the County. Super Wrap team caseload size shall be one (1) youth per team. Contractor has discretion regarding team make-up.
2. Contractor shall ensure that the Super Wrap Team provides up to twenty-five (25) hours per week of care coordination and/or support services to the person served, on behalf of the person served, or to the Caregiver.
3. Contractor shall ensure that at least one staff person is available by phone and in person, if needed, 24 hours per day, 7 days per week during the service period to provide support and services to youth and their Caregivers on request.
4. Contractor shall ensure that each Super Wrap Team provides four (4) phases of effective Wrap care coordination and supportive services as outlined in Wraparound section 3 with these frequency modifications for Super Wrap participants:
 - i. Initial plan development. (All timelines are determined by date of first contact, which is to occur within 24 hours of receiving the referral.)
 1. Facilitator, in collaboration with the CFT shall develop a WAP within 14 calendar days of commencing Wrap services that will be reviewed at each CFT meeting, delineating SMART goals and the specific action steps that each member of the CFT will take to put the plan into effect in order to achieve the goals, including: what is going to be done, who is going to do it, when it should be completed, and how the CFT will know the action step is completed and whether it was effective.
 2. Clinician shall collaborate with the Person served and their Caregiver to complete an ecomap, genogram, PSC-35, and any other documentation required by the County within 14 calendar days of commencing Super Wrap services, unless otherwise noted.
 - ii. Plan implementation: During the next three (3) months of Super Wrap services:

Exhibit B-1

1. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that the CFT meets no less frequently than every two (2) weeks in order to monitor progress since the prior CFT meeting; support the inclusion on the CFT of “natural supports,” that is individuals in the ecologies of Person served and their Caregiver who provide care and support; identify emerging skills and competencies, supports and resources that can be utilized to achieve objectives and foundational goals; develop hypotheses about how to achieve desired outcomes in short windows of time; and develop action steps designed to address larger foundational goals that can be accomplished weekly or monthly in order to maintain momentum by quickly demonstrating to Persons Served, their Caregiver(s), and other CFT members that progress is being made and there is hope for change.
 2. Facilitator, and Family Partner as needed, shall meet at least two (2) times per week with the Person served and their Caregiver to ensure that the action steps are taken, to troubleshoot difficulties they may have encountered, and provide assistance navigating systems as needed.
 3. Support Counselor shall meet at least two (2) times per week with the Person served and their Caregiver to review, coach and support behavioral interventions that may help shift behaviors, support insight building around connection between emotions, thoughts, and behaviors, and support identity building and strengthening.
 4. Therapist shall meet at least two (2) times per week with each Person served and/or their Caregiver to provide individual or family therapy as indicated and, utilizing evidence-based practices (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Internal Family Systems Therapy), to address the individual person served’s experience of relational and attachment trauma.
 5. Family Partner shall meet at least one (1) time every week with the Caregiver to provide support navigating the numerous systems of care and service provision impacting their lives.
- iii. Transition: Approximately 45 calendar days prior to termination of Super Wrap services and support:
1. Facilitator, Support Counselor, and Family Partner as appropriate, shall ensure the Person served and their Caregiver have adequate support systems, both formal and “natural,” to sustain progress achieved during Super Wrap, and that proper referrals have been made and no fewer than six (6) “warm handoffs” to ongoing formal service providers have been completed.
5. Length of Stay:
- i. The approximate length of stay for the Super Wrap service line is 90-days. While stated service timeline reflects general parameters, a youth and family’s length of stay in the Super Wrap program is driven by their demonstrated need.

Exhibit B-1

- ii. All extension requests for Super Wrap services would need to be presented to the County for approval. These presentations shall include the start date for Super Wrap services, the average frequency and duration of scheduled services, description of the youth's level of engagement and progress or lack of progress in treatment and any other relevant treatment information that would explain why this youth needs to remain at the Super Wrap level of service. The contractor shall also present a projected transition date for when the youth can return to traditional Wrap services.

D. Crisis Services

1. Contractor shall develop and implement a safety planning, response, and notification plan for all participants in Wrap and Super Wrap.
 - i. Contractor shall ensure Wrap staff are trained to implement safety and preventive measures when responding to any self-harming and/or other behaviors that pose risk to the youth or others. Wrap staff shall be prepared to initiate mobile response services by contacting the treating provider, FURS, or 911, as clinically indicated. Should the youth require an emergency evaluation for acute psychiatric hospitalization, Wrap staff shall take the necessary steps to ensure the youth receives the appropriate intervention to address the mental health crisis.
2. Contractor shall ensure that Wrap staff or Wrap administrator notify the CWS hotline, the Social Worker (SW), Deputy Probation Officer (DPO) and appropriate CWS Division Chief/Assistant Deputy Chief (ADC), or designee for all incidents that indicate a sign of threat or continued risk to the physical or mental health status of the Wrap youth including all such incidents that require a Critical Incident Report, as outlined in this agreement.
 - i. The Contractor shall then follow up with the SW by phone within one business day of the incident.
3. Contractor shall comply with the following when youth are referred for psychiatric hospitalization:
 - i. Notify the CWS hotline, the SW, DPO and appropriate CWS Division Chief/ADC, or designee as soon as it is reasonably safe to do so, but no later than the end of the day and complete a critical incident report.
 1. The Contractor shall then follow up with the SW by phone within one business day.
 - ii. Participate in case conferences, hospital discharge conference and/or the CFT meetings for youth referred for psychiatric hospitalization.
 - iii. Continue to provide Wrap services, to the extent possible, during the youth's hospitalization.
 - iv. Initiate a CFT meeting within 24 hours of youth's return to the community.

E. Additional Responsibilities

1. Maintain responsibility for necessary testimony and/or providing County with information needed to generate court reports, as outlined below:
 - i. Court Reports - Documented reports of assessment and evaluation findings, progress in treatment, recommendations for treatment and service plans regarding reunification, maintenance and termination of parental rights, and justification for recommendations.

Exhibit B-1

- ii. Court Testimony - Provide care plan updates when a court is considering reunification, maintenance, and/or termination of parental rights.
2. Upon notification of a pending court hearing, Contractor agrees to complete and submit to the County a "Periodic Review Report" twenty-one (21) calendar days prior to the court date or seven (7) calendar days after notification.
3. Maintain electronic health records and supply their own personal computers, Internet access, printers, signature pads and other network devices to meet statistical reporting requirements, report person-served and program outcomes and any State or County data requirements of the Katie A. Implementation Plan. Contractor shall also maintain capability to enter electronic billing data into County's electronic health record system. A computer with Internet access is required for both office and field-based staff.
4. Cooperate and participate with the County MHP in Quality Assurance/Improvement and Utilization Review Programs and grievance procedures and comply with all final determinations rendered by County's Quality Assurance/Improvement and Utilization Review Programs, unless the decision is reversed on appeal as set forth in the County MHP Provider Manual, incorporated herein by this reference. County's adverse decisions regarding Contractor's services to persons-served may result in the disallowance of payment for services rendered; or may result in additional controls to the delivery of services; or may result in the termination of this Agreement. County shall have sole discretion in the determination of Quality Assurance/Improvement and Utilization Review outcomes, decisions and actions.
5. Obtain signatures, as required, regarding consent:
 - i. Care provider can sign for day trips and other minor miscellaneous items.
 - ii. Court Order should suffice for most other items.
6. Assist with training County staff and the community in SB163 Wraparound Service processes and service options.
7. Develop training curriculum as County identifies a need.
8. Participate in County-offered trainings which may include but are not limited to topics such as Quality Parenting Initiative and The Neurosequential Model of Therapeutics (NMT).
9. Provide annual Civil Rights training to all staff at the beginning of every calendar year and will provide verification of training completion to DSS. DSS will provide documents needed for annual training and reporting.
10. Work collaboratively with other CWBC providers to develop and enter into Memorandum of Understanding or other business agreements between themselves that defines the processes and procedures for provision of services to foster youth, including, but not limited to the:
 - i. Case Planning
 - ii. Care Coordination
 - iii. Intensive Transition Planning
 - iv. Assessment
 - v. Transportation between service settings
 - vi. Information sharing
 - vii. Data collection and dissemination
11. Work with DPO on criminogenic risk factors for probation youth as addressed through contracted services as applicable.

Exhibit B-1

F. Admission, Transition and Discharge

1. Entry Criteria

All youth referred to the Wrap and Super Wrap services will have pre-approval from the County. This includes STRTP aftercare. Family First Prevention Services Act (FFPSA) Part IV mandates six months family-based aftercare services for children discharged from qualified residential treatment programs to family-based settings, including high-fidelity Wrap ([ACL 21-116](#)). Fresno County will be leveraging existing Wraparound services to meet this requirement.

2. Intake and Initial Assessment

Contractor shall respond to all Wrap and Super Wrap referrals within 24 hours of receipt. Youth referred to this program may have a current mental health assessment with their primary treatment provider. If that assessment was completed within the last six months and there have been no significant changes in the youth's symptoms, the Contractor shall obtain a copy of that assessment and use it to inform treatment planning. If there is no current mental health assessment, the youth's symptoms have changed significantly and/or the previous assessment was completed longer than six months ago, the Contractor shall complete a mental health assessment within 14 calendar days or as soon as clinically appropriate.

3. Transition and Discharge

Youth referred to the Wrap/Super Wrap program may be denied services if the youth does not meet medical necessity for specialty mental health services and/or the necessary criteria to be eligible for Wrap/Super Wrap services. Youth who are determined to be ineligible for these services will be linked to other appropriate services and resources.

Discharge is determined on a case-by-case basis depending on the youth's progress toward individualized treatment goals. Reasons for discharge include the youth or caregiver refuses or terminates services; the youth is transferred to another program mutually agreed upon by the youth, parent/caregiver, and Wrap; and/or mutual agreement that the treatment goals have been met. Reasonable efforts for youth/family who refuse or terminate services need to be documented to reflect attempted engagement.

All transitions and discharges shall be discussed in a CFT to ensure all members of the youths' support system are aware of the recommendation being made by the Contractor.

VI. STAFFING

A. Each Contractor shall provide the following staffing components, at minimum:

1. Staffing shall be appropriate and aligned with the Wrap or Super Wrap service model, which would include the following classifications: psychiatrist, licensed or unlicensed therapist, mental health rehabilitation specialist/other qualified professional, certified peer support specialist.

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2. Each Wrap and Super Wrap Team shall be comprised of:
 - a. One (1) Facilitator with a Mental Health Rehabilitation Specialist (MHRS) qualification or above who meets with the youth, their Caregiver, and other team members to complete assessments, individualized plans, and Wraparound Action Plans; organize and facilitate Family Team meetings; and ensure successful linkage of Persons Served and their Caregiver(s) to ongoing resources and support. The Facilitator shall also serve as a support and mentor to other members of the team, as needed.
 - A. Frequency of service for Wrap: at least one (1) contact per week
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week
 - b. A minimum of two (2) Support Counselors who are a bachelor's level paraprofessional who shall meet with the Person served to provide one-on-one support for the Person served, focusing on increasing the frequency of desired behaviors, gaining access to pro-social activities and resources within the community, and developing effective relationship-building skills.
 - A. Frequency of service for Wrap: at least one (1) contact per week
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week
 - c. One (1) Family Partner, who has lived experience, to provide support to the Person served and their Caregiver in navigating the numerous systems of care and service provision impacting their lives as needed.
 - A. Frequency of service for Wrap: at least one (1) contact every 2 weeks
 - B. Frequency of service for Super Wrap: at least one (1) contact per week
3. Ensure each Wrap and Super Wrap team has access to:
 - a. One (1) Individual or Family Therapist to meet with the youth and their Caregiver to provide individual or family therapy and utilizing evidence-based practices (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Internal Family Systems Therapy) to address youth's experience of relational and attachment trauma as needed. If the youth choose to continue therapy with their current mental health provider, the Wrap/Super Wrap therapist shall continue to provide consultation to the other members of the WRAP/Super Wrap team and will work in collaboration with the existing therapist to ensure joint services are provided appropriately.
 - A. Frequency of service for Wrap: at least one (1) contact per week as clinically appropriate
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week as clinically appropriate
 - b. One (1) Psychiatrist to meet with the Person served to provide evaluation and assessment for psychotropic medication, clinical consultation, and assistance linking the Person served and their Caregiver to ongoing psychiatric services and support as needed and prioritizing continuity of care where possible.

Exhibit B-1

- A. The frequency of psychiatry services will be at least one (1) time per month for Wrap and Super Wrap participants.
4. Ensure there is no change to a youth's primary Wraparound team members when the youth transitions between the Wrap level of service and the Super Wrap level of service to preserve the therapeutic relationship and provide continuity of care.
5. Ensure that direct service staff reimbursed through this contract shall spend at least 65% of their paid work time providing and documenting direct service to clients or on behalf of clients. Administrative staff meetings, supervision meetings, and staff trainings shall not be included in the 65%.

VII. COUNTY RESPONSIBILITIES:

COUNTY shall:

- A. Assist Contractors' efforts to evaluate the needs of each enrolled youth on an ongoing basis to ensure each youth is receiving clinically appropriate services.
- B. Provide oversight and collaborate with contractors and other County Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services (DHCS) and California Department of Social Services (CDSS) in regard to program administration and outcomes.
- C. Assist Contractors in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- D. Participate in evaluating overall program progress and efficiency and be available to contractors for ongoing consultation.
- E. Gather outcome information from target person served groups and Contractors throughout each term of this Agreement. County shall notify contractors when their participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
- F. Assist Contractors' efforts toward cultural and linguistic competency by providing the following to contractors:
 1. Technical assistance and training regarding cultural competency requirements at no cost to contractors.
 2. Mandatory cultural competency training for contractors' personnel, on an annual basis, at minimum.
 3. Technical assistance for translating information into County's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of contractors.

Exhibit B-1

VIII. REPORTS

Contractor shall track data and provide reporting on the following items and send all applicable information and reports to the following distribution list for County staff: DSS Staff Analyst, DSS Division Chief, DSS Social Work Supervisor and DBH Contract Analyst.

- 1) Contractors shall be expected to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by County.
- 2) Contractors will be responsible for meeting with DBH and DSS on a monthly basis, or more often as agreed upon between DBH, DSS, and Contractors, for contract and performance monitoring.
- 3) Contractors will be required to submit monthly reports on performance measures to the County. Report formats will be established through County/Contractor collaboration. Outcome measures may change, based on information or measures needed. Required monthly reports include:
 - a) DSS Monthly Activity Report (MAR); and
 - b) Other reports as established by the County.
- 4) All reports will be due to the County by the 10th business day of each month and will be reviewed for accuracy. (If the 10th lands on a weekend or Holiday, reports will be due the next business day). Reimbursement for monthly expenses may be delayed in the event inaccurate reports are submitted.
- 5) Provide county with various reports through the length of the youth's enrollment in the program; a few of which are standardized and include: "Monthly Progress Report", "Discharge Presentation", "Individual Child and Family Plan Presentation Outline", and "Individual Child and Family Plan (ICFP)".
- 6) Contractor will report and document all major and/or sensitive incidents ("critical incidents") to the County pursuant to the procedures and timing outlined in Exhibit J "Fresno County Mental Health Plan Incident Report." The County, at its sole discretion, may require the Contractor to conduct all necessary follow-up activities after reporting critical incidents. If there is any doubt about whether an incident should be reported, the default shall be for the Contractor to report the incident to the County.
- 7) Additional reports and outcome information may be requested by County at a later date, as needed.

IX. GOALS/OUTCOMES

Contractor is required to submit measurable outcomes on a semi-annual, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and DSS and satisfy all State and local mandates. County will provide technical assistance and support in defining measurable outcomes. The outcome measures and indicators provided below represent County DBH and DSS program goals to be achieved by the Contractor in addition to Contractor's developed outcomes. Outcomes for youth center on the following core areas: permanency, behavioral stability, symptom reduction, living situation stability, strengths development, and educational stability. Outcomes for persons-served vary based on their individual needs and challenges faced by the specific youth and their treatment plans; however, common quantifiable outcomes at the program level include:

Exhibit B-1

Fresno County Wraparound Contract Performance Expectations

Metric	Definition	Outcome Indicator
Service utilization	Minimum service levels by the required staffing level in order to earn full payment	<p>Wraparound: Ensure that the Wrap Team provides between 24 to 32 hours per month (about 6-8 per week) of care coordination and/or support services to Persons Served or to Person's Served Caregiver.</p> <p>Super Wrap: Ensure that the Super Wrap Team provides approximately 100 hours a month (about 25 hours a week) of care coordination and/or support services to the Person Served.</p> <p>In no case should the hours of service performed be less than the minimum above.</p>
Service timeliness	<p>Wrap</p> <ul style="list-style-type: none"> · Make contact with referral source within 24 hours · Initial face to face engagement meeting within 72 hours of referral · Follow-up meeting within 48 hours · CANS completion within 14 calendar days of initial meeting · Wrap Action Plan developed within 30 calendar days of initial meeting · CFT meeting within 30 calendar days of initial meeting (and w/n 24 hours of discharge form inpatient admission)- · Ecomap, genogram, PSC-35 created within 60 calendar days of initial meeting · CFT meetings no less than monthly- · Weekly activity with facilitator, family partner, youth and caregiver · Support counselor meets at least 1 x per week 	90% compliance with service timeliness as documented in Monthly Activity Reports (MARs)

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	<ul style="list-style-type: none"> · Transition planning occurs 1-2 months prior to end of Wrap <p><u>Super Wrap</u></p> <ul style="list-style-type: none"> · Make contact with referral source within 24 hours · Initial face to face engagement meeting within 72 hours of referral · Follow-up meeting within 48 hours · CANS completion within 14 calendar days of initial meeting · Wrap Action Plan developed within 15 calendar days of initial meeting · CFT meeting within 15 calendar days of initial meeting (and w/n 24 hours of discharge form inpatient admission)- · Ecomap, genogram, PSC-35 created within 15 calendar days of initial meeting · CFT meetings no less than every 2 weeks- · Activity with facilitator, youth and caregiver at least 2 x per week · Activity with family partner at least 1 x per week · Support counselor meets at least 2 x per week · Transition planning occurs 45 calendar days prior to end of Wrap 	
<p>Medi-Cal claimable Portions</p>	<p>Provider will implement policies and procedures to ensure as much service is claimed to Medi-Cal as possible. The assumption is a least 50% of the cost of the program, not inclusive of flex funds, will be billable to Medi-Cal.</p>	<p>Year 1: 50% Year 2: 60-65% Year 3: 70-75% Year 4-5: 75%+</p> <p>Provider is documenting and billing all Medi-Cal services and reporting billable units to the County for review on a monthly basis.</p>

Exhibit B-1

Improved behavioral/emotional needs	Youth shall have a reduction in action items in the Behavioral/Emotional Needs Domain, Risk Behaviors Domain and the Family Functioning and Living Situation items in the Life Functioning Domain from the initial CANS	90% of youth shall see a reduction
Improved strengths	Youth will have improved scores in the Strengths domain of the CANS	80% of youth shall show improvement on CANS at discharge compared to initial CANS
Permanency planning	Youth will have documented efforts during placement to identify and achieve legal or emotional/relational permanency	100% of youth
Increase Natural Supports	Youth will have an increase in the number of natural support people represented within the Child and Family Team	90% of youth
Permanency Planning	-Youth will have improved scores in the permanency module from the initial Child and Adolescent Needs and Strengths (CANS) Assessment to the discharge CANS Assessment, demonstrating increased family and natural support connection and/or achievement of permanency.	90% of youth
Transition to less restrictive placements	Youth accepted to the program will be transitioned to less restrictive placements to include but not limited to legal or emotional/relational permanency or with their family for stabilization and preservation of their family placement.	80% of youth
Client satisfaction	Youth shall report a positive experience of service and perceived symptom/behavior improvement as evidenced by client surveys.	75% of youth

In addition to the outcomes above being tracked on the MAR, Contractors shall utilize a computerized tracking system with which performance and outcome measures and other

Exhibit B-1

relevant person served data, such as demographics, will be maintained. The data tracking system may be incorporated into the Contractors' electronic health records (EHR) systems or in stand-alone databases (e.g., Access or Excel spreadsheets). County must be afforded read-only access to the data tracking system.

County may adjust the performance and outcome measures periodically throughout the duration of the Agreement, as needed, to best measure the program as determined by County and/or CDSS.

Exhibit B-2

SCOPE OF SERVICES

ORGANIZATION: Central Star Behavioral Health, Inc.

ADDRESS: 1501 Hughes Way, Suite 150
Long Beach, CA 90810

SERVICES: **Senate Bill 163 Wraparound and Super Wraparound Services**

TELEPHONE: 310-221-6336, ext. 125

CONTACT: Kent Dunlap, CEO

EMAIL: kdunlap@starsinc.com

CONTRACT PERIOD: Upon execution - June 30, 2027 with two (2) optional one-year extensions
Year 1: Upon execution – June 30, 2025
Year 2: July 1, 2025 – June 30, 2026
Year 3: July 1, 2026 – June 30, 2027
Year 4: July 1, 2027 – June 30, 2028
Year 5: July 1, 2028 – June 30, 2029

I. BACKGROUND

The California Department of Social Services (CDSS) describes Wraparound as a strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach. The intent is to build on individual and family strengths to help families achieve positive goals and improve well-being. Wraparound is also a team-driven process. From the start, a child and family team is formed and works directly with the family as they identify their own needs and strengths. The team develops a service plan that describes specific strategies for meeting the needs identified by the family. The service plan is individualized, with strategies that reflect the youth and family's culture and preferences. California Wraparound is intended to allow youth to live and grow up in a safe, stable, permanent family environment.

The Fresno County Children's Wellbeing Continuum (CWBC) is designed to offer a seamless service delivery model across multiple service levels and settings for Fresno youth with complex behavioral and emotional needs. The Wraparound program will have a key role in ensuring consistency as the youth moves through the continuum.

This Scope of Services is based on the current understanding of the needs of Fresno County (County) youth and the initial conceptualization of program design to best meet the needs of youth. The County and Central Star Behavioral Health, Inc. (Contractor) acknowledge that circumstances may arise that necessitate adjustments to the program design. In such cases,

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both parties agree to work together in good faith to review and, if necessary, revise this Scope of Services. Any changes to this Scope of Services shall be documented in writing and agreed upon by both parties. These changes may include additions, deletions, or modifications to the services originally agreed upon. Any adjustments to this Scope of Services may have an impact on the project timeline and deliverables, which will be discussed and agreed upon by both parties before implementation.

II. TARGET POPULATION

Youth considered eligible for **Wraparound** will meet the following criteria:

1. Must be California Welfare and Institutions Code (WIC) 300, 601, 602; and
2. Currently placed in, at risk of being placed in, or recently discharged from a licensed Short-Term Residential Therapeutic Program (STRTP) and;
3. Must be receiving services through Fresno County and/or be eligible for Fresno County Medi-Cal.

Youth considered eligible for **Super Wraparound** will meet the following criteria:

1. Must be California Welfare and Institutions Code (WIC) 300, 601, 602; and
2. Currently placed, or at risk of being placed, in a licensed Short-Term Residential Therapeutic Program (STRTP); and
3. Must be receiving services through Fresno County and/or be eligible for Fresno County Medi-Cal; and
4. Must be enrolled in the CWBC.

III. LOCATION OF SERVICES

Services will be provided at Contractor's clinic site, in the community, at home and education locations, whichever is most comfortable for the youth and family. Contractor must also be capable of offering services through telehealth-phone and telehealth-video, should the need arise.

IV. HOURS OF OPERATION

Contractors' office(s) shall be open Monday through Friday, 8:00 a.m. to 5:00 p.m., with services available on evenings and weekends, if required to meet the unique needs of the youth and family. At least fifty percent (50%) of services will be provided in the community and shall be scheduled on days and times that are convenient for the families, including evenings and weekends.

Youth/families also have access to on-call crisis support twenty-four hours a day, seven days a week (24/7). The Contractor's on-call worker, in consultation with a supervisor and Fresno County CWS Supervisor if needed, will determine the level of support needed to address the crisis. Support ranges from telephone support and coaching to an immediate in-person

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response by staff. The telephonic response time is 10 minutes or less and the in-person response time for an emergency is 30 minutes or less; staff are required to respond in-person when the persons served identify an urgent need.

V. DESCRIPTION OF SERVICES - CONTRACTOR RESPONSIBILITIES

Contractor shall provide a level of service and support that will reflect each youth's unique and individual needs.

A. Specialty Mental Health Services

1. Contractor shall provide the following services to all youth in the program. Services will include but are not limited to the following:
 - i. Provide support to the youth's family and other members of the youth's social network to help them manage the symptoms and illness of the youth and reduce the level of family and social stress associated with the illness;
 - ii. Make appropriate referrals and linkages to services that are beyond that of Contractor's services under this Agreement, or as appropriate when discharging/transiting a youth from the program;
 - iii. Coordinate services with any other community mental health and non-mental health providers as well as other medical professionals;
 - iv. Assist youth/family with accessing all entitlements or benefits for which they are eligible (i.e., Medi-Cal, SSI, Section 8 vouchers, etc.);
 - v. Develop family support and involvement whenever possible;
 - vi. Refer youth/family to supported education and employment opportunities, as appropriate;
 - vii. Provide or link to transportation services when it is critical to initially access a support service or gain entitlements or benefits; and
 - viii. Provide peer support activities, as appropriate.
2. Contractor shall deliver a comprehensive Specialty Mental Health program. Behavioral Health services include, but are not limited to:
 - i. Assessment;
 - ii. Treatment or care planning/goal setting;
 - iii. Pediatric Symptom Checklist (PSC) 35 and the clinically appropriate version of the Child and Adolescent Needs and Strengths (CANS) assessment;
 - iv. Individual therapy;
 - v. Group therapy;
 - vi. Family therapy;
 - vii. Case management;

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- viii. Consultation;
 - ix. Medication support services;
 - x. Hospitalization/Post Hospitalization Support;
 - xi. Certified Peer Support Services; and
 - xii. Intensive Home-Based Services (IHBS), as appropriate.
3. Contractor will ensure that all services:
 - i. Are determined in collaboration with youth and family and reflect the voice and choice and cultural practices of the youth and family;
 - ii. Be values-driven, strengths-based, individual-driven, trauma-informed and co-occurring capable;
 - iii. Be culturally and linguistically competent;
 - iv. Be age, culture, gender, and language appropriate; and
 - v. Include accommodations for youth with physical disability(ies)
 4. Methods for service coordination and communication between program and other service providers shall be developed and implemented consistent with Fresno County Mental Health Plan (MHP) confidentiality rules.
 5. Contractor shall maintain up-to-date caseload records of all youth enrolled in services, and provide individual, programmatic, and other demographic information to County as requested.
 6. Contractor shall ensure billable Specialty Mental Health Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards and provide all pertinent and appropriate information in a timely manner to Fresno County Department of Behavioral Health (DBH) for the purpose of billing Medi-Cal for services rendered.
 7. Staffing should be appropriate for services needed by the youth and family, and shall include a Wraparound trained clinician, Wraparound coach, Family Specialist, Facilitator, Parent Partner, and Youth Peer Partner. [Wraparound Role Descriptions \(ca.gov\)](http://www.ca.gov)
- B. SB 163 Wraparound (Wrap)
1. Contractor shall provide Wraparound services for up to fifty (50) youth at any given time, with Wrap team caseload size of eight (8) to twelve (12) youth per team. Services shall be highly coordinated, individualized, unconditional, and assist youth and families in addressing identified needs.
 2. Contractor shall ensure that at least one staff person is available by phone and in person, if needed, 24 hours per day, 7 days per week during the service period to provide support and services to youth and their Caregivers on request.

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3. Contractor shall provide services based on the ten (10) foundational principles of Wraparound:
 - i. Family voice and choice
 - ii. Team-based
 - iii. Natural supports
 - iv. Collaborative
 - v. Community-based
 - vi. Culturally competent
 - vii. Individualized
 - viii. Strengths-based
 - ix. Persistence
 - x. Outcome-based

4. Ensure that each Wrap team provides four (4) phases of effective Wrap care coordination and supportive services, including:
 - i. Engagement:
 1. Within 24 hours of receiving the referral, Facilitator or Parent Partner shall make voice-to-voice contact with the referral source and Caregiver to clarify the reason for the referral, ascertain any permanency plans for foster/probation youth, determine the referral source's anticipated outcomes, and to explain the Wrap process.
 2. Within 72 hours of receiving the referral, Facilitator, Support Counselor, and Family Partner, as needed, engage in a face-to-face meeting with the Person served and Caregiver to clarify expectations, explain the role and principles of Wrap, discuss the overall timeline, begin to explore the Person served and their Caregiver's values, strengths, hopes and desired outcomes, and begin to get to know the Person served and Caregiver "outside the problems."
 3. Within 48 hours of the initial meeting, Facilitator, Support Counselor, and Family Partner, as needed, meet with Person served and Caregiver to briefly identify or re-state referral areas of concern to be addressed in later meetings; explain the obligations of Wrap Team members as mandated reporters; identify any safety concerns in the home, neighborhood and community and, as necessary, develop an Initial Safety Plan to address those concerns; and make a plan for the next meeting.
 - ii. Initial plan development. (All timelines are determined by date of first contact, which is to occur within 24 hours of receiving the referral.)
 1. Facilitator shall complete a comprehensive CANS assessment within 14 calendar days to identify Person served and Caregiver's needs and strengths, determine medical necessity for specialty mental health services, and drive the development of a treatment plan.
 2. Facilitator, in collaboration with the referring County Social Worker (CSW) or Deputy Probation Officer (DPO), shall convene a Child and Family Team (CFT) meeting within 30 calendar days of commencing Wrap services to engage all existing and potential sources of support

Exhibit B-2

and connection for the Person served and Caregiver. By including them in the Wrap process from the outset, the goal is to build and strengthen a team that can sustain the Person served and Caregiver after termination of Wrap services.

3. Facilitator, in collaboration with Person served and Caregiver, referring CWS or DPO, and representative(s) of the MHP, develops individualized Plans that are in the language of the Person served and Caregiver, and that include goals that are specific, measurable, achievable, relevant, and time-bound (i.e., SMART goals). Treatment plan shall be completed within the timeframe required by the MHP.
 4. Facilitator, in collaboration with the CFT shall develop a Wraparound Action Plan (WAP) within 30 calendar days of commencing Wrap services that will be reviewed at each CFT meeting, delineating SMART goals and the specific action steps that each member of the CFT will take to put the plan into effect in order to achieve the goals, including: what is going to be done, who is going to do it, when it should be completed, and how the CFT will know the action step is completed and whether it was effective.
 5. Clinician shall collaborate with the Person served and Caregiver to complete an ecomap, genogram, PSC-35, and any other documentation required by the County within 60 calendar days of commencing Wrap services.
- iii. Plan implementation: During the next three to four (3-4) months of Wrap services:
1. Facilitator and Support Counselor, in collaboration with the Person served and Caregiver, shall conduct a more thorough functional analysis of particular target behavior.
 2. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that a CFT meets no less frequently than every four (4) weeks in order to monitor progress since the prior CFT meeting; support the inclusion on the CFT of “natural supports,” that is individuals in the ecologies of Persons Served and Caregivers who provide care and support; identify emerging skills and competencies, supports and resources that can be utilized to achieve objectives and foundational goals; develop hypotheses about how to achieve desired outcomes in short windows of time; and develop action steps designed to address larger foundational goals that can be accomplished weekly or monthly, in order to maintain momentum by quickly demonstrating to Person served, Caregiver, and other CFT members that progress is being made and there is hope for change.
 3. Facilitator, and Family Partner as needed, shall meet at least once a week with Person served and Caregiver to ensure that the action steps are taken, to troubleshoot difficulties they may have encountered, and provide assistance navigating systems as needed.
 4. Support Counselor shall meet at least once a week with Person served and Caregiver to review, coach and support behavioral interventions that may help shift behaviors, support insight building

Exhibit B-2

- around connection between emotions, thoughts, and behaviors, and support identity building and strengthening.
5. Facilitator, Support Counselor, and Family Partner as appropriate, shall monitor progress to identify when the Person served and Caregiver are ready to begin the transition out of formal Wrap services and support. Wrap team members shall utilize the CANS process, monitoring verbal reports from CFT members, and personal observation, completion of action steps and achievement of short-term goals, proportionate increase in CFT composition of “natural supports,” increased involvement of “natural supports” in completing action steps and managing the Wraparound process, engagement efforts related to pursuing viable alternative permanency plans for Persons Served in foster care, and decreased frequency, duration and/or intensity of target behaviors or areas of concern to assess transition readiness.
- iv. Transition: Approximately two (2) months prior to termination of Wrap services and support:
 1. Facilitator, Support Counselor, and Family Partner as appropriate, shall ensure Persons Served and Caregivers have adequate support systems, both formal and “natural,” to sustain progress achieved during Wrap, and that proper referrals have been made and no fewer than three (3) “warm handoffs” to ongoing formal service providers have been completed.
 2. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that consensus exists among members of the CFT that Persons Served and Caregivers have made sufficient progress, and that adequate support systems, both formal and “natural,” sufficient to sustain progress are in place such that Wrap services and support are no longer needed.
 3. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that a plan is in place and agreed to by members of the CFT regarding how the team will respond when problems arise in the future.
 4. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that the Person served and Caregiver are provided an opportunity to celebrate success with other members of the CFT and say good-bye to members of the Wrap Team
 5. It is likely that some youth in the Wraparound program will be placed in a highly intensive therapeutic placement setting such as Enhanced Intensive Services Foster Care (E-ISFC) or an Enhanced STRTP (E-STRTP). For youth dually enrolled in Wraparound and an intensive service setting, the person-served’s CFT will determine which agency and which person is assigned as lead for the following tasks based on existing therapeutic relationships, treatment goals, and transition goals:
 - i. Advanced clinical services (example: therapy and psychiatry)
 - ii. Behavioral intervention/rehabilitation
 - iii. Case coordination such as CFT facilitation, case management, plan development
 - iv. Permanency work and family finding

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6. Wraparound team members shall have the flexibility to adjust service levels based on the needs of the youth and family. When the youth is in an intensive service setting, the Wraparound team will remain engaged and responsible for care coordination and other tasks as identified by the CFT and may need to decrease service intensity to avoid duplication with the placement provider. Wraparound teams shall also be flexible to increase service intensity when needed and as determined by the CFT.
7. Length of Stay:
 - i. The approximate length of stay for the traditional Wrap service line is nine (9) to twelve (12) months. While stated length of stay reflects general parameters, a youth and family's ongoing participation in the Wrap program is driven by their demonstrated need.

C. Super Wrap

1. In addition to the above-mentioned Wraparound services, the Contractor shall provide higher intensity Wrap services referred to as "Super Wrap" to four (4) youth, at any given time, who have been pre-authorized for these services by the County. Super Wrap team caseload size shall be one (1) youth per team. Contractor has discretion regarding team make-up.
2. Contractor shall ensure that the Super Wrap Team provides up to twenty-five (25) hours per week of care coordination and/or support services to the person served, on behalf of the person served, or to the Caregiver.
3. Contractor shall ensure that at least one staff person is available by phone and in person, if needed, 24 hours per day, 7 days per week during the service period to provide support and services to youth and their Caregivers on request.
4. Contractor shall ensure that each Super Wrap Team provides four (4) phases of effective Wrap care coordination and supportive services as outlined in Wraparound section 3 with these frequency modifications for Super Wrap participants:
 - i. Initial plan development. (All timelines are determined by date of first contact, which is to occur within 24 hours of receiving the referral.)
 1. Facilitator, in collaboration with the CFT shall develop a WAP within 14 calendar days of commencing Wrap services that will be reviewed at each CFT meeting, delineating SMART goals and the specific action steps that each member of the CFT will take to put the plan into effect in order to achieve the goals, including: what is going to be done, who is going to do it, when it should be completed, and how the CFT will know the action step is completed and whether it was effective.
 2. Clinician shall collaborate with the Person served and their Caregiver to complete an ecomap, genogram, PSC-35, and any other documentation required by the County within 14 calendar days of commencing Super Wrap services, unless otherwise noted.

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- ii. Plan implementation: During the next three (3) months of Super Wrap services:
 - 1. Facilitator, in collaboration with the referring CSW or DPO, shall ensure that the CFT meets no less frequently than every two (2) weeks in order to monitor progress since the prior CFT meeting; support the inclusion on the CFT of “natural supports,” that is individuals in the ecologies of Person served and their Caregiver who provide care and support; identify emerging skills and competencies, supports and resources that can be utilized to achieve objectives and foundational goals; develop hypotheses about how to achieve desired outcomes in short windows of time; and develop action steps designed to address larger foundational goals that can be accomplished weekly or monthly in order to maintain momentum by quickly demonstrating to Persons Served, their Caregiver(s), and other CFT members that progress is being made and there is hope for change.
 - 2. Facilitator, and Family Partner as needed, shall meet at least two (2) times per week with the Person served and their Caregiver to ensure that the action steps are taken, to troubleshoot difficulties they may have encountered, and provide assistance navigating systems as needed.
 - 3. Support Counselor shall meet at least two (2) times per week with the Person served and their Caregiver to review, coach and support behavioral interventions that may help shift behaviors, support insight building around connection between emotions, thoughts, and behaviors, and support identity building and strengthening.
 - 4. Therapist shall meet at least two (2) times per week with each Person served and/or their Caregiver to provide individual or family therapy as indicated and, utilizing evidence-based practices (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Internal Family Systems Therapy), to address the individual person served’s experience of relational and attachment trauma.
 - 5. Family Partner shall meet at least one (1) time every week with the Caregiver to provide support navigating the numerous systems of care and service provision impacting their lives.
 - iii. Transition: Approximately 45 calendar days prior to termination of Super Wrap services and support:
 - 1. Facilitator, Support Counselor, and Family Partner as appropriate, shall ensure the Person served and their Caregiver have adequate support systems, both formal and “natural,” to sustain progress achieved during Super Wrap, and that proper referrals have been made and no fewer than six (6) “warm handoffs” to ongoing formal service providers have been completed.
5. Length of Stay:
- i. The approximate length of stay for the Super Wrap service line is 90-days. While stated service timeline reflects general parameters, a youth and family’s length of stay in the Super Wrap program is driven by their demonstrated need.

Exhibit B-2

- ii. All extension requests for Super Wrap services would need to be presented to the County for approval. These presentations shall include the start date for Super Wrap services, the average frequency and duration of scheduled services, description of the youth's level of engagement and progress or lack of progress in treatment and any other relevant treatment information that would explain why this youth needs to remain at the Super Wrap level of service. The contractor shall also present a projected transition date for when the youth can return to traditional Wrap services.

D. Crisis Services

1. Contractor shall develop and implement a safety planning, response, and notification plan for all participants in Wrap and Super Wrap.
 - i. Contractor shall ensure Wrap staff are trained to implement safety and preventive measures when responding to any self-harming and/or other behaviors that pose risk to the youth or others. Wrap staff shall be prepared to initiate mobile response services by contacting the treating provider, FURS, or 911, as clinically indicated. Should the youth require an emergency evaluation for acute psychiatric hospitalization, Wrap staff shall take the necessary steps to ensure the youth receives the appropriate intervention to address the mental health crisis.
2. Contractor shall ensure that Wrap staff or Wrap administrator notify the CWS hotline, the Social Worker (SW), Deputy Probation Officer (DPO) and appropriate CWS Division Chief/Assistant Deputy Chief (ADC), or designee for all incidents that indicate a sign of threat or continued risk to the physical or mental health status of the Wrap youth including all such incidents that require a Critical Incident Report, as outlined in this agreement.
 - i. The Contractor shall then follow up with the SW by phone within one business day of the incident.
3. Contractor shall comply with the following when youth are referred for psychiatric hospitalization:
 - i. Notify the CWS hotline, the SW, DPO and appropriate CWS Division Chief/ADC, or designee as soon as it is reasonably safe to do so, but no later than the end of the day and complete a critical incident report.
 1. The Contractor shall then follow up with the SW by phone within one business day.
 - ii. Participate in case conferences, hospital discharge conference and/or the CFT meetings for youth referred for psychiatric hospitalization.
 - iii. Continue to provide Wrap services, to the extent possible, during the youth's hospitalization.
 - iv. Initiate a CFT meeting within 24 hours of youth's return to the community.

E. Additional Responsibilities

1. Maintain responsibility for necessary testimony and/or providing County with information needed to generate court reports, as outlined below:
 - i. Court Reports - Documented reports of assessment and evaluation findings, progress in treatment, recommendations for treatment and service plans regarding reunification, maintenance and termination of parental rights, and justification for recommendations.

Exhibit B-2

- ii. Court Testimony - Provide care plan updates when a court is considering reunification, maintenance, and/or termination of parental rights.
2. Upon notification of a pending court hearing, Contractor agrees to complete and submit to the County a "Periodic Review Report" twenty-one (21) calendar days prior to the court date or seven (7) calendar days after notification.
3. Maintain electronic health records and supply their own personal computers, Internet access, printers, signature pads and other network devices to meet statistical reporting requirements, report person-served and program outcomes and any State or County data requirements of the Katie A. Implementation Plan. Contractor shall also maintain capability to enter electronic billing data into County's electronic health record system. A computer with Internet access is required for both office and field-based staff.
4. Cooperate and participate with the County MHP in Quality Assurance/Improvement and Utilization Review Programs and grievance procedures and comply with all final determinations rendered by County's Quality Assurance/Improvement and Utilization Review Programs, unless the decision is reversed on appeal as set forth in the County MHP Provider Manual, incorporated herein by this reference. County's adverse decisions regarding Contractor's services to persons-served may result in the disallowance of payment for services rendered; or may result in additional controls to the delivery of services; or may result in the termination of this Agreement. County shall have sole discretion in the determination of Quality Assurance/Improvement and Utilization Review outcomes, decisions and actions.
5. Obtain signatures, as required, regarding consent:
 - i. Care provider can sign for day trips and other minor miscellaneous items.
 - ii. Court Order should suffice for most other items.
6. Assist with training County staff and the community in SB163 Wraparound Service processes and service options.
7. Develop training curriculum as County identifies a need.
8. Participate in County-offered trainings which may include but are not limited to topics such as Quality Parenting Initiative and The Neurosequential Model of Therapeutics (NMT).
9. Provide annual Civil Rights training to all staff at the beginning of every calendar year and will provide verification of training completion to DSS. DSS will provide documents needed for annual training and reporting.
10. Work collaboratively with other CWBC providers to develop and enter into Memorandum of Understanding or other business agreements between themselves that defines the processes and procedures for provision of services to foster youth, including, but not limited to the:
 - i. Case Planning
 - ii. Care Coordination
 - iii. Intensive Transition Planning
 - iv. Assessment
 - v. Transportation between service settings
 - vi. Information sharing
 - vii. Data collection and dissemination
11. Work with DPO on criminogenic risk factors for probation youth as addressed through contracted services as applicable.

Exhibit B-2

F. Admission, Transition and Discharge

1. Entry Criteria

All youth referred to the Wrap and Super Wrap services will have pre-approval from the County. This includes STRTP aftercare. Family First Prevention Services Act (FFPSA) Part IV mandates six months family-based aftercare services for children discharged from qualified residential treatment programs to family-based settings, including high-fidelity Wrap ([ACL 21-116](#)). Fresno County will be leveraging existing Wraparound services to meet this requirement.

2. Intake and Initial Assessment

Contractor shall respond to all Wrap and Super Wrap referrals within 24 hours of receipt. Youth referred to this program may have a current mental health assessment with their primary treatment provider. If that assessment was completed within the last six months and there have been no significant changes in the youth's symptoms, the Contractor shall obtain a copy of that assessment and use it to inform treatment planning. If there is no current mental health assessment, the youth's symptoms have changed significantly and/or the previous assessment was completed longer than six months ago, the Contractor shall complete a mental health assessment within 14 calendar days or as soon as clinically appropriate.

3. Transition and Discharge

Youth referred to the Wrap/Super Wrap program may be denied services if the youth does not meet medical necessity for specialty mental health services and/or the necessary criteria to be eligible for Wrap/Super Wrap services. Youth who are determined to be ineligible for these services will be linked to other appropriate services and resources.

Discharge is determined on a case-by-case basis depending on the youth's progress toward individualized treatment goals. Reasons for discharge include the youth or caregiver refuses or terminates services; the youth is transferred to another program mutually agreed upon by the youth, parent/caregiver, and Wrap; and/or mutual agreement that the treatment goals have been met. Reasonable efforts for youth/family who refuse or terminate services need to be documented to reflect attempted engagement.

All transitions and discharges shall be discussed in a CFT to ensure all members of the youths' support system are aware of the recommendation being made by the Contractor.

VI. STAFFING

A. Each Contractor shall provide the following staffing components, at minimum:

1. Staffing shall be appropriate and aligned with the Wrap or Super Wrap service model, which would include the following classifications: psychiatrist, licensed or unlicensed therapist, mental health rehabilitation specialist/other qualified professional, certified peer support specialist.

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2. Each Wrap and Super Wrap Team shall be comprised of:
 - a. One (1) Facilitator with a Mental Health Rehabilitation Specialist (MHRS) qualification or above who meets with the youth, their Caregiver, and other team members to complete assessments, individualized plans, and Wraparound Action Plans; organize and facilitate Family Team meetings; and ensure successful linkage of Persons Served and their Caregiver(s) to ongoing resources and support. The Facilitator shall also serve as a support and mentor to other members of the team, as needed.
 - A. Frequency of service for Wrap: at least one (1) contact per week
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week
 - b. A minimum of two (2) Support Counselors who are a bachelor's level paraprofessional who shall meet with the Person served to provide one-on-one support for the Person served, focusing on increasing the frequency of desired behaviors, gaining access to pro-social activities and resources within the community, and developing effective relationship-building skills.
 - A. Frequency of service for Wrap: at least one (1) contact per week
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week
 - c. One (1) Family Partner, who has lived experience, to provide support to the Person served and their Caregiver in navigating the numerous systems of care and service provision impacting their lives as needed.
 - A. Frequency of service for Wrap: at least one (1) contact every 2 weeks
 - B. Frequency of service for Super Wrap: at least one (1) contact per week
3. Ensure each Wrap and Super Wrap team has access to:
 - a. One (1) Individual or Family Therapist to meet with the youth and their Caregiver to provide individual or family therapy and utilizing evidence-based practices (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Internal Family Systems Therapy) to address youth's experience of relational and attachment trauma as needed. If the youth choose to continue therapy with their current mental health provider, the Wrap/Super Wrap therapist shall continue to provide consultation to the other members of the WRAP/Super Wrap team and will work in collaboration with the existing therapist to ensure joint services are provided appropriately.
 - A. Frequency of service for Wrap: at least one (1) contact per week as clinically appropriate
 - B. Frequency of service for Super Wrap: at least two (2) contacts per week as clinically appropriate
 - b. One (1) Psychiatrist to meet with the Person served to provide evaluation and assessment for psychotropic medication, clinical consultation, and assistance linking the Person served and their Caregiver to ongoing psychiatric services and support as needed and prioritizing continuity of care where possible.

Exhibit B-2

- A. The frequency of psychiatry services will be at least one (1) time per month for Wrap and Super Wrap participants.
4. Ensure there is no change to a youth's primary Wraparound team members when the youth transitions between the Wrap level of service and the Super Wrap level of service to preserve the therapeutic relationship and provide continuity of care.
5. Ensure that direct service staff reimbursed through this contract shall spend at least 65% of their paid work time providing and documenting direct service to clients or on behalf of clients. Administrative staff meetings, supervision meetings, and staff trainings shall not be included in the 65%.

VII. COUNTY RESPONSIBILITIES:

COUNTY shall:

- A. Assist Contractors' efforts to evaluate the needs of each enrolled youth on an ongoing basis to ensure each youth is receiving clinically appropriate services.
- B. Provide oversight and collaborate with contractors and other County Departments and community agencies to help achieve State program goals and outcomes. Oversight includes, but is not limited to, contract monitoring and coordination with the State Department of Health Care Services (DHCS) and California Department of Social Services (CDSS) in regard to program administration and outcomes.
- C. Assist Contractors in making linkages with the total mental health system of care. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
- D. Participate in evaluating overall program progress and efficiency and be available to contractors for ongoing consultation.
- E. Gather outcome information from target person served groups and Contractors throughout each term of this Agreement. County shall notify contractors when their participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
- F. Assist Contractors' efforts toward cultural and linguistic competency by providing the following to contractors:
 1. Technical assistance and training regarding cultural competency requirements at no cost to contractors.
 2. Mandatory cultural competency training for contractors' personnel, on an annual basis, at minimum.
 3. Technical assistance for translating information into County's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of contractors.

Exhibit B-2

VIII. REPORTS

Contractor shall track data and provide reporting on the following items and send all applicable information and reports to the following distribution list for County staff: DSS Staff Analyst, DSS Division Chief, DSS Social Work Supervisor and DBH Contract Analyst.

- 1) Contractors shall be expected to comply with all contract monitoring and compliance protocols, procedures, data collection methods, and reporting requirements conducted by County.
- 2) Contractors will be responsible for meeting with DBH and DSS on a monthly basis, or more often as agreed upon between DBH, DSS, and Contractors, for contract and performance monitoring.
- 3) Contractors will be required to submit monthly reports on performance measures to the County. Report formats will be established through County/Contractor collaboration. Outcome measures may change, based on information or measures needed. Required monthly reports include:
 - a) DSS Monthly Activity Report (MAR); and
 - b) Other reports as established by the County.
- 4) All reports will be due to the County by the 10th of each month and will be reviewed for accuracy. (If the 10th lands on a weekend or Holiday, reports will be due the next business day). Reimbursement for monthly expenses may be delayed in the event inaccurate reports are submitted.
- 5) Provide county with various reports through the length of the youth's enrollment in the program; a few of which are standardized and include: "Monthly Progress Report", "Discharge Presentation", "Individual Child and Family Plan Presentation Outline", and "Individual Child and Family Plan (ICFP)".
- 6) Contractor will report and document all major and/or sensitive incidents ("critical incidents") to the County pursuant to the procedures and timing outlined in Exhibit J "Fresno County Mental Health Plan Incident Report." The County, at its sole discretion, may require the Contractor to conduct all necessary follow-up activities after reporting critical incidents. If there is any doubt about whether an incident should be reported, the default shall be for the Contractor to report the incident to the County.
- 7) Additional reports and outcome information may be requested by County at a later date, as needed.

IX. GOALS/OUTCOMES

Contractor is required to submit measurable outcomes on a semi-annual, as identified in the DBH's Policy and Procedure Guide (PPG) 1.2.7 Performance Outcomes Measures. Performance outcome measures must be approved by DBH and DSS and satisfy all State and local mandates. County will provide technical assistance and support in defining measurable outcomes. The outcome measures and indicators provided below represent County DBH and DSS program goals to be achieved by the Contractor in addition to Contractor's developed outcomes. Outcomes for youth center on the following core areas: permanency, behavioral stability, symptom reduction, living situation stability, strengths development, and educational stability. Outcomes for persons-served vary based on their individual needs and challenges faced by the specific youth and their treatment plans; however, common quantifiable outcomes at the program level include:

Exhibit B-2

Fresno County Wraparound Contract Performance Expectations

Metric	Definition	Outcome Indicator
<p>Service utilization</p>	<p>Minimum service levels by the required staffing level in order to earn full payment</p>	<p>Wraparound: Ensure that the Wrap Team provides between 24 to 32 hours per month (about 6-8 per week) of care coordination and/or support services to Persons Served or to Person's Served Caregiver.</p> <p>Super Wrap: Ensure that the Super Wrap Team provides approximately 100 hours a month (about 25 hours a week) of care coordination and/or support services to the Person Served.</p> <p>In no case should the hours of service performed be less than the minimum above.</p>
<p>Service timeliness</p>	<p>Wrap</p> <ul style="list-style-type: none"> · Make contact with referral source within 24 hours · Initial face to face engagement meeting within 72 hours of referral · Follow-up meeting within 48 hours · CANS completion within 14 calendar days of initial meeting · Wrap Action Plan developed within 30 calendar days of initial meeting · CFT meeting within 30 calendar days of initial meeting (and w/n 24 hours of discharge form inpatient admission)- · Ecomap, genogram, PSC-35 created within 60 calendar days of initial meeting · CFT meetings no less than monthly- · Weekly activity with facilitator, family partner, youth and caregiver · Support counselor meets at least 1 x per week 	<p>90% compliance with service timeliness as documented in Monthly Activity Reports (MARs)</p>

Exhibit B-2

	<ul style="list-style-type: none"> · Transition planning occurs 1-2 months prior to end of Wrap <p><u>Super Wrap</u></p> <ul style="list-style-type: none"> · Make contact with referral source within 24 hours · Initial face to face engagement meeting within 72 hours of referral · Follow-up meeting within 48 hours · CANS completion within 14 calendar days of initial meeting · Wrap Action Plan developed within 15 calendar days of initial meeting · CFT meeting within 15 calendar days of initial meeting (and w/n 24 hours of discharge form inpatient admission)- · Ecomap, genogram, PSC-35 created within 15 calendar days of initial meeting · CFT meetings no less than every 2 weeks- · Activity with facilitator, youth and caregiver at least 2 x per week · Activity with family partner at least 1 x per week · Support counselor meets at least 2 x per week · Transition planning occurs 45 calendar days prior to end of Wrap 	
<p>Medi-Cal claimable Portions</p>	<p>Provider will implement policies and procedures to ensure as much service is claimed to Medi-Cal as possible. The assumption is a least 50% of the cost of the program, not inclusive of flex funds, will be billable to Medi-Cal.</p>	<p>Year 1: 50% Year 2: 60-65% Year 3: 70-75% Year 4-5: 75%+</p> <p>Provider is documenting and billing all Medi-Cal services and reporting billable units to the County for review on a monthly basis.</p>

Exhibit B-2

Improved behavioral/emotional needs	Youth shall have a reduction in action items in the Behavioral/Emotional Needs Domain, Risk Behaviors Domain and the Family Functioning and Living Situation items in the Life Functioning Domain from the initial CANS	90% of youth shall see a reduction
Improved strengths	Youth will have improved scores in the Strengths domain of the CANS	80% of youth shall show improvement on CANS at discharge compared to initial CANS
Permanency planning	Youth will have documented efforts during placement to identify and achieve legal or emotional/relational permanency	100% of youth
Increase Natural Supports	Youth will have an increase in the number of natural support people represented within the Child and Family Team	90% of youth
Permanency Planning	-Youth will have improved scores in the permanency module from the initial Child and Adolescent Needs and Strengths (CANS) Assessment to the discharge CANS Assessment, demonstrating increased family and natural support connection and/or achievement of permanency.	90% of youth
Transition to less restrictive placements	Youth accepted to the program will be transitioned to less restrictive placements to include but not limited to legal or emotional/relational permanency or with their family for stabilization and preservation of their family placement.	80% of youth
Client satisfaction	Youth shall report a positive experience of service and perceived symptom/behavior improvement as evidenced by client surveys.	75% of youth

In addition to the outcomes above being tracked on the MAR, Contractors shall utilize a computerized tracking system with which performance and outcome measures and other

Exhibit B-2

relevant person served data, such as demographics, will be maintained. The data tracking system may be incorporated into the Contractors' electronic health records (EHR) systems or in stand-alone databases (e.g., Access or Excel spreadsheets).

County must be afforded read-only access to the data tracking system. County may adjust the performance and outcome measures periodically throughout the duration of the Agreement, as needed, to best measure the program as determined by County and/or CDSS.

Exhibit C

Compensation

The Contractor(s) will be compensated for performance of its services under this Agreement as provided in this Exhibit C. The Contractor(s) is not entitled to any compensation except as expressly provided in this Exhibit C.

Contractor(s) is expected to work with the County and County partners to evaluate non-Medi-Cal billable services for opportunities in billing within the new opportunities presented through CalAIM as well as coordinated mental health care planning.

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WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.
Startup FY 2024-2025 (Upon execution - January 31, 2025)

Budget Categories - Line Item Description (Must be itemized)	FTE %	Salary	Total Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001 IHBS Division Director	0.163	\$ 12,420.00	\$6,073		\$6,073
0002 IHBS Assoc. Division Director	0.333	\$ 10,000.00	\$9,990		\$9,990
0003 Administrative Assistant (Hourly)	2.00	\$ 3,581.10	\$17,905.50		\$17,906
0004 Contract Specialist (Billing) (Hourly)	1.00	\$ 3,581.10	\$7,162		\$7,162
0005 Compliance Specialist (QA) (Hourly)	1.00	\$ 3,581.10	\$7,162		\$7,162
0006 Wraparound Program Director	1.00	\$ 8,280.00		\$24,840	\$24,840
0007 Clinical Supervisor/Head of Service	1.00	\$ 8,280.00		\$24,840	\$24,840
0008 Clinician	5.00	\$ 6,831.00		\$81,972	\$81,972
0009 Lead Facilitator/Core Program Manager	2.00	\$ 6,831.00		\$40,986	\$40,986
0010 Facilitator/Social Worker	7.00	\$ 6,037.16		\$108,669	\$108,669
0011 Lead Child and Family Specialist/Core Program Supervisor	2.50	\$ 5,729.76		\$40,108	\$40,108
0012 Child and Family Specialist (Hourly)	14.00	\$ 4,029.26		\$141,024	\$141,024
0013 Lead Parent Partner/Peer Support/Peer Partner	1.50	\$ 5,729.76		\$22,919	\$22,919
0014 Parent Partner (Hourly)	5.00	\$ 4,029.26		\$52,380	\$52,380
0015 Peer Partner (Hourly)	4.00	\$ 4,029.26		\$24,176	\$24,176
0016 Staff On Call Reimbursement				\$3,467	\$3,467
SALARY TOTAL			\$48,293	\$565,381	\$613,674
PAYROLL TAXES:					
0030 OASDI	6.2%		\$2,994	\$35,053.62	\$38,048
0031 FICA/MEDICARE	1.45%		\$700	\$8,198.02	\$8,898
0032 SUI	1.95%		\$942	\$11,024.93	\$11,967
PAYROLL TAX TOTAL	9.60%		\$4,636	\$54,277	\$58,913
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$724	\$8,480.71	\$9,205
0041 Workers Compensation	2%		\$966	\$11,307.62	\$12,273
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$4,636	\$54,276.57	\$58,913
0043 Fringe Benefits	2.30%		\$1,111	\$13,003.76	\$14,115
EMPLOYEE BENEFITS TOTAL	15.4%		\$7,437	\$87,069	\$94,506
SALARY & BENEFITS GRAND TOTAL	25.0%		\$12,073	\$141,345	\$767,093
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building					\$38,640
1011 Rent/Lease Equipment					\$1,087
1012 Utilities					\$8,700
1013 Building Maintenance					\$1,087
1014 Equipment purchase					
FACILITY/EQUIPMENT TOTAL					\$49,514
OPERATING EXPENSES:					
1060 Telephone					\$17,250
1061 Answering Service					\$0
1062 Postage					\$848
1063 Printing/Reproduction					\$848
1064 Publications					\$0
1065 Legal Notices/Advertising					\$10,315
1066 Office Supplies & Equipment					\$2,500
1067 Household Supplies					\$0
1068 Food					\$1,630
1069 Program Supplies/Supervised Activities- Therapeutic					\$6,857
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$26,625
1073 Staff Travel (Out of County)					\$7,500
1074 Staff Training/Registration					\$8,000
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$2,950
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals					\$30,500
OPERATING EXPENSES TOTAL					\$115,823
FINANCIAL SERVICES EXPENSES:					
1080 Accounting/Bookkeeping					\$0
1081 External Audit					\$0
1082 Liability Insurance					\$9,570
1083 Administrative Overhead					\$121,101
1084 Payroll Services					\$0
1085 Professional Liability Insurance					\$0
FINANCIAL SERVICES TOTAL					\$130,671

WRAPAROUND AND SUPER WRAPAROUND SERVICES

Aspiranet, Inc.

Budget Narrative - Startup FY 24-25 (Upon execution - January 31, 2025)

Exhibit C-1

Page 3 of 40

PROGRAM EXPENSES				
Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042				
0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations. For months 1-3.	0.163 FTE @	\$12,420.00 /mo =	\$6,073.38
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards. For months 1-3.	0.333 FTE @	\$10,000.00 /mo =	\$9,990.00
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public. 1 employed for month 1 @ \$3,581; 2 employed in months 2-3 @ \$14,324.	2.00 FTE @	\$3,581.10 /mo =	\$17,905.50
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws. None employed in month 1; 1 FTE employed in months 2-3.	1.00 FTE @	\$3,581.10 /mo =	\$7,162.20
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing. None employed in month 1; 1 FTE employed in months 2-3.	1.00 FTE @	\$3,581.10 /mo =	\$7,162.20
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice. For months 1-3.	1.00 FTE @	\$8,280.00 /mo =	\$24,840.00
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields. For months 1-3.	1.00 FTE @	\$8,280.00 /mo =	\$24,840.00
0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members. 2 FTE in month 1; 5 FTE in month 2-3	5.00 FTE @	\$6,831.00 /mo =	\$81,972.00

0009 -	Lead Facilitator/Core Program Manager The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators. 2 FTE for months 1-3	2.00 FTE @	\$6,831.00 /mo =	\$40,986.00
0010 -	Facilitator/Social Worker The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members. 4 FTE in month 1; 7 FTE in months 2-3.	7.00 FTE @	\$6,037.16 /mo =	\$108,668.88
0011 -	Lead Child and Family Specialist The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards. 2 in month 1; 2.5 in months 2-3.	2.50 FTE @	\$5,729.76 /mo =	\$40,108.32
0012 -	Child and Family Specialist (Hourly) Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources. 7 FTE in month 1; 14 FTE in months 2-3.	14.00 FTE @	\$4,029.26 /mo =	\$141,024.10
0013 -	Lead Parent Partner Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System. 1 FTE in month 1; 1.5 FTE in months 2-3.	1.50 FTE @	\$5,729.76 /mo =	\$22,919.04
0014 -	Parent Partner (Hourly) Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés. 3 FTE in month 1; 5 FTE in month 2-3.	5.00 FTE @	\$4,029.26 /mo =	\$52,380.38
0015 -	Peer Partner (Hourly) Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services. None employed in month 1; 2 FTE employed in month 2; 4 FTE employed in month 3.	4.00 FTE @	\$4,029.26 /mo =	\$24,175.56
0016 -	On-Call Staff Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours. \$0 in month 1; \$400 in month 2 for the last 2 weeks; \$800 in month 3.			\$3,466.67
			PAYROLL TAX TOTAL 9.6% =	58,912.73
			EMPLOYEE BENEFITS TOTAL 15.4% =	94,505.83
				\$767,093

Facilities/Equipment Expenses – Line Items 1010-1014	
1010 - Rent/Lease Building Estimated @ \$9,660/mo. In the first month, the lease cost is doubled due to paying first/last month's fees for a new space. In months 2-3, the charge will be the normal amount. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.	\$38,640.00
1011 - Rent/Lease Equipment Estimated at \$362.25/mo. for all 3 months. For Leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.	\$1,086.75
1012 - Utilities Estimated @ \$2,900/mo. for all 3 months based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.	\$8,700.00
1013 - Building Maintenance Estimated at \$362.25/mo. for all 3 months. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.	\$1,086.75
1014 - Equipment purchase	\$0.00
	\$49,513
Operating Expenses - Line Items 1060-1077	
1060 - Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo. This will be for all 3 months because phones will be ordered all at once and IT and teh admin will need lead time to get them set up for all the incoming staff.	\$17,250.00
1062 - Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. Estimated at \$282.67/mo. for all 3 months.	\$848.01
1063 - Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo. for all 3 months.	\$848.01
1065 - Legal Notices/Advertising - Includes cost of advertising for new staff. \$5,000 each in months 1-2 and \$315 in month 3 due to gradual staff onboarding.	\$10,315.00
1066 - Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.	\$2,499.99
1068 - Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated at \$0 in month 1 due to no clients, \$543.38 in month 2 for half the client load, and \$1,086.75/mo. for month 3 when full client census is reached.	\$1,630.13
1069 - Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,285.62/mo. for all 3 months in order to get our inventory stocked to be ready for clients.	\$6,856.86

1072 - Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Averages \$15,750/month. Will be \$3,000 in month 1 for training, meetings and other work related to program start-up; Will expand to half the monthly estimated cost at \$7,875 in month 2 as half the amount of clients are being served; and will be the full monthly amount in month 3 at \$15,750.	\$26,625.00
1073 - Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings. Estimated at \$2,500/month for months 1-3 due to training new staff, then drops in months 9-12.	\$7,500.00
1074 - Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum, estimated at \$10,000/year for training new staff and refresher courses. \$0 in month 1 while staff are getting onboarded; \$7,000 in month 2 to train the majority of the staff; and \$1,000 in month 3 for the last remaining staff to be trained.	\$8,000.00
1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. Estimated at \$0 in month 1 due to no clients served; \$half the monthly amount at 983.25 for half the amount of clients; and \$1,966.50 in month 3 for the full client census.	\$2,949.75
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. \$19,500 for sign-on bonuses for management and hard-to-fill positions - (13) at \$1,500 each + 44 Staff @ \$250 per staff = \$11,000 for months 1-3.	\$30,500.00
	\$115,823
Financial Services Expenses – Line Items 1080-1085	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$2,096.34 in month 1; \$3,670.15 in month 2; and \$3,803.54 in month 3.	\$ 9,570.03
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff. Estimated at \$40,367.08/mo for 3 months	\$ 121,101.25
	\$130,671
Special Expenses – Line Items 1090-1093	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$at \$8,976.88 in month 1; \$15,716.21 in month 2; and \$16,287.41 in month 3.	\$ 40,980.51
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated at \$0 in month 1 due to no clients; \$420 in month 2 due to half amount of clients; and \$840 in month 3 due to full client census.	\$ 1,260.00

1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. \$0 in month 1 due to no clients; \$3,541.67 in month 2 due to half amount of clients; and \$7,083.33 in month 3 due to full client census. \$ 10,625.00

1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 8 hours per week at \$125/hr. \$0 in month 1 due to no clients; \$2,166.67 in month 2 due to half amount of clients; and \$4,333.33 in month 3 due to full client census. \$ 6,500.00

\$59,365

Fixed Assets – Line Items 1190-1193

1190 - Computers and Software - Includes costs to connect technology equipment such as laptops, cell phones, computers. Will replace broken or malfunctioning items as needed.

QUANTITY	ITEM		COST PER UNIT	TOTAL
49	Monitor 24"	IT Equip	\$ 224.99	\$11,024.51
	Monitor 27"	IT Equip	\$ 339.99	\$0.00
2	Thick Client	IT Equip	\$ 1,011.45	\$2,022.90
47	Laptop w/standard build	IT Equip	\$ 1,097.80	\$51,596.60
	Laptop w/advance build	IT Equip	\$ 1,414.74	\$0.00
47	Laptop Carrying Bag	IT Equip	\$ 21.99	\$1,033.53
47	Docking Station	IT Equip	\$ 187.02	\$8,789.94
47	Cell Phone	IT Equip	\$ 700.00	\$32,900.00
11	Desk phones - Allworx 9204 phone	IT Equip	\$ 48.99	\$538.89
2	Admin Desk Phone - Allworx 9204	IT Equip	\$ 119.99	\$239.98
2	IT hookup	IT Equip	\$ 3,900.00	\$7,800.00
	Chromebook Touch Screen	IT Equip	\$ 430.00	\$0.00
		TOTAL		\$115,946.35

\$ 115,946.35

1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such as lobby, conference room, break room, etc.

QUANTITY	ITEM		COST PER UNIT	TOTAL
35	Desk/cubicle	Furniture	\$ 1,721.40	\$60,249.00
13	Admin Desk	Furniture	\$ 1,065.58	\$13,852.54
72	Desk Chairs	Furniture	\$ 100.00	\$7,200.00
5	File Cabinets	Furniture	\$ 300.00	\$1,500.00
13	Bookshelves	Furniture	\$ 200.00	\$2,600.00
2	Fridge	Furniture	\$ 1,200.00	\$2,400.00
1	Signage	Furniture	\$ 1,000.00	\$1,000.00
8	Lobby furniture chairs	Furniture	\$ 200.00	\$1,600.00
2	Lobby furniture side tables	Furniture	\$ 100.00	\$200.00
8	Office/Lobby Décor	Furniture	\$ 200.00	\$1,600.00
2	conference table	Furniture	\$ 750.00	\$1,500.00
		TOTAL		\$93,701.54

\$ 93,701.54

\$209,648

TOTAL PROGRAM EXPENSE: 1,332,114

WRAPAROUND AND SUPER WRAPAROUND SERVICES

Aspiranet, Inc.

Exhibit C-1

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FY 2024-2025 (February 1, 2025 - June 30, 2025)

Budget Categories - Line Item Description (Must be itemized)	FTE %	Total Budget			
		Salary	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001 IHBS Division Director	0.163	\$ 12,420.00	\$10,122		\$10,122
0002 IHBS Assoc. Division Director	0.333	\$ 10,000.00	\$16,650		\$16,650
0003 Administrative Assistant (Hourly)	2.00	\$ 3,581.10	\$35,811		\$35,811
0004 Contract Specialist (Billing) (Hourly)	1.00	\$ 3,581.10	\$17,906		\$17,906
0005 Compliance Specialist (QA) (Hourly)	1.00	\$ 3,581.10	\$17,906		\$17,906
0006 Wraparound Program Director	1.00	\$ 8,280.00		\$41,400	\$41,400
0007 Clinical Supervisor/Head of Service	1.00	\$ 8,280.00		\$41,400	\$41,400
0008 Clinician	5.00	\$ 6,831.00		\$170,775	\$170,775
0009 Lead Facilitator/Core Program Manager	2.00	\$ 6,831.00		\$68,310	\$68,310
0010 Facilitator/Social Worker	7.00	\$ 6,037.16		\$211,301	\$211,301
0011 Lead Child and Family Specialist/Core Program Supervisor	2.50	\$ 5,729.76		\$71,622	\$71,622
0012 Child and Family Specialist (Hourly)	14.00	\$ 4,029.26		\$282,048	\$282,048
0013 Lead Parent Partner/Peer Support/Peer Partner	1.50	\$ 5,729.76		\$42,973	\$42,973
0014 Parent Partner (Hourly)	5.00	\$ 4,029.26		\$100,732	\$100,732
0015 Peer Partner (Hourly)	4.00	\$ 4,029.26		\$80,585	\$80,585
0016 Staff On Call Reimbursement				\$4,000	\$4,000
SALARY TOTAL			\$98,394	\$1,115,146	\$1,213,540
PAYROLL TAXES:					
0030 OASDI	6.2%		\$6,100	\$69,139.03	\$75,239
0031 FICA/MEDICARE	1.45%		\$1,427	\$16,169.61	\$17,596
0032 SUI	1.95%		\$1,919	\$21,745.34	\$23,664
PAYROLL TAX TOTAL	9.60%		\$9,446	\$107,054	\$116,500
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$1,476	\$16,727.19	\$18,203
0041 Workers Compensation	2%		\$1,968	\$22,302.91	\$24,271
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$9,446	\$107,053.99	\$116,500
0043 Fringe Benefits	2.30%		\$2,263	\$25,648.35	\$27,911
EMPLOYEE BENEFITS TOTAL	15.4%		\$15,153	\$171,732	\$186,885
SALARY & BENEFITS GRAND TOTAL	25.0%		\$24,599	\$278,786	\$1,516,925
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building					\$48,300
1011 Rent/Lease Equipment					\$1,811
1012 Utilities					\$14,500
1013 Building Maintenance					\$1,811
1014 Equipment purchase					\$0
FACILITY/EQUIPMENT TOTAL					\$66,422
OPERATING EXPENSES:					
1060 Telephone					\$28,750
1061 Answering Service					\$0
1062 Postage					\$1,413
1063 Printing/Reproduction					\$2,544
1064 Publications					\$0
1065 Legal Notices/Advertising					\$1,580
1066 Office Supplies & Equipment					\$4,167
1067 Household Supplies					\$0
1068 Food					\$5,434
1069 Program Supplies/Supervised Activities- Therapeutic					\$11,428
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$78,750
1073 Staff Travel (Out of County)					\$1,389
1074 Staff Training/Registration					\$1,111
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$9,833
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals					\$2,500
OPERATING EXPENSES TOTAL					\$148,898
FINANCIAL SERVICES EXPENSES:					
1080 Accounting/Bookkeeping					\$0
1081 External Audit					\$0
1082 Liability Insurance					\$19,018
1083 Administrative Overhead					\$189,398
1084 Payroll Services					\$0
1085 Professional Liability Insurance					\$0
FINANCIAL SERVICES TOTAL					\$208,416

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.

Budget Narrative - FY 24-25 (February 1, 2025 - June 30, 2025)

PROGRAM EXPENSES				
Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042				
0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations.	0.163 FTE @	\$12,420.00 /mo =	\$10,122.30
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards.	0.333 FTE @	\$10,000.00 /mo =	\$16,650.00
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public.	2.00 FTE @	\$3,581.10 /mo =	\$35,811.00
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws.	1.00 FTE @	\$3,581.10 /mo =	\$17,905.50
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing.	1.00 FTE @	\$3,581.10 /mo =	\$17,905.50
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice.	1.00 FTE @	\$8,280.00 /mo =	\$41,400.00
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields.	1.00 FTE @	\$8,280.00 /mo =	\$41,400.00
0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members.	5.00 FTE @	\$6,831.00 /mo =	\$170,775.00
0009 -	Lead Facilitator/Core Program Manager	2.00 FTE @	\$6,831.00 /mo =	\$68,310.00

	The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators.			
0010 -	Facilitator/Social Worker	7.00 FTE @	\$6,037.16 /mo =	\$211,300.60
	The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members.			
0011 -	Lead Child and Family Specialist	2.50 FTE @	\$5,729.76 /mo =	\$71,622.00
	The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards.			
0012 -	Child and Family Specialist (Hourly)	14.00 FTE @	\$4,029.26 /mo =	\$282,048.20
	Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources.			
0013 -	Lead Parent Partner	1.50 FTE @	\$5,729.76 /mo =	\$42,973.20
	Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System.			
0014 -	Parent Partner (Hourly)	5.00 FTE @	\$4,029.26 /mo =	\$100,731.50
	Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés.			
0015 -	Peer Partner (Hourly)	4.00 FTE @	\$4,029.26 /mo =	\$80,585.20
	Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services.			
0016 -	On-Call Staff			\$4,000.00
	Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours.			
			PAYROLL TAX TOTAL 9.6% =	116,499.84
			EMPLOYEE BENEFITS TOTAL 15.4% =	186,885.16
				\$1,516,925

<u>Facilities/Equipment Expenses – Line Items 1010-1014</u>	
1010 - Rent/Lease Building Estimated @ \$9,660/mo. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.	\$48,300.00
1011 - Rent/Lease Equipment Estimated at \$362.25/mo. for leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.	\$1,811.11
1012 - Utilities Estimated @ \$2,900/mo. Based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.	\$14,500.00
1013 - Building Maintenance Estimated at \$362.25/mo. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.	\$1,811.11
1014 - Equipment purchase	\$0.00
	\$66,422
<u>Operating Expenses - Line Items 1060-1077</u>	
1060 - Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo.	\$28,750.00
1062 - Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. Estimated at \$282.67/mo.	\$1,413.35
1063 - Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo.	\$2,544.03
1065 - Legal Notices/Advertising - Includes cost of advertising for new staff, estimated \$315/mo.	\$1,580.00
1066 - Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.	\$4,166.65
1068 - Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated \$1086.75/mo.	\$5,433.75
1069 - Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,285.62/mo.	\$11,428.10
1072 - Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Averages \$15,750/month.	\$78,750.00
1073 - Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings.	\$1,388.85
1074 - Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum for training new staff and refresher courses.	\$1,111.11

1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. estimated at \$1,966.50/mo.	\$9,832.50
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. 10 Staff @ \$250 per staff	\$2,500.00
	\$148,898
Financial Services Expenses – Line Items 1080-1085	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$3,803.54/mo.	\$ 19,017.70
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff.	\$ 189,398.36
	\$208,416
Special Expenses – Line Items 1090-1093	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$16,287.41/mo.	\$ 81,437.05
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated \$840/mo.	\$ 4,200.00
1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. Estimated to be \$7,083.33/mo.	\$ 35,416.65
1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 8 hours per week at \$125/hr. = \$1,000/week x 52 weeks = \$52,000/12 x 9	\$ 21,666.65
	\$142,720
Fixed Assets – Line Items 1190-1193	
1190 - Computers and Software - Includes costs to connect technology equipment such as laptops, cell phones,	\$ -
1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such	\$ -
	\$0.00
TOTAL PROGRAM EXPENSE: <u>2,083,382</u>	

WRAPAROUND AND SUPER WRAPAROUND SERVICES

Aspiranet, Inc.

FY 2025-2026 (July 1, 2025 - June 30, 2026)

Exhibit C-1

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Budget Categories - Line Item Description (Must be itemized)	FTE %	Total Budget			
		Salary	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001 IHBS Division Director*	0.163	\$ 12,854.70	\$25,144		\$25,144
0002 IHBS Assoc. Division Director*	0.333	\$ 10,350.00	\$41,359		\$41,359
0003 Administrative Assistant (Hourly)*	2.00	\$ 3,706.44	\$88,955		\$88,955
0004 Contract Specialist (Billing) (Hourly)*	1.00	\$ 3,706.44	\$44,477		\$44,477
0005 Compliance Specialist (QA) (Hourly)*	1.00	\$ 3,706.44	\$44,477		\$44,477
0006 Wraparound Program Director*	1.00	\$ 8,569.80		\$102,838	\$102,838
0007 Clinical Supervisor/Head of Service *	1.00	\$ 8,569.80		\$102,838	\$102,838
0008 Clinician*	5.00	\$ 7,070.09		\$424,205	\$424,205
0009 Lead Facilitator/Core Program Manager*	2.00	\$ 7,070.09		\$169,682	\$169,682
0010 Facilitator/Social Worker*	7.00	\$ 6,248.46		\$524,871	\$524,871
0011 Lead Child and Family Specialist *	2.50	\$ 5,930.30		\$177,909	\$177,909
0012 Child and Family Specialist (Hourly)*	14.00	\$ 4,170.28		\$700,608	\$700,608
0013 Lead Parent Partner*	1.50	\$ 5,930.30		\$106,745	\$106,745
0014 Parent Partner (Hourly)*	5.00	\$ 4,170.28		\$250,217	\$250,217
0015 Peer Partner (Hourly)*	4.00	\$ 4,170.28		\$200,174	\$200,174
0016 Staff On Call Reimbursement				\$20,800	\$20,800
SALARY TOTAL			\$244,411	\$2,780,886	\$3,025,297
PAYROLL TAXES:					
0030 OASDI	6.2%		\$15,154	\$172,414.93	\$187,568
0031 FICA/MEDICARE	1.45%		\$3,544	\$40,322.85	\$43,867
0032 SUI	1.95%		\$4,766	\$54,227.28	\$58,993
PAYROLL TAX TOTAL	9.60%		\$23,463	\$266,965	\$290,428
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$3,666	\$41,713.29	\$45,379
0041 Workers Compensation	2%		\$4,888	\$55,617.72	\$60,506
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$23,463	\$266,965.05	\$290,429
0043 Fringe Benefits	2.30%		\$5,621	\$63,960.38	\$69,582
EMPLOYEE BENEFITS TOTAL	15.4%		\$37,639	\$428,256	\$465,896
SALARY & BENEFITS GRAND TOTAL	25.0%		\$61,103	\$695,221	\$3,781,621
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building *					\$119,977
1011 Rent/Lease Equipment *					\$4,499
1012 Utilities*					\$36,018
1013 Building Maintenance*					\$4,499
1014 Equipment purchase					\$0
FACILITY/EQUIPMENT TOTAL					\$164,993
OPERATING EXPENSES:					
1060 Telephone					\$69,000
1061 Answering Service					\$0
1062 Postage					\$3,392
1063 Printing/Reproduction					\$3,392
1064 Publications					\$0
1065 Legal Notices/Advertising*					\$3,912
1066 Office Supplies & Equipment					\$10,000
1067 Household Supplies					\$0
1068 Food*					\$13,497
1069 Program Supplies/Supervised Activities- Therapeutic*					\$28,387
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$189,000
1073 Staff Travel (Out of County)*					\$10,350
1074 Staff Training/Registration					\$10,000
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$24,424
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals*					\$2,588
OPERATING EXPENSES TOTAL					\$367,942
FINANCIAL SERVICES EXPENSES:					
1080 Accounting/Bookkeeping					\$0
1081 External Audit					\$0
1082 Liability Insurance					\$45,642
1083 Administrative Overhead					\$468,737
1084 Payroll Services					\$0
1085 Professional Liability Insurance					\$0
FINANCIAL SERVICES TOTAL					\$514,380
SPECIAL EXPENSES (Consultant/Etc.):					
1090 Consultant (network & data management)					\$195,448
1091 Translation Services					\$10,080
1092 Medication Supports					\$72,000
1093 Clinical Supervision					\$39,000
SPECIAL EXPENSES TOTAL					\$316,528

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.
Budget Narrative - FY 25-26 (July 1, 2025 - June 30, 2026)

Exhibit C-1
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PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations.	0.163 FTE @	\$12,854.70 /mo =	\$25,143.79
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards.	0.333 FTE @	\$10,350.00 /mo =	\$41,358.60
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public.	2.00 FTE @	\$3,706.44 /mo =	\$88,954.52
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws.	1.00 FTE @	\$3,706.44 /mo =	\$44,477.26
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing.	1.00 FTE @	\$3,706.44 /mo =	\$44,477.26
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice.	1.00 FTE @	\$8,569.80 /mo =	\$102,837.60
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields.	1.00 FTE @	\$8,569.80 /mo =	\$102,837.60
0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members.	5.00 FTE @	\$7,070.09 /mo =	\$424,205.10
0009 -	Lead Facilitator/Core Program Manager The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators.	1.83 FTE @	\$7,070.09 /mo =	\$169,682.04

0010 -	Facilitator/Social Worker The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members.	6.00 FTE @	\$6,248.46 /mo =	\$524,870.69
0011 -	Lead Child and Family Specialist The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards.	2.50 FTE @	\$5,930.30 /mo =	\$177,909.05
0012 -	Child and Family Specialist (Hourly) Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources.	14.00 FTE @	\$4,170.28 /mo =	\$700,607.73
0013 -	Lead Parent Partner Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System.	1.50 FTE @	\$5,930.30 /mo =	\$106,745.43
0014 -	Parent Partner (Hourly) Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés.	5.00 FTE @	\$4,170.28 /mo =	\$250,217.05
0015 -	Peer Partner (Hourly) Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services.	4.00 FTE @	\$4,170.28 /mo =	\$200,173.64
0016 -	On Call Staff Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours.			\$20,800.00
PAYROLL TAX TOTAL 9.6% =				290,428.00
EMPLOYEE BENEFITS TOTAL 15.4% =				465,895.79
\$3,781,621				

Facilities/Equipment Expenses – Line Items 1010-1014	
1010 - Rent/Lease Building Estimated @ \$9,998.10/mo. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.	\$119,977.20
1011 - Rent/Lease Equipment Estimated at \$374.90/mo. For leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.	\$4,498.80
1012 - Utilities Estimated @ \$3001.50/mo. based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.	\$36,018.00
1013 - Building Maintenance Estimated at \$374.90/mo. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.	\$4,498.80
1014 - Equipment purchase	\$0.00
	\$164,993
Operating Expenses - Line Items 1060-1077	
1060 - Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo.	\$69,000.00
1062 - Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. \$282.67/mo.	\$3,392.00
1063 - Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo.	\$3,392.00
1065 - Legal Notices/Advertising - Includes cost of advertising for new staff, estimated at an average of \$327.03/mo.	\$3,912.30
1066 - Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.	\$10,000.00
1068 - Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated \$1,124.79/mo.	\$13,497.44
1069 - Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,365.62/mo.	\$28,387.40
1072 - Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Estimated monthly costs of \$15,750.	\$189,000.00
1073 - Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings. Estimated at \$10,350/year.	\$10,350.00

1074 - Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum, estimated at \$10,000/year for training new staff and refresher courses.	\$10,000.00
1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. Estimated at \$2,035.33/mo.	\$24,423.93
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. 10 Staff @ \$258.75 per staff = \$2,587.50/year.	\$2,587.50
	\$367,942
<u>Financial Services Expenses – Line Items 1080-1085</u>	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$3,803.54/mo.	\$ 45,642.43
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff. Estimated at \$39,061.43/mo.	\$ 468,737.20
	\$514,380
<u>Special Expenses – Line Items 1090-1093</u>	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$16,287.33/mo.	\$ 195,447.94
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated 112 hours per year= \$10,080/year.	\$ 10,080.00
1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. Estimated to be \$6,000/mo.	\$ 72,000.00
1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 6 hours per week at \$125/hr. = \$750/week x 52 weeks = \$39,000.	\$ 39,000.00
	\$316,528

Fixed Assets – Line Items 1190-1193	
1190 - Computers and Software - Includes costs to connect technology equipment such as laptops and computers. Will replace broken or malfunctioning items as needed.	\$ 10,644.60
1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such as lobby, conference room, break room, etc.	\$ -
	\$10,644.60
TOTAL PROGRAM EXPENSE: <u>5,156,109</u>	

WRAPAROUND AND SUPER WRAPAROUND SERVICES

Aspiranet, Inc.

FY 2026-2027 (July 1, 2026 - June 30, 2027)

Exhibit C-1

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Budget Categories - Line Item Description (Must be itemized)	FTE %	Salary	Total Budget		Total
			Admin.	Direct	
PERSONNEL SALARIES:					
0001 IHBS Division Director	0.163	\$ 13,304.61	\$26,024		\$26,024
0002 IHBS Assoc. Division Director	0.333	\$ 10,712.25	\$42,806		\$42,806
0003 Administrative Assistant (Hourly)	2.00	\$ 3,836.16	\$92,068		\$92,068
0004 Contract Specialist (Billing) (Hourly)	1.00	\$ 3,836.16	\$46,034		\$46,034
0005 Compliance Specialist (QA) (Hourly)	1.00	\$ 3,836.16	\$46,034		\$46,034
0006 Wraparound Program Director	1.00	\$ 8,869.74		\$106,437	\$106,437
0007 Clinical Supervisor/Head of Service	1.00	\$ 8,869.74		\$106,437	\$106,437
0008 Clinician	5.00	\$ 7,317.54		\$439,052	\$439,052
0009 Lead Facilitator/Core Program Manager	2.00	\$ 7,317.54		\$175,621	\$175,621
0010 Facilitator/Social Worker	7.00	\$ 6,467.16		\$543,241	\$543,241
0011 Lead Child and Family Specialist	2.50	\$ 6,137.86		\$184,136	\$184,136
0012 Child and Family Specialist (Hourly)	14.00	\$ 4,316.24		\$725,129	\$725,129
0013 Lead Parent Partner	1.50	\$ 6,137.86		\$110,482	\$110,482
0014 Parent Partner (Hourly)	5.00	\$ 4,316.24		\$258,975	\$258,975
0015 Peer Partner (Hourly)	4.00	\$ 4,316.24		\$207,180	\$207,180
0016 Staff On Call Reimbursement				\$20,800	\$20,800
SALARY TOTAL			\$252,966	\$2,877,489	\$3,130,455
PAYROLL TAXES:					
0030 OASDI	6.2%		\$15,684	\$178,404.31	\$194,088
0031 FICA/MEDICARE	1.45%		\$3,668	\$41,723.59	\$45,392
0032 SUI	1.95%		\$4,933	\$56,111.03	\$61,044
PAYROLL TAX TOTAL	9.60%		\$24,285	\$276,239	\$300,524
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$3,794	\$43,162.33	\$46,957
0041 Workers Compensation	2%		\$5,059	\$57,549.78	\$62,609
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$24,285	\$276,238.94	\$300,524
0043 Fringe Benefits	2.30%		\$5,818	\$66,182.25	\$72,000
EMPLOYEE BENEFITS TOTAL	15.4%		\$38,957	\$443,133	\$482,090
SALARY & BENEFITS GRAND TOTAL	25.0%		\$63,241	\$719,372	\$3,913,068
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building *					\$124,176
1011 Rent/Lease Equipment *					\$4,656
1012 Utilities*					\$37,279
1013 Building Maintenance*					\$4,656
1014 Equipment purchase					
FACILITY/EQUIPMENT TOTAL					\$170,768
OPERATING EXPENSES:					
1060 Telephone					\$69,000
1061 Answering Service					\$0
1062 Postage					\$3,392
1063 Printing/Reproduction					\$3,392
1064 Publications					\$0
1065 Legal Notices/Advertising*					\$4,049
1066 Office Supplies & Equipment					\$10,000
1067 Household Supplies					\$0
1068 Food*					\$13,970
1069 Program Supplies/Supervised Activities- Therapeutic*					\$29,381
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$189,000
1073 Staff Travel (Out of County)*					\$10,712
1074 Staff Training/Registration					\$10,000
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$25,279
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals*					\$2,678
OPERATING EXPENSES TOTAL					\$370,853

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$0
1082	Liability Insurance	\$45,642
1083	Administrative Overhead	\$482,750
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$528,393

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$195,448
1091	Translation Services	\$10,080
1092	Medication Supports	\$72,000
1093	Clinical Supervision	\$39,000
SPECIAL EXPENSES TOTAL		\$316,528

FIXED ASSETS:

1190	Computers & Software	\$10,645
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$10,645

TOTAL PROGRAM EXPENSES \$5,310,255

MEDI-CAL REVENUE:

Service	Provider	Hours	Rate	Amount
Mental Health Services (Therapy)	LPHA	1,388.50	\$306.09	425,005.97
Case Management	Other Qualified Provider	-	\$230.28	-
Crisis Services	LPHA	-	\$306.09	-
Medication Support	Psychiatrist	184.80	\$1,176.12	217,346.98
Collateral, Plan Development, Rehab, ICC	Other Qualified Provider	7,984.20	\$230.28	1,838,601.67
		9,557.50		\$ 2,480,955

OTHER REVENUE:

4000	Other - (Identify)			
4100	Other - (Identify)			
4200	Other - (Identify)			
4300	Other - (Identify)			
OTHER REVENUE TOTAL				\$2,829,300
		TOTAL PROGRAM REVENUE		\$ 5,310,255
		Total Medi-Cal Revenue		\$2,480,955
		Total Medi-Cal Units		9,557.50
		Averaged Medi-Cal cost per unit		\$260
		Non Medi-Cal Billable Service Cost		\$2,829,300
		Total Non Medi-Cal Billable Units		600
		Non Medi-Cal cost per unit		\$4,715

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.

Exhibit C-1
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Budget Narrative - FY 26-27 (July 1, 2026 - June 30, 2027)

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations.	0.163 FTE @	\$13,304.61 /mo =	\$26,023.83
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards.	0.333 FTE @	\$10,712.25 /mo =	\$42,806.15
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public.	2.00 FTE @	\$3,836.16 /mo =	\$92,067.93
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws.	1.00 FTE @	\$3,836.16 /mo =	\$46,033.97
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing.	1.00 FTE @	\$3,836.16 /mo =	\$46,033.97
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice.	1.00 FTE @	\$8,869.74 /mo =	\$106,436.92
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields.	1.00 FTE @	\$8,869.74 /mo =	\$106,436.92

0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members.	5.00 FTE @	\$7,317.54 /mo =	\$439,052.28
0009 -	Lead Facilitator/Core Program Manager The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators.	1.83 FTE @	\$7,317.54 /mo =	\$175,620.91
0010 -	Facilitator/Social Worker The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members.	6.00 FTE @	\$6,467.16 /mo =	\$543,241.16
0011 -	Lead Child and Family Specialist The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards.	2.50 FTE @	\$6,137.86 /mo =	\$184,135.86
0012 -	Child and Family Specialist (Hourly) Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources.	14.00 FTE @	\$4,316.24 /mo =	\$725,129.00
0013 -	Lead Parent Partner Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System.	1.50 FTE @	\$6,137.86 /mo =	\$110,481.52
0014 -	Parent Partner (Hourly) Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés.	5.00 FTE @	\$4,316.24 /mo =	\$258,974.64

0015 -	Peer Partner (Hourly) Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services.	4.00 FTE @	\$4,316.24 /mo =	\$207,179.71
0016 -	On Call Staff Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours.			\$20,800.00
			PAYROLL TAX TOTAL 9.6% =	300,523.66
			EMPLOYEE BENEFITS TOTAL 15.4% =	482,090.03
				\$3,913,068
Facilities/Equipment Expenses – Line Items 1010-1014				
	1010 - Rent/Lease Building Estimated @ \$10,348.03/mo. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.			\$124,176.40
	1011 - Rent/Lease Equipment Estimated at \$388.02/mo. For leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.			\$4,656.26
	1012 - Utilities Estimated @ \$3,106.55/mo. based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.			\$37,278.63
	1013 - Building Maintenance Estimated at \$388.02/mo. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.			\$4,656.26
	1014 - Equipment purchase			\$0.00
				\$170,768
Operating Expenses - Line Items 1060-1077				
	1060 - Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo.			\$69,000.00
	1062 - Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. \$282.67/mo.			\$3,392.00
	1063 - Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo.			\$3,392.00
	1065 - Legal Notices/Advertising - Includes cost of advertising for new staff, estimated \$337.44/mo.			\$4,049.23

1066 - Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.	\$10,000.00
1068 - Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated \$1,164.15/mo.	\$13,969.85
1069 - Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,448.41/mo.	\$29,380.96
1072 - Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Estimated monthly costs of \$15,750.	\$189,000.00
1073 - Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings. Estimated at \$10,712.25/year.	\$10,712.25
1074 - Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum, estimated at \$10,000/year for training new staff and refresher courses.	\$10,000.00
1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. estimated at \$2,106.56/mo.	\$25,278.77
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. 10 Staff @ \$267.81 per staff = \$2,678.06/year.	\$2,678.06
	\$370,853
Financial Services Expenses – Line Items 1080-1085	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$3,803.54/mo.	\$ 45,642.43
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff. Estimated at \$40,229.20/mo.	\$ 482,750.41
	\$528,393
Special Expenses – Line Items 1090-1093	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$16,287.33/mo.	\$ 195,447.94
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated 112 hours per year= \$10,080/year.	\$ 10,080.00

1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. Estimated to be \$6,000/mo.	\$ 72,000.00
1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 6 hours per week at \$125/hr. = \$750/week x 52 weeks = \$39,000.	\$ 39,000.00
	\$316,528
Fixed Assets – Line Items 1190-1193	
1190 - Computers and Software - Includes costs to connect technology equipment such as laptops and computers. Will replace broken or malfunctioning items as needed.	\$ 10,644.60
1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such as lobby, conference room, break room, etc.	\$ -
	\$10,644.60
TOTAL PROGRAM EXPENSE: <u>5,310,255</u>	

WRAPAROUND AND SUPER WRAPAROUND SERVICES

Aspiranet, Inc.

Exhibit C-1

Page 28 of 40

FY 2027-2028 (July 1, 2027 - June 30, 2028)

Budget Categories - Line Item Description (Must be itemized)	FTE %	Total Budget			
		Salary	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001 IHBS Division Director	0.163	\$ 13,770.28	\$26,935		\$26,935
0002 IHBS Assoc. Division Director	0.333	\$ 11,087.18	\$44,304		\$44,304
0003 Administrative Assistant (Hourly)	2.00	\$ 3,970.43	\$95,290		\$95,290
0004 Contract Specialist (Billing) (Hourly)	1.00	\$ 3,970.43	\$47,645		\$47,645
0005 Compliance Specialist (QA) (Hourly)	1.00	\$ 3,970.43	\$47,645		\$47,645
0006 Wraparound Program Director	1.00	\$ 9,180.18		\$110,162	\$110,162
0007 Clinical Supervisor/Head of Service	1.00	\$ 9,180.18		\$110,162	\$110,162
0008 Clinician	5.00	\$ 7,573.65		\$454,419	\$454,419
0009 Lead Facilitator/Core Program Manager	2.00	\$ 7,573.65		\$181,768	\$181,768
0010 Facilitator/Social Worker	7.00	\$ 6,693.51		\$562,255	\$562,255
0011 Lead Child and Family Specialist	2.50	\$ 6,352.69		\$190,581	\$190,581
0012 Child and Family Specialist (Hourly)	14.00	\$ 4,467.31		\$750,509	\$750,509
0013 Lead Parent Partner	1.50	\$ 6,352.69		\$114,348	\$114,348
0014 Parent Partner (Hourly)	5.00	\$ 4,467.31		\$268,039	\$268,039
0015 Peer Partner (Hourly)	4.00	\$ 4,467.31		\$214,431	\$214,431
0016 Staff On Call Reimbursement				\$20,800	\$20,800
SALARY TOTAL			\$261,820	\$2,977,473	\$3,239,293
PAYROLL TAXES:					
0030 OASDI	6.2%		\$16,233	\$184,603.33	\$200,836
0031 FICA/MEDICARE	1.45%		\$3,796	\$43,173.36	\$46,970
0032 SUI	1.95%		\$5,105	\$58,060.72	\$63,166
PAYROLL TAX TOTAL	9.60%		\$25,135	\$285,837	\$310,972
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$3,927	\$44,662.10	\$48,589
0041 Workers Compensation	2%		\$5,236	\$59,549.46	\$64,786
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$25,135	\$285,837.41	\$310,972
0043 Fringe Benefits	2.30%		\$6,022	\$68,481.88	\$74,504
EMPLOYEE BENEFITS TOTAL	15.4%		\$40,320	\$458,531	\$498,851
SALARY & BENEFITS GRAND TOTAL	25.0%		\$65,455	\$744,368	\$4,049,116
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building *					\$128,523
1011 Rent/Lease Equipment *					\$4,819
1012 Utilities*					\$38,583
1013 Building Maintenance*					\$4,819
1014 Equipment purchase					\$8,871
FACILITY/EQUIPMENT TOTAL					\$185,615
OPERATING EXPENSES:					
1060 Telephone					\$69,000
1061 Answering Service					\$0
1062 Postage					\$3,392
1063 Printing/Reproduction					\$3,392
1064 Publications					\$0
1065 Legal Notices/Advertising*					\$4,191
1066 Office Supplies & Equipment					\$10,000
1067 Household Supplies					\$0
1068 Food*					\$14,459
1069 Program Supplies/Supervised Activities- Therapeutic*					\$30,409
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$189,000
1073 Staff Travel (Out of County)*					\$11,087
1074 Staff Training/Registration					\$10,000
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$26,164
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals*					\$2,772
OPERATING EXPENSES TOTAL					\$373,865

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$0
1082	Liability Insurance	\$45,642
1083	Administrative Overhead	\$498,141
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$543,783

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$195,448
1091	Translation Services	\$10,080
1092	Medication Supports	\$72,000
1093	Clinical Supervision	\$39,000
SPECIAL EXPENSES TOTAL		\$316,528

FIXED ASSETS:

1190	Computers & Software	\$10,645
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$10,645

TOTAL PROGRAM EXPENSES \$5,479,552

MEDI-CAL REVENUE:

Service	Provider Type	Hours	Rate	Amount
Mental Health Services (Therapy)	LPHA	1,388.50	\$306.09	425,005.97
Case Management	Other Qualified Provider	-	\$230.28	-
Crisis Services	LPHA	-	\$306.09	-
Medication Support	Psychiatrist	184.80	\$1,176.12	217,346.98
Collateral, Plan Development, Rehab, ICC	Other Qualified Provider	7,984.20	\$230.28	1,838,601.67
		9,557.50		\$ 2,480,955

OTHER REVENUE:

4000	Other - (Identify)			
4100	Other - (Identify)			
4200	Other - (Identify)			
4300	Other - (Identify)			
OTHER REVENUE TOTAL				\$2,998,598
		TOTAL PROGRAM REVENUE		\$ 5,479,552
		Total Medi-Cal Revenue		\$2,480,955
		Total Medi-Cal Units		9,557.50
		Averaged Medi-Cal cost per unit		\$260
		Non Medi-Cal Billable Service Cost		\$2,998,598
		Total Non Medi-Cal Billable Units		600
		Non Medi-Cal cost per unit		\$4,998

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.

Budget Narrative - FY 27-28 (July 1, 2027 - June 30, 2028)

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations.	0.163 FTE @	\$13,770.28 /mo =	\$26,934.66
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards.	0.333 FTE @	\$11,087.18 /mo =	\$44,304.37
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public.	2.00 FTE @	\$3,970.43 /mo =	\$95,290.31
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws.	1.00 FTE @	\$3,970.43 /mo =	\$47,645.15
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing.	1.00 FTE @	\$3,970.43 /mo =	\$47,645.15
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice.	1.00 FTE @	\$9,180.18 /mo =	\$110,162.21
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields.	1.00 FTE @	\$9,180.18 /mo =	\$110,162.21
0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members.	5.00 FTE @	\$7,573.65 /mo =	\$454,419.11

0009 -	Lead Facilitator/Core Program Manager The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators.	1.83 FTE @	\$7,573.65 /mo =	\$181,767.64
0010 -	Facilitator/Social Worker The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members.	6.00 FTE @	\$6,693.51 /mo =	\$562,254.61
0011 -	Lead Child and Family Specialist The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards.	2.50 FTE @	\$6,352.69 /mo =	\$190,580.62
0012 -	Child and Family Specialist (Hourly) Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources.	14.00 FTE @	\$4,467.31 /mo =	\$750,508.51
0013 -	Lead Parent Partner Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System.	1.50 FTE @	\$6,352.69 /mo =	\$114,348.37
0014 -	Parent Partner (Hourly) Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés.	5.00 FTE @	\$4,467.31 /mo =	\$268,038.76
0015 -	Peer Partner (Hourly) Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services.	4.00 FTE @	\$4,467.31 /mo =	\$214,431.00

0016 -	On Call Staff Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours.	\$20,800.00
	PAYROLL TAX TOTAL 9.6% =	310,972.10
	EMPLOYEE BENEFITS TOTAL 15.4% =	498,851.07
		\$4,049,116
Facilities/Equipment Expenses – Line Items 1010-1014		
1010 - Rent/Lease Building Estimated @ \$10,710.21/mo. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.		\$128,522.58
1011 - Rent/Lease Equipment Estimated at \$401.60/mo. For leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.		\$4,819.23
1012 - Utilities Estimated @ \$3,215.28/mo. based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.		\$38,583.38
1013 - Building Maintenance Estimated at \$401.60/mo. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.		\$4,819.23
1014 - Equipment purchase - \$8,870.50 allocated to purchase broken/outdated equipment such as printers, cell phones, etc.		\$8,870.50
		\$185,615
Operating Expenses - Line Items 1060-1077		
1060 - Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo.		\$69,000.00
1062 - Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. \$282.67/mo.		\$3,392.00
1063 - Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo.		\$3,392.00
1065 - Legal Notices/Advertising - Includes cost of advertising for new staff, estimated \$349.25/mo.		\$4,190.95
1066 - Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.		\$10,000.00
1068 - Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated \$1,204.90/mo.		\$14,458.79
1069 - Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,534.11/mo.		\$30,409.29

1072 - Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Estimated monthly costs of \$15,750.	\$189,000.00
1073 - Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings. Estimated at \$11,087.18/year.	\$11,087.18
1074 - Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum, estimated at \$10,000/year for training new staff and refresher courses.	\$10,000.00
1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. estimated at \$2,180.29/mo.	\$26,163.52
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. 10 Staff @ \$277.18 per staff = \$2,771.79/year.	\$2,771.79
	\$373,865
Financial Services Expenses – Line Items 1080-1085	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$3,803.54/mo.	\$ 45,642.43
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff. Estimated at \$41,511.76/mo.	\$ 498,141.13
	\$543,783
Special Expenses – Line Items 1090-1093	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$16,287.33/mo.	\$ 195,447.94
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated 112 hours per year= \$10,080/year.	\$ 10,080.00
1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. Estimated to be \$6,000/mo.	\$ 72,000.00
1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 6 hours per week at \$125/hr. = \$750/week x 52 weeks = \$39,000.	\$ 39,000.00
	\$316,528

Fixed Assets – Line Items 1190-1193	
1190 - Computers and Software - Includes costs to connect technology equipment such as laptops and computers. Will replace broken or malfunctioning items as needed.	\$ 10,644.60
1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such as lobby, conference room, break room, etc.	\$ -
	\$10,645
TOTAL PROGRAM EXPENSE: <u>5,479,552</u>	

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.
FY 2028-2029 (July 1, 2028 - June 30, 2029)

Exhibit C-1
Page 35 of 40

Budget Categories - Line Item Description (Must be itemized)	FTE %	Total Budget			
		Salary	Admin.	Direct	Total
PERSONNEL SALARIES:					
0001 IHBS Division Director	0.163	\$ 14,252.24	\$27,877		\$27,877
0002 IHBS Assoc. Division Director	0.333	\$ 11,475.23	\$45,855		\$45,855
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0004 Contract Specialist (Billing) (Hourly)	1.00	\$ 4,109.39	\$49,313		\$49,313
0005 Compliance Specialist (QA) (Hourly)	1.00	\$ 4,109.39	\$49,313		\$49,313
0006 Wraparound Program Director	1.00	\$ 9,501.49		\$114,018	\$114,018
0007 Clinical Supervisor/Head of Service	1.00	\$ 9,501.49		\$114,018	\$114,018
0008 Clinician	5.00	\$ 7,838.73		\$470,324	\$470,324
0009 Lead Facilitator/Core Program Manager	2.00	\$ 7,838.73		\$188,130	\$188,130
0010 Facilitator/Social Worker	7.00	\$ 6,927.78		\$581,934	\$581,934
0011 Lead Child and Family Specialist	2.50	\$ 6,575.03		\$197,251	\$197,251
0012 Child and Family Specialist (Hourly)	14.00	\$ 4,623.67		\$776,776	\$776,776
0013 Lead Parent Partner	1.50	\$ 6,575.03		\$118,351	\$118,351
0014 Parent Partner (Hourly)	5.00	\$ 4,623.67		\$277,420	\$277,420
0015 Peer Partner (Hourly)	4.00	\$ 4,623.67		\$221,936	\$221,936
0016 Staff On Call Reimbursement				\$20,800	\$20,800
SALARY TOTAL			\$270,983	\$3,080,957	\$3,351,940
PAYROLL TAXES:					
0030 OASDI	6.2%		\$16,801	\$191,019.31	\$207,820
0031 FICA/MEDICARE	1.45%		\$3,929	\$44,673.87	\$48,603
0032 SUI	1.95%		\$5,284	\$60,078.65	\$65,363
PAYROLL TAX TOTAL	9.60%		\$26,014	\$295,772	\$321,786
EMPLOYEE BENEFITS:					
0040 Retirement	1.50%		\$4,065	\$46,214.35	\$50,279
0041 Workers Compensation	2%		\$5,420	\$61,619.13	\$67,039
0042 Health Insurance (medical, vision, life, dental)	9.60%		\$26,014	\$295,771.83	\$321,786
0043 Fringe Benefits	2.30%		\$6,233	\$70,862.00	\$77,095
EMPLOYEE BENEFITS TOTAL	15.4%		\$41,731	\$474,467	\$516,199
SALARY & BENEFITS GRAND TOTAL	25.0%		\$67,746	\$770,239	\$4,189,925
FACILITIES/EQUIPMENT EXPENSES:					
1010 Rent/Lease Building *					\$133,021
1011 Rent/Lease Equipment *					\$4,988
1012 Utilities*					\$39,934
1013 Building Maintenance*					\$4,988
1014 Equipment purchase					\$8,871
FACILITY/EQUIPMENT TOTAL					\$191,801
OPERATING EXPENSES:					
1060 Telephone					\$69,000
1061 Answering Service					\$0
1062 Postage					\$3,392
1063 Printing/Reproduction					\$3,392
1064 Publications					\$0
1065 Legal Notices/Advertising*					\$4,338
1066 Office Supplies & Equipment					\$10,000
1067 Household Supplies					\$0
1068 Food*					\$14,965
1069 Program Supplies/Supervised Activities- Therapeutic*					\$31,474
1070 Program Supplies - Medical					\$0
1071 Transportation of Clients					\$0
1072 Staff Mileage/vehicle maintenance					\$189,000
1073 Staff Travel (Out of County)*					\$11,475
1074 Staff Training/Registration					\$10,000
1075 Lodging					\$0
1076 Other - Life Domains (Housing Support, Supplies, Clothing, Utilities)*					\$27,079
1077 Other - Hiring Cost, Fingerprinting, Employee Physicals*					\$2,869
OPERATING EXPENSES TOTAL					\$376,983

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$0
1082	Liability Insurance	\$45,642
1083	Administrative Overhead	\$513,152
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
FINANCIAL SERVICES TOTAL		\$558,795

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	\$195,448
1091	Translation Services	\$10,080
1092	Medication Supports	\$72,000
1093	Clinical Supervision	\$39,000
SPECIAL EXPENSES TOTAL		\$316,528

FIXED ASSETS:

1190	Computers & Software	\$10,645
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$10,645

TOTAL PROGRAM EXPENSES \$5,644,677

MEDI-CAL REVENUE:

Service	Provider Type	Hours	Rate	Amount
Mental Health Services (Therapy)	LPHA	1,388.50	\$306.09	425,005.97
Case Management	Other Qualified Provider	-	\$230.28	-
Crisis Services	LPHA	-	\$306.09	-
Medication Support	Psychiatrist	184.80	\$1,176.12	217,346.98
Collateral, Plan Development, Rehab, ICC	Other Qualified Provider	7,984.20	\$230.28	1,838,601.67
		9,557.50		\$ 2,480,955

OTHER REVENUE:

4000	Other - (Identify)			
4100	Other - (Identify)			
4200	Other - (Identify)			
4300	Other - (Identify)			
OTHER REVENUE TOTAL				\$3,163,722
TOTAL PROGRAM REVENUE				\$ 5,644,677

		Total Medi-Cal Revenue	\$2,480,955
		Total Medi-Cal Units	9,557.50
		Averaged Medi-Cal cost per unit	\$260
		Non Medi-Cal Billable Service Cost	\$3,163,722
		Total Non Medi-Cal Billable Units	600
		Non Medi-Cal cost per unit	\$5,273

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Aspiranet, Inc.

Exhibit C-1
Page 37 of 40

Budget Narrative - FY 28-29 (July 1, 2028 - June 30, 2029)

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042

0001 -	IHBS Division Director Oversees all Aspiranet Intensive Home-Based Services (IHBS) programs, ensuring contract compliance. Directly supervises managers who are responsible for program, budget, and operations.	0.163 FTE @	\$14,252.24 /mo =	\$27,877.37
0002 -	IHBS Assoc. Division Director Assists IHBS Division Director in supporting local Program Directors/ Supervisors with hiring, training, performance managing staff, program oversight, QA, compliance, productivity oversight, and TJC accreditation standards.	0.333 FTE @	\$11,475.23 /mo =	\$45,855.02
0003 -	Administrative Assistant (Hourly) Provides administrative support to Program Director, management team, and employees. Assist with daily program operations, completing employee safety and environment of care, data entry, filing, database management, and providing customer service to clients, community partners, and the public.	2.00 FTE @	\$4,109.39 /mo =	\$98,625.47
0004 -	Contract Specialist (Billing) (Hourly) Assures that the program is in compliance with all County contractual requirements, including submission of required data, budget reviews, and federal and state laws.	1.00 FTE @	\$4,109.39 /mo =	\$49,312.74
0005 -	Compliance Specialist (QA) (Hourly) Implements county and agency QA policy and procedures for the Wraparound program. Ensures utilization reviews and audits are completed, and data collected is shared and used to increase the efficacy of staff and program compliance. Provides ongoing support to staff with compliance expectations associated with documentation and billing.	1.00 FTE @	\$4,109.39 /mo =	\$49,312.74
0006 -	Wraparound Program Director The Wrap Program Director serves as the administrative and clinical leader of Wrap program operations. Sees that all components of the contract are met, including fidelity of the model; evaluates performance outcomes; manages daily operations; approves and tracks all expenditures; addresses operational barriers; develops systems to sustain best practice.	1.00 FTE @	\$9,501.49 /mo =	\$114,017.89
0007 -	Clinical Supervisor/Head of Service The Clinical Supervisor provides clinical oversight and supervision to all Wrap staff and program components after hours/weekends or in the absence of the Program Manager. The Clinical Supervisor reports to the Program Director and can also assist in the field with the mobile response team. California Licensed Marriage Family Therapist or Licensed Clinical Social Worker. Meets the BBS qualifications to provide clinical supervision. Ability to develop and provide training; Ability to supervise to evidence-based practices utilized by the agency (must be trained in the EB practices). Two years of experience providing clinical supervision to staff in family or child mental health or related fields.	1.00 FTE @	\$9,501.49 /mo =	\$114,017.89
0008 -	Clinician Provides individual and/or family therapy; provides assessment, development, implementation, and evaluation of mental health Treatment Plans; promotes and ensures collaboration and ongoing communication with Wraparound team members.	5.00 FTE @	\$7,838.73 /mo =	\$470,323.78

0009 -	Lead Facilitator/Core Program Manager The Lead Facilitator supports and monitors program Facilitators. In addition, the Lead Facilitator consults with the Program Director to ensure quality service and compliance with state and agency regulations. The Lead Facilitator conducts case management, supervision and may also provide backup support for Facilitators.	1.83 FTE @	\$7,838.73 /mo =	\$188,129.51
0010 -	Facilitator/Social Worker The main point of contact for family and referring agency; schedules/facilitates CFTs; provides assessment, development, implementation, and evaluation of Service Plans; ensures collaboration and ongoing communication between Wraparound team members.	6.00 FTE @	\$6,927.78 /mo =	\$581,933.52
0011 -	Lead Child and Family Specialist The Lead Child Family Specialist provides supervision, training, and case management support for Child Family Specialists. Under the supervision of the Program Director and Division Director, the Lead Child Family Specialist ensures quality services are provided to the community. Additional responsibilities include the completion of written documentation of weekly activities per agency standards.	2.50 FTE @	\$6,575.03 /mo =	\$197,250.94
0012 -	Child and Family Specialist (Hourly) Implements components of CFSPs by meeting directly one-on-one with the child/youth at home, school, or community, including behavior modification, communication skills, social skills, CRM, anger management skills, and role play/role modeling; Identifies/accesses community resources.	14.00 FTE @	\$4,623.67 /mo =	\$776,776.31
0013 -	Lead Parent Partner Under the supervision of the Program Supervisor, the Lead Parent Partner is responsible for and supporting co-supervising Parent Partners. The Lead Parent Partner will meet with the Parent Partners regularly to ensure that they are meeting with the parents to build rapport and trust and specifically address identified goals. The Lead Parent Partner will maintain an abbreviated caseload and coordinates closely with agency staff, and CFS officials and community resources to identify and address challenges families may have with Navigating CWS System.	1.50 FTE @	\$6,575.03 /mo =	\$118,350.56
0014 -	Parent Partner (Hourly) Bridge to services and supports while sharing their own lived experience advocating for their own child who was involved with either child welfare, probation, mental health, regional center, or IEP services; help parents/caregivers navigate systems; provide support, validation, and encouragement; accompany to community group meetings; coordinate respite and other stress-reducing measures; organize Parent Cafés.	5.00 FTE @	\$4,623.67 /mo =	\$277,420.11
0015 -	Peer Partner (Hourly) Responsible for assisting residents in bringing forward their individual voice and choice, assisting youth in navigating services, and seeking opportunities to support the program. Responsible for providing specific assistance in bringing the youth's voice forward regarding medication management, housing, counseling, support, and advocacy. Additionally, responsible for engaging, educating, and offering support to youth and their family to successfully connect them to culturally relevant services.	4.00 FTE @	\$4,623.67 /mo =	\$221,936.09

0016 -	On Call Staff Staff are paid \$200/week for an on-call stipend for answering crisis calls after normal business hours.	\$20,800.00
	PAYROLL TAX TOTAL 9.6% =	321,786.23
	EMPLOYEE BENEFITS TOTAL 15.4% =	516,198.75
		\$4,189,925
Facilities/Equipment Expenses – Line Items 1010-1014		
1010 -	Rent/Lease Building Estimated @ \$11,085.07/mo. For cost of building lease: This space will include offices for staff, and conference rooms for staff and client meetings. Joint costs associated with operation and maintenance of offices are divided and charged individually as direct costs to each category, program, or grant using the direct payroll costs incurred by each grant, contract or program as the base most appropriate. This methodology allows for automatic adjustment of costs charged based on the program or grant mix for each accounting period. Aspiranet plans to lease a new space for this program and will not be sharing the space with other Aspiranet programs. Around 75% of the space will be used by non-clinical program staff and about 25% of the space is intended for administrative assistant and management staff. Aspiranet does not have a lease contract as the space will be obtained after the contract is awarded.	\$133,020.87
1011 -	Rent/Lease Equipment Estimated at \$415.69/mo. For leases and rentals of equipment, furniture and fixtures, but excluding rentals and leases of vehicles or space. Includes taxes and other items included with the lease. Excludes maintenance contracts on leased items which are charged to building and equipment contract. Includes short term and long term equipment leases. Examples include water coolers, copiers, mail machines etc.	\$4,987.90
1012 -	Utilities Estimated @ \$3,327.82/mo. based on average costs of similar sized office/program. Covers cost of gas, electric, water and sewer for leased office space.	\$39,933.80
1013 -	Building Maintenance Estimated at \$415.69/mo. Covers the cost of janitorial services. Items needed to maintain and/or repair facilities. Includes nails, screws, paints, and other building and equipment repair and maintenance related items. Costs based on average of monthly expenses for the existing similar program.	\$4,987.90
1014 -	Equipment purchase - \$8,870.50 allocated to purchase broken/outdated equipment such as printers, cell phones, etc.	\$8,870.50
		\$191,801
Operating Expenses - Line Items 1060-1077		
1060 -	Telephone covers the monthly charge for cost of cell phones used by staff to maintain communication in the field at \$50/line, for 45 Staff=\$2,250/mo. Telephone category also covers the cost of Internet/VOIP host fees, service fees, and other charges directly related to Internet services. Estimated at \$3,500/mo. Total = \$5,750/mo.	\$69,000.00
1062 -	Postage Includes stamps, certification and registration fees, overnight delivery services, payments to commercial freight haulers and movers for delivery of equipment and similar charges. \$282.67/mo.	\$3,392.00
1063 -	Printing/Reproduction Covers cost of professional photocopying services. Estimated at \$282.67/mo.	\$3,392.00
1065 -	Legal Notices/Advertising - Includes cost of advertising for new staff, estimated \$361.47/mo.	\$4,337.64
1066 -	Office Supplies & Equipment Expenses for office supplies and minor office equipment. Includes all office materials relevant to operating the program including pens, paperclips, paper, notepads, filing supplies, etc., estimated \$833.33/mo.	\$10,000.00
1068 -	Food Funds are used for families and clients at events such as Parent Café, etc., and for emergency needs, estimated \$1,247.07/mo.	\$14,964.85
1069 -	Program Supplies - Therapeutic, includes items for the clients to use including games, books, toys, and various recreational items and also includes Supervised Activities estimated at \$2,622.80/mo.	\$31,473.62
1072 -	Staff Mileage/vehicle maintenance Mileage is paid at a rate of 56 cents per mile to staff driving for the program. This will include mileage to conduct home visits, driving to community events, and required meetings with the county or other community partners. Estimated monthly costs of \$15,750.	\$189,000.00
1073 -	Staff Travel (Out of County) Cost of transportation, lodging and meals related to travel for training and meetings. Estimated at \$11,475.23/year.	\$11,475.23
1074 -	Staff Training/Registration Costs include CPR/First Aid and annual trainings for Wraparound Institute, LCSJ, Strengthening Families, and other Evidence-Based Curriculum, estimated at \$10,000/year for training new staff and refresher courses.	\$10,000.00

1076 - Other - Life Domains includes funds for emergency clothing and school supply needs for families. Life Domains funds will also be utilized toward Housing support, supplies, utilities - to help with client's emergency housing needs, including rent payment assistance and deposit assistance. estimated at \$2,256.60/mo.	\$27,079.25
1077 - Other - Hiring Cost, Fingerprinting, Employee Physicals - Newly hired staff are required to get employment physical exams and background screening. 10 Staff @ \$286.88 per staff = \$2,868.81/year.	\$2,868.81
	\$376,983
Financial Services Expenses – Line Items 1080-1085	
1082 - Liability Insurance, covers liability insurance based on the program's percentage of overall agency insurance costs. Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses. Estimated at \$3,803.54/mo.	\$ 45,642.43
1083 - Administrative Overhead calculated based on the cost trends wherein the headquarters cost allocation is 10% of all costs. All headquarters' activities involves executive level oversight of division staff, statewide networking and advocacy and fractional portions of rent, postage, equipment, leases, phones and office supplies required by executive staff engaged in the services benefiting the program. These costs include all payroll, accounts receivable and accounts payable, audits, banking, human resource, risk management, legal, program direction and other functions carried out by headquarters administrative staff. Estimated at \$42,762.70/mo.	\$ 513,152.42
	\$558,795
Special Expenses – Line Items 1090-1093	
1090 - Consultant (network & data management) Calculated based on the program's percentage of overall agency IT costs. The technology cost for Aspiranet provides complete support of all IT and telecommunications systems used by Aspiranet. Support includes, but is not limited to, the following: Network & Server monitoring and ongoing maintenance, data hosting, equipment repair and refurbishment, 24/7 user Helpdesk support, application development, application and hardware user support, application and equipment training, mobile device configuration and staff support, on-boarding and off-boarding staff, network peripherals, including multifunction devices, printers and other equipment, staff remote portal access to internet and email, and workstation configuration. Estimated to be \$16,287.33/mo.	\$ 195,447.94
1091 - Translation - Translation services for clients. Language People charges \$90/hour with a 2-hour minimum. Estimated 112 hours per year= \$10,080/year.	\$ 10,080.00
1092 - Medication Supports - Psychiatrist, Psychological Evaluations, Mental Health for Non Medi-Cal eligible services. Estimated to be \$6,000/mo.	\$ 72,000.00
1093 - Clinical Supervision - Provides group and individual clinical supervision and group practice supervision to staff in adherence with agency practices and in compliance with BBS and Aspiranet's regulations and policies. Major responsibilities include providing weekly individual and group clinical and group practice supervision, developing and providing training to staff, developing staff competency in evidence-based and agency practices and communicating regularly with program supervisors regarding practice performance and or high-risk client concerns. Our preference is for one person will be contracted for this position. 6 hours per week at \$125/hr. = \$750/week x 52 weeks = \$39,000.	\$ 39,000.00
	\$316,528
Fixed Assets – Line Items 1190-1193	
1190 - Computers and Software - Includes costs to connect technology equipment such as laptops and computers. Will replace broken or malfunctioning items as needed.	\$ 10,644.60
1191 - Furniture and Fixtures - Includes cost of office furniture needed for staff use and in common areas such as lobby, conference room, break room, etc.	\$ -
	\$10,645
TOTAL PROGRAM EXPENSE: <u>5,644,677</u>	

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Central Star Behavioral Health
Budget Narrative - FY 24-25 (Upon execution - June 30, 2025)

Budget Categories -		FTE	Admin.	Direct	Total
Line Item Description (Must be itemized)					
PERSONNEL SALARIES:					
0001	Administrator (Share)	0.27	\$28,080		\$28,080
0002	Program Director	1.00		\$78,453	\$78,453
0003	Clinical Supervisor	0.50		\$34,334	\$34,334
0004	Supervisor	3.00		\$185,398	\$185,398
0005	Mental Health Specialist/Therapist	2.00		\$116,159	\$116,159
0006	Facilitator	9.00		\$409,368	\$409,368
0007	Child & Family/TB Specialist	8.00		\$304,534	\$304,534
0008	Peer/Parent Support Specialist	6.00		\$206,536	\$206,536
0009	Resource Specialist	0.50		\$17,334	\$17,334
0010	Specialist, Administrative Services	1.00		\$31,727	\$31,727
0011	Family Search and Engagement Specialist	0.13		\$4,507	\$4,507
0012	Nursing Coordinator	0.10		\$5,334	\$5,334
0013	LV/LPT	0.20		\$11,538	\$11,538
0014	RN	0.10		\$6,667	\$6,667
0015	Administrative Service Coordinator(Shared)	0.17	\$8,091		\$8,091
0016	Human Resources (Shared)	0.37	\$17,075		\$17,075
0017	Quality Assurance (Shared)	0.47	\$22,264		\$22,264
0018	Training (Shared)	0.20	\$9,519		\$9,519
SALARY TOTAL		33.01	85,029	1,411,889	1,496,918
PAYROLL TAXES:					
0030	OASDI				\$104,784
0031	FICA/MEDICARE				\$23,554
0032	SUI				\$7,162
PAYROLL TAX TOTAL					\$135,500
EMPLOYEE BENEFITS:					
0040	Retirement				\$30,676
0041	Workers Compensation				\$29,938
0042	Health Insurance (medical, vision, dental)				\$179,630
EMPLOYEE BENEFITS TOTAL					\$240,245
SALARY & BENEFITS GRAND TOTAL					\$1,872,663
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$98,464
1011	Rent/Lease Equipment				
1012	Utilities				\$10,009
1013	Building Maintenance				\$9,393
1014	Equipment purchase				
FACILITY/EQUIPMENT TOTAL					\$117,866
OPERATING EXPENSES:					
1060	Telephone				\$20,374
1061	Answering Service				

1062	Postage	
1063	Printing/Reproduction	\$12,300
1064	Publications	
1065	Legal Notices/Advertising	
1066	Office Supplies & Equipment	\$6,334
1067	Household Supplies	
1068	Food	\$3,334
1069	Program Supplies - Therapeutic	\$5,000
1070	Program Supplies - Medical	
1071	Transportation of Clients	
1072	Staff Mileage/vehicle maintenance	\$10,246
1073	Staff Travel (Out of County)	
1074	Staff Training/Registration	\$5,334
1075	Lodging	
1076	Recruiting	\$4,267
1077	Centralized Program	\$78,066
1078	Life Domain	\$10,148
1079	Centralized Fiscal	110,799
OPERATING EXPENSES TOTAL		\$266,202

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	
1081	External Audit	\$5,515
1082	Liability Insurance	
1083	Administrative Overhead	\$246,796
1084	Payroll Services	
1085	Professional Liability Insurance	\$27,855
FINANCIAL SERVICES TOTAL		\$280,166

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	
1091	Translation Services	\$826
1092	Medication Supports (Psychiatric fees)	\$36,378
SPECIAL EXPENSES TOTAL		\$37,204

FIXED ASSETS:

1190	Computers & Software	\$53,178
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$53,178

TOTAL PROGRAM EXPENSES \$2,627,279

PROJECTED MEDI-CAL REVENUE

Provider type	Code	Service Description	Provider Rate	Total Hours/ Month	Total
MHRS/Other Qualified Practitioner	H0031	Mental Health Assessment by Non Physician, 15 Minutes	\$230	32	\$ 58,869
MHRS/Other Qualified Practitioner	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	\$230	41	\$ 75,689
MHRS/Other Qualified Practitioner	H2017	Psychosocial Rehabilitation, per 15 Minutes	\$230	78	\$ 142,968
MHRS/Other Qualified Practitioner	H2021	Community-Based Wrap-Around Services, per 15 Minutes	\$230	598	\$ 1,101,688
MHRS/Other Qualified Practitioner	T1017	Targeted Case Management	\$230	78	\$ 142,968
Peer Support Specialists	H0038	Self-help/peer services per 15 min	\$242	271	\$ 523,523
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	\$306	11	\$ 25,712
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90837	Psychotherapy, 60 Minutes with Patient	\$306	31	\$ 75,911
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90847	Family Psychotherapy [Conjoint Psychotherapy] W/Patient Present50min	\$306	17	\$ 41,629
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2017	Psychosocial Rehabilitation, per 15 minutes	\$306	9	\$ 20,815
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2021	Community-Based Wrap-Around Services, per 15 Min	\$306	10	\$ 23,263
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	T1017	Targeted Case Management	\$306	17	\$ 41,629

1,190 **\$2,274,664**

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042	\$1,872,663
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These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Administrator: Oversees all Central Star programs, staff and operations for the Central Region, assuring compliance with Federal, State, County and local laws and regulations. Ensures services meet all contract terms. Oversees Supervisors who directly manage programs or provides direct management in their absence.

Program Director: Oversees Wraparound services to ensure successful implementation of the model including fidelity and evaluating performance outcomes. Responsible for managing operational and clinical practices, staffing and collaborate with county team members to meet contract requirements. Manages all daily operations and supervises all Wraparound staff, including identifying areas of needed improvement, providing supervision and training, ensuring proper documentation and working with the QA team. Approves, authorizes, and tracks all expenditures.

Clinical Supervisor: Provides clinical supervision for Mental Health Specialists. Supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements.

Supervisor: Oversight responsibility for Wraparound , mental health, and case management services; supervises a team of Facilitators, Parent Partners and CFS. Coordinates wraparound assessment and support services including mental health services and case management. Coordinates completion of wraparound, mental health, and internal outcomes evaluations. Oversees CFT Plans and Budgets and documentation in wraparound records. May serve as a Wraparound Facilitator for assigned clients.

Mental Health Specialist/Therapist: Therapist is assigned when a mental health condition presents and there is no existing mental health provider. Therapist provides initial and ongoing engagement, assessment, and evaluation; develops and monitors POC/EPSTDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs as CFT team member. Documents and bills for services.

Facilitator: Primary contact for family; assessment, development, implementation and evaluation of ICFPs; responsibility for configuring and facilitating CFTs; case management/ICC to secure formal resources; ensures integration of plans from system partners; oversees rehabilitative services; completes required documentation, day-to-day supervision for Child & Family Specialists. Participates in 24-hour on-call system. (Shall not serve as MHS/Therapist for any child/youth for whom they are assigned to serve as the Facilitator).

Therapeutic Behavioral/Child & Family Specialist: TBS and CFS positions perform Mental Health Rehabilitation Services/IHBS. Work directly with the child(ren) and family in their respective environments to help them achieve permanency. Provides direct intervention services in homes and communities, which may include: role-modeling, role-play, behavior modification, interventions/structures, socialization skills training, development of parenting skills; under direction of Facilitator, accesses community-based resources; participates in CFTs and 24 hour on-call system.

Peer Support Specialist: Works closely with the Wraparound child's parent/caregiver to represent their best interests and participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, work with both the out-of-home caregiver and parent/current caregiver.
Shares the story of their own journey, mentors and coaches parents, caregivers and kin in achieving ICSP/POC goals; demonstrates creativity and resourcefulness in navigating systems of care; assists in the facilitation of support groups; provides peer support; links family members with appropriate services, advocating for them when necessary.
Participates in 24-hour on-call system.

Resource Specialist: The Resource Specialist works directly with youth and families who are in the Wraparound Program as well as with team members who support youth and families served. The Resource Specialist provides resources to enhance connections in the community, school and home environments that build on or develop strengths and functional coping skills. Resources provided support behavioral health goals and may include identified needs from housing, social supports to Family Finding.

Administrative Service Specialist: This position works closely with the Director of QA and program Administrators to ensure operational and systemic consistency. This position works collaboratively with all managers and Business Office staff to develop and maintain supportive and operational systems within the program.

Family Search and Engagement: This position is responsible for the family search & engagement process and services within the wraparound program across all sites. The development of a systemic program that identifies, plans, and executes plans to assist specific teams in helping clients in the program with family searching and engagement. S/he has responsibility for conducting trainings, monitoring and tracking of progress, and maintaining the technology to assist teams and clients. The Family Search and Engagement Coordinator represents WRAP to county agencies and in the common

Nursing Coordinator: The Nursing Department Coordinator supervises and monitors nursing activities performed by all nursing personnel on an assigned shift and cooperates and interacts with other departments in the agency. This position provides direct services as assigned.

LVN/LPT: The LVN/LPT will maintain professional standards for medical management, including providing nursing assessments, dispensing of medication, and monitoring of side effects. Provide direct care including medication assessments and manage confidential health information. Essential responsibilities include completing resident medication intake/preparation for psychiatric care/evaluations and coordinating with psychiatric provider; evaluating residents for potential medication side effects and reporting to psychiatric provider; coordinating resident care by maintaining direct contact with psychiatric provider; and ensuring medication administration protocols are met.

RN: This RN will provide support and assistance to LVNs/LPTs as needed.

Administrative Service Coordinator: Oversight and coordination of all referrals, intakes, and discharges; processes referrals, and generates an intake packet to give to the Facilitator. Ensures consent packages completed and all appropriate case opening data entry. Provides administrative support.

These positions form part of the program operations support staff. The cost is shared by all programs and is allocated to each program based on each program's wages.

Human Resources: Oversight of talent acquisition, policies and procedures, employee/labor relations and engagement, management consulting, employee compensation and benefits administration, coordination of personnel actions, personnel file and record-keeping administration, HRIS management, and training/education for staff across a wide array of HR-related topics. Maintains a consultative relationship with SBHG HR. Handles personal/confidential information.

Quality Assurance: Administer QA program, including audits, utilization review tracking reports and forms. Oversees documentation of services. Supports other staff in collection of data, and reports in a timely manner to county funders. Trains staff to maximize utilization of data systems. Works with SBHG Research and Program Practices Department to evaluate progress towards program objectives and conduct TQM processes.

Training: Develops and leads a complete training and learning system, in association with SBHG Training Directors. Provide administrative support for the Clinical Training Program, and training required by regulations. Coordinates and documents new employee orientation and required in-service training.

Facilities/Equipment Expenses – Line Items 1010-1014	\$117,866
<p>Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.</p> <p>Rent/Lease Building: Cost of building rent Utilities: Electricity, Water, Gas, Trash; if shared with other programs. Building Maintenance: Janitorial services, security, repairs & maintenance</p>	
Operating Expenses - Line Items 1060-1077	\$266,202
<p>Identify and detail the expenses for each item utilized for program.</p> <p>Telephone: Cost of landline and staff phone reimbursement Printing/Reproduction: Cost for lease equipment and printing services (QDocument, Xerox). Office Supplies & Equipment: Cost for Office Depot, Pacific Storage, Waterlogic, and other Office related items. Staff Mileage/vehicle maintenance: Staff mileage reimbursement Staff Training/Registration: Cost for staff education development</p> <p>Recruiting: Expenses related to hiring process (Biometric, DMV, Hire Right, Palm Medical)</p> <p>Centralized Program: Cost of SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation, Quality & Compliance, and Training. There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted at approximately 3% of total expenses less life domain funds.</p> <p>Life Domain: Cost of food, transportation, clothing, and other client related items.</p> <p>Centralized Fiscal: Central Star has no ability to do fund raising to offset costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure. Calculated at no more than 8% of total program expenses less Client support expenses and Centralized services - Administrative</p>	
Financial Services Expenses – Line Items 1080-1085	\$280,166
<p>Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.</p> <p>Audit annual fees Administrative overhead: This is an allocation from Stars Behavioral Health Group of operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. Local and corporate administrative costs are limited to 15% of the total program budget. Liability Insurance: General liability, property and professional liability</p>	
Special Expenses – Line Items 1090-1092	\$37,204
<p>Detail each line item in Special Expenses.</p> <p>Translation Services: Translation services for clients Medication Supports (Psychiatrist): Medication support for clients at \$200 per hour.</p>	
Fixed Assets – Line Items 1190-1193	\$53,178
<p>Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.</p> <p>Computer & Software: This includes any hardware purchase and monthly software cost</p>	
Total Annual Budget Amount:	
	\$2,627,279

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Central Star Behavioral Health
FY 25-26 (July 1, 2025 - June 30, 2026)

Budget Categories - Line Item Description (Must be itemized)		FTE	Total Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Administrator (Share)	0.27	\$40,272		\$40,272
0002	Program Director	1.00		\$122,386	\$122,386
0003	Clinical Supervisor	0.50		\$53,560	\$53,560
0004	Supervisor	3.00		\$289,221	\$289,221
0005	Mental Health Specialist/Therapist	2.00		\$181,208	\$181,208
0006	Facilitator	9.00		\$638,614	\$638,614
0007	Child & Family/TB Specialist	8.00		\$475,072	\$475,072
0008	Peer/Parent Support Specialist	6.00		\$322,196	\$322,196
0009	Resource Specialist	0.50		\$27,040	\$27,040
0010	Specialist, Administrative Services	1.00		\$49,494	\$49,494
0011	Family Search and Engagement Specialist	0.13		\$7,030	\$7,030
0012	Nursing Coordinator	0.10		\$8,320	\$8,320
0013	LV/LPT	0.20		\$17,998	\$17,998
0014	RN	0.10		\$10,400	\$10,400
0015	Administrative Service Coordinator(Shared)	0.17	\$12,621		\$12,621
0016	Human Resources (Shared)	0.37	\$26,637		\$26,637
0017	Quality Assurance (Shared)	0.47	\$34,731		\$34,731
0018	Training (Shared)	0.20	\$14,848		\$14,848
SALARY TOTAL		33.01	129,109	2,202,539	2,331,648
PAYROLL TAXES:					
0030	OASDI				\$163,215
0031	FICA/MEDICARE				\$35,657
0032	SUI				\$7,162
PAYROLL TAX TOTAL					\$206,035
EMPLOYEE BENEFITS:					
0040	Retirement				\$46,633
0041	Workers Compensation				\$46,633
0042	Health Insurance (medical, vision, dental)				\$285,627
EMPLOYEE BENEFITS TOTAL					\$378,893
SALARY & BENEFITS GRAND TOTAL					\$2,916,576
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$152,865
1011	Rent/Lease Equipment				
1012	Utilities				\$15,538
1013	Building Maintenance				\$14,582
1014	Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL					\$182,985
OPERATING EXPENSES:					
1060	Telephone				\$31,630
1061	Answering Service				
1062	Postage				
1063	Printing/Reproduction				\$19,096
1064	Publications				
1065	Legal Notices/Advertising				
1066	Office Supplies & Equipment				\$9,833
1067	Household Supplies				
1068	Food				\$5,175
1069	Program Supplies - Therapeutic				\$7,763
1070	Program Supplies - Medical				
1071	Transportation of Clients				
1072	Staff Mileage/vehicle maintenance				\$15,906
1073	Staff Travel (Out of County)				

1074	Staff Training/Registration	\$8,280
1075	Lodging	
1076	Recruiting	\$6,624
1077	Centralized Program	\$121,196
1078	Life Domain	\$15,754
1079	Centralized Fiscal	\$183,160
OPERATING EXPENSES TOTAL		\$424,415

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	
1081	External Audit	\$8,561
1082	Liability Insurance	
1083	Administrative Overhead	\$383,151
1084	Payroll Services	
1085	Professional Liability Insurance	\$43,244
FINANCIAL SERVICES TOTAL		\$434,956

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	
1091	Translation Services	\$1,282
1092	Medication Supports (Psychiatric fees)	\$56,477
SPECIAL EXPENSES TOTAL		\$57,759

FIXED ASSETS:

1190	Computers & Software	\$27,186
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$27,186

TOTAL PROGRAM EXPENSES \$4,043,877

PROJECTED MEDI-CAL REVENUE

Provider type	Code	Service Description	Provider Rate	Total Hours/ Month	Total \$ Year
MHRS/Other Qualified Practitioner	H0031	Mental Health Assessment by Non Physician, 15 Minutes	\$230	32	\$ 88,303
MHRS/Other Qualified Practitioner	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	\$230	41	\$ 113,533
MHRS/Other Qualified Practitioner	H2017	Psychosocial Rehabilitation, per 15 Minutes	\$230	82	\$ 227,065
MHRS/Other Qualified Practitioner	H2021	Community-Based Wrap-Around Services, per 15 Minutes	\$230	616	\$ 1,702,990
MHRS/Other Qualified Practitioner	T1017	Targeted Case Management	\$230	78	\$ 214,451
Peer Support Specialists	H0038	Self-help/peer services per 15 min	\$242	274	\$ 795,617
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	\$306	12	\$ 42,240
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90837	Psychotherapy, 60 Minutes with Patient	\$306	32	\$ 117,539
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90847	Family Psychotherapy [Conjoint Psychotherapy] W/Patient Present50min	\$306	18	\$ 64,279
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2017	Psychosocial Rehabilitation, per 15 minutes	\$306	10	\$ 34,894
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2021	Community-Based Wrap-Around Services, per 15 Min	\$306	10	\$ 34,894
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	T1017	Targeted Case Management	\$306	17	\$ 62,621

1,220 **\$3,498,425**

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042	\$2,916,576
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These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Administrator: Oversees all Central Star programs, staff and operations for the Central Region, assuring compliance with Federal, State, County and local laws and regulations. Ensures services meet all contract terms. Oversees Supervisors who directly manage programs or provides direct management in their absence.

Program Director: Oversees Wraparound services to ensure successful implementation of the model including fidelity and evaluating performance outcomes. Responsible for managing operational and clinical practices, staffing and collaborate with county team members to meet contract requirements. Manages all daily operations and supervises all Wraparound staff, including identifying areas of needed improvement, providing supervision and training, ensuring proper documentation and working with the QA team. Approves, authorizes, and tracks all expenditures.

Clinical Supervisor: Provides clinical supervision for Mental Health Specialists. Supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements.

Supervisor: Oversight responsibility for Wraparound , mental health, and case management services; supervises a team of Facilitators, Parent Partners and CFS. Coordinates wraparound assessment and support services including mental health services and case management. Coordinates completion of wraparound, mental health, and internal outcomes evaluations. Oversees CFT Plans and Budgets and documentation in wraparound records. May serve as a Wraparound Facilitator for assigned clients.

Mental Health Specialist/Therapist: Therapist is assigned when a mental health condition presents and there is no existing mental health provider. Therapist provides initial and ongoing engagement, assessment, and evaluation; develops and monitors POC/EPSTDT plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs as CFT team member. Documents and bills for services.

Facilitator: Primary contact for family; assessment, development, implementation and evaluation of ICFPs; responsibility for configuring and facilitating CFTs; case management/ICC to secure formal resources; ensures integration of plans from system partners; oversees rehabilitative services; completes required documentation, day-to-day supervision for Child & Family Specialists. Participates in 24-hour on-call system. (Shall not serve as MHS/Therapist for any child/youth for whom they are assigned to serve as the Facilitator).

Therapeutic Behavioral/Child & Family Specialist: TBS and CFS positions perform Mental Health Rehabilitation Services/IHBS. Work directly with the child(ren) and family in their respective environments to help them achieve permanency. Provides direct intervention services in homes and communities, which may include: role-modeling, role-play, behavior modification, interventions/structures, socialization skills training, development of parenting skills; under direction of Facilitator, accesses community-based resources; participates in CFTs and 24 hour on-call system.

Peer Support Specialist: Works closely with the Wraparound child's parent/caregiver to represent their best interests and participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, work with both the out-of-home caregiver and parent/current caregiver.

Shares the story of their own journey, mentors and coaches parents, caregivers and kin in achieving ICSP/POC goals; demonstrates creativity and resourcefulness in navigating systems of care; assists in the facilitation of support groups; provides peer support; links family members with appropriate services, advocating for them when necessary. Participates in 24-hour on-call system.

Resource Specialist: The Resource Specialist works directly with youth and families who are in the Wraparound Program as well as with team members who support youth and families served. The Resource Specialist provides resources to enhance connections in the community, school and home environments that build on or develop strengths and functional coping skills. Resources provided support behavioral health goals and may include identified needs from housing, social supports to Family Finding.

Administrative Service Specialist: This position works closely with the Director of QA and program Administrators to ensure operational and systemic consistency. This position works collaboratively with all managers and Business Office staff to develop and maintain supportive and operational systems within the program.

Family Search and Engagement: This position is responsible for the family search & engagement process and services within the wraparound program across all sites. The development of a systemic program that identifies, plans, and executes plans to assist specific teams in helping clients in the program with family searching and engagement. S/he has responsibility for conducting trainings, monitoring and tracking of progress, and maintaining the technology to assist teams and clients. The Family Search and Engagement Coordinator represents WRAP to county agencies and in the common

Nursing Coordinator: The Nursing Department Coordinator supervises and monitors nursing activities performed by all nursing personnel on an assigned shift and cooperates and interacts with other departments in the agency. This position provides direct services as assigned.

LVN/LPT: The LVN/LPT will maintain professional standards for medical management, including providing nursing assessments, dispensing of medication, and monitoring of side effects. Provide direct care including medication assessments and manage confidential health information. Essential responsibilities include completing resident medication intake/preparation for psychiatric care/evaluations and coordinating with psychiatric provider; evaluating residents for potential medication side effects and reporting to psychiatric provider; coordinating resident care by maintaining direct contact with psychiatric provider; and ensuring medication administration protocols are met.

RN: This RN will provide support and assistance to LVNs/LPTs as needed.

Administrative Service Coordinator: Oversight and coordination of all referrals, intakes, and discharges; processes referrals, and generates an intake packet to give to the Facilitator. Ensures consent packages completed and all appropriate case opening data entry. Provides administrative support. These positions form part of the program operations support staff. The cost is shared by all programs and is allocated to each program based on each program's wages.

Human Resources: Oversight of talent acquisition, policies and procedures, employee/labor relations and engagement, management consulting, employee compensation and benefits administration, coordination of personnel actions, personnel file and record-keeping administration, HRIS management, and training/education for staff across a wide array of HR-related topics. Maintains a consultative relationship with SBHG HR. Handles personal/confidential information.

Quality Assurance: Administer QA program, including audits, utilization review tracking reports and forms. Oversees documentation of services. Supports other staff in collection of data, and reports in a timely manner to county funders. Trains staff to maximize utilization of data systems. Works with SBHG Research and Program Practices Department to evaluate progress towards program objectives and conduct TQM processes.

Training: Develops and leads a complete training and learning system, in association with SBHG Training Directors. Provide administrative support for the Clinical Training Program, and training required by regulations. Coordinates and documents new employee orientation and required in-service training.

Facilities/Equipment Expenses – Line Items 1010-1014	\$182,985
<p>Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.</p> <p>Rent/Lease Building: Cost of building rent Utilities: Electricity, Water, Gas, Trash; if shared with other programs. Building Maintenance: Janitorial services, security, repairs & maintenance</p>	
Operating Expenses - Line Items 1060-1077	\$424,415
<p>Identify and detail the expenses for each item utilized for program.</p> <p>Telephone: Cost of landline and staff phone reimbursement Printing/Reproduction: Cost for lease equipment and printing services (QDocument, Xerox). Office Supplies & Equipment: Cost for Office Depot, Pacific Storage, Waterlogic, and other Office related items. Staff Mileage/vehicle maintenance: Staff mileage reimbursement Staff Training/Registration: Cost for staff education development</p> <p>Recruiting: Expenses related to hiring process (Biometric, DMV, Hire Right, Palm Medical)</p> <p>Centralized Program: Cost of SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation, Quality & Compliance, and Training. There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted at approximately 3% of total expenses less life domain funds.</p> <p>Life Domain: Cost of food, transportation, clothing, and other client related items.</p> <p>Centralized Fiscal: Central Star has no ability to do fund raising to offset costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure. Calculated at no more than 8% of total program expenses less Client support expenses and Centralized services - Administrative</p>	
Financial Services Expenses – Line Items 1080-1085	\$434,956
<p>Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.</p> <p>Audit annual fees Administrative overhead: This is an allocation from Stars Behavioral Health Group of operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. Local and corporate administrative costs are limited to 15% of the total program budget. Liability Insurance: General liability, property and professional liability</p>	
Special Expenses – Line Items 1090-1092	\$57,759
<p>Detail each line item in Special Expenses.</p> <p>Translation Services: Translation services for clients Medication Supports (Psychiatrist): Medication support for clients at \$200 per hour.</p>	
Fixed Assets – Line Items 1190-1193	\$27,186
<p>Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.</p> <p>Computer & Software: This is includes any hardware purchase and monthly software cost</p>	
Total Annual Budget Amount:	
	\$4,043,877

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Central Star Behavioral Health
FY 26-27 (July 1, 2026 - June 30, 2027)

Budget Categories - Line Item Description (Must be itemized)	FTE	Total Budget		
		Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Administrator (Share)	0.27	\$41,883		\$41,883
0002 Program Director	1.00		\$127,282	\$127,282
0003 Clinical Supervisor	0.50		\$55,702	\$55,702
0004 Supervisor	3.00		\$300,790	\$300,790
0005 Mental Health Specialist/Therapist	2.00		\$188,456	\$188,456
0006 Facilitator	9.00		\$664,159	\$664,159
0007 Child & Family/TB Specialist	8.00		\$494,075	\$494,075
0008 Peer/Parent Support Specialist	6.00		\$335,084	\$335,084
0009 Resource Specialist	0.50		\$28,122	\$28,122
0010 Specialist, Administrative Services	1.00		\$51,473	\$51,473
0011 Family Search and Engagement Specialist	0.13		\$7,312	\$7,312
0012 Nursing Coordinator	0.10		\$8,653	\$8,653
0013 LV/LPT	0.20		\$18,718	\$18,718
0014 RN	0.10		\$10,816	\$10,816
0015 Administrative Service Coordinator(Shared)	0.17	\$13,126		\$13,126
0016 Human Resources (Shared)	0.37	\$27,702		\$27,702
0017 Quality Assurance (Shared)	0.47	\$36,120		\$36,120
0018 Training (Shared)	0.20	\$15,442		\$15,442
SALARY TOTAL	33.01	134,274	2,290,640	2,424,914
PAYROLL TAXES:				
0030 OASDI				\$169,744
0031 FICA/MEDICARE				\$37,010
0032 SUI				\$7,162
PAYROLL TAX TOTAL				\$213,916
EMPLOYEE BENEFITS:				
0040 Retirement				\$48,498
0041 Workers Compensation				\$48,498
0042 Health Insurance (medical, vision, dental)				\$297,052
EMPLOYEE BENEFITS TOTAL				\$394,049
SALARY & BENEFITS GRAND TOTAL				\$3,032,878
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$158,215
1011 Rent/Lease Equipment				
1012 Utilities				\$16,082
1013 Building Maintenance				\$15,092
1014 Equipment purchase				
FACILITY/EQUIPMENT TOTAL				\$189,390
OPERATING EXPENSES:				
1060 Telephone				\$32,737
1061 Answering Service				
1062 Postage				
1063 Printing/Reproduction				\$19,764
1064 Publications				
1065 Legal Notices/Advertising				
1066 Office Supplies & Equipment				\$10,177
1067 Household Supplies				
1068 Food				\$5,356
1069 Program Supplies - Therapeutic				\$8,034
1070 Program Supplies - Medical				
1071 Transportation of Clients				
1072 Staff Mileage/vehicle maintenance				\$16,463
1073 Staff Travel (Out of County)				

1074	Staff Training/Registration	\$8,570
1075	Lodging	
1076	Recruiting	\$6,856
1077	Centralized Program	\$125,438
1078	Life Domain	\$16,305
1079	Centralized Fiscal	\$190,397
OPERATING EXPENSES TOTAL		\$440,096

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	
1081	External Audit	\$8,860
1082	Liability Insurance	
1083	Administrative Overhead	\$396,561
1084	Payroll Services	
1085	Professional Liability Insurance	\$44,758
FINANCIAL SERVICES TOTAL		\$450,179

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	
1091	Translation Services	\$1,327
1092	Medication Supports (Psychiatric fees)	\$58,454
SPECIAL EXPENSES TOTAL		\$59,781

FIXED ASSETS:

1190	Computers & Software	\$29,905
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$29,905

TOTAL PROGRAM EXPENSES \$4,202,229

PROJECTED MEDI-CAL REVENUE

Provider type	Code	Service Description	Provider Rate	Total Hours/ Month	Total \$ Year
MHRS/Other Qualified Practitioner	H0031	Mental Health Assessment by Non Physician, 15 Minutes	\$230	32	\$ 88,303
MHRS/Other Qualified Practitioner	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	\$230	41	\$ 113,533
MHRS/Other Qualified Practitioner	H2017	Psychosocial Rehabilitation, per 15 Minutes	\$230	87	\$ 239,680
MHRS/Other Qualified Practitioner	H2021	Community-Based Wrap-Around Services, per 15 Minutes	\$230	644	\$ 1,778,678
MHRS/Other Qualified Practitioner	T1017	Targeted Case Management	\$230	82	\$ 227,065
Peer Support Specialists	H0038	Self-help/peer services per 15 min	\$242	282	\$ 816,858
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	\$306	12	\$ 44,077
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90837	Psychotherapy, 60 Minutes with Patient	\$306	33	\$ 119,375
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90847	Family Psychotherapy [Conjoint Psychotherapy] W/Patient Present50min	\$306	18	\$ 66,484
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2017	Psychosocial Rehabilitation, per 15 minutes	\$306	10	\$ 36,731
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2021	Community-Based Wrap-Around Services, per 15 Min	\$306	11	\$ 40,404
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	T1017	Targeted Case Management	\$306	20	\$ 73,462

1,271 **\$3,644,650**

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042	\$3,032,878
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These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Administrator: Oversees all Central Star programs, staff and operations for the Central Region, assuring compliance with Federal, State, County and local laws and regulations. Ensures services meet all contract terms. Oversees Supervisors who directly manage programs or provides direct management in their absence.

Program Director: Oversees Wraparound services to ensure successful implementation of the model including fidelity and evaluating performance outcomes. Responsible for managing operational and clinical practices, staffing and collaborate with county team members to meet contract requirements. Manages all daily operations and supervises all Wraparound staff, including identifying areas of needed improvement, providing supervision and training, ensuring proper documentation and working with the QA team. Approves, authorizes, and tracks all expenditures.

Clinical Supervisor: Provides clinical supervision for Mental Health Specialists. Supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements.

Supervisor: Oversight responsibility for Wraparound , mental health, and case management services; supervises a team of Facilitators, Parent Partners and CFS. Coordinates wraparound assessment and support services including mental health services and case management. Coordinates completion of wraparound, mental health, and internal outcomes evaluations. Oversees CFT Plans and Budgets and documentation in wraparound records. May serve as a Wraparound Facilitator for assigned clients.

Mental Health Specialist/Therapist: Therapist is assigned when a mental health condition presents and there is no existing mental health provider. Therapist provides initial and ongoing engagement, assessment, and evaluation; develops and monitors POC/EPST plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs as CFT team member. Documents and bills for services.

Facilitator: Primary contact for family; assessment, development, implementation and evaluation of ICFPs; responsibility for configuring and facilitating CFTs; case management/ICC to secure formal resources; ensures integration of plans from system partners; oversees rehabilitative services; completes required documentation, day-to-day supervision for Child & Family Specialists. Participates in 24-hour on-call system. (Shall not serve as MHS/Therapist for any child/youth for whom they are assigned to serve as the Facilitator).

Therapeutic Behavioral/Child & Family Specialist: TBS and CFS positions perform Mental Health Rehabilitation Services/IHBS. Work directly with the child(ren) and family in their respective environments to help them achieve permanency. Provides direct intervention services in homes and communities, which may include: role-modeling, role-play, behavior modification, interventions/structures, socialization skills training, development of parenting skills; under direction of Facilitator, accesses community-based resources; participates in CFTs and 24 hour on-call system.

Peer Support Specialist: Works closely with the Wraparound child's parent/caregiver to represent their best interests and participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, work with both the out-of-home caregiver and parent/current caregiver.

Shares the story of their own journey, mentors and coaches parents, caregivers and kin in achieving ICSP/POC goals; demonstrates creativity and resourcefulness in navigating systems of care; assists in the facilitation of support groups; provides peer support; links family members with appropriate services, advocating for them when necessary. Participates in 24-hour on-call system.

Resource Specialist: The Resource Specialist works directly with youth and families who are in the Wraparound Program as well as with team members who support youth and families served. The Resource Specialist provides resources to enhance connections in the community, school and home environments that build on or develop strengths and functional coping skills. Resources provided support behavioral health goals and may include identified needs from housing, social supports to Family Finding.

Administrative Service Specialist: This position works closely with the Director of QA and program Administrators to ensure operational and systemic consistency. This position works collaboratively with all managers and Business Office staff to develop and maintain supportive and operational systems within the program.

Family Search and Engagement: This position is responsible for the family search & engagement process and services within the wraparound program across all sites. The development of a systemic program that identifies, plans, and executes plans to assist specific teams in helping clients in the program with family searching and engagement. S/he has responsibility for conducting trainings, monitoring and tracking of progress, and maintaining the technology to assist teams and clients. The Family Search and Engagement Coordinator represents WRAP to county agencies and in the common

Nursing Coordinator: The Nursing Department Coordinator supervises and monitors nursing activities performed by all nursing personnel on an assigned shift and cooperates and interacts with other departments in the agency. This position provides direct services as assigned.

LVN/LPT: The LVN/LPT will maintain professional standards for medical management, including providing nursing assessments, dispensing of medication, and monitoring of side effects. Provide direct care including medication assessments and manage confidential health information. Essential responsibilities include completing resident medication intake/preparation for psychiatric care/evaluations and coordinating with psychiatric provider; evaluating residents for potential medication side effects and reporting to psychiatric provider; coordinating resident care by maintaining direct contact with psychiatric provider; and ensuring medication administration protocols are met.

RN: This RN will provide support and assistance to LVNs/LPTs as needed.

Administrative Service Coordinator: Oversight and coordination of all referrals, intakes, and discharges; processes referrals, and generates an intake packet to give to the Facilitator. Ensures consent packages completed and all appropriate case opening data entry. Provides administrative support. These positions form part of the program operations support staff. The cost is shared by all programs and is allocated to each program based on each program's wages.

Human Resources: Oversight of talent acquisition, policies and procedures, employee/labor relations and engagement, management consulting, employee compensation and benefits administration, coordination of personnel actions, personnel file and record-keeping administration, HRIS management, and training/education for staff across a wide array of HR-related topics. Maintains a consultative relationship with SBHG HR. Handles personal/confidential information.

Quality Assurance: Administer QA program, including audits, utilization review tracking reports and forms. Oversees documentation of services. Supports other staff in collection of data, and reports in a timely manner to county funders. Trains staff to maximize utilization of data systems. Works with SBHG Research and Program Practices Department to evaluate progress towards program objectives and conduct TQM processes.

Training: Develops and leads a complete training and learning system, in association with SBHG Training Directors. Provide administrative support for the Clinical Training Program, and training required by regulations. Coordinates and documents new employee orientation and required in-service training.

Facilities/Equipment Expenses – Line Items 1010-1014	\$189,390
<p>Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.</p> <p>Rent/Lease Building: Cost of building rent Utilities: Electricity, Water, Gas, Trash; if shared with other programs. Building Maintenance: Janitorial services, security, repairs & maintenance</p>	
Operating Expenses - Line Items 1060-1077	\$440,096
<p>Identify and detail the expenses for each item utilized for program.</p> <p>Telephone: Cost of landline and staff phone reimbursement Printing/Reproduction: Cost for lease equipment and printing services (QDocument, Xerox). Office Supplies & Equipment: Cost for Office Depot, Pacific Storage, Waterlogic, and other Office related items. Staff Mileage/vehicle maintenance: Staff mileage reimbursement Staff Training/Registration: Cost for staff education development</p> <p>Recruiting: Expenses related to hiring process (Biometric, DMV, Hire Right, Palm Medical)</p> <p>Centralized Program: Cost of SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation, Quality & Compliance, and Training. There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted at approximately 3% of total expenses less life domain funds.</p> <p>Life Domain: Cost of food, transportation, clothing, and other client related items.</p> <p>Centralized Fiscal: Central Star has no ability to do fund raising to offset costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure. Calculated at no more than 8% of total program expenses less Client support expenses and Centralized services - Administrative</p>	
Financial Services Expenses – Line Items 1080-1085	\$450,179
<p>Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.</p> <p>Audit annual fees Administrative overhead: This is an allocation from Stars Behavioral Health Group of operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. Local and corporate administrative costs are limited to 15% of the total program budget. Liability Insurance: General liability, property and professional liability</p>	
Special Expenses – Line Items 1090-1092	\$59,781
<p>Detail each line item in Special Expenses.</p> <p>Translation Services: Translation services for clients Medication Supports (Psychiatrist): Medication support for clients at \$200 per hour.</p>	
Fixed Assets – Line Items 1190-1193	\$29,905
<p>Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.</p> <p>Computer & Software: This is includes any hardware purchase and monthly software cost</p>	
Total Annual Budget Amount: \$4,202,229	

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Central Star Behavioral Health
FY 27-28 (July 1, 2027 - June 30, 2028)

Budget Categories - Line Item Description (Must be itemized)	FTE	Total Budget		
		Admin.	Direct	Total
PERSONNEL SALARIES:				
0001 Administrator (Share)	0.27	\$43,559		\$43,559
0002 Program Director	1.00		\$132,373	\$132,373
0003 Clinical Supervisor	0.50		\$57,930	\$57,930
0004 Supervisor	3.00		\$312,821	\$312,821
0005 Mental Health Specialist/Therapist	2.00		\$195,994	\$195,994
0006 Facilitator	9.00		\$690,725	\$690,725
0007 Child & Family/TB Specialist	8.00		\$513,838	\$513,838
0008 Peer/Parent Support Specialist	6.00		\$348,487	\$348,487
0009 Resource Specialist	0.50		\$29,246	\$29,246
0010 Specialist, Administrative Services	1.00		\$53,532	\$53,532
0011 Family Search and Engagement Specialist	0.13		\$7,604	\$7,604
0012 Nursing Coordinator	0.10		\$8,999	\$8,999
0013 LV/LPT	0.20		\$19,466	\$19,466
0014 RN	0.10		\$11,249	\$11,249
0015 Administrative Service Coordinator(Shared)	0.17	\$13,651		\$13,651
0016 Human Resources (Shared)	0.37	\$28,810		\$28,810
0017 Quality Assurance (Shared)	0.47	\$37,565		\$37,565
0018 Training (Shared)	0.20	\$16,060		\$16,060
SALARY TOTAL	33.01	139,645	2,382,266	2,521,911
PAYROLL TAXES:				
0030 OASDI				\$176,534
0031 FICA/MEDICARE				\$38,416
0032 SUI				\$7,162
PAYROLL TAX TOTAL				\$222,112
EMPLOYEE BENEFITS:				
0040 Retirement				\$50,438
0041 Workers Compensation				\$50,438
0042 Health Insurance (medical, vision, dental)				\$308,934
EMPLOYEE BENEFITS TOTAL				\$409,810
SALARY & BENEFITS GRAND TOTAL				\$3,153,833
FACILITIES/EQUIPMENT EXPENSES:				
1010 Rent/Lease Building				\$163,752
1011 Rent/Lease Equipment				
1012 Utilities				\$16,645
1013 Building Maintenance				\$15,621
1014 Equipment purchase				
FACILITY/EQUIPMENT TOTAL				\$196,018
OPERATING EXPENSES:				
1060 Telephone				\$33,882
1061 Answering Service				
1062 Postage				
1063 Printing/Reproduction				\$20,456
1064 Publications				
1065 Legal Notices/Advertising				
1066 Office Supplies & Equipment				\$10,533
1067 Household Supplies				
1068 Food				\$5,544
1069 Program Supplies - Therapeutic				\$8,315
1070 Program Supplies - Medical				
1071 Transportation of Clients				
1072 Staff Mileage/vehicle maintenance				\$17,039
1073 Staff Travel (Out of County)				

1074	Staff Training/Registration	\$8,870
1075	Lodging	
1076	Recruiting	\$7,096
1077	Centralized Program	\$129,829
1078	Life Domain	\$16,876
1079	Centralized Fiscal	\$197,908
OPERATING EXPENSES TOTAL		\$456,347

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	
1081	External Audit	\$9,170
1082	Liability Insurance	
1083	Administrative Overhead	\$410,441
1084	Payroll Services	
1085	Professional Liability Insurance	\$46,324
FINANCIAL SERVICES TOTAL		\$465,936

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	
1091	Translation Services	\$1,374
1092	Medication Supports (Psychiatric fees)	\$60,499
SPECIAL EXPENSES TOTAL		\$61,873

FIXED ASSETS:

1190	Computers & Software	\$32,895
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$32,895

TOTAL PROGRAM EXPENSES \$4,366,902

PROJECTED MEDI-CAL REVENUE

Provider type	Code	Service Description	Provider Rate	Total Hours/ Month	Total \$ Year
MHRS/Other Qualified Practitioner	H0031	Mental Health Assessment by Non Physician, 15 Minutes	\$230	37	\$ 100,918
MHRS/Other Qualified Practitioner	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	\$230	46	\$ 126,147
MHRS/Other Qualified Practitioner	H2017	Psychosocial Rehabilitation, per 15 Minutes	\$230	91	\$ 252,295
MHRS/Other Qualified Practitioner	H2021	Community-Based Wrap-Around Services, per 15 Minutes	\$230	648	\$ 1,791,293
MHRS/Other Qualified Practitioner	T1017	Targeted Case Management	\$230	91	\$ 252,295
Peer Support Specialists	H0038	Self-help/peer services per 15 min	\$242	288	\$ 837,022
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	\$306	12	\$ 44,077
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90837	Psychotherapy, 60 Minutes with Patient	\$306	35	\$ 129,603
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90847	Family Psychotherapy [Conjoint Psychotherapy] W/Patient Present50min	\$306	20	\$ 73,462
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2017	Psychosocial Rehabilitation, per 15 minutes	\$306	10	\$ 36,731
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2021	Community-Based Wrap-Around Services, per 15 Min	\$306	11	\$ 40,404
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	T1017	Targeted Case Management	\$306	20	\$ 73,462

1,310 **\$3,757,707**

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042	\$3,153,833
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These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Administrator: Oversees all Central Star programs, staff and operations for the Central Region, assuring compliance with Federal, State, County and local laws and regulations. Ensures services meet all contract terms. Oversees Supervisors who directly manage programs or provides direct management in their absence.

Program Director: Oversees Wraparound services to ensure successful implementation of the model including fidelity and evaluating performance outcomes. Responsible for managing operational and clinical practices, staffing and collaborate with county team members to meet contract requirements. Manages all daily operations and supervises all Wraparound staff, including identifying areas of needed improvement, providing supervision and training, ensuring proper documentation and working with the QA team. Approves, authorizes, and tracks all expenditures.

Clinical Supervisor: Provides clinical supervision for Mental Health Specialists. Supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements.

Supervisor: Oversight responsibility for Wraparound , mental health, and case management services; supervises a team of Facilitators, Parent Partners and CFS. Coordinates wraparound assessment and support services including mental health services and case management. Coordinates completion of wraparound, mental health, and internal outcomes evaluations. Oversees CFT Plans and Budgets and documentation in wraparound records. May serve as a Wraparound Facilitator for assigned clients.

Mental Health Specialist/Therapist: Therapist is assigned when a mental health condition presents and there is no existing mental health provider. Therapist provides initial and ongoing engagement, assessment, and evaluation; develops and monitors POC/EPST plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs as CFT team member. Documents and bills for services.

Facilitator: Primary contact for family; assessment, development, implementation and evaluation of ICFPs; responsibility for configuring and facilitating CFTs; case management/ICC to secure formal resources; ensures integration of plans from system partners; oversees rehabilitative services; completes required documentation, day-to-day supervision for Child & Family Specialists. Participates in 24-hour on-call system. (Shall not serve as MHS/Therapist for any child/youth for whom they are assigned to serve as the Facilitator).

Therapeutic Behavioral/Child & Family Specialist: TBS and CFS positions perform Mental Health Rehabilitation Services/IHBS. Work directly with the child(ren) and family in their respective environments to help them achieve permanency. Provides direct intervention services in homes and communities, which may include: role-modeling, role-play, behavior modification, interventions/structures, socialization skills training, development of parenting skills; under direction of Facilitator, accesses community-based resources; participates in CFTs and 24 hour on-call system.

Peer Support Specialist: Works closely with the Wraparound child's parent/caregiver to represent their best interests and participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, work with both the out-of-home caregiver and parent/current caregiver.

Shares the story of their own journey, mentors and coaches parents, caregivers and kin in achieving ICSP/POC goals; demonstrates creativity and resourcefulness in navigating systems of care; assists in the facilitation of support groups; provides peer support; links family members with appropriate services, advocating for them when necessary. Participates in 24-hour on-call system.

Resource Specialist: The Resource Specialist works directly with youth and families who are in the Wraparound Program as well as with team members who support youth and families served. The Resource Specialist provides resources to enhance connections in the community, school and home environments that build on or develop strengths and functional coping skills. Resources provided support behavioral health goals and may include identified needs from housing, social supports to Family Finding.

Administrative Service Specialist: This position works closely with the Director of QA and program Administrators to ensure operational and systemic consistency. This position works collaboratively with all managers and Business Office staff to develop and maintain supportive and operational systems within the program.

Family Search and Engagement: This position is responsible for the family search & engagement process and services within the wraparound program across all sites. The development of a systemic program that identifies, plans, and executes plans to assist specific teams in helping clients in the program with family searching and engagement. S/he has responsibility for conducting trainings, monitoring and tracking of progress, and maintaining the technology to assist teams and clients. The Family Search and Engagement Coordinator represents WRAP to county agencies and in the common

Nursing Coordinator: The Nursing Department Coordinator supervises and monitors nursing activities performed by all nursing personnel on an assigned shift and cooperates and interacts with other departments in the agency. This position provides direct services as assigned.

LVN/LPT: The LVN/LPT will maintain professional standards for medical management, including providing nursing assessments, dispensing of medication, and monitoring of side effects. Provide direct care including medication assessments and manage confidential health information. Essential responsibilities include completing resident medication intake/preparation for psychiatric care/evaluations and coordinating with psychiatric provider; evaluating residents for potential medication side effects and reporting to psychiatric provider; coordinating resident care by maintaining direct contact with psychiatric provider; and ensuring medication administration protocols are met.

RN: This RN will provide support and assistance to LVNs/LPTs as needed.

Administrative Service Coordinator: Oversight and coordination of all referrals, intakes, and discharges; processes referrals, and generates an intake packet to give to the Facilitator. Ensures consent packages completed and all appropriate case opening data entry. Provides administrative support. These positions form part of the program operations support staff. The cost is shared by all programs and is allocated to each program based on each program's wages.

Human Resources: Oversight of talent acquisition, policies and procedures, employee/labor relations and engagement, management consulting, employee compensation and benefits administration, coordination of personnel actions, personnel file and record-keeping administration, HRIS management, and training/education for staff across a wide array of HR-related topics. Maintains a consultative relationship with SBHG HR. Handles personal/confidential information.

Quality Assurance: Administer QA program, including audits, utilization review tracking reports and forms. Oversees documentation of services. Supports other staff in collection of data, and reports in a timely manner to county funders. Trains staff to maximize utilization of data systems. Works with SBHG Research and Program Practices Department to evaluate progress towards program objectives and conduct TQM processes.

Training: Develops and leads a complete training and learning system, in association with SBHG Training Directors. Provide administrative support for the Clinical Training Program, and training required by regulations. Coordinates and documents new employee orientation and required in-service training.

Facilities/Equipment Expenses – Line Items 1010-1014	\$196,018
<p>Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.</p> <p>Rent/Lease Building: Cost of building rent Utilities: Electricity, Water, Gas, Trash; if shared with other programs. Building Maintenance: Janitorial services, security, repairs & maintenance</p>	
Operating Expenses - Line Items 1060-1077	\$456,347
<p>Identify and detail the expenses for each item utilized for program.</p> <p>Telephone: Cost of landline and staff phone reimbursement Printing/Reproduction: Cost for lease equipment and printing services (QDocument, Xerox). Office Supplies & Equipment: Cost for Office Depot, Pacific Storage, Waterlogic, and other Office related items. Staff Mileage/vehicle maintenance: Staff mileage reimbursement Staff Training/Registration: Cost for staff education development</p> <p>Recruiting: Expenses related to hiring process (Biometric, DMV, Hire Right, Palm Medical)</p> <p>Centralized Program: Cost of SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation, Quality & Compliance, and Training. There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted at approximately 3% of total expenses less life domain funds.</p> <p>Life Domain: Cost of food, transportation, clothing, and other client related items.</p> <p>Centralized Fiscal: Central Star has no ability to do fund raising to offset costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure. Calculated at no more than 8% of total program expenses less Client support expenses and Centralized services - Administrative</p>	
Financial Services Expenses – Line Items 1080-1085	\$465,936
<p>Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.</p> <p>Audit annual fees Administrative overhead: This is an allocation from Stars Behavioral Health Group of operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. Local and corporate administrative costs are limited to 15% of the total program budget. Liability Insurance: General liability, property and professional liability</p>	
Special Expenses – Line Items 1090-1092	\$61,873
<p>Detail each line item in Special Expenses.</p> <p>Translation Services: Translation services for clients Medication Supports (Psychiatrist): Medication support for clients at \$200 per hour.</p>	
Fixed Assets – Line Items 1190-1193	\$32,895
<p>Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.</p> <p>Computer & Software: This is includes any hardware purchase and monthly software cost</p>	
Total Annual Budget Amount:	
\$4,366,902	

WRAPAROUND AND SUPER WRAPAROUND SERVICES
Central Star Behavioral Health
FY 28-29 (July 1, 2028 - June 30, 2029)

Budget Categories - Line Item Description (Must be itemized)		FTE	Total Budget		
			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Administrator (Share)	0.27	\$45,301		\$45,301
0002	Program Director	1.00		\$137,668	\$137,668
0003	Clinical Supervisor	0.50		\$60,248	\$60,248
0004	Supervisor	3.00		\$325,334	\$325,334
0005	Mental Health Specialist/Therapist	2.00		\$203,834	\$203,834
0006	Facilitator	9.00		\$718,354	\$718,354
0007	Child & Family/TB Specialist	8.00		\$534,391	\$534,391
0008	Peer/Parent Support Specialist	6.00		\$362,427	\$362,427
0009	Resource Specialist	0.50		\$30,416	\$30,416
0010	Specialist, Administrative Services	1.00		\$55,674	\$55,674
0011	Family Search and Engagement Specialist	0.13		\$7,908	\$7,908
0012	Nursing Coordinator	0.10		\$9,359	\$9,359
0013	LV/LPT	0.20		\$20,245	\$20,245
0014	RN	0.10		\$11,699	\$11,699
0015	Administrative Service Coordinator(Shared)	0.17	\$14,197		\$14,197
0016	Human Resources (Shared)	0.37	\$29,963		\$29,963
0017	Quality Assurance (Shared)	0.47	\$39,068		\$39,068
0018	Training (Shared)	0.20	\$16,702		\$16,702
SALARY TOTAL		33.01	145,231	2,477,556	2,622,787
PAYROLL TAXES:					
0030	OASDI				\$183,595
0031	FICA/MEDICARE				\$39,879
0032	SUI				\$7,162
PAYROLL TAX TOTAL					\$230,636
EMPLOYEE BENEFITS:					
0040	Retirement				\$52,456
0041	Workers Compensation				\$52,456
0042	Health Insurance (medical, vision, dental)				\$321,291
EMPLOYEE BENEFITS TOTAL					\$426,203
SALARY & BENEFITS GRAND TOTAL					\$3,279,626
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$169,484
1011	Rent/Lease Equipment				
1012	Utilities				\$17,228
1013	Building Maintenance				\$16,167
1014	Equipment purchase				
FACILITY/EQUIPMENT TOTAL					\$202,879
OPERATING EXPENSES:					
1060	Telephone				\$35,068
1061	Answering Service				
1062	Postage				
1063	Printing/Reproduction				\$21,172
1064	Publications				
1065	Legal Notices/Advertising				
1066	Office Supplies & Equipment				\$10,901
1067	Household Supplies				
1068	Food				\$5,738
1069	Program Supplies - Therapeutic				\$8,606
1070	Program Supplies - Medical				
1071	Transportation of Clients				
1072	Staff Mileage/vehicle maintenance				\$17,635
1073	Staff Travel (Out of County)				

1074	Staff Training/Registration	\$9,180
1075	Lodging	
1076	Recruiting	\$7,344
1077	Centralized Program	\$134,373
1078	Life Domain	\$17,466
1079	Centralized Fiscal	\$205,811
OPERATING EXPENSES TOTAL		\$473,295

FINANCIAL SERVICES EXPENSES:

1080	Accounting/Bookkeeping	
1081	External Audit	\$9,491
1082	Liability Insurance	
1083	Administrative Overhead	\$424,806
1084	Payroll Services	
1085	Professional Liability Insurance	\$47,946
FINANCIAL SERVICES TOTAL		\$482,243

SPECIAL EXPENSES (Consultant/Etc.):

1090	Consultant (network & data management)	
1091	Translation Services	\$1,422
1092	Medication Supports (Psychiatric fees)	\$62,617
SPECIAL EXPENSES TOTAL		\$64,039

FIXED ASSETS:

1190	Computers & Software	\$36,185
1191	Furniture & Fixtures	
1192	Other - (Identify)	
1193	Other - (Identify)	
FIXED ASSETS TOTAL		\$36,185

TOTAL PROGRAM EXPENSES \$4,538,267

PROJECTED MEDI-CAL REVENUE

Provider type	Code	Service Description	Provider Rate	Total Hours/ Month	Total \$ Year
MHRS/Other Qualified Practitioner	H0031	Mental Health Assessment by Non Physician, 15 Minutes	\$230	37	\$ 100,918
MHRS/Other Qualified Practitioner	H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	\$230	46	\$ 126,147
MHRS/Other Qualified Practitioner	H2017	Psychosocial Rehabilitation, per 15 Minutes	\$230	91	\$ 252,295
MHRS/Other Qualified Practitioner	H2021	Community-Based Wrap-Around Services, per 15 Minutes	\$230	703	\$ 1,942,670
MHRS/Other Qualified Practitioner	T1017	Targeted Case Management	\$230	91	\$ 252,295
Peer Support Specialists	H0038	Self-help/peer services per 15 min	\$242	293	\$ 850,485
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	\$306	12	\$ 44,077
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90837	Psychotherapy, 60 Minutes with Patient	\$306	36	\$ 131,234
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	90847	Family Psychotherapy [Conjoint Psychotherapy] W/Patient Present50min	\$306	20	\$ 73,462
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2017	Psychosocial Rehabilitation, per 15 minutes	\$306	10	\$ 36,731
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	H2021	Community-Based Wrap-Around Services, per 15 Min	\$306	11	\$ 40,404
LCSW, LPCC, LMFT (Licensed, Waivered or Registered)	T1017	Targeted Case Management	\$306	20	\$ 73,462

1,370 **\$3,924,179**

PROGRAM EXPENSES

Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042	\$3,279,626
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These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

Administrator: Oversees all Central Star programs, staff and operations for the Central Region, assuring compliance with Federal, State, County and local laws and regulations. Ensures services meet all contract terms. Oversees Supervisors who directly manage programs or provides direct management in their absence.

Program Director: Oversees Wraparound services to ensure successful implementation of the model including fidelity and evaluating performance outcomes. Responsible for managing operational and clinical practices, staffing and collaborate with county team members to meet contract requirements. Manages all daily operations and supervises all Wraparound staff, including identifying areas of needed improvement, providing supervision and training, ensuring proper documentation and working with the QA team. Approves, authorizes, and tracks all expenditures.

Clinical Supervisor: Provides clinical supervision for Mental Health Specialists. Supervises Specialty Mental Health Services, and the work of license-eligible therapists in accordance with BBS requirements.

Supervisor: Oversight responsibility for Wraparound , mental health, and case management services; supervises a team of Facilitators, Parent Partners and CFS. Coordinates wraparound assessment and support services including mental health services and case management. Coordinates completion of wraparound, mental health, and internal outcomes evaluations. Oversees CFT Plans and Budgets and documentation in wraparound records. May serve as a Wraparound Facilitator for assigned clients.

Mental Health Specialist/Therapist: Therapist is assigned when a mental health condition presents and there is no existing mental health provider. Therapist provides initial and ongoing engagement, assessment, and evaluation; develops and monitors POC/EPST plan. Provides individual and family trauma-informed mental health services and therapy. Provides clinical support and information to CFTs as CFT team member. Documents and bills for services.

Facilitator: Primary contact for family; assessment, development, implementation and evaluation of ICFPs; responsibility for configuring and facilitating CFTs; case management/ICC to secure formal resources; ensures integration of plans from system partners; oversees rehabilitative services; completes required documentation, day-to-day supervision for Child & Family Specialists. Participates in 24-hour on-call system. (Shall not serve as MHS/Therapist for any child/youth for whom they are assigned to serve as the Facilitator).

Therapeutic Behavioral/Child & Family Specialist: TBS and CFS positions perform Mental Health Rehabilitation Services/IHBS. Work directly with the child(ren) and family in their respective environments to help them achieve permanency. Provides direct intervention services in homes and communities, which may include: role-modeling, role-play, behavior modification, interventions/structures, socialization skills training, development of parenting skills; under direction of Facilitator, accesses community-based resources; participates in CFTs and 24 hour on-call system.

Peer Support Specialist: Works closely with the Wraparound child's parent/caregiver to represent their best interests and participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, work with both the out-of-home caregiver and parent/current caregiver.

Shares the story of their own journey, mentors and coaches parents, caregivers and kin in achieving ICSP/POC goals; demonstrates creativity and resourcefulness in navigating systems of care; assists in the facilitation of support groups; provides peer support; links family members with appropriate services, advocating for them when necessary. Participates in 24-hour on-call system.

Resource Specialist: The Resource Specialist works directly with youth and families who are in the Wraparound Program as well as with team members who support youth and families served. The Resource Specialist provides resources to enhance connections in the community, school and home environments that build on or develop strengths and functional coping skills. Resources provided support behavioral health goals and may include identified needs from housing, social supports to Family Finding.

Administrative Service Specialist: This position works closely with the Director of QA and program Administrators to ensure operational and systemic consistency. This position works collaboratively with all managers and Business Office staff to develop and maintain supportive and operational systems within the program.

Family Search and Engagement: This position is responsible for the family search & engagement process and services within the wraparound program across all sites. The development of a systemic program that identifies, plans, and executes plans to assist specific teams in helping clients in the program with family searching and engagement. S/he has responsibility for conducting trainings, monitoring and tracking of progress, and maintaining the technology to assist teams and clients. The Family Search and Engagement Coordinator represents WRAP to county agencies and in the common

Nursing Coordinator: The Nursing Department Coordinator supervises and monitors nursing activities performed by all nursing personnel on an assigned shift and cooperates and interacts with other departments in the agency. This position provides direct services as assigned.

LVN/LPT: The LVN/LPT will maintain professional standards for medical management, including providing nursing assessments, dispensing of medication, and monitoring of side effects. Provide direct care including medication assessments and manage confidential health information. Essential responsibilities include completing resident medication intake/preparation for psychiatric care/evaluations and coordinating with psychiatric provider; evaluating residents for potential medication side effects and reporting to psychiatric provider; coordinating resident care by maintaining direct contact with psychiatric provider; and ensuring medication administration protocols are met.

RN: This RN will provide support and assistance to LVNs/LPTs as needed.

Administrative Service Coordinator: Oversight and coordination of all referrals, intakes, and discharges; processes referrals, and generates an intake packet to give to the Facilitator. Ensures consent packages completed and all appropriate case opening data entry. Provides administrative support. These positions form part of the program operations support staff. The cost is shared by all programs and is allocated to each program based on each program's wages.

Human Resources: Oversight of talent acquisition, policies and procedures, employee/labor relations and engagement, management consulting, employee compensation and benefits administration, coordination of personnel actions, personnel file and record-keeping administration, HRIS management, and training/education for staff across a wide array of HR-related topics. Maintains a consultative relationship with SBHG HR. Handles personal/confidential information.

Quality Assurance: Administer QA program, including audits, utilization review tracking reports and forms. Oversees documentation of services. Supports other staff in collection of data, and reports in a timely manner to county funders. Trains staff to maximize utilization of data systems. Works with SBHG Research and Program Practices Department to evaluate progress towards program objectives and conduct TQM processes.

Training: Develops and leads a complete training and learning system, in association with SBHG Training Directors. Provide administrative support for the Clinical Training Program, and training required by regulations. Coordinates and documents new employee orientation and required in-service training.

Facilities/Equipment Expenses – Line Items 1010-1014	\$202,879
<p>Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.</p> <p>Rent/Lease Building: Cost of building rent Utilities: Electricity, Water, Gas, Trash; if shared with other programs. Building Maintenance: Janitorial services, security, repairs & maintenance</p>	
Operating Expenses - Line Items 1060-1077	\$473,295
<p>Identify and detail the expenses for each item utilized for program.</p> <p>Telephone: Cost of landline and staff phone reimbursement Printing/Reproduction: Cost for lease equipment and printing services (QDocument, Xerox). Office Supplies & Equipment: Cost for Office Depot, Pacific Storage, Waterlogic, and other Office related items. Staff Mileage/vehicle maintenance: Staff mileage reimbursement Staff Training/Registration: Cost for staff education development</p> <p>Recruiting: Expenses related to hiring process (Biometric, DMV, Hire Right, Palm Medical)</p> <p>Centralized Program: Cost of SBHG corporate and regional support in the numerous areas including support from the Senior Administrator as well as services provided for Program Development and Evaluation, Quality & Compliance, and Training. There is a significant cost advantage to all the SBHG company programs in sharing these costs rather than building them into each program. SBHG support provides oversight of all of our programs to ensure consistency with our standards and policies and procedures. The cost of this support is shared by all programs and is budgeted at approximately 3% of total expenses less life domain funds.</p> <p>Life Domain: Cost of food, transportation, clothing, and other client related items.</p> <p>Centralized Fiscal: Central Star has no ability to do fund raising to offset costs such as income taxes as well as denials and other unreimbursed services. This line item provides a cushion to mitigate this exposure. Calculated at no more than 8% of total program expenses less Client support expenses and Centralized services - Administrative</p>	
Financial Services Expenses – Line Items 1080-1085	\$482,243
<p>Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.</p> <p>Audit annual fees Administrative overhead: This is an allocation from Stars Behavioral Health Group of operations administration, information technology, human resources, communications, finance, and associated fringe benefits and expenses. Local and corporate administrative costs are limited to 15% of the total program budget. Liability Insurance: General liability, property and professional liability</p>	
Special Expenses – Line Items 1090-1092	\$64,039
<p>Detail each line item in Special Expenses.</p> <p>Translation Services: Translation services for clients Medication Supports (Psychiatrist): Medication support for clients at \$200 per hour.</p>	
Fixed Assets – Line Items 1190-1193	\$36,185
<p>Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.</p> <p>Computer & Software: This is includes any hardware purchase and monthly software cost</p>	
Total Annual Budget Amount: \$4,538,267	

Exhibit D

BEHAVIORAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

The County and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

2. PROFESSIONAL LICENSURE

All (professional level) persons employed by the County Mental Health Plan (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

3. CONFIDENTIALITY

Contractor shall conform to and County shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

4. NON-DISCRIMINATION

A. Eligibility for Services

Contractor shall prepare and make available to County and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

B. Employment Opportunity

Contractor shall comply with County policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

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- C. Suspension of Compensation
If an allegation of discrimination occurs, County may withhold all further funds, until Contractor can show clear and convincing evidence to the satisfaction of County that funds provided under this Agreement were not used in connection with the alleged discrimination.
- D. Nepotism
Except by consent of County's Department of Behavioral Health Director, or designee, no person shall be employed by Contractor who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of Contractor.

5. PATIENTS' RIGHTS

Contractor shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

STATE CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)
2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - A. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on this Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

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Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two (2) year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. **CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. **EXPATRIATE CORPORATIONS:** Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. **SWEATFREE CODE OF CONDUCT:**

- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. Contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on

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the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

- b. Contractor agrees to cooperate fully in providing reasonable access to the Contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the Contractor's compliance with the requirements under paragraph (a).
7. **DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code Section 10295.3.
8. **GENDER IDENTITY:** For contracts of \$100,000 or more, Contractor certifies that CONTRACTOR is in compliance with Public Contract Code Section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. **CONFLICT OF INTEREST:** Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with this Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- a). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- b). No officer or employee shall contract on his or her own behalf as an independent Contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- a). For the two (2) year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

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- b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the twelve (12) month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. **LABOR CODE/WORKERS' COMPENSATION:** Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and CONTRACTOR affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)
3. **AMERICANS WITH DISABILITIES ACT:** Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
4. **CONTRACTOR NAME CHANGE:** An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
5. **CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:**
 - a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
 - b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate Contractor performing within the state not be subject to the franchise tax.
 - c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

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6. **RESOLUTION:** A County, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.
7. **AIR OR WATER POLLUTION VIOLATION:** Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. **PAYEE DATA RECORD FORM STD. 204:** This form must be completed by all Contractors that are not another state agency or other governmental entity.
9. **INSPECTION AND AUDIT OF RECORDS AND ACCESS TO FACILITIES:**

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of Contractor or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Federal database checks.

Consistent with the requirements at § 455.436 of this chapter, the State must confirm the identity and determine the exclusion status of Contractor, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the Contractor and take action consistent with § 438.610(c).

The State must ensure that Contractor with which the State contracts under this part is not located outside of the United States and that no claims paid by a Contractor to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

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CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CAL-AIM) REQUIREMENTS

1. SERVICES AND ACCESS PROVISIONS

a. CERTIFICATION OF ELIGIBILITY

- i. Contractor will, in cooperation with County, comply with Section 14705.5 of California Welfare and Institutions Code to obtain a certification of an individual's eligibility for Specialty Mental Health Services (SMHS) under Medi-Cal.

b. ACCESS TO SPECIALTY MENTAL HEALTH SERVICES

- i. In collaboration with the County, Contractor will work to ensure that individuals to whom the Contractor provides SMHS meet access criteria, as per Department of Health Care Services (DHCS) guidance specified in BHIN 21-073. Specifically, the Contractor will ensure that the clinical record for each individual includes information as a whole indicating that individual's presentation and needs are aligned with the criteria applicable to their age at the time of service provision as specified below.
- ii. For enrolled individuals under 21 years of age, Contractor shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled individuals who meet either of the following criteria, (I) or (II) below. If an individual under age 21 meets the criteria as described in (I) below, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (b) below.
 1. The individual has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.
OR
 2. The individual has at least one of the following:
 - a. A significant impairment
 - b. A reasonable probability of significant deterioration in an important area of life functioning
 - c. A reasonable probability of not progressing developmentally as appropriate.
 - d. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

AND the individual's condition as described in subparagraph (II a-d) above is due to one of the following:

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- a. A diagnosed mental health disorder, according to the criteria in the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and Related Health Problems (ICD).
 - b. A suspected mental health disorder that has not yet been diagnosed.
 - c. Significant trauma placing the individual at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
- iii. For individuals 21 years of age or older, Contractor shall provide covered SMHS for clients who meet both of the following criteria, (a) and (b) below:
1. The individual has one or both of the following:
 - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b. A reasonable probability of significant deterioration in an important area of life functioning.
 2. The individual's condition as described in paragraph (a) is due to either of the following:
 - a. A diagnosed mental health disorder, according to the criteria in the current editions of the DSM and ICD.
 - b. A suspected mental disorder that has not yet been diagnosed.
- c. ADDITIONAL CLARIFICATIONS
- i. Criteria
 1. A clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service listed within Exhibit A of this Agreement can be provided and submitted to the County for reimbursement under any of the following circumstances:
 - a. The services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process;
 - b. The service was not included in an individual treatment plan; or
 - c. The individual had a co-occurring substance use disorder.
 - ii. Diagnosis Not a Prerequisite
 1. Per BHIN 21-073, a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a current Centers for

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Medicare & Medicaid Services (CMS) approved ICD diagnosis code

- d. MEDICAL NECESSITY
 - i. Contractor will ensure that services provided are medically necessary in compliance with BHIN 21-073 and pursuant to Welfare and Institutions Code section 14184.402(a). Services provided to a client must be medically necessary and clinically appropriate to address the individual's presenting condition. Documentation in each individual's chart as a whole will demonstrate medical necessity as defined below, based on the client's age at the time of service provision.
 - ii. For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.
 - iii. For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

- e. COORDINATION OF CARE
 - i. Contractor shall ensure that all care, treatment and services provided pursuant to this Agreement are coordinated among all providers who are serving the individual, including all other SMHS providers, as well as providers of Non-Specialty Mental Health Services (NSMHS), substance use disorder treatment services, physical health services, dental services, regional center services and all other services as applicable to ensure a client-centered and whole-person approach to services.
 - ii. Contractor shall ensure that care coordination activities support the monitoring and treatment of comorbid substance use disorder and/or health conditions.
 - iii. Contractor shall include in care coordination activities efforts to connect, refer and link individuals to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
 - iv. Contractor shall engage in care coordination activities beginning at intake and throughout the treatment and discharge planning processes.
 - v. To facilitate care coordination, Contractor will request a HIPAA and California law compliant client authorization to share the individual's information with and among all other providers involved in the individual's care, in satisfaction of state and federal privacy laws and regulations.

- f. CO-OCCURRING TREATMENT AND NO WRONG DOOR

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- i. Per BHIN 22-011, Specialty and Non-Specialty Mental Health Services can be provided concurrently, if those services are clinically appropriate, coordinated, and not duplicative. When a client meets criteria for both NSMHS and SMHS, the individual should receive services based on individual clinical need and established therapeutic relationships. Clinically appropriate and covered SMHS can also be provided when the individual has a co-occurring mental health condition and substance use disorder.
- ii. Under this Agreement, Contractor will ensure that individual s receive timely mental health services without delay. Services are reimbursable to Contractor by County even when:
 1. Services are provided prior to determination of a diagnosis, during the assessment or prior to determination of whether SMHS access criteria are met, even if the assessment ultimately indicates the individual does not meet criteria for SMHS.
 2. If Contractor is serving a individual receiving both SMHS and NSMHS, Contractor holds responsibility for documenting coordination of care and ensuring that services are non-duplicative.

2. AUTHORIZATION AND DOCUMENTATION PROVISIONS

a. SERVICE AUTHORIZATION

- i. Contractor will collaborate with County to complete authorization requests in line with County and DHCS policy.
- ii. Contractor shall have in place, and follow, written policies and procedures for completing requests for initial and continuing authorizations of services, as required by County guidance.
- iii. Contractor shall respond to County in a timely manner when consultation is necessary for County to make appropriate authorization determinations.
- iv. County shall provide Contractor with written notice of authorization determinations within the timeframes set forth in BHINs 22-016 and 22-017, or any subsequent DHCS notices.
- v. Contractor shall alert County when an expedited authorization decision (no later than 72 hours) is necessary due to an individual's specific needs and circumstances that could seriously jeopardize the individual s life or health, or ability to attain, maintain, or regain maximum function.

b. DOCUMENTATION REQUIREMENTS

- i. Contractor will follow all documentation requirements as specified in Article 4.2-4.8 inclusive in compliance with federal, state and County requirements.
- ii. All Contractor documentation shall be accurate, complete, and legible, shall list each date of service, and include the face-to-face time for each service. Contractor shall document travel and documentation time for each service separately from face-to-face time and provide this information to County upon request.

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Services must be identified as provided in-person, by telephone, or by telehealth.

- iii. All services shall be documented utilizing County-approved templates and contain all required elements. Contractor agrees to satisfy the chart documentation requirements set forth in BHIN 22-019 and the contract between County and DHCS. Failure to comply with documentation standards specified in this Article require corrective action plans.

c. ASSESSMENT

- i. Contractor shall ensure that all individuals' medical records include an assessment of each individual's need for mental health services.
- ii. Contractor will utilize the seven uniform assessment domains and include other required elements as identified in BHIN 22-019 and document the assessment in the individual's medical record.
- iii. For individuals aged 6 through 21, the Child and Adolescent Needs and Strengths (CANS), and for individuals aged 3 through 18, the Pediatric Symptom Checklist-35 (PSC-35) tools are required at intake, every six months during treatment, and at discharge, as specified in DHCS MHSUDS INs 17-052 and 18-048.
- iv. The time period for providers to complete an initial assessment and subsequent assessments for SMHS are up to clinical discretion of County; however, Contractor's providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.

d. ICD-10

- i. Contractor shall use the criteria set forth in the current edition of the DSM as the clinical tool to make diagnostic determinations.
- ii. Once a DSM diagnosis is determined, the Contractor shall determine the corresponding mental health diagnosis in the current edition of ICD. Contractor shall use the ICD diagnosis code(s) to submit a claim for SMHS to receive reimbursement from County.
- iii. The ICD Tabular List of Diseases and Injuries is maintained by CMS and may be updated during the term of this Agreement. Changes to the lists of ICD diagnoses do not require an amendment to this Agreement, and County may implement these changes as provided by CMS

e. PROBLEM LIST

- i. Contractor will create and maintain a Problem List for each individual served under this Agreement. The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.
- ii. Contractor must document a problem list that adheres to industry standards utilizing at minimum current SNOMED International,

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Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, September 2022 Release, and ICD-10-CM 2023.

- iii. A problem identified during a service encounter may be addressed by the service provider during that service encounter and subsequently added to the problem list.
 - iv. The problem list shall include, but is not limited to, all elements specified in BHIN 22-019.
 - v. County does not require the problem list to be updated within a specific timeframe or have a requirement about how frequently the problem list should be updated after a problem has initially been added. However, Contractor shall update the problem list within a reasonable time such that the problem list reflects the current issues facing the client, in accordance with generally accepted standards of practice and in specific circumstances specified in BHIN 22-019.
- f. TREATMENT AND CARE PLANS
- i. Contractor is not required to complete treatment or care plans for clients under this Agreement, except in the circumstances specified in BHIN 22-019 and additional guidance from DHCS that may follow after execution of this Agreement.
- g. PROGRESS NOTES
- i. Contractor shall create progress notes for the provision of all SMHS services provided under this Agreement.
 - ii. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description.
 - iii. Progress notes shall include all elements specified in BHIN 22-019, whether the note be for an individual or a group service.
 - iv. Contractor shall complete progress notes within three business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours.
 - v. Providers shall complete a daily progress note for services that are billed on a daily basis, such as residential and day treatment services, if applicable.
- h. TRANSITION OF CARE TOOL
- i. Contractor shall use a Transition of Care Tool for any individual whose existing services will be transferred from Contractor to an Medi-Cal Managed Care Plan (MCP) provider or when NSMHS will be added to the existing mental health treatment provided by Contractor, as specified in BHIN 22-065, in order to ensure continuity of care.
 - ii. Determinations to transition care or add services from an MCP shall be made in alignment with County policies and via a person-centered, shared decision-making process.
 - iii. Contractor may directly use the DHCS-provided Transition of Care Tool, found at <https://www.dhcs.ca.gov/Pages/Screening-and->

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[Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx](#), or obtain a copy of that tool provided by the County. Contractor may create the Transition of Care Tool in its Electronic Health Record (EHR). However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain identical to the DHCS provided form. The only exception to this requirement is when the tool is translated into languages other than English.

i. TELEHEALTH

- i. Contractor may use telehealth, when it deems clinically appropriate, as a mode of delivering behavioral health services in accordance with all applicable County, state, and federal requirements, including those related to privacy/security, efficiency, and standards of care. Such services will conform to the definitions and meet the requirements included in the Medi-Cal Provider Manual: Telehealth, available in the DHCS Telehealth Resources page at:
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>.
- ii. All telehealth equipment and service locations must ensure that client confidentiality is maintained.
- iii. Licensed providers and staff may provide services via telephone and telehealth as long as the service is within their scope of practice.
- iv. Medical records for individuals served by Contractor under this Agreement must include documentation of written or verbal consent for telehealth or telephone services if such services are provided by Contractor. Such consent must be obtained at least once prior to initiating applicable health care services and consent must include all elements as specified in BHIN 22-019.
- v. County may at any time audit Contractor's telehealth practices, and Contractor must allow access to all materials needed to adequately monitor Contractor's adherence to telehealth standards and requirements.

3. CLIENT PROTECTIONS

a. GRIEVANCES, APPEALS AND NOTICES OF ADVERSE BENEFIT DETERMINATION

- i. All grievances (as defined by 42 C.F.R. § 438.400) and complaints received by Contractor must be immediately forwarded to the County's Managed Care Department or other designated persons via a secure method (e.g., encrypted email or by fax) to allow ample time for the Managed Care staff to acknowledge receipt of the grievance and complaints and issue appropriate responses.
- ii. Contractor shall not discourage the filing of grievances and individuals do not need to use the term "grievance" for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance.

Exhibit D

- iii. Aligned with MHSUDS IN 18-010E and 42 C.F.R. §438.404, the appropriate and delegated Notice of Adverse Benefit Determination (NOABD) must be issued by Contractor within the specified timeframes using the template provided by the County.
 - iv. NOABDs must be issued to individuals anytime the Contractor has made or intends to make an adverse benefit determination that includes the reduction, suspension, or termination of a previously authorized service and/or the failure to provide services in a timely manner. The notice must have a clear and concise explanation of the reason(s) for the decision as established by DHCS and the County. The Contractor must inform the County immediately after issuing a NOABD.
 - v. Procedures and timeframes for responding to grievances, issuing and responding to adverse benefit determinations, appeals, and state hearings must be followed as per 42 C.F.R., Part 438, Subpart F (42 C.F.R. §§ 438.400 – 438.424).
 - vi. Contractor must provide individuals any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal such as auxiliary aids and interpreter services.
 - vii. Contractor must maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures. The record must be accurately maintained in a manner accessible to the County and available upon request to DHCS.
- b. Advanced Directives
 - i. Contractor must comply with all County policies and procedures regarding Advanced Directives in compliance with the requirements of 42 C.F.R. §§ 422.128 and 438.6(i) (l), (3) and (4).
 - c. Continuity of Care
 - i. Contractor shall follow the County's continuity of care policy that is in accordance with applicable state and federal regulations, MHSUDS IN 18-059 and any BHINs issued by DHCS for parity in mental health and substance use disorder benefits subsequent to the effective date of this Agreement (42 C.F.R. § 438.62(b)(1)-(2).)

4. QUALITY IMPROVEMENT PROGRAM

- a. QUALITY IMPROVEMENT ACTIVITIES AND PARTICIPATION
 - i. Contractor shall implement mechanisms to assess person served/ family satisfaction based on County's guidance. The Contractor shall assess individual/family satisfaction by:
 - 1. Surveying person served/family satisfaction with the Contractor's services at least annually.
 - 2. Evaluating person served's grievances, appeals and State Hearings at least annually.
 - 3. Evaluating requests to change persons providing services at least annually.

Exhibit D

4. Informing the County and individuals of the results of client/family satisfaction activities.
- ii. Contractor, if applicable, shall implement mechanisms to monitor the safety and effectiveness of medication practices. This mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs, at least annually and as required by DBH.
- iii. Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually and shared with the County.
- iv. Contractor shall assist County, as needed, with the development and implementation of Corrective Action Plans.
- v. Contractor shall collaborate with County to create a County's QI Work Plan with documented annual evaluations and documented revisions as needed. The QI Work Plan shall evaluate the impact and effectiveness of its quality assessment and performance improvement program.
- vi. Contractor shall attend and participate in the County's Quality Improvement Committee (QIC) to recommend policy decisions, review and evaluate results of QI activities, including PIPs, institute needed QI actions, and ensure follow-up of QI processes. Contractor shall ensure that there is active participation by the Contractor's practitioners and providers in the QIC.
- vii. Contractor shall participate, as required, in annual, independent external quality reviews (EQR) of the quality, timeliness, and access to the services covered under this Contract, which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

b. TIMELY ACCESS

- i. Timely access standards include:
 1. Contractor must have hours of operation during which services are provided to Medi-Cal individuals that are no less than the hours of operation during which the provider offers services to non-Medi-Cal individuals. If the Contractor's provider only serves Medi-Cal clients, the provider must provide hours of operation comparable to the hours the provider makes available for Medi-Cal services that are not covered by the Agreement or another County.
 2. Appointments data, including wait times for requested services, must be recorded and tracked by Contractor, and submitted to the County on a monthly basis in a format specified by the County. Appointments' data should be submitted to the County's Quality Management Department or other designated persons.

Exhibit D

3. Urgent care appointments for services that do not require prior authorization must be provided to individuals within 48 hours of a request. Urgent appointments for services that do require prior authorization must be provided to clients within 96 hours of request.
 4. Non-urgent non-psychiatry mental health services, including, but not limited to Assessment, Targeted Case Management, and Individual and Group Therapy appointments (for both adult and children/youth) must be made available to Medi-Cal individuals within 10 business days from the date the individual or a provider acting on behalf of the individual, requests an appointment for a medically necessary service. Non-urgent psychiatry appointments (for both adult and children/youth) must be made available to Medi-Cal individuals within 15 business days from the date the client or a provider acting on behalf of the individual, requests an appointment for a medically necessary service.
 5. Applicable appointment time standards may be extended if the referring or treating provider has determined and noted in the individual's record that a longer waiting period will not have a detrimental impact on the health of the individual.
 6. Periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of their practice.
- c. PROVIDER APPLICATION AND VALIDATION FOR ENROLLMENT (PAVE)
- i. Contractor shall ensure that all of its required clinical staff, who are rendering SMHS to Medi-Cal individuals on behalf of Contractor, are registered through DHCS' Provider Application and Validation for Enrollment (PAVE) portal, pursuant to BHIN 20-071 requirements, the 21st Century Cures Act and the CMS Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule.
 - ii. SMHS licensed individuals required to enroll via the "Ordering, Referring and Prescribing" (ORP) PAVE enrollment pathway (i.e. PAVE application package) available through the DHCS PED Pave Portal, include: Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), Psychologist, Licensed Educational Psychologist, Physician (MD and DO), Physician Assistant, Registered Pharmacist/Pharmacist, Certified Pediatric/Family Nurse Practitioner, Nurse Practitioner, Occupational Therapist, and Speech-Language Pathologist. Interns, trainees, and associates are not eligible for enrollment.

Exhibit D

d. PHYSICIAN INCENTIVE PLAN

- i. If Contractor wants to institute a Physician Incentive Plan, Contractor shall submit the proposed plan to the County which will in turn submit the Plan to the State for approval, in accordance with the provisions of 42 C.F.R. § 438.6(c).

5. DATA, PRIVACY AND SECURITY REQUIREMENTS

a. ELECTRONIC PRIVACY AND SECURITY

- i. Contractor shall have a secure email system and send any email containing PII or PHI in a secure and encrypted manner. Contractor's email transmissions shall display a warning banner stating that data is confidential, systems activities are monitored and logged for administrative and security purposes, systems use is for authorized users only, and that users are directed to log off the system if they do not agree with these requirements.
- ii. Contractor shall institute compliant password management policies and procedures, which shall include but not be limited to procedures for creating, changing, and safeguarding passwords. Contractor shall establish guidelines for creating passwords and ensuring that passwords expire and are changed at least once every 90 days.
- iii. Any Electronic Health Records (EHRs) maintained by Contractor that contain PHI or PII for individuals served through this Agreement shall contain a warning banner regarding the PHI or PII contained within the EHR. Contractors that utilize an EHR shall maintain all parts of the clinical record that are not stored in the EHR, including but not limited to the following examples of client signed documents: discharge plans, informing materials, and health questionnaire.
- iv. Contractor entering data into any County electronic systems shall ensure that staff are trained to enter and maintain data within this system.

6. PROGRAM INTEGRITY

a. Credentialing and Re-credentialing of Providers

- i. Contractor shall ensure that all of their network providers delivering covered services, sign and date an attestation statement on a form provided by County, in which each provider attests to the following:
 1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
 2. A history of loss of license or felony convictions;
 3. A history of loss or limitation of privileges or disciplinary activity;
 4. A lack of present illegal drug use; and
 5. The application's accuracy and completeness

Exhibit D

- ii. Contractor must file and keep track of attestation statements, credentialing applications and credentialing status for all of their providers and must make those available to the County upon request at any time.
- iii. Contractor is required to sign an annual attestation statement at the time of Agreement renewal in which they will attest that they will follow County's Credentialing Policy and MHSUDS IN 18-019 and ensure that all of their rendering providers are credentialed as per established guidelines.

Exhibit E
Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

DBH GOALS:

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

GUIDING PRINCIPLES OF CARE DELIVERY:

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Principle One - Timely Access & Integrated Services

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed
- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

Exhibit E
Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable.
- Clinical practice is informed by best available research evidence, best clinical expertise, and values and preferences of those we serve
- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

Exhibit E
Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

6. Principle Six - Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the person's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating
- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

Exhibit E
Fresno County Department of Behavioral Health
Guiding Principles of Care Delivery

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of DBH services
- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

Exhibit F

DOCUMENTATION STANDARDS FOR PERSON SERVED RECORDS

The documentation standards are described below under key topics related to care for persons served. All standards must be addressed in the person served's record; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

A. Assessments

1. The following areas will be included as a part of a comprehensive person served's record:

- Presenting problems, including impairments in function, and current mental status exam.
- Traumatic incidents which include trauma exposures, trauma reactions, trauma screenings, and systems involvement if relevant
- Behavioral health history including mental health history, substance use/abuse, and previous services
- Medical history including physical health conditions, medications, and developmental history
- Psychosocial factors including family, social and life circumstances, cultural considerations
- Strengths, risks, and protective factors, including safety planning
- Clinical summary, treatment recommendations, and level of care determination including diagnostic and clinical impression with a diagnosis
- The assessment shall include a typed or legibly printed name, signature of the service provider and date of signature.

2. Timeliness/Frequency Standard for Assessment

- The time period to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion.
- Assessments shall be completed within a reasonable time and in accordance with generally accepted standards of practice.

B. Problem list

The use of a Problem List has largely replaced the use of treatment plans and is therefore required to be part of the person served's record. The problem list shall be updated on an ongoing basis to reflect the current presentation of the person in care. The problem list shall include, but is not limited to, the following:

- Diagnoses identified by a provider acting within their scope of practice
- Problems identified by a provider acting within their scope of practice
- Problems or illnesses identified by the person in care and/or significant support person if any
- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed

Exhibit F

C. Treatment and Care Plan Requirements

1. Targeted Case Management

- Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the person in care
- Identifies a course of action to respond to the assessed needs of the person in care
- Includes development of a transition plan when the person in care has achieved the goals of the care plan
- Peer support services must be based on an approved care plan
- Must be provided in a narrative format in the person's progress notes
- Updated at least annually

2. Services requiring Treatments Plans

- Intensive Home-Based Services (IHBS)
- Intensive Care Coordination (ICC)
- Therapeutic Behavioral Services (TBS)
- Must have specific observable and/or specific quantifiable goals
- Must identify the proposed type(s) of intervention
- Must be signed (or electronic equivalent) by:
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services
 - when the person served's plan is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
 - a physician
 - a licensed/ "waivered" psychologist
 - a licensed/ "associate" social worker
 - a licensed/ registered/marriage and family therapist or
 - a registered nurse
- In addition,
 - Person served's plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the person served's plan goals, and there will be documentation of the person served's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the person served's participation and agreement in the body of the plan, person served's signature on the plan, or a description of the person served's participation and agreement in progress notes.
 - Person served's signature on the plan will be used as the means by which the Contractor documents the participation of the person served. When the person served's signature is required on the person served's plan and the person

Exhibit F

served refuses or is unavailable for signature, the person served's plan will include a written explanation of the refusal or unavailability.

- The Contractor will give a copy of the person served's plan to the person served on request.

D. Progress Notes

1. Providers shall create progress notes for the provision of all SMHS. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description. Progress notes shall include:

- The type of service rendered.
- A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time.
- Location of the beneficiary at the time of receiving the service.
- A typed or legibly printed name, signature of the service provider and date of signature.
- ICD 10 code
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- Next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

2. Timeliness/Frequency of Progress Notes

- Progress notes shall be completed within 3 business days of providing a service, except for notes for crisis services, which shall be completed within 24 hours.
- A note must be completed for every service contact

Exhibit G



Department of Behavioral Health Policy and Procedure Guide

PPG 1.2.7

Section: Mental Health

Effective Date: 05/30/2017

Revised Date: 05/30/2017

Policy Title: Performance Outcome Measures

Approved by: Dawan Utecht (Director of Behavioral Health), Francisco Escobedo (Sr. Staff Analyst - QA), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

It is the policy of Fresno County Department of Behavioral Health and the Fresno County Mental Health Plan (FCMHP) to ensure procedures for developing performance measures which accurately reflect vital areas of performance and provide for systematic, ongoing collection and analysis of valid and reliable data. Data collection is not intended to be an additional task for FCMHP programs/providers but rather embedded within the various non-treatment, treatment and clinical documentation.

PURPOSE:

To determine the effectiveness and efficiency of services provided by measuring performance outcomes/results achieved by the persons served during service delivery or following service completion, delivery of service, and of the individuals' satisfaction. This is a vital management tool used to clarify goals, document the efforts toward achieving those goals, and thus measure the benefit the service delivery to the persons served. Performance measurement selection is part of the planning and developing process design of the program. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals.

REFERENCE:

California Code of Regulations, Title 9, Chapter 11, Section 1810.380(a)(1): State Oversight

DHCS Service, Administrative and Operational Requirements

Mental Health Services Act (MHSA), California Code of Regulations, Title 9, Section 3320, 3200.050, and 3200.120

Commission on Accreditation of Rehabilitation Facilities (CARF)

DEFINITIONS:

1. **Indicator:** Qualitative or quantitative measure(s) that tell if the outcomes have been accomplished. Indicators evaluate key performance in relation to objectives. It indicates what the program is accomplishing and if the anticipated results are being achieved.

MISSION STATEMENT

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Template Review Date 3/28/16

Exhibit G

Department of Behavioral Health Policy and Procedure Guide



Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

2. **Intervention:** A systematic plan of action consciously adapted in an attempt to address and reduce the causes of failure or need to improve upon system.
3. **Fresno County Mental Health Plan (FCMHP):** Fresno County's contract with the State Department of Health and Human Services that allows for the provision of specialty mental health services. Services may be delivered by county-operated programs, contracted organizational, or group providers.
4. **Objective (Goal):** Intended results or the impact of learning, programs, or activities.
5. **Outcomes:** Specific results or changes achieved as a consequence of the program or intervention. Outcomes are connected to the objectives/goals identified by the program or intervention.

PROCEDURE:

- I. Each FCMHP program/provider shall engage in measurement of outcomes in order to generate reliable and valid data on the effectiveness and efficiency of programs or interventions. Programs/providers will establish/select objectives (goals), decide on a methodology and timeline for the collection of data, and use an appropriate data collection tool. This occurs during the program planning and development process. Outcomes should be in alignment with the program/provider goals.
- II. Outcomes should be measurable, obtainable, clear, accurately reflect the expected result, and include specific time frames. Once the measures have been selected, it is necessary to design a way to gather the information. For each service delivery performance indicator, FCMHP program/provider shall determine: to whom the indicator will be applied; who is responsible for collecting the data; the tool from which data will be collected; and a performance target based on an industry benchmark, or a benchmark set by the program/provider.
- III. Performance measures are subject to review and approval by FCMHP Administration.
- IV. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals. Annually, each FCMHP program/provider must measure service delivery performance in each of the areas/domains listed below. Dependent on the program/provider service deliverables, exceptions must be approved by the FCMHP Administration.

Exhibit G

Department of Behavioral Health Policy and Procedure Guide



Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

- a. Effectiveness of services – How well programs performed and the results achieved. Effectiveness measures address the quality of care through measuring change over time. Examples include but are not limited to: reduction of hospitalization, reduction of symptoms, employment and housing status, and reduction of recidivism rate and incidence of relapse.
 - b. Efficiency of services – The relationship between the outcomes and the resources used. Examples include but are not limited to: service delivery cost per service unit, length of stay, and direct service hours of clinical and medical staff.
 - c. Services access – Changes or improvements in the program/provider’s capacity and timeliness to provide services to those who request them. Examples include but are not limited to: wait/length of time from first request/referral to first service or subsequent appointment, convenience of service hours and locations, number of clients served by program capacity, and no-show and cancellation rates.
 - d. Satisfaction and feedback from persons served and stakeholders– Changes or increased positive/negative feedback regarding the experiences of the persons served and others (families, referral sources, payors/guarantors, etc.). Satisfaction measures are usually oriented toward clients, family members, personnel, the community, and funding sources. Examples include but are not limited to: did the organization/program focus on the recovery of the person served, were grievances or concerns addressed, overall feelings of satisfaction, and satisfaction with physical facilities, fees, access, service effectiveness, and efficiency.
- V. Each FCMHP program/provider shall use the following templates to document the defined goals, intervention(s), specific indicators, and outcomes.
1. FCMHP Outcome Report template (see Attachment A)
 2. FCMHP Outcome Analysis template (see Attachment C)

Exhibit H

Insurance Requirements

1. Required Policies

Without limiting the County's right to obtain indemnification from the Contractor(s) or any third parties, Contractor(s), at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement.

- (A) **Commercial General Liability.** Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor(s) shall obtain an endorsement to this policy naming the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the County is excess only and not contributing with insurance provided under the Contractor's policy.
- (B) **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.
- (C) **Workers Compensation.** Workers compensation insurance as required by the laws of the State of California with statutory limits.
- (D) **Employer's Liability.** Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- (E) **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor(s) shall maintain the policy and provide to the County annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor(s) shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.
- (F) **Molestation Liability.** Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- (G) **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor(s).

Exhibit H

Definition of Cyber Risks. “Cyber Risks” include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor’s obligations under [identify the Article, section, or exhibit containing data security obligations] of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi) information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

- (i) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this Agreement.
- (ii) The technology professional liability insurance certificate must also state that coverage encompasses all of the Contractor’s obligations under this Agreement, including but not limited to claims involving Cyber Risks, as that term is defined in this Agreement.
- (iii) The cyber liability insurance certificate must also state that it is endorsed, and include an endorsement, to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor(s).

(B) **Acceptability of Insurers.** All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.

(C) **Notice of Cancellation or Change.** For each insurance policy required under this Agreement, the Contractor(s) shall provide to the County, or ensure that the policy requires the insurer to provide to the County, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor(s) shall, or shall cause the insurer to, provide written notice to the County not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor(s) shall, or shall cause the insurer to, provide written notice to the County not less than 30 days in advance of cancellation or change. The County in its sole discretion may determine that the failure of the Contractor(s) or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.

Exhibit H

- (D) **County's Entitlement to Greater Coverage.** If the Contractor(s) has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the County requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor(s) shall deliver, or cause its broker or producer to deliver, to the County's Risk Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.
- (E) **Waiver of Subrogation.** The Contractor(s) waives any right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this Agreement. The Contractor(s) is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but the Contractor's waiver of subrogation under this paragraph is effective whether or not the Contractor(s) obtains such an endorsement.
- (F) **County's Remedy for Contractor(s)' Failure to Maintain.** If the Contractor(s) fails to keep in effect at all times any insurance coverage required under this Agreement, the County may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor(s). The County may offset such charges against any amounts owed by the County to the Contractor(s) under this Agreement.
- (G) **Subcontractor(s).** The Contractor(s) shall require and verify that all subcontractor(s) used by the Contractor(s) to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor(s) to provide services under this Agreement using subcontractor(s).

Exhibit I

FRESNO COUNTY MENTAL HEALTH PLAN

Grievances

Fresno County Mental Health Plan (MHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the MHP and its fee-for-service providers give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The MHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give the individuals served copies of all current beneficiary information at intake and annually thereafter.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

Provider Problem Resolution and Appeals Process

The MHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

Informal provider problem resolution process – the provider may first speak to a Provider Relations Specialist (PRS) regarding his or her complaint or concern.

Exhibit I

The PRS will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the MHP address (listed above).

Formal provider appeal process – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization, or the process or payment of a provider's claim to the MHP.

Payment authorization issues – the provider may appeal a denied or modified request for payment authorization or a dispute with the MHP regarding the processing or payment of a provider's claim to the MHP. The written appeal must be submitted to the MHP within 90 calendar days of the date of the receipt of the non-approval of payment.

The MHP shall have 60 calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes a Managed Care staff who was not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff reverses the appealed decision, the provider will be asked to submit a revised request for payment within 30 calendar days of receipt of the decision

Other complaints – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the MHP. The provider will receive a written response from the MHP within 60 calendar days of receipt of the complaint. The decision rendered by the MHP is final.

Exhibit J

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the Contractor can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the Contractor can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the Contractor's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.
- Employees involved in a crisis incident should be offered appropriate Employee Assistance Program (EAP) or similar related wellness and recovery assistance. In conjunction with the DBH's Guiding Principles of Care Delivery and wellness of the workforce, Contractor shall align their practices around this vision and ensure needed debriefing services are offered to all employees involved in a crisis incident. Employees shall be afforded all services to strengthen their recovery and wellness related to the crisis incident. Appropriate follow-up with the employee shall be carried out and a plan for workforce wellness shall be submitted to DBH.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the Contractor should be emailed to DBHIncidentReporting@fresnocountyca.gov and the assigned contract analyst.

Exhibit J



Mental Health Plan (MHP) and Substance Use Disorder (SUD) services Incident Reporting System

INCIDENT REVIEWER ROLE – User Guide

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of persons served, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, the responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify DBHIncidentReporting@fresnocountyca.gov if there is additional information to be report after initial submission
- Contact DBHIncidentReporting@fresnocountyca.gov if there are any concerns, questions or comments with Logic Manager or incident reporting.

Below is the link to report incidents

<https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

The link will take employees to the reporting screen to begin incident submission:

Exhibit J

Incident Report

Please complete this form

▼ Client Information

Name of Facility*
Select option

Name of Reporting Party*
Enter text

Facility Address*
Enter text

Facility Phone Number*
Enter text

Mental Health or Substance Use Disorder Program?*

Client First Name*
Enter text

Client Last Name*
Enter text

Enter text

Client Date of Birth
MM/DD/YYYY

Client Address
Enter text

Client ID
Enter text

Gender*
Select option

County of Origin*
Select option

▼ Summary

Subject @
Enter text

Incident (check all that apply)*
Select option(s)

If Other-specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community):
Enter text

Description of the Incident*
Enter text

Exhibit J

Similar to the paper version, multiple incident categories can be selected

Enter text

Incident (check all that apply)*

Medical Emergency x Death of Client x

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

← → ↻ 🏠 fresnodbh.logicmanager.com/incidents/?t=98;p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e

Date of Incident*

mm/dd/yyyy

Time of Incident*

Enter text

Location of Incident*

Enter text


Key People Directly Involved in Incident (witnesses, staff)*

Enter text

Did the Injured Party seek Medical Attention?

Select option

Attach any additional details

 Add File or Drop File Here

Reported By Name*

Enter text

Reported By Email*

Enter text

Reported On

10/30/2019

Exhibit J

As another bonus feature, either drag files (such as a copy of a UOR, additional statements/document) or click on Add File to upload a file.

Reported By Name*

Reported By Email*

Reported On
10/30/2019

Follow Up

Action Taken (check all that apply)*

Please specify if other

Description of Action Taken*

Outcome*

SUBMIT

Similar to the paper version, multiple Action Taken categories can be selected.

Follow Up

Action Taken (check all that apply)*

Law Enforcement Contacted × Called 911/EMS ×

Consulted with Physician

First Aid/CPR Administered

Client removed from building

Parent/Legal Guardian Contacted

Other

When done entering all the information, simply click submit.

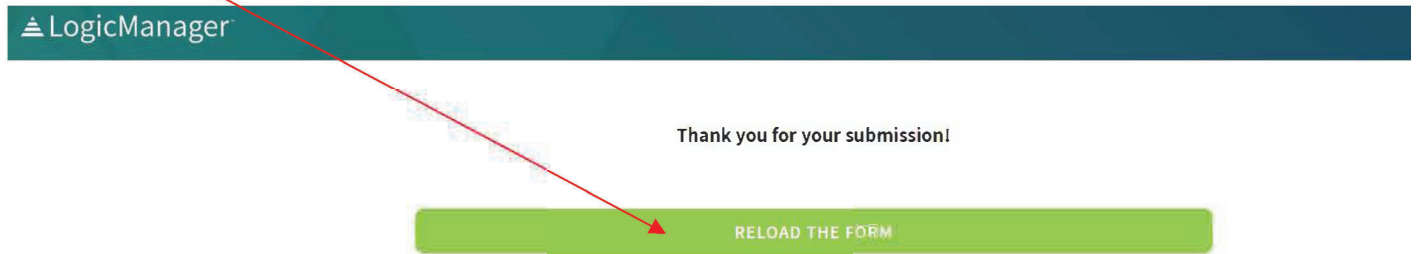
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

Outcome*

SUBMIT

Exhibit J

A “Thank you for your submission” statement will pop up if an incident is successfully submitted. Click “Reload the Form” to submit another incident.



A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on “Open this incident in Logic Manager” and the Logic Manager login screen will show.

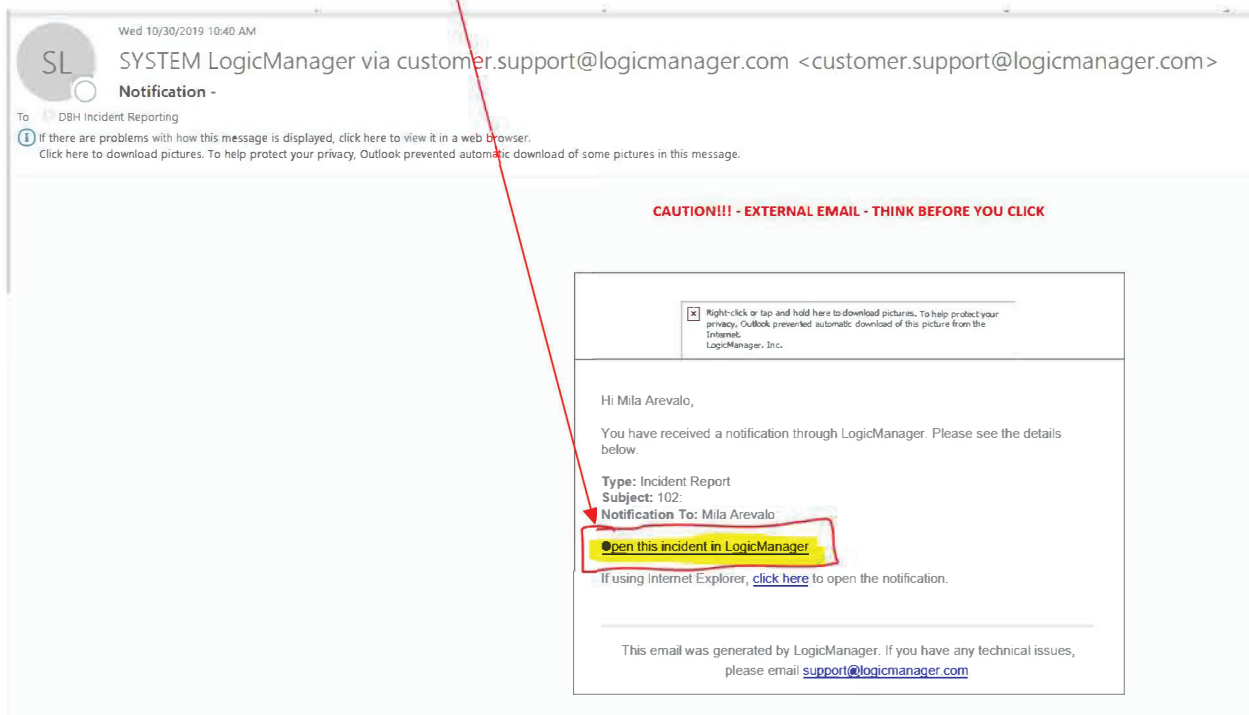
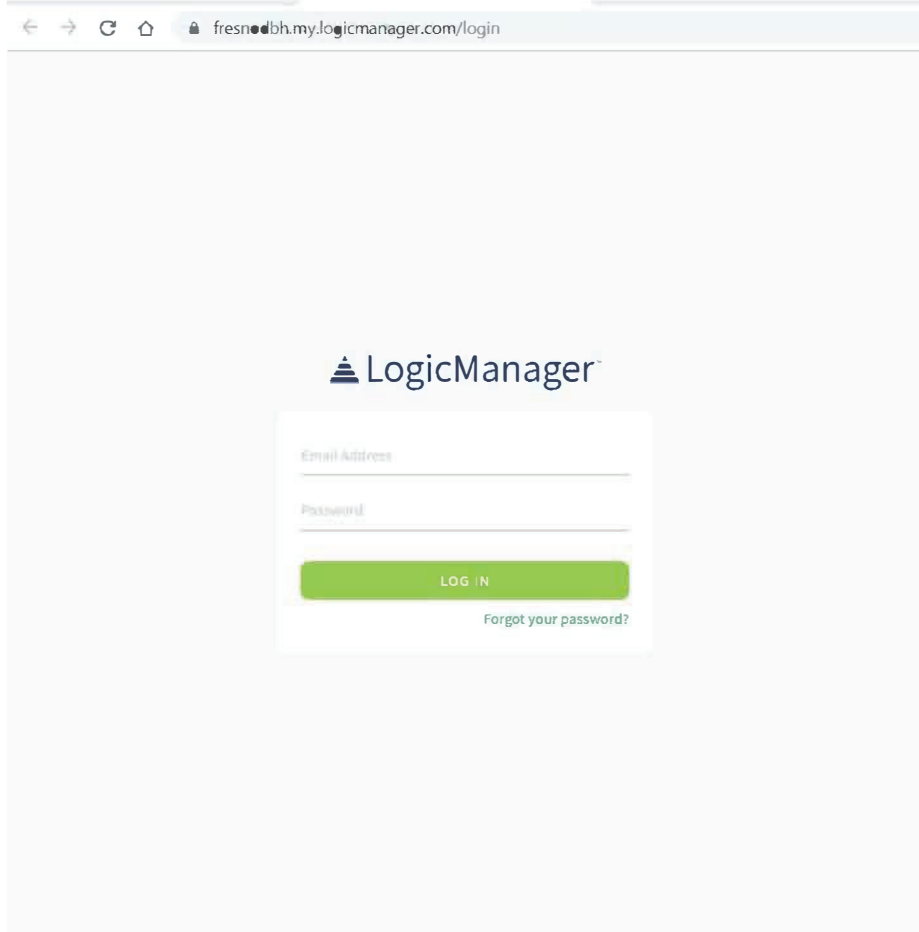


Exhibit J

Enter in email address and password. First time users will be prompted to set up a password.



LogicManager

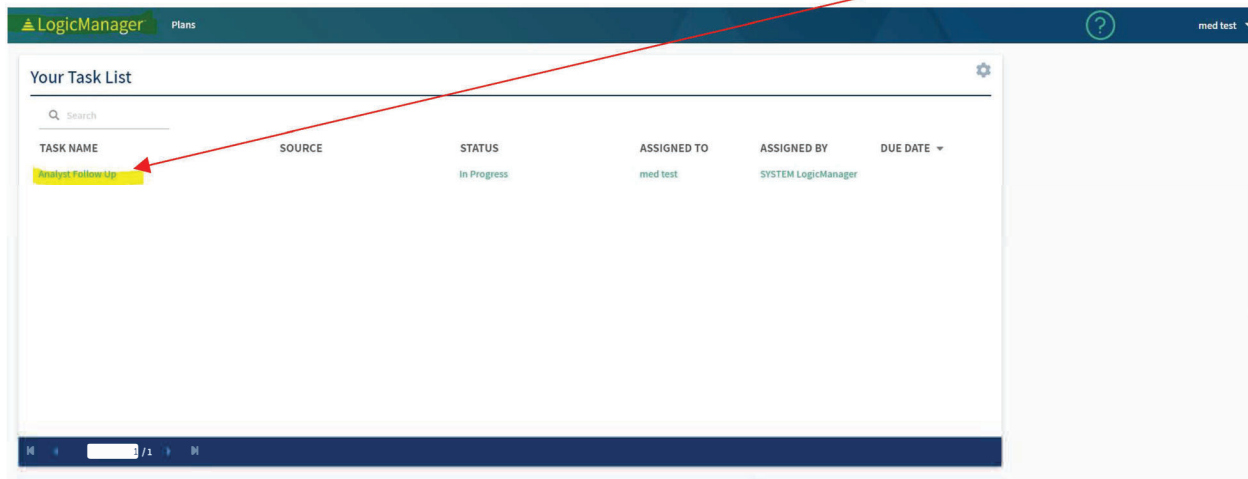
Email Address

Password

LOG IN

[Forgot your password?](#)

Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



LogicManager Plans med test

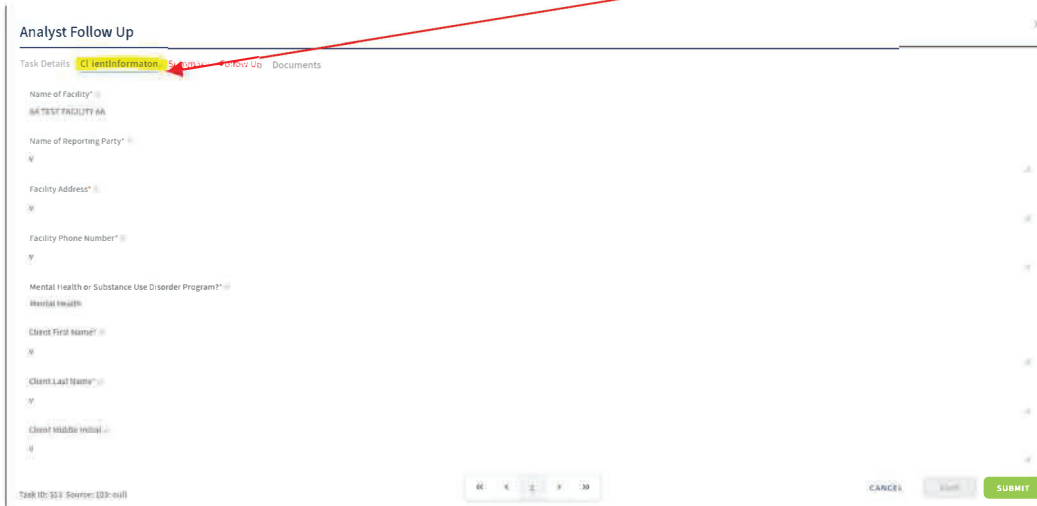
Your Task List

Search

TASK NAME	SOURCE	STATUS	ASSIGNED TO	ASSIGNED BY	DUE DATE
Analyst Follow Up		In Progress	med test	SYSTEM LogicManager	

Exhibit J

This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show the client and facility information. No edits can be made to this section.

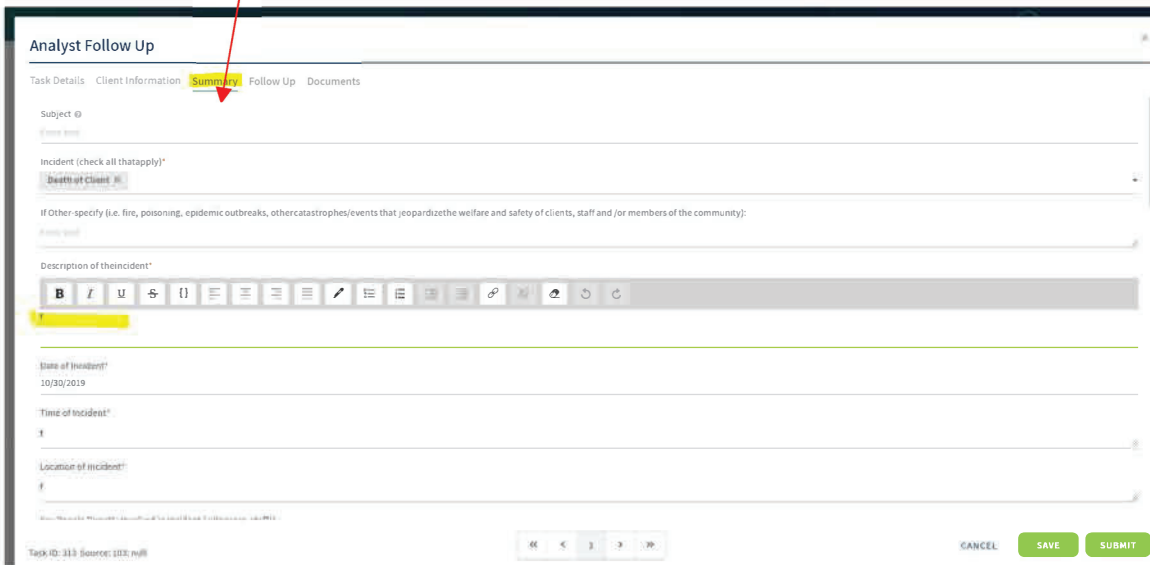


The screenshot shows the 'Analyst Follow Up' form with the 'Client Information' tab selected. The form contains the following fields:

- Task Details: Client Information (highlighted), Summary, Follow Up, Documents
- Name of Facility: BEST FACILITY AA
- Name of Reporting Party: V
- Facility Address: W
- Facility Phone Number: Y
- Mental Health or Substance Use Disorder Program? Mental Health
- Client First Name: W
- Client Last Name: Y
- Client Middle Initial: W

At the bottom, there are navigation buttons: CANCEL, SAVE, and SUBMIT. A red arrow points from the text above to the 'Client Information' tab.

The next tab is **Summary**: No edits can be made to this section.



The screenshot shows the 'Analyst Follow Up' form with the 'Summary' tab selected. The form contains the following fields:

- Task Details: Client Information, Summary (highlighted), Follow Up, Documents
- Subject: [Empty]
- Incident (check all that apply): Death of Client X
- If Other specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and/or members of the community): [Empty]
- Description of the incident: [Empty]
- Date of Incident: 10/30/2019
- Time of Incident: X
- Location of Incident: F

At the bottom, there are navigation buttons: CANCEL, SAVE, and SUBMIT. A red arrow points from the text above to the 'Summary' tab.

Exhibit J

The next tab is **Follow up**: This section can be edited. Add to the areas below or make corrections to these fields. Be sure to click **SAVE** when edits are made. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow Up Documents

Action Taken (check all that apply)*
Law Enforcement Contacted X

Please specify if other

Description of Action Taken*

Outcome*

added information
cause of death - cancer per coroner 10-31-14

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

The next tab is **Documents**: View and add attachments to the incident. Be sure to click **SAVE** when adding documents. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow Up Documents

SEARCH Add Document

Name	Type	Source	Upload Date	Uploaded By
------	------	--------	-------------	-------------

No documents yet.
Drop files here or click on the Add Document dropdown.

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

If all tasks are followed up with and the incident no longer needs further review/information, click **SUBMIT**. Once submitted, the incident will be removed from the task list and no further edits can be made. Notice the **SUBMIT** button is on every tab. If further information needs to be included, email

DBHIncidentReporting@fresnocountyca.gov

Exhibit J

To get back to the home view, click on the Logic Manager icon at any time. Any incidents that still need review will show on this screen, click on the next incident and start the review process again.

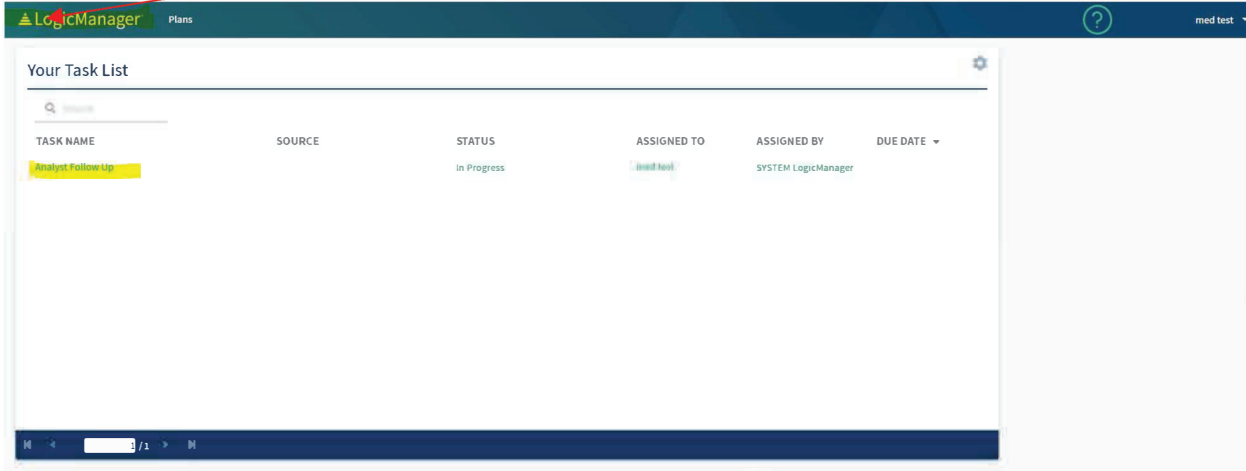


Exhibit K

FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM

CONTRACTOR CODE OF CONDUCT AND ETHICS

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services. Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, Contractor, Contractor' employees and subcontractors must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance Officer or designee.

Contractor and its employees and subcontractor shall:

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealing related to their contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County.
3. Treat County employees, persons served, and other mental health contractors fairly and with respect.
4. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule or guideline
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.

Exhibit K

7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
8. Act promptly to investigate and correct problems if errors in claims or billing are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and Ethics by County employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County. Contractor may report anonymously.
10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible person and therefore excluded from participation in the Federal Health Care Programs.

Exhibit K

Fresno County Mental Health Compliance Program

Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I hereby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and understand the contents thereof. I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this Agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County. I further understand that Fresno County will report me to the appropriate Federal or State agency.

For Individual Providers

Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Signature: _____ Date: ___/___/___

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Other: _____

Job Title (if different from Discipline): _____

Signature: _____ Date: ___/___/___

Exhibit L

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

Contractor shall be required to maintain organizational provider certification by the host county. A copy of this renewal certificate must be furnished to County within thirty (30) days of receipt of certificate from host county. The Contractor must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the Contractor.

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.

Exhibit L

- D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The County may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The County may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

Exhibit M

NOTICE OF CHILD ABUSE REPORTING LAW

The undersigned hereby acknowledges that Penal Code section 11166 and the contractual obligations between County of Fresno (COUNTY) and **[NAME OF CONTRACTOR]** (PROVIDER) related to provision of **[TYPE OF SERVICES]** services for COUNTY's dependent children, requires that the undersigned report all known or suspected child abuse or neglect to one or more of the agencies set forth in Penal Code (P.C.) section (§) 11165.9.

For purposes of the undersigned's child abuse reporting requirements, "child abuse or neglect" includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in P.C. §11165.1, neglect as defined in P.C. §11165.2, willful cruelty or unjustifiable punishment as defined in P.C. §11165.3, and unlawful corporal punishment or injury as defined in P.C. §11165.4.

A child abuse report shall be made whenever the undersigned, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the undersigned knows or reasonably suspects has been the victim of child abuse or neglect. (P.C. §11166.) The child abuse report shall be made to any police department or sheriff's department (not including a school district police or security department), or to any county welfare department, including Fresno County Department of Social Services' 24 Hour CARELINE. (See PC §11165.9.)

For purposes of child abuse reporting, a "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. The pregnancy of a child does not, in and of itself, constitute a basis for reasonable suspicion of sexual abuse. (P.C. §11166(a)(1).)

Substantial penalties may be imposed for failure to comply with these child abuse reporting requirements.

Further information and a copy of the law may be obtained from the department head or designee.

I have read and understand the above statement and agree to comply with the child abuse reporting requirements.

SIGNATURE

DATE

Exhibit N

Data Security

1. Definitions

Capitalized terms used in this Exhibit have the meanings set forth in this section 1.

- (A) **“Authorized Employees”** means the Contractor’s employees who have access to Personal Information.
- (B) **“Authorized Persons”** means: (i) any and all Authorized Employees; and (ii) any and all of the Contractor’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to the Contractor, who have access to Personal Information and are bound by law or in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms of this Exhibit N.
- (C) **“Directors”** means the County’s Director of the Department of Social Services and Director of Behavioral Health or their designees.
- (D) **“Disclose”** or any derivative of that word means to disclose, release, transfer, disseminate, or otherwise provide access to or communicate all or any part of any Personal Information orally, in writing, or by electronic or any other means to any person.
- (E) **“Person”** means any natural person, corporation, partnership, limited liability company, firm, or association.
- (F) **“Personal Information”** means any and all information, including any data, provided, or to which access is provided, to the Contractor by or upon the authorization of the County, under this Agreement, including but not limited to vital records, that: (i) identifies, describes, or relates to, or is associated with, or is capable of being used to identify, describe, or relate to, or associate with, a person (including, without limitation, names, physical descriptions, signatures, addresses, telephone numbers, e-mail addresses, education, financial matters, employment history, and other unique identifiers, as well as statements made by or attributable to the person); (ii) is used or is capable of being used to authenticate a person (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or personal identification numbers (PINs), financial account numbers, credit report information, answers to security questions, and other personal identifiers); or (iii) is personal information within the meaning of California Civil Code section 1798.3, subdivision (a), or 1798.80, subdivision (e). Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.
- (G) **“Privacy Practices Complaint”** means a complaint received by the County relating to the Contractor’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable the Contractor to promptly investigate and take remedial action under this Exhibit N.
- (H) **“Security Safeguards”** means physical, technical, administrative or organizational security procedures and practices put in place by the Contractor (or any Authorized Persons) that relate to the protection of the security, confidentiality, value, or integrity of Personal Information. Security Safeguards shall satisfy the minimal requirements set forth in section 3(C) of this Exhibit N.

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- (I) **“Security Breach”** means (i) any act or omission that compromises either the security, confidentiality, value, or integrity of any Personal Information or the Security Safeguards, or (ii) any unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, any Personal Information.
- (J) **“Use”** or any derivative of that word means to receive, acquire, collect, apply, manipulate, employ, process, transmit, disseminate, access, store, disclose, or dispose of Personal Information.

2. Standard of Care

- (A) The Contractor acknowledges that, in the course of its engagement by the County under this Agreement, the Contractor, or any Authorized Persons, may Use Personal Information only as permitted in this Agreement.
- (B) The Contractor acknowledges that Personal Information is deemed to be confidential information of, or owned by, the County (or persons from whom the County receives or has received Personal Information) and is not confidential information of, or owned or by, the Contractor, or any Authorized Persons. The Contractor further acknowledges that all right, title, and interest in or to the Personal Information remains in the County (or persons from whom the County receives or has received Personal Information) regardless of the Contractor’s, or any Authorized Person’s, Use of that Personal Information.
- (C) The Contractor agrees and covenants in favor of the Country that the Contractor shall:
 - (i) keep and maintain all Personal Information in strict confidence, using such degree of care under this section 2 as is reasonable and appropriate to avoid a Security Breach;
 - (ii) Use Personal Information exclusively for the purposes for which the Personal Information is made accessible to the Contractor pursuant to the terms of this Exhibit N;
 - (iii) not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for the Contractor’s own purposes or for the benefit of anyone other than the County, without the County’s express prior written consent, which the County may give or withhold in its sole and absolute discretion; and
 - (iv) not, directly or indirectly, Disclose Personal Information to any person (an “Unauthorized Third Party”) other than Authorized Persons pursuant to this Agreement, without the Directors’ express prior written consent.
- (D) Notwithstanding the foregoing paragraph, in any case in which the Contractor believes it, or any Authorized Person, is required to disclose Personal Information to government regulatory authorities, or pursuant to a legal proceeding, or otherwise as may be required by applicable law, Contractor shall (i) immediately notify the County of the specific demand for, and legal authority for the disclosure, including providing County with a copy of any notice, discovery demand, subpoena, or order, as applicable, received by the Contractor, or any Authorized Person, from any government regulatory authorities, or in relation to any legal proceeding, and (ii) promptly notify the County

Exhibit N

before such Personal Information is offered by the Contractor for such disclosure so that the County may have sufficient time to obtain a court order or take any other action the County may deem necessary to protect the Personal Information from such disclosure, and the Contractor shall cooperate with the County to minimize the scope of such disclosure of such Personal Information.

- (E) The Contractor shall remain liable to the County for the actions and omissions of any Unauthorized Third Party concerning its Use of such Personal Information as if they were the Contractor's own actions and omissions.

3. Information Security

- (A) The Contractor covenants, represents and warrants to the County that the Contractor's Use of Personal Information under this Agreement does and will at all times comply with all applicable federal, state, and local, privacy and data protection laws, as well as all other applicable regulations and directives, including but not limited to California Civil Code, Division 3, Part 4, Title 1.81 (beginning with section 1798.80), and the Song-Beverly Credit Card Act of 1971 (California Civil Code, Division 3, Part 4, Title 1.3, beginning with section 1747). If the Contractor Uses credit, debit or other payment cardholder information, the Contractor shall at all times remain in compliance with the Payment Card Industry Data Security Standard ("PCI DSS") requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing and maintaining all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Contractor's sole cost and expense.
- (B) The Contractor covenants, represents and warrants to the County that, as of the effective date of this Agreement, the Contractor has not received notice of any violation of any privacy or data protection laws, as well as any other applicable regulations or directives, and is not the subject of any pending legal action or investigation by, any government regulatory authority regarding same.
- (C) Without limiting the Contractor's obligations under section 3(A) of this Exhibit N, the Contractor's (or Authorized Person's) Security Safeguards shall be no less rigorous than accepted industry practices and, at a minimum, include the following:
- (i) limiting Use of Personal Information strictly to the Contractor's and Authorized Persons' technical and administrative personnel who are necessary for the Contractor's, or Authorized Persons', Use of the Personal Information pursuant to this Agreement;
 - (ii) ensuring that all of the Contractor's connectivity to County computing systems will only be through the County's security gateways and firewalls, and only through security procedures approved upon the express prior written consent of the Directors;
 - (iii) to the extent that they contain or provide access to Personal Information, (a) securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, operating systems, and software applications, including, but not limited to, all mobile devices and other equipment, operating systems, and software applications with information storage capability; (b)

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employing adequate controls and data security measures, both internally and externally, to protect (1) the Personal Information from potential loss or misappropriation, or unauthorized Use, and (2) the County's operations from disruption and abuse; (c) having and maintaining network, device application, database and platform security; (d) maintaining authentication and access controls within media, computing equipment, operating systems, and software applications; and (e) installing and maintaining in all mobile, wireless, or handheld devices a secure internet connection, having continuously updated anti-virus software protection and a remote wipe feature always enabled, all of which is subject to express prior written consent of the Directors;

- (iv) encrypting all Personal Information at advance encryption standards of Advanced Encryption Standards (AES) of 128 bit or higher (a) stored on any mobile devices, including but not limited to hard disks, portable storage devices, or remote installation, or (b) transmitted over public or wireless networks (the encrypted Personal Information must be subject to password or pass phrase, and be stored on a secure server and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection, all of which is subject to express prior written consent of the Directors);
 - (v) strictly segregating Personal Information from all other information of the Contractor, including any Authorized Person, or anyone with whom the Contractor or any Authorized Person deals so that Personal Information is not commingled with any other types of information;
 - (vi) having a patch management process including installation of all operating system and software vendor security patches;
 - (vii) maintaining appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks of Authorized Employees consistent with applicable law; and
 - (viii) providing appropriate privacy and information security training to Authorized Employees.
- (D) During the term of each Authorized Employee's employment by the Contractor, the Contractor shall cause such Authorized Employees to abide strictly by the Contractor's obligations under this Exhibit N. The Contractor shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.
- (E) The Contractor shall, in a secure manner, backup daily, or more frequently if it is the Contractor's practice to do so more frequently, Personal Information received from the County, and the County shall have immediate, real time access, at all times, to such backups via a secure, remote access connection provided by the Contractor, through the Internet.
- (F) The Contractor shall provide the County with the name and contact information for each Authorized Employee (including such Authorized Employee's work shift, and at least one alternate Authorized Employee for each Authorized Employee during such work shift) who shall serve as the County's primary security contact with the Contractor and shall be

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available to assist the County twenty-four (24) hours per day, seven (7) days per week as a contact in resolving the Contractor's and any Authorized Persons' obligations associated with a Security Breach or a Privacy Practices Complaint.

- (G) The Contractor shall not knowingly include or authorize any Trojan Horse, back door, time bomb, drop dead device, worm, virus, or other code of any kind that may disable, erase, display any unauthorized message within, or otherwise impair any County computing system, with or without the intent to cause harm.

4. Security Breach Procedures

- (A) Immediately upon the Contractor's awareness or reasonable belief of a Security Breach, the Contractor shall (i) notify the Directors of the Security Breach, such notice to be given first by telephone at the following telephone number, followed promptly by email at the following email addresses: incidents@fresnocountyca.gov, 559-600-5900, dssprivacyincident@fresnocountyca.gov, 559-600-2300 (which telephone number and email address the County may update by providing notice to the Contractor), and (ii) preserve all relevant evidence (and cause any affected Authorized Person to preserve all relevant evidence) relating to the Security Breach. The notification shall include, to the extent reasonably possible, the identification of each type and the extent of Personal Information that has been, or is reasonably believed to have been, breached, including but not limited to, compromised, or subjected to unauthorized Use, Disclosure, or modification, or any loss or destruction, corruption, or damage.
- (B) Immediately following the Contractor's notification to the County of a Security Breach, as provided pursuant to section 4(A) of this Exhibit N, the Parties shall coordinate with each other to investigate the Security Breach. The Contractor agrees to fully cooperate with the County, including, without limitation:
- (i) assisting the County in conducting any investigation;
 - (ii) providing the County with physical access to the facilities and operations affected;
 - (iii) facilitating interviews with Authorized Persons and any of the Contractor's other employees knowledgeable of the matter; and
 - (iv) making available all relevant records, logs, files, data reporting and other materials required to comply with applicable law, regulation, industry standards, or as otherwise reasonably required by the County.

To that end, the Contractor shall, with respect to a Security Breach, be solely responsible, at its cost, for all notifications required by law and regulation, or deemed reasonably necessary by the County, and the Contractor shall provide a written report of the investigation and reporting required to the Directors within 30 days after the Contractor's discovery of the Security Breach.

- (C) County shall promptly notify the Contractor of the Directors' knowledge, or reasonable belief, of any Privacy Practices Complaint, and upon the Contractor's receipt of that notification, the Contractor shall promptly address such Privacy Practices Complaint,

Exhibit N

including taking any corrective action under this Exhibit N, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. In the event the Contractor discovers a Security Breach, the Contractor shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of the Contractor's receipt of notification of such Privacy Practices Complaint, the Contractor shall notify the County whether the matter is a Security Breach, or otherwise has been corrected and the manner of correction, or determined not to require corrective action and the reason for that determination.

- (D) The Contractor shall take prompt corrective action to respond to and remedy any Security Breach and take mitigating actions, including but not limiting to, preventing any reoccurrence of the Security Breach and correcting any deficiency in Security Safeguards as a result of such incident, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. The Contractor shall reimburse the County for all reasonable costs incurred by the County in responding to, and mitigating damages caused by, any Security Breach, including all costs of the County incurred relation to any litigation or other action described section 4(E) of this Exhibit N.
- (E) The Contractor agrees to cooperate, at its sole expense, with the County in any litigation or other action to protect the County's rights relating to Personal Information, including the rights of persons from whom the County receives Personal Information.

5. Oversight of Security Compliance

- (A) The Contractor shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- (B) Upon the County's written request, to confirm the Contractor's compliance with this Exhibit N, as well as any applicable laws, regulations and industry standards, the Contractor grants the County or, upon the County's election, a third party on the County's behalf, permission to perform an assessment, audit, examination or review of all controls in the Contractor's physical and technical environment in relation to all Personal Information that is Used by the Contractor pursuant to this Agreement. The Contractor shall fully cooperate with such assessment, audit or examination, as applicable, by providing the County or the third party on the County's behalf, access to all Authorized Employees and other knowledgeable personnel, physical premises, documentation, infrastructure and application software that is Used by the Contractor for Personal Information pursuant to this Agreement. In addition, the Contractor shall provide the County with the results of any audit by or on behalf of the Contractor that assesses the effectiveness of the Contractor's information security program as relevant to the security and confidentiality of Personal Information Used by the Contractor or Authorized Persons during the course of this Agreement under this Exhibit N.
- (C) The Contractor shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit N. that apply to the Contractor with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between the

Exhibit N

Contractor and such Authorized Persons, or amending any written agreements to provide same.

6. Return or Destruction of Personal Information. Upon the termination of this Agreement, the Contractor shall, and shall instruct all Authorized Persons to, promptly return to the County all Personal Information, whether in written, electronic or other form or media, in its possession or the possession of such Authorized Persons, in a machine readable form used by the County at the time of such return, or upon the express prior written consent of the Directors, securely destroy all such Personal Information, and certify in writing to the County that such Personal Information have been returned to the County or disposed of securely, as applicable. If the Contractor is authorized to dispose of any such Personal Information, as provided in this Exhibit N, such certification shall state the date, time, and manner (including standard) of disposal and by whom, specifying the title of the individual. The Contractor shall comply with all reasonable directions provided by the Directors with respect to the return or disposal of Personal Information and copies of Personal Information. If return or disposal of such Personal Information or copies of Personal Information is not feasible, the Contractor shall notify the County accordingly, specifying the reason, and continue to extend the protections of this Exhibit N to all such Personal Information and copies of Personal Information. The Contractor shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 6. The Contractor's obligations under this section 6 survive the termination of this Agreement and apply to all Personal Information that the Contractor retains if return or disposal is not feasible and to all Personal Information that the Contractor may later discover.

7. Equitable Relief. The Contractor acknowledges that any breach of its covenants or obligations set forth in this Exhibit N may cause the County irreparable harm for which monetary damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the County is entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance and any other relief that may be available from any court, in addition to any other remedy to which the County may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available to the County at law or in equity or under this Agreement.

8. Indemnity. The Contractor shall defend, indemnify and hold harmless the County, its officers, employees, and agents, (each, a "**County Indemnitee**") from and against any and all infringement of intellectual property including, but not limited to infringement of copyright, trademark, and trade dress, invasion of privacy, information theft, and extortion, unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, Personal Information, Security Breach response and remedy costs, credit monitoring expenses, forfeitures, losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, fines and penalties (including regulatory fines and penalties), costs or expenses of whatever kind, including attorneys' fees and costs, the cost of enforcing any right to indemnification or defense under this Exhibit N and the cost of pursuing any insurance providers, arising out of or resulting from any third party claim or action against any County Indemnitee in relation to the Contractor's, its officers, employees, or agents, or any Authorized Employee's or Authorized Person's, performance or failure to perform under this Exhibit N or arising out of or resulting from the Contractor's failure to comply with any of its obligations under this section 8. The provisions of this section 8 do not apply to the acts or omissions of the

Exhibit N

County. The provisions of this section 8 are cumulative to any other obligation of the Contractor to, defend, indemnify, or hold harmless any County Indemnitee under this Agreement. The provisions of this section 8 shall survive the termination of this Agreement.

9. Survival. The respective rights and obligations of the Contractor and the County as stated in this Exhibit N shall survive the termination of this Agreement.

10. No Third Party Beneficiary. Nothing express or implied in the provisions of in this Exhibit N is intended to confer, nor shall anything in this Exhibit N confer, upon any person other than the County or the Contractor and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

11. No County Warranty. The County does not make any warranty or representation whether any Personal Information in the Contractor's (or any Authorized Person's) possession or control, or Use by the Contractor (or any Authorized Person), pursuant to the terms of this Agreement is or will be secure from unauthorized Use, or a Security Breach or Privacy Practices Complaint.

Exhibit O

Self-Dealing Transaction Disclosure Form

In order to conduct business with the County of Fresno ("County"), members of a Contractor's board of directors ("County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest."

The definition above will be used for purposes of completing this disclosure form.

Instructions

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:
 - a. The name of the agency/company with which the corporation has the transaction; and
 - b. The nature of the material financial interest in the Corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.

The form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

Exhibit O

(1) Company Board Member Information:			
Name:		Date:	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to)			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code § 5233 (a)			
(5) Authorized Signature			
Signature:		Date:	

Exhibit P

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of entity	D/B/A		
Address (number, street)	City	State	ZIP code
CLIA number	Taxpayer ID number (EIN)	Telephone number ()	

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. Are there any individuals or organizations having a direct or indirect ownership or control interest of five percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there any directors, officers, agents, or managing employees of the institution, agency, or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)..... | <input type="checkbox"/> | <input type="checkbox"/> |

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	ADDRESS	EIN

B. Type of entity: Sole proprietorship Partnership Corporation
 Unincorporated Associations Other (specify) _____

C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."

D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers.

NAME	ADDRESS	PROVIDER NUMBER

Exhibit P

YES NO

- IV. A. Has there been a change in ownership or control within the last year?
 If yes, give date. _____
- B. Do you anticipate any change of ownership or control within the year?
 If yes, when? _____
- C. Do you anticipate filing for bankruptcy within the year?
 If yes, when? _____

V. Is the facility operated by a management company or leased in whole or part by another organization?
 If yes, give date of change in operations. _____

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

VII. A. Is this facility chain affiliated?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.

Name of authorized representative (typed)	Title
Signature	Date

Remarks

Exhibit Q

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded 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 rendered against them for commission of fraud or a criminal offense 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, falsification or destruction of records, making false statements, or receiving stolen property;

Exhibit Q

- (c) 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 prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: _____

Date: _____

(Printed Name & Title)

(Name of Agency or Company)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

FSP, AOT and WRAP	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,176.12
Physicians Assistant	\$527.47
Nurse Practitioner	\$584.86
RN	\$477.73
Certified Nurse Specialist	\$584.86
LVN	\$250.97
Pharmacist	\$562.98
Licensed Psychiatric Technician	\$215.15
Psychologist/Pre-licensed Psychologist	\$473.00
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$306.09
Occupational Therapist	\$407.45
Mental Health Rehab Specialist	\$230.28
Peer Recovery Specialist	\$241.80
Other Qualified Providers - Other Designated MH staff that bill medical	\$230.28

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person	\$18.32
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$30.92