

**AMENDMENT II TO AGREEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment II, is made and entered into this 20th day of June, 2023, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and Central California Faculty Medical Group, Inc. (CCFMG), a California professional corporation, whose address is 2625 East Divisadero Street, Fresno, California 93721, hereinafter referred to as "CONTRACTOR". Reference in this Agreement to party or "parties" shall be understood to refer to COUNTY and CONTRACTOR, unless otherwise specified.

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 18-234, effective May 1, 2018 and Amendment I, identified as COUNTY Agreement No. 22-023, effective January 18, 2022, collectively referred to as the "Agreement," whereby CONTRACTOR agreed to provide licensed psychiatrists and nurse practitioners to County's Department of Behavioral Health (DBH) for the provision of psychiatric services to individuals living in Fresno County, as well as additional services required by COUNTY.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. That the existing COUNTY Agreement No. 18-234, Section Two (2) on Page Two (2), Line Three (3), beginning with the word "This" and ending on Page Two (2), Line Nine (9), with the word "performance" be replaced as follows:

"This Agreement shall become effective on the 1<sup>st</sup> day of May, 2018 and shall terminate on the 30<sup>th</sup> day of June, 2024.

This Agreement may be extended for one (1) additional twelve (12) month period upon written approval of both parties not later than sixty (60) days prior to the close of the current Agreement term. COUNTY's DBH Director or designee is authorized to execute such written approval on behalf of COUNTY based on CONTRACTOR's satisfactory performance."

2. That the existing COUNTY Agreement No. 22-023, Section Three (3) on Page One (1), Line Twenty-Eight (28), beginning with the word "The" and ending on Page Two (2), Line Twenty-One (21), with the word "Agreement" be replaced as follows:

1           “The maximum amount payable to CONTRACTOR for the ramp up period of May 1,  
2 2018 through June 30, 2018 shall not exceed Three Hundred Thirty-Six Thousand Two Hundred Fifty-  
3 Three and No/100 Dollars (\$336,253.00).

4           The maximum amount payable to CONTRACTOR for the initial operational period of  
5 July 1, 2018 through June 30, 2019 shall not exceed Three Million Eight Hundred Eighty-One  
6 Thousand Two Hundred Sixty and No/100 Dollars (\$3,881,260.00).

7           The maximum amount payable to CONTRACTOR for the period of July 1, 2019 through  
8 June 30, 2020 shall not exceed Six Million Four Hundred Ninety-Seven Thousand Two Hundred  
9 Eighty-Eight and No/100 Dollars (\$6,497,288.00).

10          The maximum amount payable to CONTRACTOR for the period of July 1, 2020 through  
11 June 30, 2021 shall not exceed Nine Million Four Hundred Eighty-Five Thousand Seven Hundred  
12 Sixty-Three and No/100 Dollars (\$9,485,763.00).

13          The maximum amount payable to CONTRACTOR for the period of July 1, 2021 through  
14 June 30, 2022 shall not exceed Ten Million Five Hundred Eighty-Seven Thousand Five Hundred  
15 Thirty-Four and No/100 Dollars (\$10,587,534.00).

16          The maximum amount payable to CONTRACTOR for the period of July 1, 2022 through  
17 June 30, 2023 shall not exceed Twelve Million One Hundred Fifty-One Thousand One Hundred Forty-  
18 Two and No/100 Dollars (\$12,151,142.00).

19          The maximum amount payable to CONTRACTOR for the period of July 1, 2023 through  
20 June 30, 2024 shall not exceed Twelve Million One Hundred Fifty-One Thousand One Hundred Forty-  
21 Two and No/100 Dollars (\$12,151,142.00).

22          The maximum amount payable to CONTRACTOR for the period of July 1, 2024 through  
23 June 30, 2025 shall not exceed Twelve Million One Hundred Fifty-One Thousand One Hundred Forty-  
24 Two and No/100 Dollars (\$1,151,142.00).

25          In no event shall the maximum contract amount for all the services provided by the  
26 CONTRACTOR to COUNTY under the terms and conditions of this Agreement be in excess of Sixty-  
27 Seven Million Two Hundred Forty-One Thousand Five Hundred Twenty-Four and No/100 Dollars  
28 (\$67,241,524.00) during the total term of this Agreement.”

1           3.       That the existing COUNTY Agreement No. 22-023, Section Five (5) on Page Seven (7),  
2 Line Seven (7), beginning with the letter “A” and ending on Page Nine (9), Line Seven (7), with the  
3 word “requirements” include the following language as follows:

4                   “1.       Specialty Mental Health Services Claiming

5                               Contractor shall enter claims data into the County's billing and transactional  
6 database system by the fifteenth (15th) of every month for actual services rendered in the previous  
7 month. Contractor shall use Current Procedural Terminology (CPT) or Healthcare Common Procedure  
8 Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at  
9 <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.  
10 Claims shall be complete and accurate and must include all required information regarding the claimed  
11 services.”

12           4.       That the existing COUNTY Agreement No. 22-023, Section Sixteen (16) on Page  
13 Sixteen (16), Line Thirteen (13), beginning with the word “CONTRACTOR” and ending on Page  
14 Sixteen (16), Line Twenty-One (21), with the word “designee” be replaced as follows:

15                   “CONTRACTOR recognizes that COUNTY operates its mental health programs under  
16 an agreement with the State of California Department Health Care Services, and that under said  
17 agreement the State imposes certain requirements on COUNTY and its subcontractors.  
18 CONTRACTOR shall adhere to all State requirements, including those identified in Revised Exhibit E  
19 “Behavioral Health Requirements”, attached hereto and by this reference incorporated herein and  
20 made part of this Agreement. CONTRACTOR shall also file an incident report for all incidents involving  
21 clients, following the Protocol and using the Worksheet identified in Exhibit F, attached hereto and by  
22 this reference incorporated herein and made part of this Agreement or a protocol and worksheet  
23 presented by CONTRACTOR that is accepted by COUNTY’s DBH Director or designee.

24                               CONTRACTOR shall comply with all CalAIM initiatives set forth by DHCS and DBH.”

25           5.       That all references in the existing Agreement No. 22-023 to “Revised Exhibit B” shall be  
26 deemed references to “Revised Exhibit B-1”, which is attached and incorporated by this reference.

27           6.       That all references in the existing Agreement to “Exhibit D” shall be deemed references to  
28 “Revised Exhibit D”, which is attached and incorporated by this reference.

1           7.       That all references in the existing Agreement to “Exhibit E” shall be deemed references to  
2 “Revised Exhibit E”, which is attached and incorporated by this reference.

3           8.       The parties agree that this Amendment II is sufficient to amend the Agreement; and that  
4 upon execution of the Agreement, Amendment I, and Amendment II together shall be considered the  
5 Agreement.

6           9.       The Agreement, as hereby amended, is ratified and continued. All provisions, terms,  
7 covenants, conditions, and promises contained in the Agreement and not amended herein shall remain in  
8 full force and effect. This Amendment II shall be effective July 1, 2023.

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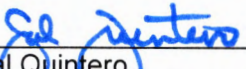
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1                    IN WITNESS WHEREOF, the parties hereto have executed this Amendment III to  
2 Agreement as of the date first above set forth.

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4  
5 **Please see attached signatures**

**COUNTY OF FRESNO**

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8 \_\_\_\_\_  
9 Sal Quintero,  
10 Chairman of the Board of Supervisors of  
11 the County of Fresno

12  
13 **ATTEST:**  
14 Bernice E. Seidel  
15 Clerk of the Board of Supervisors  
16 County of Fresno, State of California

17 By:   
18 \_\_\_\_\_  
19 Deputy

20  
21  
22  
23  
24 **FOR ACCOUNTING USE ONLY:**  
25 Fund/Subclass: 0001/10000  
26 ORG No.: 56302920  
27 56302246  
28 Account No.: 7295/0

1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to  
2 Agreement No. 18-234 as of the date first above set forth.

3  
4 **CENTRAL CALIFORNIA FACULTY MEDICAL**  
5 **GROUP, INC. (CCFMG)**

6 DocuSigned by:  
7 By: Joyce Fields-Keene, MPA  
738E00705B30432...

8 Print Name: Joyce Fields-Keene, MPA

9  
10 Title: Chief Executive Officer  
11 Chairman of Board, or President or any Vice President

12 Date: 05/25/2023

13  
14 DocuSigned by:  
15 By: Devin Nugent  
8600703109E740B...

16  
17 Print Name: Devin Nugent

18  
19 Title: Chief Administrative Officer  
20 Secretary (of Corporation), or any Assistant Secretary,  
21 or Chief Financial Officer or any Assistant Treasurer

22 Date: 05/26/2023

23  
24 Mailing Address:  
25 114 W. 7<sup>th</sup> Street, Suite 900  
26 Austin, TX 78701

27 Phone No.: (888) 285-2269  
28 Contact: Thomas Milam, MD

**CCFMG**  
**Fiscal Year (FY) 2023 - 2024**

**PROGRAM EXPENSES**

<b>1000: DIRECT SALARIES &amp; BENEFITS</b>					
<b>Direct Employee Salaries</b>					
<b>Acct #</b>	<b>Administrative Position</b>	<b>FTE</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
1101	Medical Director - Dr. Tran	0.90	\$ 429,418		\$ 429,418
1102	Executive Assistant - Shelley McNiff	1.00	63,949		63,949
1103	Retention Bonus		390,000		390,000
1104	Relocation Cost		360,000		360,000
1105	Loan Repayment Cost		500,000		500,000
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
<b>Direct Personnel Admin Salaries Subtotal</b>		<b>1.90</b>	<b>\$ 1,743,367</b>	<b>\$ -</b>	<b>\$ 1,743,367</b>
<b>Acct #</b>	<b>Program Position</b>	<b>FTE</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
1116	Medical Director - Dr. Tran	0.10		\$ 47,713	\$ 47,713
1117	Interim Assistant Chief Peds - Dr. Cheema	1.00		\$ 381,480	\$ 381,480
1118	Psychiatrist - Dr. Benavidez	1.00		364,140	364,140
1119	Psychiatrist - Dr. Domanska	1.00		364,140	364,140
1120	Psychiatrist - Dr. Chavira	1.00		364,140	364,140
1121	Psychiatrist - Dr. Liang	1.00		357,000	357,000
1122	Psychiatrist - Dr. Robles	1.00		357,000	357,000
1123	Psychiatrist	0.92		328,440	328,440
1124	Psychiatrist Chart Review	0.08		28,560	28,560
1125	Psychiatrist	1.00		357,000	357,000
1126	Psychiatrist	1.00		357,000	357,000
1127	Psychiatrist	1.00		357,000	357,000
1128	Psychiatrist	1.00		357,000	357,000
1129	Psychiatrist	1.00		357,000	357,000
1130	Psychiatrist	1.00		357,000	357,000
1131	Psychiatrist	1.00		357,000	357,000
1132	PharmacistD	1.00		148,000	148,000
1133	Nurse Practitioner - Hope Lo	1.00		163,200	163,200
1134	Nurse Practitioner	1.00		163,200	163,200
1135	Nurse Practitioner	1.00		163,200	163,200
1136	Nurse Practitioner	1.00		163,200	163,200
1137	Nurse Practitioner	1.00		163,200	163,200
1138	Nurse Practitioner	1.00		163,200	163,200
1139	Nurse Practitioner	1.00		163,200	163,200
1140	Nurse Practitioner	1.00		163,200	163,200
1141	Nurse Practitioner	1.00		163,200	163,200
1142	Nurse Practitioner	1.00		163,200	163,200
1143	Nurse Practitioner	1.00		163,200	163,200
<b>Direct Personnel Program Salaries Subtotal</b>		<b>26.10</b>		<b>\$ 7,034,813</b>	<b>\$ 7,034,813</b>
			<b>Admin</b>	<b>Program</b>	<b>Total</b>

<b>Direct Personnel Salaries Subtotal</b>		<b>28.00</b>	<b>\$ 1,743,367</b>	<b>\$ 7,034,813</b>	<b>\$ 8,778,180</b>
<b>Direct Employee Benefits</b>					
<b>Acct #</b>	<b>Description</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>	
1201	Retirement	\$ 5,354	\$ 187,135	\$ 192,489	
1202	Worker's Compensation	726	47,215	47,941	
1203	Health Insurance	11,753	397,507	409,260	
1204	Other (specify) Malpractice	478	91,040	91,518	
1205	Other (specify)	-	-	-	
1206	Other (specify)	-	-	-	
<b>Direct Employee Benefits Subtotal:</b>		<b>\$ 18,311</b>	<b>\$ 722,897</b>	<b>\$ 741,208</b>	
<b>Direct Payroll Taxes &amp; Expenses:</b>					
<b>Acct #</b>	<b>Description</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>	
1301	OASDI	\$ 4,850	\$ 238,162	\$ 243,012	
1302	FICA/MEDICARE	1,619	105,327	106,946	
1303	SUI	262	6,402	6,664	
1304	Other (specify)	-	-	-	
1305	Other (specify)	-	-	-	
1306	Other (specify)	-	-	-	
<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>		<b>\$ 6,731</b>	<b>\$ 349,891</b>	<b>\$ 356,622</b>	
<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>		<b>Admin</b>	<b>Program</b>	<b>Total</b>	
		<b>\$ 1,768,409</b>	<b>\$ 8,107,601</b>	<b>\$ 9,876,010</b>	

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>18%</b>	<b>82%</b>

<b>2000: DIRECT CLIENT SUPPORT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ -</b>

<b>3000: DIRECT OPERATING EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
3001	Telephone	\$ 33,600
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-

3008	Vehicle Maintenance	-
3009	Other (Food)	21,480
3010	Other (Lodging)	36,400
3011	Other (Recruiting)	562,320
3012	Other (Airfare)	24,400
3013	Other (Rental Car)	10,200
<b>DIRECT OPERATING EXPENSES TOTAL:</b>		<b>\$ 688,400</b>

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
<b>DIRECT FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ -</b>

<b>5000: DIRECT SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
5001	Consultant (Network & Data Management)	\$ 1,800
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
<b>DIRECT SPECIAL EXPENSES TOTAL:</b>		<b>\$ 1,800</b>

<b>6000: INDIRECT EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (Administrative Overhead)	\$ 1,584,932
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
<b>INDIRECT EXPENSES TOTAL</b>		<b>\$ 1,584,932</b>

<b>INDIRECT COST RATE</b>	<b>15.00%</b>
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ -</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 12,151,142</b>
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**PROGRAM FUNDING SOURCES**

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
<b>MEDI-CAL FFP TOTAL</b>				<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ 12,151,142
<b>REALIGNMENT TOTAL</b>		<b>\$ 12,151,142</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ -</b>

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount

8401	Client Fees	\$	-
8402	Client Insurance		-
8403	Grants (Specify)		-
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>		<b>\$</b>	<b>-</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>	<b>\$</b>	<b>12,151,142</b>
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<b>NET PROGRAM COST:</b>	<b>\$</b>	<b>-</b>
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**CCFMG**  
**Fiscal Year (FY) 2023 - 2024 Budget Narrative**

<b>PROGRAM EXPENSE</b>			
<b>ACCT #</b>	<b>LINE ITEM</b>	<b>AMT</b>	<b>DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE</b>
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		<b>9,876,010</b>	
<b>Administrative Positions</b>		<b>1,743,367</b>	
1101	Medical Director - Dr. Tran	429,418	2% increase each July 1; Administrative responsibilities for Medical Director
1102	Executive Assistant - Shelley McNiff	63,949	2% increase each July 1; administrative support for Medical Director
1103	Retention Bonus	390,000	\$30k per 8 vacant MDs and \$15k per 10 vacant NPs. Paid in return for 3 years service
1104	Relocation Cost	360,000	\$20k per 18 potentially vacant MD/NP positions base upon IRS guidelines; must show receipts
1105	Loan Repayment Cost	500,000	\$50k per vacant MD (10)
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
<b>Program Positions</b>		<b>7,034,813</b>	
1116	Medical Director - Dr. Tran	47,713	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1117	Interim Assistant Chief Peds - Dr. Cheema	381,480	4% increase from previous year; will be working at 60% of this FTE; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties; some oversight of psychiatrists and nurse practitioners
1118	Psychiatrist - Dr. Benavidez	364,140	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1119	Psychiatrist - Dr. Domanska	364,140	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1120	Psychiatrist - Dr. Chavira	364,140	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1121	Psychiatrist - Dr. Liang	357,000	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1122	Psychiatrist - Dr. Robles	357,000	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1123	Psychiatrist	328,440	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties; split duties with Psychiatrist Chart Review (line 1124)
1124	Psychiatrist Chart Review	28,560	(Vacant) Medication monitoring; split duties for Psychiatrist (line 1123)
1125	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1126	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1127	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1128	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1129	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1130	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1131	Psychiatrist	357,000	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1132	PharmacistD	148,000	(Vacant) 2% increase each July 1; clinical pharmacist, assess appropriateness/effectiveness/safety of all medications for patients enrolled in service, assist in disease state management
1133	Nurse Practitioner - Hope Lo	163,200	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1134	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1135	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1136	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1137	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1138	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1139	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1140	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties	
1141	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties	
1142	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties	
1143	Nurse Practitioner	163,200	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties	
<b>Direct Employee Benefits</b>		<b>741,208</b>		
1201	Retirement	192,489		
1202	Worker's Compensation	47,941		
1203	Health Insurance	409,260		
1204	Other (specify) Malpractice	91,518		
1205	Other (specify)	-		
1206	Other (specify)	-		
<b>Direct Payroll Taxes &amp; Expenses:</b>		<b>356,622</b>		
1301	OASDI	243,012		
1302	FICA/MEDICARE	106,946		
1303	SUI	6,664		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
<b>2000: DIRECT CLIENT SUPPORT</b>		<b>-</b>		
2001	Child Care	-		
2002	Client Housing Support	-		
2003	Client Transportation & Support	-		
2004	Clothing, Food, & Hygiene	-		
2005	Education Support	-		
2006	Employment Support	-		
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Other (specify)	-		
2012	Other (specify)	-		
2013	Other (specify)	-		
2014	Other (specify)	-		
2015	Other (specify)	-		
2016	Other (specify)	-		
<b>3000: DIRECT OPERATING EXPENSES</b>		<b>688,400</b>		
3001	Telephone	33,600	Phone charges @ \$100/month per FTE	
3002	Printing/Postage	-		
3003	Office, Household & Program Supplies	-		
3004	Advertising	-		
3005	Staff Development & Training	-		
3006	Staff Mileage	-		
3007	Subscriptions & Memberships	-		
3008	Vehicle Maintenance	-		
3009	Other (Food)	21,480	per candidate estimate when coming onsite for interview + staff meals and candidate group meals at conference	
3010	Other (Lodging)	36,400	per candidate estimate when coming onsite for interview + standard rate x number of conferences planned	
3011	Other (Recruiting)	562,320	Recruiting charges from staffing agency (\$35K/MD and \$22K/NP) + estimated conference fees and advertising costs	
3012	Other (specify) Airfare	24,400	per candidate estimate when coming onsite for interview + \$1200/person (flights + baggage fees) x 8 planned conferences (added additional \$400 for misc fees)	
3013	Other (Rental Car)	10,200	per candidate estimate when coming onsite for interview	
<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>		<b>-</b>		
4001	Building Maintenance	-		
4002	Rent/Lease Building	-		
4003	Rent/Lease Equipment	-		
4004	Rent/Lease Vehicles	-		
4005	Security	-		
4006	Utilities	-		
4007	Other (specify)	-		
4008	Other (specify)	-		
4009	Other (specify)	-		
4010	Other (specify)	-		

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>5000: DIRECT SPECIAL EXPENSES</b>		<b>1,800</b>	
5001	Consultant (Network & Data Management)	1,800	3rd party IT services for network and data
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

<b>6000: INDIRECT EXPENSES</b>		<b>1,584,932</b>	
6001	Administrative Overhead	-	
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (Administrative Overhead)	1,584,932	Expenses fund corporate expenses related to administration of provider employment, contract administration, financial review, and ongoing contract management. Administrative Overhead costs are 15% of total expenses.
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

<b>7000: DIRECT FIXED ASSETS</b>		-	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

**TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 12,151,142**

**TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 12,151,142**

**BUDGET CHECK: -**

**CCFMG**  
**Fiscal Year (FY) 2024-25**

**PROGRAM EXPENSES**

<b>1000: DIRECT SALARIES &amp; BENEFITS</b>					
<b>Direct Employee Salaries</b>					
<b>Acct #</b>	<b>Administrative Position</b>	<b>FTE</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
1101	Medical Director - Dr. Tran	0.90	\$ 438,007		\$ 438,007
1102	Executive Assistant - Shelley McNiff	1.00	65,228		65,228
1103	Retention Bonus		390,000		390,000
1104	Relocation Cost		360,000		360,000
1105	Loan Repayment Cost		500,000		500,000
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
<b>Direct Personnel Admin Salaries Subtotal</b>		<b>1.90</b>	<b>\$ 1,753,235</b>	<b>\$ -</b>	<b>\$ 1,753,235</b>
<b>Acct #</b>	<b>Program Position</b>	<b>FTE</b>	<b>Admin</b>	<b>Program</b>	<b>Total</b>
1116	Medical Director - Dr. Tran	0.10		\$ 48,668	\$ 48,668
1117	Interim Assistant Chief Peds - Dr. Cheema	0.60		\$ 233,466	\$ 233,466
1118	Psychiatrist - Dr. Benavidez	1.00		371,423	371,423
1119	Psychiatrist - Dr. Domaska	1.00		371,423	371,423
1120	Psychiatrist - Dr. Chavira	1.00		371,423	371,423
1121	Psychiatrist - Dr. Liang	1.00		364,140	364,140
1122	Psychiatrist - Dr. Robles	1.00		364,140	364,140
1123	Psychiatrist	0.92		335,009	335,009
1124	Psychiatrist Chart Review	0.08		29,131	29,131
1125	Psychiatrist	1.00		364,140	364,140
1126	Psychiatrist	1.00		364,140	364,140
1127	Psychiatrist	1.00		364,140	364,140
1128	Psychiatrist	1.00		364,140	364,140
1129	Psychiatrist	1.00		364,140	364,140
1130	Psychiatrist	1.00		364,140	364,140
1131	Psychiatrist	1.00		364,140	364,140
1132	PharmacistD	1.00		150,960	150,960
1133	Nurse Practitioner - Hope Lo	1.00		166,464	166,464
1134	Nurse Practitioner	1.00		166,464	166,464
1135	Nurse Practitioner	1.00		166,464	166,464
1136	Nurse Practitioner	1.00		166,464	166,464
1137	Nurse Practitioner	1.00		166,464	166,464
1138	Nurse Practitioner	1.00		166,464	166,464
1139	Nurse Practitioner	1.00		166,464	166,464
1140	Nurse Practitioner	1.00		166,464	166,464
1141	Nurse Practitioner	1.00		166,464	166,464
1142	Nurse Practitioner	1.00		166,464	166,464
1143	Nurse Practitioner	1.00		166,464	166,464
<b>Direct Personnel Program Salaries Subtotal</b>		<b>25.70</b>		<b>7,019,867.00</b>	<b>7,019,867.00</b>
			<b>Admin</b>	<b>Program</b>	<b>Total</b>

<b>Direct Personnel Salaries Subtotal</b>		<b>27.60</b>	<b>\$ 1,753,235</b>	<b>\$ 7,019,867</b>	<b>\$ 8,773,102</b>
<b>Direct Employee Benefits</b>					
Acct #	Description	Admin	Program	Total	
1201	Retirement	\$ 5,443	\$ 188,438	\$ 193,881	
1202	Worker's Compensation	740	48,160	48,900	
1203	Health Insurance	11,753	397,507	409,260	
1204	Other (specify) - Malpractice	478	91,040	91,518	
1205	Other (specify)	-	-	-	
1206	Other (specify)	-	-	-	
<b>Direct Employee Benefits Subtotal:</b>		<b>\$ 18,414</b>	<b>\$ 725,145</b>	<b>\$ 743,559</b>	
<b>Direct Payroll Taxes &amp; Expenses:</b>					
Acct #	Description	Admin	Program	Total	
1301	OASDI	\$ 4,929	\$ 238,162	\$ 243,091	
1302	FICA/MEDICARE	1,651	107,433	109,084	
1303	SUI	262	6,402	6,664	
1304	Other (specify)	-	-	-	
1305	Other (specify)	-	-	-	
1306	Other (specify)	-	-	-	
<b>Direct Payroll Taxes &amp; Expenses Subtotal:</b>		<b>\$ 6,842</b>	<b>\$ 351,997</b>	<b>\$ 358,839</b>	
<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS TOTAL:</b>		<b>Admin</b>	<b>Program</b>	<b>Total</b>	
		<b>\$ 1,778,491</b>	<b>\$ 8,097,009</b>	<b>\$ 9,875,500</b>	

<b>DIRECT EMPLOYEE SALARIES &amp; BENEFITS PERCENTAGE:</b>	<b>Admin</b>	<b>Program</b>
	<b>18%</b>	<b>82%</b>

<b>2000: DIRECT CLIENT SUPPORT</b>		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	-
2003	Client Transportation & Support	-
2004	Clothing, Food, & Hygiene	-
2005	Education Support	-
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Other (specify)	-
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
<b>DIRECT CLIENT CARE TOTAL</b>		<b>\$ -</b>

<b>3000: DIRECT OPERATING EXPENSES</b>		
Acct #	Line Item Description	Amount
3001	Telephone	\$ 33,600
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-

3008	Vehicle Maintenance	-
3009	Other (Food)	21,480
3010	Other (Lodging)	36,400
3011	Other (Recruiting)	562,830
3012	Other (Airfare)	24,400
3013	Other (Rental Car)	10,200
<b>DIRECT OPERATING EXPENSES TOTAL:</b>		<b>\$ 688,910</b>

<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
<b>DIRECT FACILITIES/EQUIPMENT TOTAL:</b>		<b>\$ -</b>

<b>5000: DIRECT SPECIAL EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
5001	Consultant (Network & Data Management)	\$ 1,800
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
<b>DIRECT SPECIAL EXPENSES TOTAL:</b>		<b>\$ 1,800</b>

<b>6000: INDIRECT EXPENSES</b>		
<b>Acct #</b>	<b>Line Item Description</b>	<b>Amount</b>
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (Administrative Overhead)	\$ 1,584,932
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
<b>INDIRECT EXPENSES TOTAL</b>		<b>\$ 1,584,932</b>

<b>INDIRECT COST RATE</b>	<b>15.00%</b>
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
<b>FIXED ASSETS EXPENSES TOTAL</b>		<b>\$ -</b>

<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 12,151,142</b>
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**PROGRAM FUNDING SOURCES**

8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)				
Acct #	Line Item Description	Service Units	Rate	Amount
8001	Mental Health Services	0	-	\$ -
8002	Case Management	0	-	-
8003	Crisis Services	0	-	-
8004	Medication Support	0	-	-
8005	Collateral	0	-	-
8006	Plan Development	0	-	-
8007	Assessment	0	-	-
8008	Rehabilitation	0	-	-
8009	Other (Specify)	0	-	-
8010	Other (Specify)	0	-	-
<b>Estimated Specialty Mental Health Services Billing Totals:</b>		<b>0</b>		<b>\$ -</b>
Estimated % of Clients who are Medi-Cal Beneficiaries				0%
Estimated Total Cost of Specialty Mental Health Services Provided to Medi-Cal Beneficiaries				-
Federal Financial Participation (FFP) %			0%	-
<b>MEDI-CAL FFP TOTAL</b>				<b>\$ -</b>

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
<b>SUBSTANCE USE DISORDER FUNDS TOTAL</b>		<b>\$ -</b>

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ 12,151,142
<b>REALIGNMENT TOTAL</b>		<b>\$ 12,151,142</b>

8300 - MENTAL HEALTH SERVICE ACT (MHSA)			
Acct #	MHSA Component	MHSA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
<b>MHSA TOTAL</b>			<b>\$ -</b>

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount

8401	Client Fees	\$	-
8402	Client Insurance		-
8403	Grants (Specify)		-
8404	Other (Specify)		-
8405	Other (Specify)		-
<b>OTHER REVENUE TOTAL</b>		<b>\$</b>	<b>-</b>

<b>TOTAL PROGRAM FUNDING SOURCES:</b>		<b>\$</b>	<b>12,151,142</b>
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<b>NET PROGRAM COST:</b>		<b>\$</b>	<b>-</b>
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**CCFMG**  
**Fiscal Year (FY) 2024-25 Budget Narrative**

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>1000: DIRECT SALARIES &amp; BENEFITS</b>		<b>9,875,500</b>	
<b>Administrative Positions</b>		<b>1,753,235</b>	
1101	Medical Director - Dr. Tran	438,007	2% increase each July 1; Administrative responsibilities for Medical Director
1102	Executive Assistant - Shelley McNiff	65,228	2% increase each July 1; administrative support for Medical Director
1103	Retention Bonus	390,000	\$30k per 8 vacant MDs and \$15k per 10 vacant NPs. Paid in return for 3 years service
1104	Relocation Cost	360,000	\$20k per 18 potentially vacant MD/NP positions base upon IRS guidelines; must show receipts
1105	Loan Repayment Cost	500,000	\$50k per vacant MD (8)
1106	0	-	
1107	0	-	
1108	0	-	
1109	0	-	
1110	0	-	
1111	0	-	
1112	0	-	
1113	0	-	
1114	0	-	
1115	0	-	
<b>Program Positions</b>		<b>7,019,867</b>	
1116	Medical Director - Dr. Tran	48,668	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1117	Interim Assistant Chief Peds - Dr. Cheema	233,466	2% increase from previous year; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties; some oversight of psychiatrists and nurse practitioners
1118	Psychiatrist - Dr. Benavidez	371,423	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1119	Psychiatrist - Dr. Domaska	371,423	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1120	Psychiatrist - Dr. Chavira	371,423	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1121	Psychiatrist - Dr. Liang	364,140	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1122	Psychiatrist - Dr. Robles	364,140	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1123	Psychiatrist	335,009	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties; split duties with Psychiatrist Chart Review (line 1124)
1124	Psychiatrist Chart Review	29,131	(Vacant) Medication monitoring; split duties for Psychiatrist (line 1123)
1125	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1126	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1127	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1128	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1129	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1130	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1131	Psychiatrist	364,140	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1132	PharmacistD	150,960	(Vacant) 2% increase each July 1; clinical pharmacist, assess appropriateness/effectiveness/safety of all medications for patients enrolled in service, assist in disease state management
1133	Nurse Practitioner - Hope Lo	166,464	2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1134	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1135	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1136	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1137	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1138	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
1139	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1140	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
	1141	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
	1142	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
	1143	Nurse Practitioner	166,464	(Vacant) 2% increase each July 1; psychiatry assessments/evaluations, medication management, and other psychiatry-related duties
<b>Direct Employee Benefits</b>			<b>743,559</b>	
	1201	Retirement	193,881	
	1202	Worker's Compensation	48,900	
	1203	Health Insurance	409,260	
	1204	Other (specify) - Malpractice	91,518	
	1205	Other (specify)	-	
	1206	Other (specify)	-	
<b>Direct Payroll Taxes &amp; Expenses:</b>			<b>358,839</b>	
	1301	OASDI	243,091	
	1302	FICA/MEDICARE	109,084	
	1303	SUI	6,664	
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	
<b>2000: DIRECT CLIENT SUPPORT</b>			<b>-</b>	
	2001	Child Care	-	
	2002	Client Housing Support	-	
	2003	Client Transportation & Support	-	
	2004	Clothing, Food, & Hygiene	-	
	2005	Education Support	-	
	2006	Employment Support	-	
	2007	Household Items for Clients	-	
	2008	Medication Supports	-	
	2009	Program Supplies - Medical	-	
	2010	Utility Vouchers	-	
	2011	Other (specify)	-	
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	
<b>3000: DIRECT OPERATING EXPENSES</b>			<b>688,910</b>	
	3001	Telephone	33,600	Phone charges @ \$100/month per FTE
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	-	
	3004	Advertising	-	
	3005	Staff Development & Training	-	
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (Food)	21,480	per candidate estimate when coming onsite for interview + staff meals and candidate group meals at conference
	3010	Other (Lodging)	36,400	per candidate estimate when coming onsite for interview + standard rate x number of conferences planned
	3011	Other (Recruiting)	562,830	Recruiting charges from staffing agency (\$35K/MD and \$22K/NP) + estimated conference fees and advertising costs
	3012	Other (Airfare)	24,400	per candidate estimate when coming onsite for interview + \$1200/person (flights + baggage fees) x 8 planned conferences (added additional \$400 for misc fees)
	3013	Other (Rental Car)	10,200	per candidate estimate when coming onsite for interview
<b>4000: DIRECT FACILITIES &amp; EQUIPMENT</b>			<b>-</b>	
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>5000: DIRECT SPECIAL EXPENSES</b>		<b>1,800</b>	
5001	Consultant (Network & Data Management)	1,800	3rd party IT services for network and data
5002	HMIS (Health Management Information System)	-	
5003	Contractual/Consulting Services (Specify)	-	
5004	Translation Services	-	
5005	Other (specify)	-	
5006	Other (specify)	-	
5007	Other (specify)	-	
5008	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>6000: INDIRECT EXPENSES</b>		<b>1,584,932</b>	
6001	Administrative Overhead	-	
6002	Professional Liability Insurance	-	
6003	Accounting/Bookkeeping	-	
6004	External Audit	-	
6005	Insurance (Specify):	-	
6006	Payroll Services	-	
6007	Depreciation (Provider-Owned Equipment to be Used	-	
6008	Personnel (Indirect Salaries & Benefits)	-	
6009	Other (Administrative Overhead)	1,584,932	Expenses fund corporate expenses related to administration of provider employment, contract administration, financial review, and ongoing contract management. Administrative Overhead costs are 15% of total expenses.
6010	Other (specify)	-	
6011	Other (specify)	-	
6012	Other (specify)	-	
6013	Other (specify)	-	

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
<b>7000: DIRECT FIXED ASSETS</b>		<b>-</b>	
7001	Computer Equipment & Software	-	
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
7003	Furniture & Fixtures	-	
7004	Leasehold/Tenant/Building Improvements	-	
7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
7006	Assets over \$5,000/unit (Specify)	-	
7007	Other (specify)	-	
7008	Other (specify)	-	

PROGRAM FUNDING SOURCES			
8000 - SHORT/DOYLE MEDI-CAL (FEDERAL FINANCIAL PARTICIPATION)			
ACCT #	LINE ITEM	PROVIDE DETAILS OF METHODOLOGY(IES) USED IN DETERMINING MEDI-CAL SERVICE RATES AND/OR SERVICE UNITS, IF APPLICABLE AND/OR AS REQUIRED BY THE RFP	
8001	Mental Health Services		
8002	Case Management		
8003	Crisis Services		
8004	Medication Support		
8005	Collateral		
8006	Plan Development		
8007	Assessment		
8008	Rehabilitation		
8009	Other (Specify)		
8010	Other (Specify)		

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 12,151,142

TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE: 12,151,142

BUDGET CHECK: -

## DOCUMENTATION STANDARDS FOR CLIENT RECORDS

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client 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 client 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 client 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

### 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 client 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,
  - Client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.
  - Client signature on the plan will be used as the means by which the CONTRACTOR documents the participation of the client. When the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
  - The CONTRACTOR will give a copy of the client plan to the client 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

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## 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](http://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 individuals 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 an 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.

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- 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.

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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.

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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.

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### 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

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- 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.