

AMENDMENT NO. 1 TO MASTER SERVICE AGREEMENT

This Amendment No. 1 to Master Service Agreement 25-415 ("Amendment No. 1") is dated December 9, 2025 and is between each Contractor ("Contractor") listed in Exhibit A, "List of Contractors", and the County of Fresno, a political subdivision of the State of California ("County").

Recitals

A. On August 19, 2025, the County and the Contractor entered into Agreement No. 25-415 ("Agreement"), for the provision of outpatient specialty mental health, court-specific, and community-based support services for children and youth involved in the Child Welfare Services (CWS) and/or Probation systems.

B. On September 22, 2025, Contractor Victor Community Support Services, identified the need to extend their ramp-up time period, with no changes to the contract maximum, due to a delay in securing a lease agreement for their site location.

C. The County and the Contractor now desire to amend the Agreement to extend the ramp-up timeframe for Contractor Victor Community Support Services by one (1) month, from August 19, 2025 through January 19, 2026, with no change to the contract maximum, to ensure that the program is able to access ramp-up funding and ensure the proper establishment of their child welfare mental health program.

The parties therefore agree as follows:

1. All references to Exhibit D in the current Agreement shall be deemed references to Revised Exhibit D, which is attached and incorporated by reference.

2. All references to Exhibit D – Attachment B in the current Agreement shall be deemed references to Revised Exhibit D – Attachment B, which is attached and incorporated by reference.

3. The Contractor represents and warrants to the County that:

a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.

1 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
2 to do so and his or her signature on this Amendment legally binds the Contractor to
3 the terms of this Amendment.

4 4. The parties agree that this Amendment may be executed by electronic signature as
5 provided in this section.

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

11 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
12 equivalent to a valid original handwritten signature of the person signing this
13 Amendment for all purposes, including but not limited to evidentiary proof in any
14 administrative or judicial proceeding, and (2) has the same force and effect as the
15 valid original handwritten signature of that person.

16 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
17 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
18 2, Title 2.5, beginning with section 1633.1).

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

22 e. This Amendment is not conditioned upon the parties conducting the transactions
23 under it by electronic means and either party may sign this Amendment with an
24 original handwritten signature.

25 5. This Amendment may be signed in counterparts, each of which is an original, and all of
26 which together constitute this Amendment.

6. The Agreement as amended by this Amendment No. 1 is ratified and continued. All provisions of the Agreement and not amended by this Amendment No. 1 remain in full force and effect.

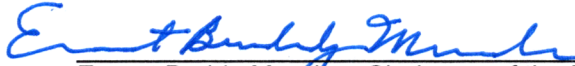
[SIGNATURE PAGE FOLLOWS]-

1 The parties are signing this Amendment No. 1 on the date stated in the introductory
2 clause.

3 CONTRACTOR

COUNTY OF FRESNO


4 See Following Signature Page

5 

6 Ernest Buddy Mendes, Chairman of the Board
7 of Supervisors of the County of Fresno

8 **Attest:**

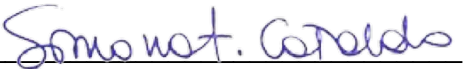
9 Bernice E. Seidel
10 Clerk of the Board of Supervisors
11 County of Fresno, State of California


12 By: 
13 Deputy

14 For accounting use only:

15 Org No.: 56307014
16 Account No.: 7295
17 Fund No.: 0001
18 Subclass No.: 10000
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Victor Community Support Services, Inc


Simona Cataldo, CEO


Edward Hackett, CFO

1360 East Lassen Avenue
Chico, CA 95973

Exhibit A
List of Contractors

	Contracted Provider	Contact
01	California Psychological Institute	Mailing Address: 1470 W. Herndon Avenue, Suite 300; Fresno, CA 93711 Contact Person: Chief Executive Officer Phone Number: (559) 256-2000
02	Central Star Behavioral Health	Mailing Address: 1501 Hughes Way, Suite 150; Long Beach, CA 90810 Contact Person: Chief Executive Officer Phone Number: (310) 221-6336
03	Turning Point of Central California	Mailing Address: 615 South Atwood Street; Visalia, CA 93277 Contact Person: Chief Executive Officer Phone Number: (559) 732-8086
04	Victor Community Support Services, Inc.	Mailing Address: 1360 E. Lassen Ave; Chico, CA 95973 Contact Person: Chief Executive Officer Phone Number: (530) 648-6908

Fresno County Financial Terms and Conditions

Fresno County's Department of Behavioral Health, Department of Social Services, and Probation Department are committed to ensuring timely and accurate compensation for the delivery of services in our communities and fulfilling all associated responsibilities of the funding sources related to this Agreement. This document provides guidance on this Agreement's financial terms and conditions, responsibilities of each party, which includes but not limited to, maximum compensation, compensation structure, invoicing, payments, billing, recoupments, audits, reviews, examinations, and other fiscal related requirements.

Compensation

The County agrees to pay, and Contractor(s) agrees to receive, compensation for the performance of its services as described below.

1. Medi-Cal Specialty Mental Health Services (SMHS) Maximum Compensation.

The maximum compensation payable to Contractor(s) under this Agreement for the period of August 19, 2025 through January 19, 2026 for Ramp up is One Million Eleven Thousand Six Hundred Eighty and No/100 Dollars (\$1,011,680.00), which will be reimbursed by actual cost in accordance with the budget in Exhibit D – Attachment B.

The maximum compensation payable to Contractor(s) under this Agreement for the period of August 19, 2025 through June 30, 2026 for SMHS is Twenty-Three Million Ten Thousand Two Hundred Sixty-One and No/100 Dollars (\$23,010,261.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2026 through June 30, 2027 for SMHS is Twenty-Four Million Five Hundred Twenty-Seven Thousand Eight Hundred Forty-Seven and No/100 Dollars (\$24,527,847.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2027 through June 30, 2028 for SMHS is Twenty-Five Million Forty-Nine Thousand Six Hundred Six and No/100 Dollars (\$25,049,606.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2028 through June 30, 2029 for SMHS is Twenty-Five Million Five Hundred Eighty-Seven Thousand Seventeen and No/100 Dollars (\$25,587,017.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2029 through June 30, 2030 for SMHS is Twenty-Six Million One Hundred Forty Thousand Five Hundred Fifty-One and No/100 Dollars (\$26,140,551.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

2. Department of Social Services (DSS) Court-Related Services and Non Medi-Cal Supports Maximum Compensation.

The maximum compensation payable to Contractor(s) under this Agreement for the period of August 19, 2025 through June 30, 2026 for DSS Court-Related Services and Non Medi-Cal Supports is One Million Two Hundred Fifty Thousand Three Hundred and No/100 Dollars (\$1,250,300.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2026 through June 30, 2027 for DSS Court-Related Services and Non Medi-Cal Supports is One Million Two Hundred Fifty Thousand Three Hundred and No/100 Dollars (\$1,250,300.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2027 through June 30, 2028 for DSS Court-Related Services and Non Medi-Cal Supports is One Million Two Hundred Fifty Thousand Three Hundred and No/100 Dollars (\$1,250,300.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2028 through June 30, 2029 for DSS Court-Related Services and Non Medi-Cal Supports is One Million Two Hundred Fifty Thousand Three Hundred and No/100 Dollars (\$1,250,300.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2029 through June 30, 2030 for DSS Court-Related Services and Non Medi-Cal Supports is One Million Two Hundred Fifty Thousand Three Hundred and No/100 Dollars (\$1,250,300.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

3. Probation Court-Related Services Maximum Compensation.

The maximum compensation payable to Contractor(s) under this Agreement for the period of August 19, 2025 through June 30, 2026 for Probation Court-Related Services is Five Thousand and No/100 Dollars (\$5,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2026 through June 30, 2027 for Probation Court-Related Services is Five Thousand and No/100 Dollars (\$ 5,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2027 through June 30, 2028 for Probation Court-Related Services is Five Thousand and No/100 Dollars (\$ 5,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2028 through June 30, 2029 for Probation Court-Related Services is Five Thousand and No/100 Dollars (\$ 5,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2029 through June 30, 2030 for Probation Court-Related Services is Five Thousand and No/100 Dollars (\$ 5,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

4. Total Maximum Compensation.

In no event shall the maximum contract amount for all the services provided by Contractor(s) to County under the terms and conditions of this Agreement be in excess of One Hundred Thirty-One Million Six Hundred Three Thousand, Four Hundred Sixty-Two and No/100 Dollars (\$131,603,462.00) during the entire term of this Agreement.

Contractor(s) acknowledges that the County is a local government entity and does so with notice that the County's powers are limited by the California Constitution and by State law, and with notice that Contractor(s) may receive compensation under this Agreement only for services performed according to the terms of this Agreement and while this Agreement is in effect, and subject to the maximum amount payable under this section.

Contractor(s) further acknowledges that County employees have no authority to pay Contractor(s) except as expressly provided in this Agreement.

See table below for compensation breakdown by Fiscal Year and Total Maximum Compensation for this Agreement.

Fiscal Year (FY)	Ramp-Up Maximum Compensation	SMHS Maximum FY Compensation	DSS/Court Maximum FY Compensation	Probation Maximum FY Compensation	Total FY Maximum Compensation
2025-26	\$1,011,680	\$23,010,261	\$1,250,300	\$5,000	\$25,277,241
2026-27	\$0.00	\$24,527,847	\$1,250,300	\$5,000	\$25,783,147
2027-28	\$0.00	\$25,049,606	\$1,250,300	\$5,000	\$26,304,906
2028-29	\$0.00	\$25,587,017	\$1,250,300	\$5,000	\$26,842,317
2029-30	\$0.00	\$26,140,551	\$1,250,300	\$5,000	\$27,395,851
Total	\$1,011,680	\$124,315,282	\$6,251,500	\$25,000	\$131,603,462

5. Fee-For-Service Reimbursement Rate Categories.

The program service components for Contractor(s) shall be categorized as Field-Based and Contractor(s) shall be compensated according to the Field-Based rate schedule as indicated on Exhibit D – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement:

(A) Field Based: Field based programs shall be defined as programs that provide more than fifty percent (50%) of services in the field.

- (i) During the term of this Agreement, Contractor(s) is eligible to submit a proposal for compensation at the Field Base reimbursement rate category ninety (90) days prior to each new fiscal year to County's DBH for consideration. County's DBH will provide a decision to Contractor(s) prior to the start of the next fiscal year. If approved, County's DBH will issue a rate change notification according to the modification section below and Contractor(s)'s performance will be monitored for the Field Based mode of service delivery requirements as outlined above.
- (ii) If Contractor(s) is deemed eligible to receive compensation at the Field Based reimbursement rates in accordance with the above paragraph and Contractor(s) is subsequently unable to meet the mode of service delivery requirements, as defined above, Contractor(s) will be subjected to recoupment at County's discretion.
- (iii) County's DBH will complete Field Based mode of service delivery analysis and recoupment reconciliation for said Contractor(s) within ninety (90) days following the end of the targeted quarter or within ninety (90) days after all billable services for the targeted quarter has been entered in the Electronic Health Record (EHR) by Contractor(s), whichever is later. The recoupment amount will be the difference in value of any services paid to Contractor(s) throughout the targeted quarter after being reconciled at the respective fiscal year's Clinic-Site Based rate schedule and after any claiming adjustments may have been applied, if any. County's DBH will inform Contractor(s) of the result and, if necessary, the recoupment shall be processed and applied based on terms, conditions, and limitations as set forth herein.
- (iv) If Contractor(s) does not meet the Field Based mode of service delivery requirements after any targeted quarterly review, County's DBH shall recommend and reassign Contractor(s) to the Clinic-Site Based rate category. Contractor(s) may appeal the rate category reassignment to County's DBH within thirty (30) days of receiving notice or the rate category change will stand with a written notification as set forth below.

County's DBH shall continuously monitor Contractor(s) and analyze data to review accuracy of rate categories assigned. County's DBH Director or designee shall have the authority to reassign rate categories, and Contractor(s) will be notified in writing of any such changes, as outlined in Article 5.

6. Specialty Mental Health Services Fee-For-Service Performance Incentives.

Contractor(s) is eligible to receive performance-based incentives to promote growth, increase service delivery and overall wellness to our unserved and/or underserved communities. If Contractor(s) meets the performance metrics outlined by County's DBH below, Contractor(s) is eligible to a portion of the Medi-Cal reimbursements received and recorded by County's DBH.

This opportunity, subject to County's discretion, is only available after the second fiscal year term of this Agreement for Contractor(s) providing SMHS and reimbursed through the County's Fee-for-Service reimbursement structure. Any Contractor entered into this Agreement after the initial contract fiscal year, shall be eligible after their second fiscal year term of an Agreement. The initial performance actual claimed baseline will be set by Contractor(s)'s performance in fiscal year one (1). County's DBH will use Contractor(s)'s State-approved claimed dollar amount, as received and recorded by County's DBH, for services that were performed, claimed, and approved by the State in fiscal year one (1) and adjust it with any subsequent State rate changes, if any, to finalize a performance baseline for fiscal year two (2). After completing the claiming of services and receipt of Medi-Cal reimbursements for fiscal year two (2), if Contractor(s) exceeds the established performance baseline, Contractor(s) is eligible to be compensated for eight percent (8%) of the Medi-Cal reimbursements that were generated above the established performance baseline amount of fiscal year two (2).

Each subsequent fiscal year's performance baselines will be adjusted annually to either the prior fiscal year's actual State-approved claimed amount plus adjusted for any subsequent State rate increases, or any of the previously established performance baseline amounts plus adjusted for any State rate increases for the upcoming fiscal year, whichever is higher. The new performance baseline shall always be calculated from the higher value between the State-approved claimed amount and the previous fiscal year's performance baseline amount regardless of projected performance in the upcoming fiscal year. The rate adjustment shall always be a positive amount and the performance base shall not decrease from one fiscal year to the next.

The table below illustrates the annual baseline adjustments. This table is an example only and is not binding. The actual details will be determined and finalized between both parties at the conclusion of year one (1).

Example:

Fiscal Year	Rate Increase	Baseline	State Approved Claim Amount	Amount Exceeding Baseline	Additional Amount Paid (8%)
1			\$1,100,000		
2	+3.0%	\$1,133,000	\$1,633,000	\$500,000	\$40,000
3	+1.0%	\$1,649,330	\$1,500,000	\$0	\$0
4	+2.0%	\$1,682,317	\$1,882,317	\$200,000	\$16,000
5	+3.5%	\$1,948,198	\$2,048,198	\$100,000	\$8,000

In addition to meeting the performance-based incentive metrics above, Contractor(s) must be in satisfactory standing with the Agreement's performance outcomes and reporting requirements prior to being awarded the incentive payment. At the discretion of County's DBH

Director or designee, if it is determined that the required outcomes are not met and/or reports are not submitted in full and on time, Contractor(s) shall be ineligible for performance incentives or withheld until such requirements are met and/or deemed to be satisfactory by County's DBH.

County's DBH will calculate and notify Contractor(s) of the award amounts, if any, within ninety (90) days after all of Contractor(s)'s State-approved claimed services are received and recorded by County's DBH for the targeted fiscal year or within nine (9) months following the end of the targeted fiscal year, whichever is later. County's payments to Contractor(s) for performance-based incentives, if any, shall be made within forty-five (45) days after approval by County.

Invoices

Contractor(s) shall submit monthly invoices, in arrears by the fifteenth (15th) day of each month, in the format directed by the County. Contractor(s) shall submit invoices electronically to:

- 1) dbhinvoicereview@fresnocountyca.gov;
- 2) dbh-invoices@fresnocountyca.gov; and
- 3) the assigned County's DBH Staff Analyst.

At the discretion of County's DBH Director or designee, if an invoice is incorrect or is otherwise not in proper form or substance, County's DBH Director, or designee, shall have the right to withhold payment as to only the portion of the invoice that is incorrect or improper after five (5) days prior notice to Contractor(s). Contractor(s) agrees to continue to provide services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not corrected to County's satisfaction, County's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the termination provisions stated in Article 6 of this Agreement. If County's DBH does not provide notice of incorrect or otherwise improper invoices and causes delay in the reimbursement process, Contractor(s) will follow the escalation process through the County's DBH Finance Division's Invoice Review Team, up to the DBH Finance Division Manager, and including the County's DBH Director and/or designee for the timely reimbursement of payment to Contractor(s).

Withholdings to an invoice by County's DBH shall be addressed by Contractor(s) and/or Contractor(s) shall communicate any delays in resolving the incorrect or improper form with County's DBH within ninety (90) days of receiving notice or the withholdings will stand in perpetuity, or subject to County's discretion.

Contractor(s) shall submit monthly invoices for court reports and court testimonies completed for Probation youth to 1) ProbationInvoices@fresnocountyca.gov and 2) ProbationContracts@fresnocountyca.gov. Each invoice shall specifically identify this Agreement number and shall include the amount due for compensation as identified in Exhibit D Attachment A. The Contractor shall submit each invoice within fifteen (15) days after the month in which the Contractor performs services and in any case within fifteen (15) days after the end of the term or termination of this Agreement. At the discretion of the County's Chief Probation Officer, or designee, County shall have the right to withhold payment until an invoice is corrected to the County's satisfaction.

All final invoices for any fiscal year shall be submitted by Contractor(s) within one hundred and twenty (120) days following the final month for which payment is claimed in that

fiscal year. No action may be taken by County on any invoices submitted after one hundred and twenty (120) days of the end of the fiscal year where services are performed.

1. Specialty Mental Health Claimable Services Invoices.

For specialty mental health services, invoices shall be based on claims entered into the County's electronic health record (EHR) for the prior month.

Monthly payments for claimable services shall only be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the practitioner service rates in Exhibit D – Attachment A.

Any claimable services pending determination from Medicare, OHC, and any other third-party source will not be reimbursed until Explanation of Benefits (EOB) are processed and the balance is transferred to the Medi-Cal coverage plan, and ready to claim to the Medi-Cal coverage plan, or the appropriate coverage plan(s), as deemed appropriate by the Agreement's funding resources or approval by County's DBH. Claimable services that are pending determinations must be addressed and invoiced to County's DBH within one hundred and twenty (120) days following the month of service. Any delays to invoicing must be communicated to and approved by County's DBH within one hundred and twenty (120) days following the month of service or the services may be ineligible for payment at County's discretion.

County's payments to Contractor(s) for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth herein.

Any claimable services entered into the County's EHR beyond four (4) months from the month of service may be ineligible for payment, subject to the determination of the County.

2. Corrective Action Plans.

Contractor(s) shall enter services into the County's EHR/billing and transactional database and submit invoices in accordance with the specified deadlines, ensuring all information is accurate. Failure to meet the requirements set forth above will result in the implementation of a corrective action plan at the discretion of the County's DBH Director, or designee, and may result in financial penalties or termination of Agreement per Article 6 of this Agreement.

Payment

Payments shall be made by County to Contractor(s) in arrears, for services provided during the preceding month, within forty-five (45) days after the date of receipt, verification, and approval by County. All final invoices shall be submitted by Contractor(s) within one hundred and twenty (120) days following the final month of service for which payment is claimed for each fiscal year. No action shall be taken by County on claims submitted beyond the one hundred and twenty (120) day closeout period of each fiscal year. Any compensation which is not expended by Contractor(s) pursuant to the terms and conditions of this Agreement shall automatically revert to County.

Payments shall be made upon certification or other proof satisfactory to the County that services have been performed or actual expenditures incurred by Contractor(s), as specified in this Agreement.

1. Incidental Expenses.

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

2. Applicable Fees.

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

Contractor(s) will perform eligibility and financial determinations, in accordance with DHCS' Uniform Method of Determining Ability to Pay (UMDAP), see BHIN 98-13, available at dhcs.ca.gov, for all individuals unless directed otherwise by the County's DBH Director or designee.

Contractor(s) shall not submit a claim to, or demand or otherwise collect reimbursement from, the person served or persons acting on behalf of the person served for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments (California Code of Regulations, Title 9, §1810.365(c)).

Contractor(s) must not bill persons served, for covered services, any amount greater than would be owed if the County provided the services directly and otherwise not bill persons served as set forth in 42 C.F.R. § 438.106.

Specialty Mental Health Services Claiming Responsibilities

Contractor(s) shall enter claims data into the County's EHR/billing and transactional database system using the California Mental Health Services Authority (CalMHSA) Smart Care Procedure Codes (available at <https://2023.calmhsa.org/procedure-code-definitions/>) by the fifteenth (15th) of every month for actual services rendered in the previous month. County's EHR/billing and transactional database system will convert the CalMHSA Procedure Codes to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.

Claims shall be complete and accurate and must include all required information regarding the claimed services. Claims data entry into the County's EHR system shall be the responsibility of Contractor(s). County shall monitor the volume of services, billing amounts and service types entered into County's EHR system. Any and all audit exceptions resulting from the provision and reporting of specialty mental health services by Contractor(s) shall be the sole responsibility of Contractor(s). Contractor(s) will comply with all applicable policies, procedures, directives, and guidelines regarding the use of County's EHR/information system.

Contractor(s) must provide all necessary data to allow County to bill Medi-Cal for services and meet State and Federal reporting requirements. The necessary data can be provided by a variety of means, including but not limited to:

If a person served has dual coverage, such as other health coverage (OHC) or Federal Medicare, Contractor(s) will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response for ninety (90) days after the claim was mailed. Contractor(s) must report all third-party collections for Medicare, third-party or client-pay or private-pay in each month. A copy of an explanation of benefits or CMS 1500 form (if no response is received from the carrier after 90 days from date of submission of the CMS 1500) is required as documentation. Contractor(s) must comply with all laws and regulations governing the Federal Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they relate to participation, coverage and claiming reimbursement. To the extent they are applicable, Contractor(s) will be responsible for compliance as of the effective date of each Federal, State or local law or regulation specified.

Recoupments, Audits, Reviews, and Examinations

County shall recapture from Contractor(s) the value of any services or other expenditures determined to be ineligible based on the County or State monitoring results. The County reserves the right to enter into a repayment agreement with Contractor(s), with the term of the repayment agreement not to exceed twelve (12) months from the date of the repayment agreement, to recover the amount of funds to be recouped. The County has the discretion to extend the term of repayment plan up to a total of twenty-four (24) months from the date of the repayment agreement. The repayment agreement may be made with the signed written approval of County's DBH Director, or designee, and respective Contractor(s) through a repayment agreement. The monthly repayment amounts may be netted against Contractor(s)'s monthly billing for services rendered during the month, or the County may, in its sole discretion, forego a repayment agreement and recoup all funds immediately. This remedy is not exclusive, and County may seek recoupment from any other means, including, but not limited to, a separate contract or agreement with Contractor(s).

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

1. Reasons for Recoupment.

County will conduct periodic audits of Contractor(s) files to ensure appropriate clinical documentation, that original third-party source documents support costs invoiced under hybrid or cost reimbursement agreements, high quality service provision and compliance with applicable federal, state and county or other funding source regulations.

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

- (A) Identification of Fraud, Waste or Abuse as defined in federal regulation
 - (1) Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code, section 14107.11, subdivision (d).
 - (2) Definitions for “fraud,” “waste,” and “abuse” can also be found in the Medicare Managed Care Manual available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals>
- (B) Overpayment of Contractor(s) by County due to errors in claiming or documentation.
- (C) Other reasons specified in the SMHS Reasons for Recoupment document released annually by DHCS and posted on the DHCS BHIN website.

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

2. Internal Audits/Reviews.

Contractor(s) is responsible for ensuring the accuracy of all claims submitted for reimbursement. This includes, but is not limited to, verifying that the services billed are properly documented, correctly coded, and align with applicable SMHS definitions and standards. Contractor(s) must also ensure that all supporting documentation is accurate, complete, and reflects the services actually rendered.

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

3. Confidentiality in Audit/Review Process.

Contractor(s) and County mutually agree to maintain the confidentiality of Contractor(s)’s records and information of persons served, in compliance with all applicable State and Federal statutes and regulations, including but not limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor(s) shall inform all of its officers, employees, and agents of the confidentiality provisions of all applicable statutes.

Contractor(s)’s fiscal records shall contain sufficient data to enable auditors to perform a complete audit and shall be maintained in conformance with standard procedures and accounting principles.

Contractor(s)’s records shall be maintained as required by DBH and DHCS on forms furnished by DHCS or the County. All statistical data or information requested by the County’s DBH Director or designee shall be provided by Contractor(s) in a complete and timely manner.

4. Cooperation with Audits/Reviews.

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

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

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

Contractor(s) shall allow inspection, evaluation and audit of its records, documents and facilities for ten (10) years from the term end date of this Agreement or in the event Contractor(s) has been notified that an audit or investigation of this Agreement has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later pursuant to 42 C.F.R. §§ 438.3(h) and 438.230I(3)(i-iii).

5. Single Audit Clause.

If Contractor(s) expends One Million and No/100 Dollars (\$1,000,000.00) or more in Federal and Federal flow-through monies, Contractor(s) agrees to conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. Contractor(s) shall submit said audit and management letter to County. The audit must include a statement of findings or a statement that there were no findings. If there were negative findings, Contractor(s) must include a corrective action plan signed by an authorized individual. Contractor(s) agrees to take action to correct any material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to County's DBH Finance Division for review within nine (9) months of the end of any fiscal year in which funds were expended and/or received for the program. Failure to perform the requisite audit functions as required by this Agreement may result in County performing the necessary audit tasks, or at County's option, contracting with a public accountant to perform said audit, or may result in the inability of County to enter into future agreements with Contractor(s). All audit costs related to this Agreement are the sole responsibility of Contractor(s).

A single audit report is not applicable if Contractor(s)'s Federal contracts do not exceed the One Million and No/100 Dollars (\$1,000,000.00) requirement or Contractor(s)'s only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit must be performed and a program audit report with management letter shall be submitted by Contractor(s) to County as a minimum requirement to attest to Contractor(s) solvency. Said audit report shall be delivered to County's DBH Finance Division for review no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in County performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All audit costs related to this Agreement are the sole responsibility of Contractor(s) who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit

work performed by County under this paragraph shall be billed to Contractor(s) at County cost, as determined by County's Auditor-Controller/Treasurer-Tax Collector.

Contractor(s) shall make available all records and accounts for inspection by County, the State of California, if applicable, the Controller General of the United States, the Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at least three (3) years following final payment under this Agreement or the closure of all other pending matters, whichever is later.

6. Financial Audit Report Requirements for Pass-Through Entities

If County determines that Contractor(s) is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et seq., Contractor(s) represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. Contractor(s) shall observe and comply with all applicable financial audit report requirements and standards.

Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor(s) will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the County's DBH Director or designee. The County's DBH Director or designee is responsible for providing the audit report to the County Auditor.

Contractor(s) must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

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

Other Financial Requirements

1. Notification of Changes.

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

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

2. Record Maintenance.

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

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

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

Contractor(s) shall comply with all local, state, and federal laws and regulations regarding relinquishing or maintaining medical records.

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

3. Financial Reports.

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

4. Agreement Termination.

In the event this Agreement is terminated, ends its designated term, or Contractor(s) ceases operation of its business, Contractor(s) shall deliver or make available to County all financial records that may have been accumulated by Contractor(s) or subcontractor under this Agreement, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

5. Restrictions and Limitations.

This Agreement shall be subject to any restrictions, limitations, and/or conditions imposed by County or state or federal funding sources that may in any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also contingent upon sufficient

funds being made available by County, state, or federal funding sources for the term of this Agreement. If the federal or state governments reduce financial participation in the Medi-Cal program, County agrees to meet with Contractor(s) to discuss renegotiating the services required by this Agreement.

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

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

6. Additional Financial Requirements

County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

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

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

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

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

7. Contractor(s) Prohibited from Redirection of Contracted Funds

Contractor(s) may not redirect or transfer funds from one funded program to another funded program under which Contractor(s) provides services pursuant to this Agreement except through a duly executed amendment to this Agreement.

Contractor(s) may not charge services delivered to an eligible person served under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

Child Welfare Mental Health Services
Victor Community Support Services, Inc.
August 19, 2025 -- January 19, 2026 - Ramp Up Budget

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101	Executive Director	0.33	\$ 42,210		\$ 42,210
1102	Program Support	1.87	127,708		127,708
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		2.20	\$ 169,918		\$ 169,918
Acct #	Program Position	FTE	Admin	Program	Total
1116	Clinical Supervisor	0.67		\$ 62,787	\$ 62,787
1117	Clinician	1.33		105,120	105,120
1118	Case Manager	0.67		38,994	38,994
1119	Family Partner	0.33		17,030	17,030
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		3.00		\$ 223,931	\$ 223,931
			Admin	Program	Total
Direct Personnel Salaries Subtotal		5.20	\$ 169,918	\$ 223,931	\$ 393,849
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement		\$ 5,098	\$ 6,718	\$ 11,816
1202	Worker's Compensation		6,797	8,957	15,754
1203	Health Insurance		28,393	37,419	65,812
1204	Paid Time Off/Sick Leave		1,699	2,239	3,938
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ 41,987	\$ 55,333	\$ 97,320
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		12,999	17,131	30,130

1303	SUI	849	1,120	1,969
1304	Other (specify)	-	-	-
1305	Other (specify)	-	-	-
1306	Other (specify)	-	-	-
Direct Payroll Taxes & Expenses Subtotal:		\$ 13,848	\$ 18,251	\$ 32,099
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:		Admin	Program	Total
		\$ 225,753	\$ 297,515	\$ 523,268

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	43%	57%

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
DIRECT CLIENT CARE TOTAL		\$ -

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ 21,486
3002	Printing/Postage	1,020
3003	Office, Household & Program Supplies	23,610
3004	Advertising	-
3005	Staff Development & Training	6,292
3006	Staff Mileage	7,970
3007	Subscriptions & Memberships	75
3008	Vehicle Maintenance	6,434
3009	Other Operating Expense	3,305
3010	Professional Fees	24,708
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ 94,900

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ 2,584
4002	Rent/Lease Building	57,360
4003	Rent/Lease Equipment	3,285
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	25,380
4007	Other (specify)	
4008	Other (specify)	
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ 88,609

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ 31,344
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Finger Printing	600
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ 31,944

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	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	Administrative Overhead	108,394
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ 108,394

INDIRECT COST RATE	12.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ 90,495
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	74,070
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)	-
FIXED ASSETS EXPENSES TOTAL		\$ 164,565

TOTAL PROGRAM EXPENSES	\$ 1,011,680
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PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES		
Acct #	Line Item Description	Amount
8001	Revenue Allocated by DBH	\$ -
8002	Client Fees	-
8003	Client Insurance	-
8004	Grants (Specify)	-
8005	Other (Specify)	-
8006	Other (Specify)	-
TOTAL PROGRAM REVENUES		\$ -

TOTAL PROGRAM ESTIMATED REVENUES:	\$ -
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NET PROGRAM COST:	\$ 1,011,680
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**Child Welfare Mental Health Services
Victor Community Support Services, Inc.
August 19, 2025 - January 19, 2026 - Ramp Up Budget FTE Details**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

Position	Contract #/Name/Department/County	FTE %
Program Support	Fresno County Child Welfare Mental Health	1.87
	Other County Contract	0.13
Total		<u>2.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %
Total		<u>0.00</u>

Position	Contract #/Name/Department/County	FTE %

Total	0.00
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Total	0.00
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Total	0.00
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Total	0.00
-------	------

Total	0.00
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#/Name/Department/County	FTE %
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Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

Position	Contract #/Name/Department/County	FTE %
Total		0.00

**Child Welfare Mental Health Services
Victor Community Support Services, Inc.
August 19, 2025 - January 19, 2026 - Ramp Up Budget Narrative**

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		523,268		
Administrative Positions		169,918		
1101	Executive Director	42,210	Budgeted for Executive Director. Oversees programs and services with a focus on continual quality improvement, evaluation, and systems development. This is a short-term allocation for the initial five-month ramp-up period as staffing and client services are established. We expect a total of .33 FTE for this start up period. Based on average annual compensation of \$127,575.76, the estimated cost for the ramp-up period is \$42,210 ($\$127,575.76 \times .33 \text{ FTE} = \$42,210$).	
1102	Program Support	127,708	Budgeted for Program Support. Provides site level direct support to the program. This includes office management, human resource management, contract monitoring, fiscal oversight, systems development, program development, quality assurance, technical maintenance, general clerical duties, managing client files, reception, and tracking outcomes data. This is a short-term allocation for the initial five-month ramp-up period as staffing and client services are established. We estimate that there will be a total of 1.87 FTE for this period at an estimated cost of \$127,708 (average salary of \$68,293.58*1.87 FTE=\$127,708).	
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
Program Positions		223,931		
1116	Clinical Supervisor	62,787	Budgeted for Clinical Supervisor salaries for the first 5 months as we onboard, train staff and build up a caseload. We expect a total of .67 FTE for this start up period. Based on average annual compensation of \$93,711.94, the estimated cost for the ramp-up period is \$62,787 ($\$93,711.94 \times .67 \text{ FTE} = \$62,787$).	
1117	Clinician	105,120	Budgeted for Clinician salaries for the first 5 months as we onboard, train staff and build up a caseload. We expect a total of 1.33 FTE for this start up period. Based on average annual compensation of \$79,027.06, the estimated cost for the ramp-up period is \$105,102 ($\$79,027.06 \times 1.33 \text{ FTE} = \$105,102$).	
1118	Case Manager	38,994	Budgeted for Case Manager salaries for the first 5 months as we onboard, train staff and build up a caseload. We expect a total of .67 FTE for this start up period. Based on average annual compensation of \$58,200, the estimated cost for the ramp-up period is \$38,994 ($\$58,200 \times .67 \text{ FTE} = \$38,994$).	
1119	Family Partner	17,030	Budgeted for Family Partners salaries for the first 5 months as we onboard, train staff and build up a caseload. We expect a total of .33 FTE for this start up period. Based on average annual compensation of \$51,606.06, the estimated cost for the ramp-up period is \$17,030 ($\$51,606.06 \times .33 \text{ FTE} = \$17,030$).	
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
Direct Employee Benefits		97,320		
1201	Retirement	11,816	Budgeted for Retirement at 3% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	1202	Worker's Compensation	15,754	Budgeted for Workers Compensation at 4% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.
	1203	Health Insurance	65,812	Budgeted for employee health insurance at 16.71% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.
	1204	Paid Time Off/Sick Leave	3,938	Budgeted for paid time off and sick leave at 1% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.
	1205	Other (specify)	-	
	1206	Other (specify)	-	
Direct Payroll Taxes & Expenses:			32,099	
	1301	OASDI	-	
	1302	FICA/MEDICARE	30,130	Budgeted for FICA at 7.65% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.
	1303	SUI	1,969	Budgeted for SUI at .5% of compensation of employees for the first 5 months as we onboard, train staff and build up a caseload.
	1304	Other (specify)	-	
	1305	Other (specify)	-	
	1306	Other (specify)	-	

2000: DIRECT CLIENT SUPPORT				
	2001			
	2002			
	2003			
	2004			
	2005			
	2006			
	2007			
	2008			
	2009			
	2010			
	2011			
	2012			
	2013			
	2014			
	2015			
	2016			

3000: DIRECT OPERATING EXPENSES			94,900	
	3001	Telecommunications	21,486	We have allocated funds for essential operational expenses, including site phone, internet, cell phone service, postage, and shipping. These costs are based on our experience managing programs of similar scale. We estimated the cost for the initial five month ramp-up period, we project a cost of \$19,326. We have budgeted for cell phone reimbursement for the direct program staff included in the ramp-up plan. This reimbursement is calculated at a rate of \$60 per month per FTE. Over the five-month ramp-up period we estimate the cost to be \$2,160.
	3002	Printing/Postage	1,020	Budgeted for postage and shipping expenses. These are short term allocations for the first 5 months as we establish staffing and clients.
	3003	Office, Household & Program Supplies	23,610	We have budgeted funds for the cost of general office and program support supplies specific to providing services. Supplies needed to support the program, site, and staff, including general office supplies, ESL materials, orientation and service packets, and curriculums. These costs are based on our experience managing programs of a similar scale. We estimate for the five-month ramp-up period a cost of \$23,610.
	3004	Advertising	-	
	3005	Staff Development & Training	6,292	Budgeted for travel and registration costs related to conferences and meetings to train staff and keep them informed and updated on program strategies and Agency policies. These are short term allocations for the first 5 months as we establish staffing and clients.
	3006	Staff Mileage	7,970	Budgeted to cover the cost of staff travel related to service delivery as well as to ensure that program participants have adequate transportation to meet their service needs. The mileage reimbursement rate is reviewed and set by management annually. The annual rate will not exceed the IRS mileage reimbursement rate. These are short term allocations for the first 5 months as we establish staffing and clients.
	3007	Subscriptions & Memberships	75	Budgeted for site subscriptions and memberships. These are short term allocations for the first 5 months as we establish staffing and clients.
	3008	Vehicle Maintenance	6,434	Budgeted for site vehicle maintenance. These are short term allocations for the first 5 months as we establish staffing and clients.

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	3009	Other Operating Expense	3,305	Budgeted for all other operating expenses including banking fees, interest expense, liability insurance expenses, and dues and memberships. These are short term allocations for the first 5 months as we establish staffing and clients.
	3010	Professional Fees	24,708	Budgeted for costs such as recruiting, hiring, and maintaining staff levels such as advertising, physicals, and continuing education. These costs are based on our experience managing programs of a similar scale. We estimate for the five-month ramp-up period a cost of \$7,308. We have budgeted for the initial recruiting, hiring and maintaining staff levels such as advertising, physicals, and continuing education for direct program staff. This cost is calculated at \$580 per FTE. With 30 FTEs, the total estimated cost for this is \$17,400 (30 FTE × \$580 = \$17,400).
	3011	Other (specify)	-	
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT			88,609	
	4001	Building Maintenance	2,584	Budgeted for site upkeep. These are short term allocations for the first 5 months as we establish staffing and clients.
	4002	Rent/Lease Building	57,360	We have budgeted funds for the cost of facility rent. We estimate for the five-month ramp-up period a cost of \$57,360.
	4003	Rent/Lease Equipment	3,285	Budgeted for equipment lease expenses. These are short term allocations for the first 5 months as we establish staffing and clients.
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	25,380	Budgeted for site utilities. These are short term allocations for the first 5 months as we establish staffing and clients.
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES			31,944	
	5001	Consultant (Network & Data Management)	31,344	Budgeted for software maintenance, software licensing fees, technical support services. These costs are based on our experience managing programs of a similar scale. We estimate for the five-month ramp-up period a cost of \$31,344.
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Finger Printing	600	We have budgeted for the finger printing for direct program staff. This cost is calculated at \$20 per FTE. With 30 FTEs, the total estimated cost for this is \$600 (30 FTE × \$20 = \$600).
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES			108,394	
	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	Administrative Overhead	108,394	Budgeted for the indirect costs that support our administrative services which includes, but may not be limited to, the following: CEO, COO, CFO, Agency-wide Human Resource functions, Agency-wide Administrative and Executive support functions, Agency-wide Technology services, Agency-wide Fiscal and Accounting functions, along with the operating expenses associated with supporting these positions. This is calculated at an estimated rate 12% and is trued-up to the Agency's actual indirect cost rate as part of our yearend closing procedure.
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS			164,565	
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PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	7001	Computer Equipment & Software	90,495	We have budgeted funds for computer equipment purchases necessary to outfit the site, including items such as computers, printers, monitors, docking stations, and similar essentials. These costs are based on our experience managing programs of a similar scale. We estimate for the five-month ramp-up period a cost of \$15,495. We have budgeted for the initial computer equipment setup for direct program staff, which includes computers, printers, monitors, docking stations, and similar essentials. This cost is calculated at \$2,500 per FTE. With 30 FTEs, the total estimated cost for workspace setup is \$75,000 (30 FTE × \$2,500 = \$75,000).
	7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA	-	
	7003	Furniture & Fixtures	74,070	We have budgeted funds for small equipment purchases necessary to outfit the site, including items such as furniture, blinds, file cabinets, chairs, and similar essentials. These costs are based on our experience managing programs of a similar scale. We estimate for the five-month ramp-up period a cost of \$14,070. We have budgeted for the initial workspace setup for direct program staff, which includes a desk and chair for each employee. This cost is calculated at \$2,000 per FTE. With 30 FTEs, the total estimated cost for workspace setup is \$60,000 (30 FTE × \$2,000 = \$60,000).
	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)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,011,680