

**AMENDMENT NO. 4
TO MENTAL HEALTH SERVICES AGREEMENT A-14355
BY AND BETWEEN
COUNTY OF MONTEREY AND
SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER**

THIS AMENDMENT NO. 4 is made to MENTAL HEALTH SERVICES AGREEMENT A-14355 by and between the **County of Monterey**, a political subdivision of the State of California, hereinafter referred to as “**COUNTY**,” and **SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER**, hereinafter referred to as “**CONTRACTOR**.”

WHEREAS, the COUNTY and CONTRACTOR entered into AGREEMENT A-14355 for the provision of mental health services to children and their families in the amount of \$7,723,920 for the term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT No. 1 to AGREEMENT A-14355 to add Program 5: Mobile Crisis Support Team and Program 6: Wraparound and revise the total AGREEMENT to \$12,555,719 for the term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 2 to AGREEMENT A-14355 to revise Programs 1, 2, 5, and 6, terminate Programs 3 and 4, and add a new Program 7: Mental Health Enhanced Foster Care for a revised total Agreement amount not to exceed \$13,322,616 for the same term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 3. to AGREEMENT A-14355 to revise Program 5 units and rates for Fiscal Year (FY) 2020-21 and FY 2021-22 for a revised total Agreement amount not to exceed \$13,324,319 for the same term July 1, 2019 to June 30, 2022; and

WHEREAS, the COUNTY and CONTRACTOR wish to amend AGREEMENT A-14355 to increase the rates and decrease the units in Programs 1, 2, 6, and 7 for Fiscal Year (FY) 2021-22 for the same total Agreement amount not to exceed \$13,324,319 for the same term July 1, 2019 to June 30, 2022.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. EXHIBIT B-4: PAYMENT AND BILLING PROVISIONS replaces EXHIBIT B-3. All references in the AGREEMENT to EXHIBIT B-3 shall be construed to refer to EXHIBIT B-4.
2. EXHIBIT H-4: BUDGET AND EXPENDITURE REPORT replaces EXHIBIT H-3. All references in the AGREEMENT to EXHIBIT H-3 shall be construed to refer to EXHIBIT H-4.

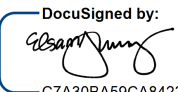
3. Except as provided herein, all remaining terms, conditions and provisions of this AGREEMENT are unchanged and unaffected by this AMENDMENT NO. 4 and shall continue in full force and effect as set forth in the AGREEMENT.
4. This AMENDMENT NO. 4 shall be effective July 1, 2021.
5. A copy of this AMENDMENT NO. 4 shall be attached to the original AGREEMENT executed by the COUNTY on June 24, 2019.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 4 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer


Date: _____

By:  _____
Department Head (if applicable)

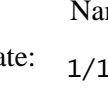
Date: 2/18/2022 | 7:26 AM PST

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹ _____
By:  _____
County Counsel

Date: 1/14/2022 | 10:28 AM PST

Approved as to Fiscal Provisions² _____
By:  _____
Auditor/Controller

Date: 1/14/2022 | 10:31 AM PST


Approved as to Liability Provisions³ _____
By: _____
Risk Management

Date: _____

CONTRACTOR

**SENECA FAMILY OF AGENCIES
DBA KINSHIP CENTER**

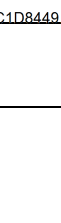
Contractor's Business Name*

By:  _____
(Signature of Chair, President, or Vice-president) *

Leticia Galyean President and CEO

Name and Title

Date: 1/6/2022 | 4:38 PM PST

By:  _____
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer) *

Janet Briggs CFO

Name and Title

Date: 1/13/2022 | 10:10 AM PST

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹Approval by County Counsel is required; if Agreement is \$100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

²Approval by Auditor-Controller is required

³Approval by Risk Management is necessary only if changes are made in Sections XI or XII

**EXHIBIT B-4:
PAYMENT AND BILLING PROVISIONS**

I. PAYMENT TYPES

Provisional Rates

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

III. PAYMENT RATE

PROVISIONAL RATE: NEGOTIATED RATE

CONTRACTOR shall be paid at the negotiated rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. Payment Method is Rate multiplied by the Units. Rate schedules and maximum annual liability for each program are as follows below.

Invoices requesting payment shall be prepared for each program separately and accompanied by Exhibit G: Behavioral Health Cost Reimbursement Invoice for the appropriate program.

The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$13,324,319** for FY 2019-20 through FY 2021-22.

PROGRAM SUMMARY

Program	FY 2019-20	FY 2020-21	FY 2021-22	Total Amount
Program 1: D'Arrigo Outpatient	\$1,922,185	\$1,762,805	\$1,762,805	\$5,447,795
Program 2: Early Childhood Treatment	\$343,461	\$343,461	\$343,461	\$1,030,383
Program 3: Home Alternative Placement	\$239,414	\$64,996	\$0	\$304,410
Program 4: Compass	\$69,580	\$0	\$0	\$69,580
Program 5: Mobile Crisis Support Team	\$158,818	\$1,238,478	\$1,588,155	\$2,985,451
Program 6: Wraparound	\$166,667	\$1,010,000	\$1,010,000	\$2,186,667
Program 7: Mental Health Enhanced Foster Care	\$0	\$559,252	\$740,781	\$1,300,033
Total	\$2,900,125	\$4,978,992	\$5,445,202	\$13,324,319

PROGRAM 1: D'ARRIGO OUTPATIENT

Program 1: D'Arrigo Outpatient Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	FY 2019-20 Total Amount
Case Management	15	01	89,185	\$2.36	\$210,477
Assessment and Evaluation	15	30	536,090	\$3.05	\$1,635,075
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60			
Crisis Intervention	15	70	1,440	\$4.29	\$6,178
TOTAL MAXIMUM LIABILITY FY 2019-2020					\$1,922,185

Program 1: D'Arrigo Outpatient Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	81,789	\$2.36	\$193,023
Intensive Care Coordination	15	01			
Intensive Homebase Services	15	30	491,640	\$3.05	\$1,499,502
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	11,456	\$5.64	\$64,612
Crisis Intervention	15	70	1,321	\$4.29	\$5,668
TOTAL MAXIMUM LIABILITY FY 2020-21					\$1,762,805

Program 1: D'Arrigo Outpatient Fiscal Year 2021-2022					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	73,115	\$2.64	\$193,024
Intensive Care Coordination	15	01			
Intensive Homebase Services	15	30	438,449	\$3.42	\$1,499,496
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Group Counseling	15	30			

Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	10,224	\$6.32	\$64,616
Crisis Intervention	15	70	1,181	\$4.80	\$5,669
TOTAL MAXIMUM LIABILITY FY 2021-2022					\$1,762,805

PROGRAM 2: EARLY CHILDHOOD TREATMENT

Program 2: Early Childhood Treatment Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	11,539	\$2.36	\$27,233
Assessment and Evaluation	15	30	102,087	\$3.05	\$311,366
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60			
TOTAL MAXIMUM LIABILITY FY 2019-2020					\$343,461

Program 2: Early Childhood Treatment Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	11,539	\$2.36	\$27,233
Assessment and Evaluation	15	30	102,087	\$3.05	\$311,366
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60			
TOTAL MAXIMUM LIABILITY FY 2020-2021					\$343,461

Program 2: Early Childhood Treatment Fiscal Year 2021-2022					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	10,315	\$2.64	\$27,232
Assessment and Evaluation	15	30	91,043	\$3.42	\$311,368
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			

Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	769	\$6.32	\$4,861
TOTAL MAXIMUM LIABILITY FY 2021-2022					\$343,461

PROGRAM 3: HOSPITAL ALTERNATIVE PLACEMENT

**** Effective March 8, 2021 the Hospital Alternative Placement program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.**

Program 3: Hospital Alternative Placement Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	4,320	\$2.36	\$10,196
Assessment and Evaluation	15	30	13,298	\$3.05	\$40,559
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Group Rehab/Counseling	15	50			
Therapeutic Behavioral Services	15	58			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60	3,600	\$5.64	\$20,304
Crisis Intervention	15	70	2,250	\$4.29	\$9,653
Therapeutic Foster Care	05	95-98	730	\$217.40	\$158,702
TOTAL MAXIMUM LIABILITY FY 2019-2020					\$239,414

Program 3: Hospital Alternative Placement Fiscal Year 2020-2021					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Case Management	15	01	6,722	\$2.36	\$15,864
Assessment and Evaluation	15	30	9,797	\$3.05	\$29,881
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	30			
Collateral	15	10			
Collateral Parent Therapy	15	30			
Group Rehab/Counseling	15	50			
Therapeutic Behavioral Services	15	58			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60	772	\$5.64	\$4,355
Crisis Intervention	15	70	685	\$4.29	\$2,939
Therapeutic Foster Care	05	95-98	55	\$217.40	\$11,957
TOTAL MAXIMUM LIABILITY FY 2020-2021					\$64,996

PROGRAM 4: COMPASS

**** Effective March 8, 2021 the Compass program is terminated, and COUNTY shall no longer refer clients to the CONTRACTOR under this program.**

Program 4: Compass Fiscal Year 2019-2020					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	FY 2019-20 Total Amount
Case Management	15	01	2,888	\$2.36	\$6,816
Assessment and Evaluation	15	30	12,600	\$3.05	\$38,430
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Group Rehab/Counseling	15	50			
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30			
Medication Support	15	60			
Crisis Intervention	15	70	480	\$4.29	\$2,060
Therapeutic Foster Care	05	95-98	90	\$217.40	\$19,566
TOTAL MAXIMUM LIABILITY FY 2019-2020					\$69,580

There were no youth in placement during Fiscal Year 2020-21 (July 1, 2020 – March 8, 2021)

PROGRAM 5: MOBILE CRISIS SUPPORT TEAM

Program 5: Mobile Crisis Support Team Fiscal Year 2019-2020 (May 1, 2020 - June 30, 2020)	
GRANT	
Personnel	Total Amount
Lead Clinician	\$0.00
Bilingual Clinical	\$0.00
Bilingual Clinical	\$0.00
Total Personnel	\$0.00
Operational	Total Amount
Program Support	\$2,692.68
Personnel Start up	\$156,124.90
Total Operational	\$158,817.58
TOTAL MAXIMUM LIABILITY FY 2019-2020 Grant	
\$158,818.00	

Program 5: Mobile Crisis Support Team Fiscal Year 2020-2021	
GRANT	
Personnel	Total Amount
Lead Clinician	\$74,940.00
Bilingual Clinical	\$72,930.00
Bilingual Clinical	\$80,223.00
Total Personnel	\$228,093.00

					Total Amount
Operational					\$1,500.00
Program Support					\$30,000.00
Personnel Startup					\$31,500.00
Total Operational					\$259,593.00
TOTAL MAXIMUM LIABILITY FY 2020-2021 Grant					
MHSA					
Service Description					Total Amount
Family Urgent Response System (FURS)					\$140,511.00
TOTAL MAXIMUM LIABILITY FY 2020-2021 MHSA					\$140,511.00
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	*Rate per Unit	Total Amount
Assessment and Evaluation	15	30	58,111	\$5.03	\$292,299
Case Management	15	01	10,733	\$3.89	\$41,752
Crisis Intervention	15	70	71,232	\$7.08	\$504,323
TOTAL MAXIMUM LIABILITY FY 2020-2021 Medi-Cal					\$838,374
TOTAL MAXIMUM LIABILITY FY 2020-2021					\$1,238,478

Program 5: Mobile Crisis Support Team Fiscal Year 2021-2022					
GRANT					
Personnel					Total Amount
Lead Clinician					\$74,940.00
Bilingual Clinical					\$72,930.00
Bilingual Clinical					\$80,223.00
TOTAL MAXIMUM LIABILITY FY 2021-2022 Grant					\$228,093.00
MHSA					
Service Description					Total Amount
Family Urgent Response System (FURS)					\$440,319.00
TOTAL MAXIMUM LIABILITY FY 2021-2022 MHSA					\$440,319.00
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	*Rate per Unit	Total Amount
Assessment and Evaluation	15	30	50,728	\$5.03	\$255,162
Case Management	15	01	22,429	\$3.89	\$87,249
Crisis Intervention	15	70	81,544	\$7.08	\$577,332
TOTAL MAXIMUM LIABILITY FY 2021-2022 Medi-Cal					\$919,743
TOTAL MAXIMUM LIABILITY FY 2021-2022					\$1,588,155

**Services provided beginning July 1, 2020 will be paid at the interim rates which are subject to the cost report settlement process set forth in Exhibit I. These rates are temporary due to the COVID-19 pandemic and will be reduced upon receipt of notice by the State Department of Health Care Services to counties that these COVID-19 pandemic rates are no longer applicable/allowable.*

PROGRAM 6: WRAPAROUND

Program 6: Wraparound Fiscal Year 2019-2020 (May 1, 2020 - June 30, 2020)					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Intensive Care Coordination	15	01	35,905	\$3.05	\$109,511
Intensive Home-Based Services	15	30			
Assessment and Evaluation	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	13,323	\$4.29	\$57,156
TOTAL MAXIMUM LIABILITY FY 2019-2020					\$166,667

Program 6: Wraparound Fiscal Year 2020-2021					
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	215,455	\$3.05	\$657,138
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	79,921	\$4.29	\$342,862
TOTAL MAXIMUM LIABILITY FY 2020-2021 Medi-Cal					\$1,000,000
NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	2,395	\$3.05	\$7,305
Intensive Care Coordination	15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	628	\$4.29	\$2,695
TOTAL MAXIMUM LIABILITY FY 2020-2021 Non Medi-Cal					\$10,000
TOTAL MAXIMUM LIABILITY FY 2020-2021					\$1,010,000

Program 6: Wraparound Fiscal Year 2021-2022					
MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	192,145	\$3.42	\$657,136
Intensive Care Coordination	05, 15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	71,430	\$4.80	\$342,864
TOTAL MAXIMUM LIABILITY FY 2021-2022 Medi-Cal					\$1,000,000

NON MEDI-CAL					
Service Description	Mode of Service	Service Function Code	Estimated Units	Rate per Unit	Total Amount
Assessment and Evaluation	15	30	2,135	\$3.42	\$7,302
Intensive Care Coordination	05, 15	01			
Intensive Home-Based Services	15	30			
Mental Health Rehabilitation	15	45			
Plan Development	15	45			
Crisis Intervention	15	70	562	\$4.80	\$2,698
TOTAL MAXIMUM LIABILITY FY 2021-2022 Non Medi-Cal					\$10,000
TOTAL MAXIMUM LIABILITY FY 2021-2022					\$1,010,000

PROGRAM 7: MENTAL HEALTH ENHANCED FOSTER CARE

Program 7: Mental Health Enhanced Foster Care Fiscal Year 2020-2021 (March 8, 2021 – June 30, 2021)					
Services Description	Mode of Service	Service Function Code	Estimated Units	Rate Per Unit	Total Amount
Case Management	15	01	48,333	\$2.36	\$114,066
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30	107,943	\$3.05	\$329,227
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			
Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	3,222	\$5.64	\$18,173
Crisis Intervention	15	70	1,611	\$4.29	\$6,912
Therapeutic Foster Care	5	95-98	418	\$217.40	\$90,874
TOTAL MAXIMUM LIABILITY FY 2020-2021					\$559,252

Program 7: Mental Health Enhanced Foster Care Fiscal Year 2021-2022					
Services Description	Mode of Service	Service Function Code	Estimated Units	Rate Per Unit	FY 2020-21 Total Amount
Case Management	15	01	43,208	\$2.64	\$114,070
Intensive Care Coordination	15	01			
Intensive Homebased Services	15	30	96,264	\$3.42	\$329,223
Assessment and Evaluation	15	30			
Plan Development	15	45			
Individual Counseling	15	40			
Mental Health Rehab	15	45			
Family Therapy	15	50			
Collateral	15	10			

Collateral Group Counseling	15	30			
Group Therapy	15	50			
Group Rehab/Counseling	15	50			
Medication Support	15	60	2,876	\$6.32	\$18,177
Crisis Intervention	15	70	1,439	\$4.80	\$6,908
Therapeutic Foster Care	5	95-98	1,253	\$217.40	\$272,403
TOTAL MAXIMUM LIABILITY FY 2021-2022					\$740,781

IV. PAYMENT CONDITIONS

- A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act (“MHSA”), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY’S Maximum Allowances (CMA), which is based on the most recent State’s Schedule of Maximum Allowances (SMA) as established by the State’s Department of Mental Health. The SMA Schedule shall be used until COUNTY establishes the COUNTY’S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable CMAs. In no case shall payments to CONTRACTOR exceed CMAs. In addition to the CMA limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program (“an eligible beneficiary”), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-

Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.

- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.
- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form acceptable by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit a Day Care Activity Report for Day Care Services and a Claim Form summarizing service costs, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30th) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

CONTRACTOR shall submit via email a monthly claim using Exhibit G, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to: MCHDBHFinance@co.monterey.ca.us

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any “obligations incurred” included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.
- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR’S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar

days of receiving the certified invoice.

- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.
- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR'S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

V. MAXIMUM OBLIGATION OF COUNTY

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$13,324,319** for services rendered under this Agreement.
- B. Funding Sources and Estimated Amounts per Fiscal Year. The County retains the right to adjust the funding sources as may be required.

Fiscal Year (FY) 2019-2020								
Program Number/Name	Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	Total FY Amount
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	\$961,092.50	\$768,874.00	\$192,218.50		\$1,922,185.00
		Kinship Center Seneca FSP King City	DLCSOC					
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	\$171,730.50	\$137,384.40	\$34,346.10		\$343,461.00
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4	\$119,707.00	\$119,707.00			\$239,414.00
4	Compass	TBD	TBD	\$34,790.00	\$34,790.00			\$69,580.00
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC				\$158,818.00	\$158,818.00
6	Wraparound	Kinship Wraparound	87CSOCW	\$116,666.90	\$50,000.10			\$166,667.00
Total Amount FY 2019-2020				\$1,403,986.90	\$1,110,755.50	\$226,564.60	\$158,818.00	\$2,900,125.00

Fiscal Year (FY) 2020-2021									
Program Number/Name	Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	Total FY Amount	
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	\$881,402.50	\$705,122.00	\$176,280.50		\$1,762,805.00	
		Kinship Center Seneca FSP King City	DLCSOC						
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	\$171,730.50	\$137,384.40	\$34,346.10		\$343,461.00	
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4	\$32,498.00	\$32,498.00			\$64,996.00	
4	Compass	TBD	TBD					\$0.00	
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC	\$544,943.10		\$433,941.90	\$259,593.00	\$1,238,478.00	
6	Wraparound	Kinship Wraparound	87CSOCW	\$700,000.00	\$300,000.00		\$10,000.00	\$1,010,000.00	
7	Mental Health Enhanced Foster Care	TBD	TBD	\$391,476.40	\$167,775.60			\$559,252.00	
Total Amount per FY 2020-2021				\$2,722,050.50	\$1,342,780.00	\$644,568.50	\$259,593.00	\$10,000.00	\$4,978,992.00

Fiscal Year (FY) 2021-2022									
Program Number/Name	Avatar Program Name	Avatar Program ID	FFP/ Medi-Cal	EPSDT	MHSA CSS	CHFFA Grant	SAMHSA	Total FY Amount	
1	D'Arrigo Outpatient	Kinship Adoption FSP Seneca	27CW	\$881,402.50	\$705,122.00	\$176,280.50		\$1,762,805.00	
		Kinship Center Seneca FSP King City	DLCSOC						
2	Early Childhood Treatment	Kinship Center Seneca First Five Trauma	27CW3	\$171,730.50	\$137,384.40	\$34,346.10		\$343,461.00	
3	Home Alternative Placement	KS Hospital Alternative Placement	27CW4					\$0.00	
4	Compass	TBD	TBD					\$0.00	
5	Mobile Crisis Support Team	Kinship Seneca Youth Mobile Crisis	217CWYMC	\$597,832.95		\$762,229.05	\$228,093.00	\$1,588,155.00	
6	Wraparound	Kinship Wraparound	87CSOCW	\$700,000.00	\$300,000.00		\$10,000.00	\$1,010,000.00	
7	Mental Health Enhanced Foster Care	Kinship Seneca MH Enhanced Foster Care	27CW5	\$518,546.70	\$222,234.30			\$740,781.00	
Total Amount per FY 2021-2022				\$2,869,512.65	\$1,364,740.70	\$972,855.65	\$228,093.00	\$10,000.00	\$5,445,202.00

C. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2019 - June 30, 2020	\$2,900,125
July 1, 2020 - June 30, 2021	\$4,978,992
July 1, 2021 - June 30, 2022	\$5,445,202
TOTAL MAXIMUM LIABILITY	\$13,324,319

D. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.

- E. If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.
- F. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

VI. BILLING AND PAYMENT LIMITATIONS

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not

limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.
- B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.
- C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.
- D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation

shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.
- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.

- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may offset future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
 - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
 - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.
- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.
- D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
- E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that

CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.

- F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:
1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
 2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
 3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.'

X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.
- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.

- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

XI. AUTHORITY TO ACT FOR THE COUNTY

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term “Director” in all cases shall mean “Director or his/her designee.”

**SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2020-2021**

Program Name: Program 1: D'Arrigo Outpatient

AVATAR Program(s): Kinship Adoption FSP Seneca/27CW
Kinship Center Seneca FSP King City/DLCSOC

Unduplicated Number of Clients Served: 140

Address: 124 River Road, Salinas, CA 93908

		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
	Estimated Federal Funding Participation & EPSDT	\$ 1,753,033.00	\$ 1,586,524.50	\$ 1,586,524.50
	MHSA	\$ 169,152.00	\$ 176,280.50	\$ 176,280.50
	SBG funds			
Total Requested Monterey County Funds		\$ 1,922,185.00	\$ 1,762,805.00	\$ 1,762,805.00
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 1,922,185.00	\$ 1,762,805.00	\$ 1,762,805.00
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in				
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.				
		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
A. Mode Costs (Direct Services)				
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 1,097,698.00	\$ 1,007,674.00	\$ 1,007,674.00
2	Payroll taxes	\$ 285,400.00		\$ -
3	Employee benefits	\$ -	\$ 272,071.98	\$ 272,071.98
4	Workers Compensation	\$ -		\$ -
5	Severance Pay (if required by law, employer-employee agreement or established written policy or	\$ -		\$ -
6	Temporary Staffing	\$ -		\$ -
7	Flexible Client Spending (please provide supporting documents)	\$ 13,087.00	\$ 32,400.00	\$ 32,400.00
8	Travel (costs incurred to carry out the program)	\$ 38,180.00	\$ 34,300.00	\$ 34,300.00
9	Employee Travel and Conference	\$ 23,755.00	\$ 17,448.50	\$ 17,448.50
10	Communication Costs	\$ 20,315.00	\$ 12,992.00	\$ 12,992.00
11	Utilities	\$ 16,137.00	\$ 9,000.00	\$ 9,000.00
12	Cleaning and Janitorial	\$ -		\$ -
13	Maintenance and Repairs - Buildings	\$ 33,936.00	\$ 24,000.00	\$ 24,000.00
14	Maintenance and Repairs - Equipment	\$ 5,090.00	\$ 2,400.00	\$ 2,400.00
15	Printing and Publications	\$ -		\$ -
16	Memberships, Subscriptions and Dues	\$ 424.00	\$ 2,887.00	\$ 2,887.00
17	Office Supplies	\$ 10,423.00	\$ 6,000.00	\$ 6,000.00
18	Postage and Mailing	\$ 212.00	\$ 1,000.00	\$ 1,000.00
19	Medical Records	\$ -		\$ -
20	Data Processing	\$ -		\$ -
21	Rent and Leases - equipment	\$ 848.00	\$ 500.00	\$ 500.00
22	Rent and Leases - building and improvements (please identify the property address and method of	\$ 17,307.00	\$ 22,680.00	\$ 22,680.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)	\$ -	\$ 170.00	\$ 170.00
24	Interest in Other Long-term debts (please identify the property address and method of cost	\$ 28,252.00	\$ 12,000.00	\$ 12,000.00
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey	\$ 54,552.00	\$ 52,987.00	\$ 52,987.00
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single	\$ -		\$ -
27	Miscellaneous (please provide details)	\$ 12,514.00	\$ 17,323.00	\$ 17,323.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule	\$ 27,997.00	\$ 18,500.00	\$ 18,500.00
29	Total Mode Costs	\$ 1,686,127.00	\$ 1,546,333.48	\$ 1,546,333.48
B. Administrative Costs - the allocation base must reasonably reflect the level of service				
30	Salaries and Benefits			
31	Supplies			
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule			
34	Total Administrative Costs	\$ -		
35	TOTAL DIRECT COSTS	\$ 1,686,127.00	\$ 1,546,333.48	\$ 1,546,333.48
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable to				
		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
INDIRECT COSTS				
36	Equipment (purchase price of less than \$5000)	\$ -		
37	Rent and Leases - equipment	\$ -		
38	Rent and Leases - building and improvements	\$ 2,359.00	\$ 2,163.27	\$ 2,163.27
39	Taxes and assessments	\$ -	\$ -	\$ -
40	Insurance and Indemnity	\$ 9,443.00	\$ 8,659.48	\$ 8,659.48
41	Maintenance - equipment	\$ -	\$ -	\$ -
42	Maintenance - building and improvements	\$ 2,359.00	\$ 2,163.27	\$ 2,163.27
43	Utilities	\$ 2,359.00	\$ 2,163.27	\$ 2,163.27

	Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
44 Household Expenses	\$ -	\$ -	\$ -
45 Interest in Bonds	\$ -	\$ -	\$ -
46 Interest in Other Long-term debts	\$ 4,721.00	\$ 4,329.28	\$ 4,329.28
47 Other interest and finance charges	\$ 25,966.00	\$ 23,811.52	\$ 23,811.52
48 Contracts Administration	\$ 28,329.00	\$ 25,978.45	\$ 25,978.45
49 Legal and Accounting (when required for the administration of the County Programs)	\$ -	\$ -	\$ -
50 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single	\$ -	\$ -	\$ -
51 Data Processing	\$ -	\$ -	\$ -
52 Personnel Administration	\$ 139,275.00	\$ 127,718.91	\$ 127,718.91
53 Medical Records	\$ -	\$ -	\$ -
54 Other Professional and Specialized Services	\$ 21,247.00	\$ 19,484.07	\$ 19,484.07
55 Transportation and Travel	\$ -	\$ -	\$ -
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus	\$ -	\$ -	\$ -
57 Total Indirect Costs	\$ 236,058.00	\$ 216,471.52	\$ 216,471.52
63 Total Allowable Costs	\$ 1,922,185.00	\$ 1,762,805.00	\$ 1,762,805.00
COST REPORT INFORMATION:			
	Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
64 Land			
65 Buildings and Improvements			
66 Equipment (purchase price of \$5000 or more)			
67 Total			

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature	Date	Finance Director's Signature	Date
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Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Regional Executive Director	\$ 143,550	0.20	\$ 28,710
Program Director	\$ 125,510	0.40	\$ 50,204
Clinical Supervisor	\$ 85,000	0.08	\$ 6,375
Program Supervisor (Licensed)	\$ 85,000	0.80	\$ 68,000
Nurse	\$ 187,200	0.16	\$ 29,952
Lead Clinician	\$ 75,000	1.00	\$ 75,000
Clinician	\$ 72,000	7.00	\$ 504,000
Counselor	\$ 45,760	2.60	\$ 118,976
Health Information Specialist	\$ 45,646	1.00	\$ 45,646
Program Assistant	\$ 53,997	0.90	\$ 48,597
Senior Administrative Assistant	\$ 58,664	0.20	\$ 11,733
Clerical Support	\$ 83,200	0.10	\$ 8,320
Facilities Manager	\$ 75,000	0.12	\$ 8,661
Supplemental Overtime (Variable FTE)			\$ 3,500
Total Salaries and Wages		14.55	\$ 1,007,674

**SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-20**

Program Name: Program 2: Early Childhood Treatment
Unduplicated Number of Clients Served: 25

AVATAR Program(s): _____
Address: 124 River Road, Salinas, CA 93908

		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
	Estimated Federal Financial Participation & EPSDT	\$ 313,237.00	\$ 313,237.00	\$ 313,237.00
	MHSA	\$ 30,224.00	\$ 30,224.00	\$ 30,224.00
Total Requested Monterey County Funds		\$ 343,461.00	\$ 343,461.00	\$ 343,461.00
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 343,461.00	\$ 343,461.00	\$ 343,461.00
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in				
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.				
A. Mode Costs (Direct Services)		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 196,142.00	\$ 196,142.00	\$ 196,142.00
2	Payroll taxes	\$ 51,000.00	\$ 51,000.00	\$ 51,000.00
3	Employee benefits			
4	Workers Compensation			
5	Severance Pay (if required by law, employer-employee agreement or established written policy)			
6	Temporary Staffing			
7	Flexible Client Spending (please provide supporting documents)	\$ 2,338.00	\$ 2,338.00	\$ 2,338.00
8	Travel (costs incurred to carry out the program)	\$ 6,820.00	\$ 6,820.00	\$ 6,820.00
9	Employee Travel and Conference	\$ 4,245.00	\$ 4,245.00	\$ 4,245.00
10	Communication Costs	\$ 3,625.00	\$ 3,625.00	\$ 3,625.00
11	Utilities	\$ 2,883.00	\$ 2,883.00	\$ 2,883.00
12	Cleaning and Janitorial	\$ -	\$ -	\$ -
13	Maintenance and Repairs - Buildings	\$ 6,064.00	\$ 6,064.00	\$ 6,064.00
14	Maintenance and Repairs - Equipment	\$ 910.00	\$ 910.00	\$ 910.00
15	Printing and Publications	\$ -	\$ -	\$ -
16	Memberships, Subscriptions and Dues	\$ 76.00	\$ 76.00	\$ 76.00
17	Office Supplies	\$ 1,862.00	\$ 1,862.00	\$ 1,862.00
18	Postage and Mailing	\$ 38.00	\$ 38.00	\$ 38.00
19	Medical Records	\$ -	\$ -	\$ -
20	Data Processing	\$ -	\$ -	\$ -
21	Rent and Leases - equipment	\$ 152.00	\$ 152.00	\$ 152.00
22	Rent and Leases - building and improvements (please identify the property address and method)	\$ 3,093.00	\$ 3,093.00	\$ 3,093.00
23	Taxes and assessments (Please identify the property address and method of cost allocation)	\$ -	\$ -	\$ -
24	Interest in Other Long-term debts (please identify the property address and method of cost)	\$ 5,048.00	\$ 5,048.00	\$ 5,048.00
25	Other Professional and Consultant Services (allowable with prior specific approval from)	\$ 9,748.00	\$ 9,748.00	\$ 9,748.00
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the)	\$ -	\$ -	\$ -
27	Miscellaneous (please provide details)	\$ 2,236.00	\$ 2,236.00	\$ 2,236.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide)	\$ 5,003.00	\$ 5,003.00	\$ 5,003.00
29	Total Mode Costs	\$ 301,283.00	\$ 301,283.00	\$ 301,283.00
B. Administrative Costs - the allocation base must reasonably reflect the level of service				
30	Salaries and Benefits			
31	Supplies			
32	Others - please provide details. Expense must be authorized by the County and/or not			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide)			
34	Total Administrative Costs	\$ -	\$ -	\$ -
35	TOTAL DIRECT COSTS	\$ 301,283.00	\$ 301,283.00	\$ 301,283.00
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that are not readily assignable				
INDIRECT COSTS		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
36	Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$ -
37	Rent and Leases - equipment	\$ -	\$ -	\$ -
38	Rent and Leases - building and improvements	\$ 420.00	\$ 420.00	\$ 420.00
39	Taxes and assessments	\$ -	\$ -	\$ -
40	Insurance and Indemnity	\$ 1,687.00	\$ 1,687.00	\$ 1,687.00
41	Maintenance - equipment	\$ -	\$ -	\$ -
42	Maintenance - building and improvements	\$ 422.00	\$ 422.00	\$ 422.00
43	Utilities	\$ 422.00	\$ 422.00	\$ 422.00
44	Household Expenses	\$ -	\$ -	\$ -

		Budget FY 2019-20	Budget FY 2020-2021	Budget FY 2021-2022
45	Interest in Bonds	\$ -	\$ -	\$ -
46	Interest in Other Long-term debts	\$ 844.00	\$ 844.00	\$ 844.00
47	Other interest and finance charges	\$ 4,640.00	\$ 4,640.00	\$ 4,640.00
48	Contracts Administration	\$ 5,062.00	\$ 5,062.00	\$ 5,062.00
49	Legal and Accounting (when required for the administration of the County Programs)	\$ -	\$ -	\$ -
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the	\$ -	\$ -	\$ -
51	Data Processing	\$ -	\$ -	\$ -
52	Personnel Administration	\$ 24,885.00	\$ 24,885.00	\$ 24,885.00
53	Medical Records	\$ -	\$ -	\$ -
54	Other Professional and Specialized Services	\$ 3,796.00	\$ 3,796.00	\$ 3,796.00
55	Transportation and Travel	\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of	\$ -	\$ -	\$ -
57	Total Indirect Costs	\$ 42,178.00	\$ 42,178.00	\$ 42,178.00
63	Total Allowable Costs	\$ 343,461.00	\$ 343,461.00	\$ 343,461.00
COST REPORT INFORMATION:			Budget FY 2020-2021	Budget FY 2021-2022
64	Land			
65	Buildings and Improvements			
66	Equipment (purchase price of \$5000 or more)			
67	Total	0		

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of this program were spent in accordance with the Contract's program requirements, the Agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

Executive Director's Signature	Date	Finance Director's Signature	Date
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Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	FTE (Full Time Employee)	TOTAL
Regional Executive Director	\$ 127,333	0.06	\$ 7,640
Program Director	\$ 106,113	0.15	\$ 15,917
Clinical Supervisor	\$ 85,907	0.15	\$ 12,886
Nurse	\$ 169,967	0.03	\$ 5,099
Clinician	\$ 61,452	1.65	\$ 101,396
Counselor	\$ 43,113	0.39	\$ 16,814
Health Information Specialist	\$ 44,427	0.30	\$ 13,328
Program Assistant	\$ 42,040	0.15	\$ 6,306
Senior Administrative Assistant	\$ 48,567	0.06	\$ 2,914

SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2019-2022 (May 1, 2020 - June 30, 2022)

Program Name: Program 6: Wraparound **AVATAR Prog** Kinship Wraparound/87CSOCW
Unduplicated Number of Clients Served: 34 **Address:** 124 River Road, Salinas, CA 93908

		Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
	Estimated Federal Fund Participation & EPSDT	\$ 166,666.67	\$ 1,000,000.00	\$ 1,000,000.00
	SBG funds		\$ 10,000.00	\$ 10,000.00
	MHSA			
Total Requested Monterey County Funds		\$ 166,666.67	\$ 1,010,000.00	\$ 1,010,000.00
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ 166,666.67	\$ 1,010,000.00	\$ 1,010,000.00
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in				
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final				
	A. Mode Costs (Direct Services)	Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 97,720.38	\$ 586,117.90	\$ 586,117.90
2	Payroll taxes	\$ 7,329.03	\$ 43,958.84	\$ 43,958.84
3	Employee benefits	\$ 18,078.27	\$ 108,431.81	\$ 108,431.81
4	Workers Compensation			
5	Severance Pay (if required by law, employer-employee agreement or established			
6	Temporary Staffing			
7	Flexible Client Spending (please provide supporting documents)			
8	Travel (costs incurred to carry out the program)	\$ 4,485.00	\$ 26,910.00	\$ 26,910.00
9	Employee Travel and Conference	\$ 1,192.50	\$ 7,155.00	\$ 7,155.00
10	Communication Costs	\$ 1,192.50	\$ 7,155.00	\$ 7,155.00
11	Utilities	\$ 912.45	\$ 5,474.70	\$ 5,474.70
12	Cleaning and Janitorial			
13	Maintenance and Repairs - Buildings	\$ 1,000.00	\$ 6,000.00	\$ 6,000.00
14	Maintenance and Repairs - Equipment	\$ 120.00	\$ 720.00	\$ 720.00
15	Printing and Publications			
16	Memberships, Subscriptions and Dues	\$ 83.33	\$ 500.00	\$ 500.00
17	Office Supplies	\$ 400.00	\$ 2,400.00	\$ 2,400.00
18	Postage and Mailing			
19	Medical Records			
20	Data Processing			
21	Rent and Leases - equipment			
22	Rent and Leases - building and improvements (please identify the property	\$ 3,649.80	\$ 21,898.80	\$ 21,898.80
23	Taxes and assessments (Please identify the property address and method of cost			
24	Interest in Other Long-term debts (please identify the property address and			
25	Other Professional and Consultant Services (allowable with prior specific	\$ 3,440.00	\$ 20,640.00	\$ 20,640.00
26	Audit Costs and Related Services (Audits required by and conducted in			
27	Miscellaneous (please provide details): expendable equipment, staff recruitment,	\$ 7,341.25	\$ 44,047.50	\$ 44,047.50
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and	\$ 640.00	\$ 3,840.00	\$ 3,840.00
29	Total Mode Costs	\$ 147,584.51	\$ 885,249.55	\$ 885,249.55
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity and there must be a direct causal relationship between the allocation based used and the service provided.				
30	Salaries and Benefits			
31	Supplies			
32	Others - please provide details. Expense must be authorized by the County			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and			
34	Total Administrative Costs	\$ -	\$ -	\$ -
35	TOTAL DIRECT COSTS	\$ 147,584.51	\$ 885,249.55	\$ 885,249.55
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost				
	INDIRECT COSTS	Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
36	Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$ -
37	Rent and Leases - equipment	\$ -	\$ -	\$ -
38	Rent and Leases - building and improvements	\$ 190.02	\$ 1,242.24	\$ 1,242.24
39	Taxes and assessments	\$ -	\$ -	\$ -
40	Insurance and Indemnity	\$ 763.25	\$ 4,989.66	\$ 4,989.66
41	Maintenance - equipment	\$ -	\$ -	\$ -
42	Maintenance - building and improvements	\$ 190.92	\$ 1,248.16	\$ 1,248.16
43	Utilities	\$ 190.92	\$ 1,248.16	\$ 1,248.16
44	Household Expenses	\$ -	\$ -	\$ -

Exhibit H-4

45	Interest in Bonds	\$ -	\$ -	\$ -
46	Interest in Other Long-term debts	\$ 381.85	\$ 2,496.31	\$ 2,496.31
47	Other interest and finance charges	\$ 2,099.26	\$ 13,723.79	\$ 13,723.79
48	Contracts Administration	\$ 2,290.19	\$ 14,971.95	\$ 14,971.95
49	Legal and Accounting (when required for the administration of the County)	\$ -	\$ -	\$ -
50	Audit Costs and Related Services (Audits required by and conducted in	\$ -	\$ -	\$ -
51	Data Processing	\$ -	\$ -	\$ -
52	Personnel Administration	\$ 11,258.66	\$ 73,602.70	\$ 73,602.70
53	Medical Records	\$ -	\$ -	\$ -
54	Other Professional and Specialized Services	\$ 1,717.42	\$ 11,227.48	\$ 11,227.48
55	Transportation and Travel	\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and	\$ -	\$ -	\$ -
57	Total Indirect Costs	\$ 19,082.49	\$ 124,750.45	\$ 124,750.45
63	Total Allowable Costs	\$ 166,667.00	\$ 1,010,000.00	\$ 1,010,000.00
COST REPORT INFORMATION:			Budget	Budget
			FY 2020-21	FY 2021-22
64	Land			
65	Buildings and Improvements			
66	Equipment (purchase price of \$5000 or more)			
67	Total	0		

reported are traceable to (Contractor's Name) accounting records, and that all Monterey County funds received for the purposes of

Executive Director's Signature _____ Date _____ Finance Director's Signature _____ Date _____

Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	FTE (Full Time Employee)	FY19/20		FY20/21		FY21/22	
		Annual Salary/Wage	ANNUAL TOTAL	Annual Salary/Wage	ANNUAL TOTAL	Annual Salary/Wage	ANNUAL TOTAL
Regional Executive Director	0.10	\$ 176,400	\$ 2,940.00	\$ 176,400	\$ 17,640.00	\$ 176,400	\$ 17,640.00
Program Director	0.00	\$ 104,738	\$ -	\$ 104,738	\$ -	\$ 104,738	\$ -
Clinical Supervisor	1.000	\$ 93,713	\$ 15,618.75	\$ 93,713	\$ 93,712.50	\$ 93,713	\$ 93,712.50
Care Coordinator	1.60	\$ 71,663	\$ 19,110.00	\$ 71,663	\$ 114,455.60	\$ 71,663	\$ 114,455.60
Bilingual Care Coordinator	2.00	\$ 78,829	\$ 26,276.25	\$ 78,829	\$ 157,657.50	\$ 78,829	\$ 157,657.50
Support Counselor	2.00	\$ 51,597	\$ 17,199.00	\$ 51,597	\$ 103,194.00	\$ 51,597	\$ 103,194.00
Bilingual Support Counselor	1.00	\$ 56,757	\$ 9,459.45	\$ 56,757	\$ 56,756.70	\$ 56,757	\$ 56,756.70
Family Partner	0.000	\$ 51,597	\$ -	\$ 51,597	\$ -	\$ 51,597	\$ -
Bilingual Family Partner	0.00	\$ 56,757	\$ -	\$ 56,757	\$ -	\$ 56,757	\$ -
Permanency Specialist	0.00	\$ 51,597	\$ -	\$ 51,597	\$ -	\$ 51,597	\$ -
Senior Administrative Assistant	0.10	\$ 51,597	\$ 859.95	\$ 51,597	\$ 5,159.70	\$ 51,597	\$ 5,159.70
Program Assistant	0.00	\$ 51,597	\$ -	\$ 51,597	\$ -	\$ 51,597	\$ -
Health Information Specialist	0.20	\$ 51,597	\$ 1,719.90	\$ 51,597	\$ 10,319.40	\$ 51,597	\$ 10,319.40
Facility Manager	0.05	\$ 88,200	\$ 735.00	\$ 88,200	\$ 4,410.00	\$ 88,200	\$ 4,410.00
Administrator On-Call	0.00		\$ -		\$ -		\$ -
Supplemental Overtime Allowance (Crisis Response)	Variable FTE	Variable FTE	\$ 3,802.08	Variable FTE	\$ 22,812.50		\$ 22,812.50
Total Salaries and Wages	8.05		\$ 97,720.38		\$ 586,117.90		\$ 586,117.90

EXHIBIT H-4

SENECA FAMILY OF AGENCIES DBA KINSHIP CENTER
BUDGET AND EXPENDITURE REPORT
For Monterey County - Behavioral Health
Fiscal Year 2020-2021 (March 8, 2021 - June 30, 2022)

Program Name: Program 7: Mental Health Enhanced Foster CareAVATAR
Program(s): TBDUnduplicated Number of Clients Served: 10Address: 124 River Road, Salinas, CA 93908

		Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
A. PROGRAM REVENUES				
Monterey County Funds (Monterey County's Use):				
Provisional Rates				
	Estimated Federal Fund Participation & EPSDT		\$ 559,252.00	\$ 740,781.00
	MHSA			
Total Requested Monterey County Funds		\$ -	\$ 559,252.00	\$ 740,781.00
Other Program Revenues				
TOTAL PROGRAM REVENUES (equals Allowable Costs)		\$ -	\$ 559,252.00	\$ 740,781.00
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with				
I. Direct Cost Centers - a direct cost, as defined in OMB A-87, is a cost that can be identified specifically with a particular final cost objective.				
A. Mode Costs (Direct Services)		Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)		\$ 281,250.00	\$ 359,888.00
2	Payroll taxes			
3	Employee benefits		\$ 75,937.50	\$ 97,169.76
4	Workers Compensation			
5	Severance Pay (if required by law, employer-employee agreement or established written			
6	Temporary Staffing			
7	Flexible Client Spending (please provide supporting documents)		\$ 3,294.00	\$ 3,294.00
8	Travel (costs incurred to carry out the program)		\$ 10,634.00	\$ 10,634.00
9	Employee Travel and Conference		\$ 2,510.00	\$ 2,510.00
10	Communication Costs		\$ 4,326.00	\$ 4,326.00
11	Utilities		\$ 7,963.00	\$ 7,963.00
12	Cleaning and Janitorial			
13	Maintenance and Repairs - Buildings		\$ 2,400.00	\$ 2,400.00
14	Maintenance and Repairs - Equipment		\$ 2,958.00	\$ 2,958.00
15	Printing and Publications			
16	Memberships, Subscriptions and Dues			
17	Office Supplies		\$ 1,650.00	\$ 1,650.00
18	Postage and Mailing			
19	Medical Records			
20	Data Processing			
21	Rent and Leases - equipment			
22	Rent and Leases - building and improvements (please identify the property address and			
23	Taxes and assessments (Please identify the property address and method of cost allocation)			
24	Interest in Other Long-term debts (please identify the property address and method of cost		\$ 2,750.00	\$ 2,750.00
25	Other Professional and Consultant Services (allowable with prior specific approval from		\$ 43,607.00	\$ 43,607.00
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the			
27	Miscellaneous (please provide details)		\$ 38,012.00	\$ 97,412.00
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide		\$ 13,240.00	\$ 13,240.00
29	Total Mode Costs	\$ -	\$ 490,531.50	\$ 649,801.76
B. Administrative Costs - the allocation base must reasonably reflect the level of service received by the County from the program/activity				
30	Salaries and Benefits			
31	Supplies			
32	Others - please provide details. Expense must be authorized by the County and/or not			
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide			
34	Total Administrative Costs	\$ -	\$ -	\$ -
35	TOTAL DIRECT COSTS	\$ -	\$ 490,531.50	\$ 649,801.76
II Indirect Cost Centers - include all costs that are incurred for a common or joint purpose benefitting more than one final cost objective, that				
INDIRECT COSTS		Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
36	Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$ -
37	Rent and Leases - equipment	\$ -	\$ -	\$ -
38	Rent and Leases - building and improvements			\$ -
39	Taxes and assessments		\$ 684.30	\$ 905.95
40	Insurance and Indemnity		\$ -	\$ -
41	Maintenance - equipment		\$ 2,748.62	\$ 3,638.91

EXHIBIT H-4

		Budget FY 2019-20	Budget FY 2020-21	Budget FY 2021-22
42	Maintenance - building and improvements		\$ -	\$ -
43	Utilities		\$ 687.56	\$ 910.27
44	Household Expenses		\$ 687.56	\$ 910.27
45	Interest in Bonds		\$ -	\$ -
46	Interest in Other Long-term debts		\$ -	\$ -
47	Other interest and finance charges		\$ 1,375.13	\$ 1,820.53
48	Contracts Administration		\$ 7,559.94	\$ 10,008.62
49	Legal and Accounting (when required for the administration of the County Programs)		\$ 8,247.50	\$ 10,918.89
50	Audit Costs and Related Services (Audits required by and conducted in accordance with the		\$ -	\$ -
51	Data Processing		\$ -	\$ -
52	Personnel Administration		\$ -	\$ -
53	Medical Records		\$ 40,545.06	\$ 53,677.71
54	Other Professional and Specialized Services		\$ -	\$ -
55	Transportation and Travel		\$ 6,184.81	\$ 8,188.09
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of		\$ -	\$ -
57	Total Indirect costs	\$ -	\$ 68,720.50	\$ 90,979.24
63	Total Allowable Costs	\$ -	\$ 559,252.00	\$ 740,781.00
COST REPORT INFORMATION:			Budget FY 2020-21	Budget FY 2021-22
64	Land			
65	Buildings and Improvements			
66	Equipment (purchase price of \$5000 or more)			
67	Total	0		

We hereby certify to the best of our knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are

Executive Director's Signature	Date	Finance Director's Signature	Date
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Supplemental Schedule of Salaries and Wages - Mode Cost (Direct Services)

TITLE OF POSITION	Annual Salary/Wage	(Full Time Empl)	FY21 Total	FTE	FY22 Total
Regional Executive Director	\$ 145,000	0.05	\$ 7,250	0.075	\$ 10,875
Director	\$ 105,000	0.20	\$ 21,000	0.25	\$ 26,250
Program Supervisor	\$ 95,000	0.35	\$ 33,416	0.40	\$ 38,190
TFC Clinician	\$ 70,300	0.20	\$ 14,060	0.60	\$ 42,414
Clinician	\$ 72,930	1.00	\$ 72,930	1.00	\$ 72,930
Support Counselor	\$ 47,840	1.00	\$ 47,840	1.00	\$ 47,840
Resource Family Recruiter & Retention Specialist	\$ 47,840				\$ -
Senior Administrative Assistant	\$ 52,624	0.05	\$ 2,631	0.075	\$ 3,947
Program Assistant	\$ 47,840	0.25	\$ 11,960	0.25	\$ 11,960
Health Information Specialist	\$ 47,840	0.25	\$ 11,960	0.25	\$ 11,960
Facilities Manager (variable FTE)			\$ 3,553		\$ 4,693
Administrator On Call (variable FTE)			\$ 19,250		\$ 28,500
Supplemental Overtime/Crisis Response (variable FTE)			\$ 35,400		\$ 60,329
					\$ -
Total Salaries and Wages			\$ 281,250		\$ 359,888