

**AMENDMENT NO. 1
TO MENTAL HEALTH SERVICES AGREEMENT A-13918
BETWEEN COUNTY OF MONTEREY AND
ASPIRANET**

THIS AMENDMENT NO. 1 is made to MENTAL HEALTH SERVICES AGREEMENT A-13918 by and between the **County of Monterey**, a political subdivision of the State of California, (hereinafter referred to as "COUNTY") and **ASPIRANET**, (hereinafter referred to as "CONTRACTOR").

WHEREAS, the COUNTY and CONTRACTOR entered into MENTAL HEALTH SERVICES AGREEMENT A-13918 in the amount of \$2,059,485 for the term of July 1, 2018 to June 30, 2021 for the provision of Therapeutic Behavioral Health Services ("TBS") and Home Alternatives to Residential Treatment ("HART"); and

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to increase units of service to the TBS program for Fiscal Year 2019-20 and increase units of service to the HART program for Fiscal Years 2018-19 and 2019-20.

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

1. EXHIBIT A-1: PROGRAM DESCRIPTION replaces EXHIBIT A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-1.
2. EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS replaces EXHIBIT B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-1.
3. EXHIBIT G-1: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBIT G. All references in the AGREEMENT shall be construed to refer to EXHIBIT G-1.
4. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
5. This AMENDMENT No.1 shall be effective June 15, 2019.
6. A copy of this AMENDMENT NO. 1 shall be attached to the original AGREEMENT executed by the COUNTY on April 24, 2018.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT NO. 1 to AGREEMENT A-13918 as of the day and year written below.

COUNTY OF MONTEREY

By: [Signature]
Contracts/Purchasing Officer

Date: 6/6/19

By: [Signature]
Department Head (if applicable)

Date: 06/07/2019

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: [Signature]
County Counsel

Date: 6/5/19

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: 6-5-19

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

ASPIRANET

By: _____
Contractor's Business Name*

By: [Signature]
(Signature of Chair, President, or Vice-President) *

KARI A. STURGEON - REEVES,
Name and Title BOARD PRESIDENT

Date: 05/24/19

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

JOHN KATH-BERKLEY CFO
Name and Title

Date: 5/29/2019

*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 A-1:
PROGRAM DESCRIPTION**

PROGRAM I: THERAPEUTIC BEHAVIORAL SERVICES (TBS)

I. IDENTIFICATION OF PROVIDER

Aspiranet
1127 Baldwin St., #A
Salinas, CA 93906
(831) 442-0249 phone
(831) 444-9636 fax

II. PROGRAM NARRATIVE

CONTRACTOR will provide Therapeutic Behavioral Services (TBS) to Monterey County children who are eligible for Medi-Cal and meet criteria for medical necessity. These services are available to children with difficult behaviors who require one-to-one assistance and who may be at risk of psychiatric hospitalization. TBS is an intensive one-to-one, face-to-face, short term outpatient treatment intervention for beneficiaries under age 21 with serious emotional disturbances (SED) who are experiencing a stressful transition or life crisis and need additional short-term specific support services. CONTRACTOR must have appropriate licensed, trained and sufficient staff available to dedicate exclusively to TBS services. TBS must be provided under the direction of a licensed practitioner of the healing arts (physicians, psychologists, licensed clinical social workers, marriage and family therapists, and registered nurses with a master's degree).

TBS must be needed to prevent out of home placement or placement into a locked psychiatric facility for the treatment of mental health needs, or to enable a transition from any of those levels to a lower level of residential care.

TBS is not a “stand alone” service, and is intended to supplement other specialty mental health services by addressing the target behavior(s) or symptom(s) that are jeopardizing the child/youth's current living situation or planned transition to a lower level of placement.

Eligible children or youth are eligible to receive these services if they have an included diagnosis, their condition would not be responsive to physical healthcare based treatment, and the service will correct or ameliorate the diagnosed mental illness.

III. PROGRAM GOALS

Provide the child/youth with skills to effectively manage the behavior(s) or symptom(s) that is the barrier to achieving or maintaining residence in the lowest appropriate level.

IV. OBJECTIVES

- A. Reduce child/youth's impulsive behaviors
- B. Reduce child/youth's inappropriate responses to stressful situations

- C. Teach child/youth pro-social skills and community competencies
- D. Provide parents/caregivers skills and strategies to provide continuity of care when services are discontinued

V. TREATMENT SERVICES

A. **Mode of Service:** Outpatient Services

B. **Contracted units of service by service type:** Examples of such service include Mental Health Services-Therapeutic Behavioral Services (TBS).

Avatar Program Name/Code: Aspiranet TBS/CICSOC

Service Type	Mode of Service	Service Function Code	FY 2018-19 Est. Units	FY 2019-20 Est. Units	FY 2020-21 Est. Units
Mental Health Services - TBS	15	58	148,082 minutes	167,239 minutes	148,082 minutes

- C. **Delivery Site:** To be determined by the needs of the family and child. Examples being: Family home or community setting
- D. **Hours of Operation:** To be determined by the needs of the family and child and may include nights and weekends. By assignment/referral.
- E. **Two (2) important components of delivering TBS include:**
 - 1. Making collateral contacts with family members, caregivers, mental health providers, and other significant people in the life of the child/youth; and
 - 2. Developing a functional assessment and treatment plan clearly identifying specific target behaviors to be addressed and the interventions that will be used to address the target behaviors.
- F. **TBS services cannot be provided solely:**
 - 1. For the convenience of the family or other caregivers, physician, or teacher;
 - 2. To provide supervision or to assure compliance with terms and conditions of probation;
 - 3. To ensure the child/youth’s physical safety or the safety of others, e.g. suicide watch; or
 - 4. To address conditions that are not part of the child/youth’s mental health condition.
- G. **Furthermore, TBS services are not for:**
 - 1. Children/youth who can sustain non-impulsive self-directed behavior, handle themselves appropriately in social situations with peers, and who are able to appropriately handle transitions during the day;
 - 2. Children/youth who will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision; or

3. Children/youth who are currently admitted in an inpatient psychiatric hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program or Juvenile Hall.

H. Service Charge Entry, Admission and Discharges:

The contractor will be responsible for entering into the AVATAR system, within 72 hours of occurrence, Client System Information (CSI) Admission and Discharges and entering services provided.

I. Supervision of TBS Staff:

CONTRACTOR shall designate a licensed Clinical Supervisor to provide ongoing individual weekly clinical supervision for licensed eligible clinical staff registered with the Board of Behavioral Science providing TBS services to ensure that support, guidance and consultation is available as needed. CONTRACTOR will also designate a supervisor to provide ongoing weekly supervision for all other non-clinical program staff providing TBS service. Responsibility for the conduct of TBS staff shall remain solely with CONTRACTOR.

VI. POPULATION/CATCHMENT AREA TO BE SERVED

Monterey County youth under the age of 21 who have full scope Medi-Cal and who are authorized for services by the Behavioral Health TBS Case Manager.

VII. FINANCIAL ELIGIBILITY

All eligible full-scope Medi-Cal Monterey County Residents who have been authorized and referred by the Behavioral Health TBS Case Manager. The TBS Case manager will ensure full scope Medi-Cal has been established and verified prior to the referral. Full scope Medi-Cal eligibility will be determined by Medi-Cal aid code as defined in Title XXI of the Social Security Act and the State Department of Mental Health latest Aid Codes Master Chart. The Chart can be found at the following web URL:

<http://www.dmh.ca.gov/medccc/library.asp>

The contractor must monitor referrals and verify Medi-Cal eligibility for each client referred by checking on the website: <https://www.medi-cal.ca.gov/Eligibility/Login.asp>. Any discrepancies of Medi-Cal eligibility must be communicated immediately to the Contract Monitor and resolved. Services provided to non Medi-Cal eligible children will not be reimbursed to contractor unless the Deputy Director of Behavioral Health has approved for these services in writing.

VIII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION

All services need authorization and coordination with ongoing mental health services. Authorization will be provided by the Monterey County Behavioral Health Bureau, Children's Case Management Supervisor, Children's Behavioral Health Services Manager or Deputy Director. All service plans must be signed by the Mental Health treatment coordinator, TBS provider working with Behavioral Health Coordinator and the youth's parent or guardian. Each authorization will define service limitations.

Procedure for TBS Referral and Authorization

1. Clinicians, Social Workers, Probations Officers, etc. will complete and submit a TBS referral form to the Monterey County Behavioral Health (MCBH) TBS Case Manager. The TBS Case Manager will review and submit the authorized referral form to CONTRACTOR. While providing services, CONTRACTOR will conduct an initial assessment and develop a treatment plan within 30 days of authorization (**Refer to Exhibit J**).
2. The initial entry and admission into the System, CSI Admission, will be done by the CONTRACTOR using the AVATAR system. If initial admission was done already, an update to the CSI data will be required.
3. One week prior to the end of each subsequent 60-day period CONTRACTOR will submit an updated treatment plan signed by client, parent, TBS provider, and client's clinician along with a Reauthorization Request.
4. Upon discharge, CONTRACTOR shall complete a TBS Discharge Service Summary and submit to the MCBH TBS Case Manager within one week. This discharge will be entered into the Electronic Medi-Cal Records within 72 hours of discharge by CONTRACTOR using the AVATAR system. All Client Service Information (CSI) data will be entered at this time.
5. On the 15th of every month, CONTRACTOR will submit progress notes to MCBH TBS Case Manager for the preceding month of service. MCBH TBS Case Manager will scan progress notes and all other service documentation from CONTRACTOR into the client record in Avatar.

**All reporting requirements are based upon current standards that are subject to change due to Monterey County Behavioral Health's use of the Electronic Medical Records System. CONTRACTOR shall be notified should a change occur.

Reauthorization of Services:

CONTRACTOR may request from the designated MCBH TBS Case Manager a reauthorization of services for any enrolled client who is in need of additional services. CONTRACTOR will submit a TBS Request for Reauthorization along with a treatment plan to designated MCBH TBS Case Manager for review and approval for extension of services. For clients who are reauthorized, the CONTRACTOR will discharge the client upon expiration of the re-authorization period.

IX. CLIENT DESCRIPTION/CHARACTERISTICS

Full scope Medi-Cal recipients under 21 years of age who meet MONTEREY COUNTY Mental Health Plan medical necessity criteria, are receiving other specialty mental health services, and who are members of the certified class by meeting one of the following criteria:

- A. Is at risk of admission to a hospital for acute psychiatric inpatient hospital services or to a psychiatric health facility for acute care, or

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- B. Has undergone at least one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months, or
- C. Is being considered by the COUNTY for out of home placement and/or placement into a locked treatment facility, or
- D. Previously received therapeutic behavioral services while a member of the certified class.

X. REPORTING REQUIREMENTS

Monterey County is a Level II Mental Health Provider (MHP); therefore, CONTRACTOR will follow all applicable reporting requirements and regulations as outlined by the State Department of Mental Health Guidelines. The latest TBS documentation requirements are posted at the following website:

http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp

The CONTRACTOR is expected to always be in compliance with the reporting manual requirements on this website.

XI. MEETINGS/COMMUNICATIONS

The Contract Monitor shall convene a quarterly meeting which will include appropriate CONTRACTOR and COUNTY representation. The purpose of these meetings shall be to oversee implementation of the contract; discuss contract issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications as needed and agreed upon by both the CONTRACTOR and the COUNTY.

XII. LEGAL STATUS

Voluntary

XIII. COVERAGE

Therapeutic Behavioral Health Services (TBS)

XIV. DESIGNATED CONTRACT MONITOR

Kacey Rodenbush, LMFT
Behavioral Health Services Manager II
Children's Behavioral Health, Services to Education
299 12th Street Suite A
Marina, CA 93933
(831) 647-7711

PROGRAM II: HOME ALTERNATIVE TO RESIDENTIAL TREATMENT (HART)

I. IDENTIFICATION OF PROVIDER

Aspiranet
1127 Baldwin St., #A
Salinas, CA 93906
(831) 442-0249
(831) 444-9636

II. PROGRAM NARRATIVE

CONTRACTOR will provide Intensive Therapeutic Behavioral Services, referred to as Home Alternative to Residential Treatment (HART) services, to Monterey County children who are receiving Special Education services through their Individual Education Plan (IEP) and have been identified by their IEP teams as being “at imminent risk of residential treatment.” HART services provide highly individualized, Intensive Care Coordination and one-to-one behavioral intervention that address the social emotional needs presenting barriers to academic success. CONTRACTOR must have appropriate licensed, trained and sufficient staff available and HART services must be provided under the direction of a licensed practitioner of the healing arts (physicians, psychologists, licensed clinical social workers, marriage and family therapists, and registered nurses with a master’s degree).

HART must be needed to reduce risk of residential treatment and must be approved by the client’s IEP team prior to a referral being made to CONTRACTOR.

III. PROGRAM GOALS

Increase child’s ability to function in his/her school setting so that he/she can benefit from his/her educational placement and remain living at home.

IV. PROGRAM OBJECTIVES

- A. To provide children and their families a service alternative to residential treatment through the provision of intensive services.
- B. To stabilize the child’s behaviors of concern that are causing functional impairment and preventing him or her from being successful in his/her academic placement.
- C. To provide services that are individualized to build on the strengths of each eligible child and are tailored to address their unique and changing needs.
- D. To develop all plans through the IEP Team.

V. TREATMENT SERVICES

- A. Mode of Service: Outpatient Services
- B. Contracted units of service by type:

Avatar Program Name/Code: Aspiranet HART/CICSOCHART

Service Type	Mode of Service	Service Function Code	FY 2018-19 Est. Units	FY 2019-20 Est. Units	FY 2020-21 Est. Units
Case Management: Intensive Case Coordination 26.5	15	01	116,858 minutes	126,437 minutes	114,942 minutes
Crisis Intervention: Psychotherapy for Crisis 26.5	15	70			
Mental Health Services: Intensive Homebased Service 26.5	15	30			
Mental Health Services: Assessment 26.5	15	30			
Mental Health Services: Plan Development 26.5	15	30			

VI. POPULATION/CATCHMENT AREA TO BE SERVED

MCBH will be the only source of referral for HART clients. All clients will have an IEP and must be authorized to receive HART services by the client's IEP team.

VII. ELIGIBILITY CRITERIA

Clients being considered for the HART program should meet the following criteria:

- A. Demonstrating behaviors that are causing functional impairment and placing the client at *imminent risk* of residential treatment
- B. Receiving Special Education services through an IEP
- C. Open to MCBH services

In addition, HART can be considered appropriate for clients in need of intensive supportive services to assist with transition back home from a residential care setting.

VIII. LIMITATION OF SERVICES/PRIOR AUTHORIZATION

All services require authorization from the client's IEP team and are to be coordinated with ongoing MCBH services. HART referrals from MCBH must be made and authorized prior to service delivery of HART services by CONTRACTOR.

IX. PROCEDURE FOR HART REFERRAL AND AUTHORIZATION FOR SERVICES

- A. When it appears that a client with an IEP is exhibiting behavior that places him or her at imminent risk of residential placement and may be in need of more intensive services than he or she is currently receiving, the MCBH HART Case Manager will attend an IEP meeting to discuss consideration of adding HART services to the client's IEP.

- B. If, at the IEP meeting, it is determined by the IEP team, that all other interventions have proven to be ineffective in stabilizing the client's behaviors, the IEP team will add HART services to the IEP. This documentation must be clearly indicated on IEP 12 from in the Notes/Additional Information section and include, in writing, that the HART Program Service is being added to the IEP because the client is **"at imminent risk of residential treatment"**. The HART Case Manager will work with the client's IEP team to develop an IEP goal that will address the social emotional needs of the client and decide on the number of service hours that will be provided by the CONTRACTOR where indicated.
- C. Once HART services have been added to the client's IEP and a referral to the HART CONTRACTOR has been approved, the MCBH HART Case Manager will prepare a HART referral packet to include the HART Referral Form, a signed Authorization for the Release and Exchange of Confidential Information form, the client's most recent Psychosocial Assessment, a current Treatment Plan, and a copy of the IEP documenting the number of contracted service hours that have been approved by the client's IEP team. No services will be implemented without documented approval from the client's District of Residence and the client's parent or Legal Guardian, either through an addendum or subsequent IEP Team Meeting.

X. SERVICE DELIVERY AND DOCUMENTATION

- A. **Delivery Site:** HART services will be provided in the child's home, school or community settings where she/he is experiencing functional impairment.
- B. **Hours of Operation:** To be determined by the needs of the child and family and may include nights and weekends. By assignment/referral.
- C. **Service Type:**
 - 1. Behavioral intervention, coaching, and intervention focused on decreasing frequency, intensity, and duration of behavior placing the child at risk of residential treatment.
 - 2. Collateral contacts with family members, caregivers and other significant people in the child's life.
 - 3. Intensive case management/ linkage and brokerage to low cost/no cost community resources that will assist in stabilizing the child's behaviors of concern and reduce risk of out of home placement. Case management services will also include ongoing consultation with the child's MCBH therapist, MCBH HART Case Manager, IEP Case Carriers, and other school staff directly involved with the child's educational placement.
- D. **Service Documentation:**
 - 1. Upon receipt of the HART referral packet, the CONTRACTOR will conduct an initial assessment and develop a service plan within 30 days from referral. The service plan must be based on the IEP goal and findings from the initial assessment and address behaviors that are school-related and preventing the client from being successful in his/her academic placement.
 - 2. All service plans must be approved and signed by the MCBH HART Case Manager, the client (if 12 years or older), the client's parent or Legal Guardian,

and HART provider working directly with the client and the master's level practitioner providing clinical oversight to the contracted services.

3. The CONTRACTOR will submit service plan updates every 60 days following the initial 30-day assessment period to the HART Case Manager to include the aforementioned signatures required on the initial service plan.
4. On the 15th of every month following the opening of a HART episode, CONTRACTOR will submit progress notes to MCBH HART Case Manager for the preceding month of service. MCBH HART Case Manager or designee will scan progress notes and all other service documentation from CONTRACTOR into the client record in Avatar.

E. Service Delivery:

1. The CONTRACTOR will provide services as outlined on the service plan and conduct monthly Coordination of Services meetings with the child and family focused on reviewing and monitoring progress with HART services.
2. The CONTRACTOR will coordinate with the MCBH HART Case Manager to identify a meeting time that will accommodate schedules with all parties involved. In the event that the MCBH HART Case Manager is not able to attend the scheduled meeting, the CONTRACTOR will contact the MCBH HART Case Manager following the meeting to provide an update on client progress following the meeting.
3. When IEP meetings are scheduled for HART clients, the MCBH HART Case Manager will notify the CONTRACTOR to request updates so that reports on client progress can be made and any adjustments to service hours can be proposed for IEP team consideration.
4. When the CONTRACTOR and MCBH HART Case Manager have determined that the client has maintained progress and his or her behaviors of concern have stabilized, the MCBH HART Case Manager will request an IEP meeting to propose the dismissal of HART services from the client's IEP or discuss an appropriate fade out plan approved by the IEP team.
5. When the IEP team has decided that HART services are no longer necessary and the services have been dismissed from the IEP, the CONTRACTOR will provide the MCBH HART Case Manager with a Discharge Summary within 10 days of the IEP meeting when HART services were dismissed.

F. Supervision of HART Staff:

CONTRACTOR shall designate a licensed Clinical Supervisor to provide ongoing individual weekly clinical supervision for licensed eligible clinical staff registered with the Board of Behavioral Science providing TBS services to ensure that support, guidance and consultation is available as needed. CONTRACTOR will also designate a supervisor to provide ongoing weekly supervision for all other non-clinical program staff providing HART service. Responsibility for the conduct of HART staff shall remain solely with CONTRACTOR.

XI. MEETINGS/COMMUNICATIONS

The Contract Monitor shall convene a quarterly meeting or as frequently necessary which will include appropriate CONTRACTOR and MCBH representation. The purpose of these meetings shall be to oversee implementation of the contract specifically; discuss contract issues; service provision issues; evaluate contract usage and effectiveness; and make recommendations for contract modifications as needed and agreed upon by both the CONTRACTOR and MCBH.

XII. LEGAL STATUS

Voluntary

XIII. PROGRAM REPORTING REQUIREMENTS

CONTRACTOR will submit monthly invoices to HART Contract Monitor, and a monthly report outlining services and number of hours provided to each client eligible for HART services.

XIV. DESIGNATED CONTRACT MONITOR

Kacey Rodenbush, LMFT
Behavioral Health Services Manager II
Children's Behavioral Health, Services to Education
299 12th Street Suite A
Marina, CA 93933
(831) 647-7651

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**EXHIBIT B-1:
PAYMENT AND BILLING PROVISIONS**

I. PAYMENT TYPE

Cost Reimbursed (CR) up to maximum contract amount.

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 RATES

CONTRACTOR shall be reimbursed negotiated rates, or the actual cost of providing the service, whichever is less and be subject to all the cost reporting provisions as set forth in this Exhibit B.

The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$2,144,485** for services rendered under this Agreement.

Program I: Therapeutic Behavioral Services (TBS)

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2018-19
Mental Health Services - TBS	15	58	\$2.61	148,082	\$386,495

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2019-20
Mental Health Services - TBS	15	58	\$2.61	167,239	\$436,495

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2020-21
Mental Health Services - TBS	15	58	\$2.61	148,082	\$386,495

Program II: Home Alternatives to Residential Treatment (HART)

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2018-19
Case Management: Intensive Case Coordination 26.5	15	01	\$2.02	116,858	\$305,000
Crisis Intervention: Psychotherapy for Crisis 26.5	15	70	\$3.88		
Mental Health Services: Intensive Homebased Service 26.5	15	30	\$2.61		
Mental Health Services: Assessment 26.5	15	30	\$2.61		
Mental Health Services: Plan Development 26.5	15	30	\$2.61		

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2019-20
Case Management: Intensive Case Coordination 26.5	15	01	\$2.02	126,437	\$330,000
Crisis Intervention: Psychotherapy for Crisis 26.5	15	70	\$3.88		
Mental Health Services: Intensive Homebased Service 26.5	15	30	\$2.61		
Mental Health Services: Assessment 26.5	15	30	\$2.61		
Mental Health Services: Plan Development 26.5	15	30	\$2.61		

Service Type	Mode of Service	Service Function Code	Rate per Unit	Est. Units	Total Maximum Amount FY 2020-21
Case Management: Intensive Case Coordination 26.5	15	01	\$2.02	114,942	\$300,000
Crisis Intervention: Psychotherapy for Crisis 26.5	15	70	\$3.88		
Mental Health Services: Intensive Homebased Service 26.5	15	30	\$2.61		
Mental Health Services: Assessment 26.5	15	30	\$2.61		
Mental Health Services: Plan Development 26.5	15	30	\$2.61		

PROGRAM SUMMARY

Service	FY 2018-19	FY 2019-20	FY 2020-21	Total Program Summary
Program I: TBS	\$386,495	\$436,495	\$386,495	\$1,209,485
Program II: HART	\$305,000	\$330,000	\$300,000	\$935,000

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 negotiated rate, 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 COUNTY negotiated rate shall be used until COUNTY establishes the COUNTY’S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable negotiated rates. In no case shall payments to CONTRACTOR exceed negotiated rate. In addition to the negotiated rate 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 as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this Agreement, along with backup documentation, 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 \$2,144,485 for services rendered under this Agreement.
- B. County Funding Source: The County retains the right to adjust the funding sources as may be required during the term of this Agreement.

Fiscal Year	MH Federal Financial Participation (FFP)	2011 Realignment- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Special Education Local Plan Area (SELPA)	Total Amount per FY
FY 2018-19	\$251,222	\$135,273	\$305,000	\$691,495
FY 2019-20	\$283,722	\$152,773	\$330,000	\$766,495
FY 2020-21	\$251,222	\$135,273	\$300,000	\$686,495

Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2018 - June 30, 2019	\$691,495
July 1, 2019 - June 30, 2020	\$766,495
July 1, 2020 - June 30, 2021	\$686,495
TOTAL MAXIMUM LIABILITY	\$2,144,485

- C. 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.
- D. 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.
- E. 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.
- C. 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 off set 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.”

Behavioral Health Cost Reimbursement Invoice

Contractor : Aspiranet - TBS Program	Invoice Number :
Address Line 1 1127 Baldwin St., #A	County PO No.:
Address Line 2 Salinas, CA 93906	Invoice Period :
Tel. No.: 531-442-0249	Final Invoice : <input type="checkbox"/> (Check if Yes)
Fax No.:	
Contract Term: July 1, 2018 - June 30, 2021	

BH Bureau : Mental Health										BH Control Number						
Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 20	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 20 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Mental Health Services	15	--	--	2.61	167,239				--	167,239	100.0%	\$ 436,494	--		\$ 436,494	100.0%
Collateral	15	10	311	2.61	--				--	--	--	--			--	--
Assessment/Evaluation	15	30	331	2.61	--				--	--	--	--			--	--
Individual Counseling	15	40	341	2.61	--				--	--	--	--			--	--
Group Counseling	15	50	351	2.61	--				--	--	--	--			--	--
Rehabilitation	15	45	381	2.61	--				--	--	--	--			--	--
Plan Development	15	45	391	2.61	--				--	--	--	--			--	--
TOTALS					167,239				--	167,239	--	\$ 436,493			\$ 436,493	100.0%

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____	Date: _____
Title: Director of Finance	Telephone: _____
Send to: Behavioral Health Claims Section	Behavioral Health Authorization for Payment
MHDBHFinance@co.monterey.ca.us	Authorized Signatory _____
	Date _____

Behavioral Health Cost Reimbursement Invoice

Contractor : Aspiranet - HART Program
Address Line 1 1127 Baldwin St., #A
Address Line 2 Salinas, CA 93906
Tel. No.: 531-442-0249
Fax No.:
Contract Term: July 1, 2018 - June 30, 2021

Invoice Number : _____
County PO No.: _____
Invoice Period : _____

Final Invoice : (Check if Yes)

BH Bureau : Mental Health

BH Control Number

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 19	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total FY 19 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Intensive Case Coordination 26.5	15	01	202	2.02	--				--	--	--	--				--
Psychotherapy for Crisis 26.5	15	70	222	3.88	--				--	--	--	--				--
Mental Health Services	15	--	--	2.61	--				--	--	--	--				--
Assessment 26.5	15	30	332	2.61	--				--	--	--	--				--
Plan Development 26.5	15	30	392	2.61	--				--	--	--	--				--
Intensive Homebased Service 26.5	15	30	272	2.30	--				--	--	--	--				--
TOTALS					116,868							\$ 305,000			\$ 305,000	100.0%

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Title: Director of Finance

Date: _____ Telephone: _____

Send to: Behavioral Health Claims Section
 MCHDBHFinance@comonterey.ca.us

Behavioral Health Authorization for Payment
 Authorized Signatory _____ Date _____