

**AMENDMENT NO. 6  
TO MENTAL HEALTH SERVICES AGREEMENT A-12779  
BETWEEN COUNTY OF MONTEREY AND  
DOOR TO HOPE**

**THIS AMENDMENT** is made to the AGREEMENT A-12779 for mental health services by and between **DOOR TO HOPE**, hereinafter “CONTRACTOR”, and the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as “COUNTY.”

**WHEREAS**, the COUNTY entered into MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR in the amount of \$13,042,045 for the term of July 1, 2015 to June 30, 2018 for outpatient and residential mental health services;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 1 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR revising EXHIBITS A, B, G, and H for Fiscal Year 2015-16 through Fiscal Year 2017-18;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR revising EXHIBITS A, B, and G for Fiscal Year 2017-18;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 3 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 4 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR, extending the term of the Agreement for one (1) additional fiscal year and revising EXHIBITS A, B, G and H for Fiscal Year 2019-2020;

**WHEREAS**, the COUNTY entered into AMENDMENT No. 5 to MENTAL HEALTH SERVICES AGREEMENT A-12779 with CONTRACTOR, revising EXHIBITS A, B, G and H for Fiscal Year 2019-2020;

**WHEREAS**, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term for one additional fiscal year; and revise the following: EXHIBIT A: PROGRAM DESCRIPTION; EXHIBIT B: PAYMENT AND BILLING PROVISIONS; EXHIBIT G: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE; and EXHIBIT H: BUDGET AND EXPENDITURE REPORT.

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

1. Section IV, TERM AND TERMINATION, Subsection A. shall be amended by removing “*This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2020*” and replacing it with “*This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2021.*”
2. EXHIBIT A-6: PROGRAM DESCRIPTION replaces EXHIBITS A-5, A-4, A-3, A-2, A-1, and A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-6. This EXHIBIT A-6 adds the total estimated Units of Service to be provided in each of the programs in Fiscal Year 2020-21.
3. EXHIBIT B-6: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B-5, B-4, B-3, B-2, B-1, and B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-6. This EXHIBIT B-6 adds the total estimated Units of Service and cost reimbursements to be provided in all programs and increases the total Agreement maximum amount for the term July 1, 2015 through June 30, 2021 by \$2,300,000 for Fiscal Year 2020-21 for a new total Agreement amount of \$ 21,896,561.
3. EXHIBIT G-6: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBITS G-5, G-4, G-3, G-2, G-1, and G. All references in the Agreement to EXHIBIT G shall be construed to refer to EXHIBIT G-6. This EXHIBIT G-6 reflects the modifications as referenced above in all programs.
4. EXHIBIT H-5: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-4, H-3, H-2, H-1, and H. All references in the Agreement to EXHIBIT H shall be construed to refer to EXHIBIT H-5. This EXHIBIT H-5 reflects the modifications as referenced above in all programs.
5. 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.
6. This Amendment No. 4 shall be effective July 1, 2020.
7. A copy of this AMENDMENT No. 6 shall be attached to the original AGREEMENT executed by the COUNTY on July 9, 2015.

*The remainder of this page is intentionally left blank.*

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 6 to Agreement A-12779 as of the day and year written below.

**COUNTY OF MONTEREY**

**CONTRACTOR**

By: \_\_\_\_\_  
Contracts/Purchasing Officer

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Department Head

Date: \_\_\_\_\_

Approved as to Form <sup>1</sup> DocuSigned by:  
By: Marina Pantchenko  
County Counsel  
Date: 6/9/2020 | 1:20 PM PDT

Approved as to Fiscal Provisions<sup>2</sup>

By: Burcu Mousa  
Auditor-Controller  
Date: 6/16/2020 | 11:19 AM PDT

Approved as to Liability Provisions<sup>3</sup>

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

DOOR TO HOPE  
Contractor's Business Name\*

By: Chris Shannon  
(Signature of Chair, President, or  
Executive Director Vice-President)\*

Name and Title

Date: 6/5/2020 | 10:49 AM PDT

By: Denise Felix  
(Signature of Secretary, Asst.  
Secretary, CFO, Treasurer or Asst.  
Treasurer)\*

Denise Felix, CFO

Name and Title

Date: 6/5/2020 | 11:47 AM PDT

\*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.

<sup>1</sup> Approval by County Counsel is required.

<sup>2</sup> Approval by Auditor-Controller is required

<sup>3</sup> Approval by Risk Management is necessary only if changes are made in Sections XI or XII.

**EXHIBIT A-6:  
PROGRAM 1 DESCRIPTION**

---

**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan Street  
Salinas, CA 93901  
831-758-0181

**II. PROGRAM NARRATIVE: INTEGRATED CO-OCCURRING TREATMENT**

Door to Hope will provide Mental Health Services to eligible youth ages 12 to 17 and to eligible young adults ages 18 to 25 who require outpatient services. The primary focus of the program will be to identify, assess, and treat youth and young adults who have both substance abuse and mental health disorders and who are involved or at risk for involvement in the juvenile justice system and criminal justice system, respectively. Such interventions will stabilize crises, reduce mental health symptomology and substance abuse, improve youth and family functioning, and reduce the possibility of future residential care, hospitalization, and/or incarceration.

Door to Hope will provide outpatient mental health services to eligible youth and young adults and their families. Mental health services refer to those individual, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and family functioning. Service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy.

ICT is built upon the following foundation:

- home-based service delivery,
- integrated mental health and substance abuse services,
- stage-wise treatment,
- motivational interviewing,
- harm reduction approach, and
- focus on resiliency.

ICT will provide age-specific treatment tracts, separating youth age 12 – 17 years and young adults age 18 – 25 years.

**III. PROGRAM GOALS**

The Integrated Co-occurring Treatment (“ICT”) Program goals of services are:

1. Provide mental health services to eligible youth, young adults and their families;
2. Improve the youth’s and young adult’s overall functioning;
3. Reduce acute mental health and substance abuse symptoms;
4. Improve family functioning; and
5. Reduce need for residential care.

#### **IV. PROGRAM OBJECTIVES**

- A. CONTRACTOR shall provide outpatient Mental Health Services mental health interventions integrated with alcohol and drug treatment programs using evidence-based practices for 100 youth and young adults and their families annually using the “FSP” model.
1. Utilize a holistic approach that is youth centered and family focused.
  2. Services will be provided at a location and time that is convenient for the individual/family to the extent possible, and consistent with organizational capacity. CONTRACTOR will provide and/or arrange for transportation as needed for client and family engagement in treatment.
  3. Services will be provided in the beneficiary’s preferred language. Friends or family members will not be expected to translate.
  4. Clinical staff assignments will be consistent with the needs of the individual/family and will provide an opportunity for the beneficiary to have a choice of therapist.
  5. Services will be provided in clinically appropriate treatment modalities as authorized and directed by COUNTY and provided in a timely and consistent manner.
  6. Treat adolescents and young adults with serious substance abuse problems in addition to their mental health issues.
  7. Coordinate services in partnership with Behavioral Health and with other County Agencies including Department of Social Services, Juvenile Probation Department, Monterey County Office of Education, and individual Monterey County School Districts and campuses to insure youth continue to attain education credits while involved in treatment.
  8. Services shall be consistent with the initial and updated treatment plans. Beneficiaries’ progress in treatment will be re-evaluated and additional services may be authorized based upon documented medical necessity and the Utilization Review process.
- B. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge.
- C. CONTRACTOR shall increase parent/caregiver awareness and skills to support youth’s mental health and substance use treatment as measured by the utilization of the CANS.
1. Provide collateral parenting sessions to help caregivers understand the unique needs of youth who have been exposed to trauma and are struggling with both mental health and substance abuse conditions to develop successful interventions to support these youth.
  2. Parents will be referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health and substance abuse intervention.
- D. CONTRACTOR shall support Monterey County Behavioral Health (MCBH) with increasing racial and regional health equity in Monterey County. The achievement in

health equity occurs when the demographics of clients served by MCBH, along with the value of services provided, match the demographics of the Medi-Cal beneficiary population.

1. Racial Equity Goal - Reach target level of Latino engagement of 75% or above.
2. Geographic Equity Goal - Reach target level of South County engagement of 20% or above.

**V. OUTCOME OBJECTIVES**

- A. 90% of clients will discharge with their treatment goals met or partially met.
  - Data Source: Avatar Electronic Health Record (EHR)
- B. Clients will demonstrate improved use of strength and positive coping skills. Youth and young adults served will not commit crimes and/or re-offend while engaged in the program
  - Data Source: CANS
- C. Reduce the level of functional impairment of youth.
  - Data Source: CANS, Avatar EHR
- D. Reduce the volume and level of youth substance use and abuse.
  - Data Source: CANS and Administering an evidence based SUD pre- and post-tests

**VI. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service

ICT PROGRAM	MODE	SFC	FY 2015-16 EST. UNITS	FY 2016-17 EST. UNITS	FY 2017-18 EST. UNITS	FY 2018-19 EST. UNITS	FY 2019-20 EST. UNITS	FY 2020-21 EST. UNITS
Case Management	15	01	108,333	57,000	57,000	62,115	75,000	28,774
Mental Health Services	15	10, 30,40, 45, 50	189,813	210,513	210,513	212,287	201,917	207,059

2. **Service Delivery Sites:**  
 Door to Hope  
 150 Cayuga Street, Suite 3  
 Salinas, CA 93901

Services will be provided at Door to Hope’s offices in Salinas and will also be available in the youth’s natural environment, including the home, the youth’s school, and other community sites. As a result of Monterey County’s Shelter In Place Order during the COVID-19 pandemic, telehealth services may also be provided.

3. **Hours of Operation:**

The ICT Program will be available to clients 24/7. Scheduled services will be made available, whenever possible, at the convenience of the adolescent and his/her family.

**VII. POPULATION/FINANCIAL ELIGIBILITY**

All eligible Monterey County residents and youth ages 12 to 25 who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The 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 Director of Behavioral Health has approved for these services in writing.

**VIII. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

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

**IX. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

All services will require prior authorization by Monterey County Health Department, Behavioral Health Bureau (BHB). Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

**X. CLIENT DESCRIPTION/CHARACTERISTICS**

Populations served are adolescents, ages 12 to 17 and young adults ages 18 to 25 who meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):

- A. Diagnostic Criteria: The focus of the service should be directed to functional impairments related to an Included Diagnosis.
- B. Impairment Criteria: The client must have at least one of the following as a result of the mental disorder(s) identified in the Diagnostic Criteria (A):
  - 1. A significant impairment in an important area of life functioning, or
  - 2. A probability of significant deterioration in an important area of life functioning, or

3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.
- C. Intervention Related Criteria: Must have all 3:
1. The focus of the proposed intervention is to address the condition identified in impairment criteria (B) above, and
  2. It is expected the proposed intervention will benefit the consumer by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated).
  3. The condition would not be responsive to physical healthcare-based treatment.
  4. Have a significant co-occurring moderate to severe substance abuse disorder, of either abuse (meets DSM V criteria) or dependence that necessitates intervention.

**XI. LEGAL STATUS**

Voluntary or juvenile dependents and wards.

**XII. REPORTING REQUIREMENTS**

CONTRACTOR shall:

- A. Submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.
- B. Collect and report the data on each client enrolled in FSP Services for programs designated as FSP and funded with Mental Health Services Act (MHSA) Community Services & Supports.
- C. Report on each Outcome Objective in Section V.

**XIII. MEETING/COMMUNICATIONS**

Contractor will meet regularly with the designated Children's BHB Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to BHB according to the requirements as set forth by the State Department of Health Care Services (DHCS). BHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the BHB.

**XIV. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children's Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

**EXHIBIT A-6 continued:  
PROGRAM 2 DESCRIPTION**

---

**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan Street  
Salinas, CA 93901  
831 758-0181

**II. PROGRAM NARRATIVE: MONTEREY COUNTY SCREENING TEAM FOR ASSESSMENT, REFERRAL, AND TREATMENT (“MCSTART”)**

Door to Hope will provide case management and mental health rehabilitation services to eligible infants and children. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral disorders caused by prenatal alcohol/drug exposure and/or early childhood trauma. Such interventions will improve the child’s development, improve the child’s health, promote school readiness, improve family functioning, and reduce the possibility of future residential care, out-of-the-home placement, and/or hospitalization.

MCSTART will provide outpatient mental health services to eligible children and their families. Mental health services refer to those individual, dyadic, family, or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of development, learning, enhanced self-regulation and family functioning. Mental health service activities may include, but are not limited to assessment, plan development, therapy, case management and linkage, rehabilitation, and other collateral therapy. Note: prior to January 2018, medication support services were also included in this program.

**III. PROGRAM GOALS**

- A. Improve the child’s overall functioning, support the child’s parent/caregiver, improve the family’s well-being, and address specific attachment relationship and mental health issues that impact the life of the child and his or her family.
- B. Reduce parental and/or familial stress with the parent skills development in evidence informed reflective parenting.
- C. Support and empower the child’s parent(s)/caregiver(s) by providing knowledge, skills, and strategies to provide effective parental support, including knowledge, skills, and strategies related to the experience of loss and trauma, to in turn improve the child’s mental health functioning.

**IV. PROGRAM OBJECTIVES**

- A. CONTRACTOR shall provide outpatient Mental Health Services to a minimum of 200 children ages 0-5 years and up to 50 children ages 6-11 years of age.
  - 1. Utilize a holistic approach that is child centered and family focused.
  - 2. Services will be provided at a location and time that is convenient for the individual/family to the extent possible, and consistent with organizational capacity.

3. Services will be provided in the beneficiary's preferred language. Friends or family members will not be expected to translate.
  4. Clinical staff assignments will be consistent with the needs of the individual/family and will provide an opportunity for the beneficiary to have a choice of therapist.
  5. Services shall be provided in clinically appropriate treatment modalities as authorized and directed by COUNTY and provided in a timely and consistent manner.
  6. Address issues specific to foster care, relative families, adoption, and permanence for both the child/youth, and the family to improve the client's mental health functioning.
  7. Coordinate services with other County Agencies including Department of Social Services and Monterey County Office of Education.
  8. Services shall be consistent with the initial and updated treatment plans. Beneficiaries' progress in treatment will be re-evaluated and additional services may be authorized based upon documented medical necessity and the Utilization Review process.
- B. CONTRACTOR shall complete the Child and Adolescent Needs and Strengths (CANS) for children/youth ages 6 through 20, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge.
- C. CONTRACTOR shall increase parent/caregiver awareness and skills to support children's mental health development as measured by the utilization of the CANS and The Parent Stress Index (or comparable standardized parenting assessment outcome tool to be decided in coordination with the COUNTY).
1. Provide collateral parenting sessions to help caregivers understand the unique needs of children who have been exposed to trauma and multiple transitions and to develop successful interventions to support these children.
  2. Parents will be referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention.
- D. CONTRACTOR shall support Monterey County Behavioral Health (MCBH) with increasing racial and regional health equity in Monterey County. The achievement in health equity occurs when the demographics of clients served by MCBH, along with the value of services provided, match the demographics of the Medi-Cal beneficiary population.
1. Racial Equity Goal - Reach target level of Latino engagement of 75% or above.
  2. Geographic Equity Goal - Reach target level of South County engagement of 20% or above.

## **V. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible clients ages 0 through 5 years.

MCSTART PROGRAM 0 - 5	MODE	SFC	FY 2015-16 EST. UNITS	FY 2016-17 EST. UNITS	FY 2017-18 EST. UNITS	FY 2018-19 EST. UNITS	FY 2019-20 EST. UNITS	FY 2020-21 EST. UNITS
Case Management	15	01	336,020	85,320	85,320	100,441	120,815	46,151
Mental Health Services	15	10, 30, 40, 45, 50	120,518	360,766	360,766	380,205	267,900	160,491
Medication Support Services*	15	60	92,716	34,570	12,000	none	none	

2. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service for Medi-Cal eligible clients ages 6 through 11 years.

MCSTART PROGRAM 6 - 11	MODE	SFC	FY 2015-16 EST. UNITS	FY 2016-17 EST. UNITS	FY 2017-18 EST. UNITS	FY 2018-19 EST. UNITS	FY 2019-20 EST. UNITS	FY 2020-21 EST. UNITS
Case Management	15	01	35,808	40,300	40,300	190,307	54,000	51,937
Mental Health Services	15	10, 30, 40, 45, 50	158,450	196,924	196,924	30,617	134,237	73,414
Medication Support Services*	15	60	19,045	21,600	8,000	none	none	none

**\*NOTE: Effective January 2018, Medication Support Services are no longer eligible for reimbursement for this program.**

3. **Delivery Site**  
 Door to Hope  
 MCSTART Clinic  
 130 Church Street  
 Salinas, CA 93901

Services will be provided at the MCSTART Clinic in Salinas and will also be available in the child's natural environment, including the home and/or the child's school or daycare. As a result of Monterey County's Shelter In Place Order during the COVID-19 pandemic, telehealth services may also be provided.

4. **Hours of Operation**  
 The MCSTART Clinic will operate five (5) days per week, Monday – Friday from 8:00 AM – 6:00 PM. Home visitation services will be made available, whenever possible, at the convenience of the child and his/her family and will be available by appointment in the evenings and weekends.

## VI. POPULATION/ FINANCIAL ELIGIBILITY

All eligible Monterey County residents, children and youth who have full-scope Medi-Cal and who have been authorized and referred by the MCBH Case Manager. The 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 Director of Behavioral Health has approved for these services in writing.

**VII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

All services will require prior authorization by Monterey County Health Department Behavioral Health Bureau. Additionally, all services provided must meet medical necessity and be in accordance with a current treatment plan.

**VIII. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

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

**IX. CLIENT DESCRIPTION/CHARACTERISTICS**

Populations served are children or youth who meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):

- A. Diagnostic Criteria:
  - 1. The focus of the service should be directed to functional impairments related to an Included Diagnosis.
  - 2. Diagnosis of children birth to five will be made using DC: 0-5 and the crosswalk to the DSM and/or ICD.
  
- B. Impairment Criteria: The client must have at least one of the following as a result of the mental disorder(s) identified in the Diagnostic Criteria (A):
  - 1. A significant impairment in an important area of life functioning, or
  - 2. A probability of significant deterioration in an important area of life functioning, or
  - 3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.
  
- C. Intervention Related Criteria: The Client must have all three:
  - 1. The focus of the proposed intervention is to address the condition identified in impairment criteria (B) above, and

2. It is expected the proposed intervention will benefit the consumer by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated), and
3. The condition would not be responsive to physical healthcare-based treatment.

**X. LEGAL STATUS**

Voluntary or juvenile dependents and wards.

**XI. REPORTING REQUIREMENTS**

CONTRACTOR shall:

- Submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month.
- Collect and report the data on each parent’s progress as measured by the Parenting Stress Index no later than the last day of the following service month.
- Report on each Outcome Objective in Section IV.

**XII. MEETING/COMMUNICATIONS**

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to MCBHB according to the requirements as set forth by the State Department of Health Care Services (DHCS). MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the MCBHB.

**XIII. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

*(the remainder of this page is intentionally left blank)*

**EXHIBIT A-6, continued:  
PROGRAM 3 DESCRIPTION**

---

**I. IDENTIFICATION OF PROVIDER**

Door to Hope  
130 W. Gabilan St.  
Salinas, CA 93901  
831-758-0181

**II. PROGRAM NARRATIVE: SANTA LUCIA SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP)**

CONTRACTOR is licensed by the California State Department of Social Services as a Short-Term Residential Therapeutic Program (STRTP) and maintains Medi-Cal certification to provide an integrated program of specialized and intensive care, services and supports, specialty mental health services, and 24-hour supervision on a short-term basis for female youth ages 13-17 with complex and severe needs. The STRTP is intended for children whose behavioral and therapeutic needs are not able to be met in a home-based family setting, even with the provision of supportive services, and who require the level of supervision and clinical interventions provided by a STRTP.

Children and youth requiring STRTP care need a multi-faceted approach of care. It is expected that services will be provided within the context and implementation of the Integrated Core Practice Model (ICPM) as outlined in the Katie A. Settlement. The ICPM is a comprehensive model for serving children and youth in need. The ICPM Guide publication in the Medi-Cal Manual available through the Department of Health Care Services defines the ICPM as “a set of practices and principles that promotes a set of values shared by all who seek to support children, youth, and families involved in child-serving agencies including, but not limited to, the child welfare system, special education, probation, drug and alcohol, and other health and human services agencies or legal systems with which the child or youth is involved.

**III. PROGRAM GOALS**

The Santa Lucia STRTP goals of services are:

- A. Provide trauma-informed therapeutic interventions and integrated programming designed to treat and ameliorate the behavioral health symptoms and improve functioning.
- B. Provide a range of services, of varying intensity, tailored to the individual needs of the child, which can be adjusted during her stay in the program as they are meeting goals and improving functioning.
- C. Provide mental health interventions so that children and adolescents may move to less restrictive/intensive treatment settings.
- D. Child/youth develops effective problem-solving and coping skills to resolve behavioral and emotional problems, improving relationships, and overall functioning.
- E. Enhance the psychosocial health and development of the child within the context of the client’s families, peer group, and community.

#### **IV. PROGRAM OBJECTIVES**

- A. CONTRACTOR shall provide residential and specialty mental health services to eligible Monterey County youth.
1. Client meets the STRTP Placement Criteria pursuant to WIC sections 4096 and 11462.01.
  2. Treatment will be available to every client according to their specific needs and prescribed in a manner consistent with their treatment plans. Psychotropic medication will be made available through psychiatric consultation and routinely monitored.
  3. Services will be strength-based, individualized, and will consider each client's age and appropriate developmental needs, maturational level, culture, language, family values and structure, educational functioning level, and physical health.
  4. Service provision meets medical necessity criteria (Title 9, California Code of Regulations (CCR), Ch. 11, Sections 1830.205 and 1830.210) as indicated in the Case Plan to meet individual goal.
  5. Services shall be appropriate for the needs of youth involved in the Child Welfare and/or Juvenile Justice systems; trauma exposed; the Lesbian, Gay, Bisexual, Trans-gender, Queer and/or Questioning (LGBTQ); and Special Education communities.
- B. CONTRACTOR will receive referrals only through the COUNTY Inter-Agency Placement Committee (IPC), Individual Education Plan (IEP), or Court Order. All referrals for services will be assessed for eligibility according to the following criteria:
1. Evidence of symptoms of mental health problem which meet the criteria for DSM 5 or the 10<sup>th</sup> revision of the international Statistical Classification of Disease and Related Health Problems (ICD-10) diagnosis as an included diagnosis in Title 9, CCR, Ch. 11, Section 1830.205.
  2. Evidence of impaired functioning in one or more of the areas of self-care, danger to harm self, behavior towards others, family functioning, school performance, moods/emotions, substance use, and/or cultural adjustment.
  3. Contractor shall maintain the ability for an annual residential capacity of **18** young women and their families.
- C. CONTRACTOR shall maintain staffing requirements as follows:
1. Staff meet the minimum licensing requirements as set forth in CCR Title 9, Title 19, Title 22 and Medi-Cal regulations.
  2. Psychiatric services will be available to support clients ages 6-18 and the ability to provide treatment to clients with co-occurring disorders as part of the service continuum.
  3. Staff shall be appropriately trained and meet the qualifications of the Licensed Practitioner of the Healing Arts (LPHA) as well as meet discipline specific licensure requirements. The CONTRACTOR's facilities shall be up to date with all relevant State and local building and safety requirements.
  4. Ongoing clinical supervision will be provided to practitioners involved in direct service to clients.

5. Services shall be culturally and linguistically appropriate for the target population. At a minimum, services shall be made available in the two (2) threshold languages (English and Spanish).
- D. CONTRACTOR shall coordinate care planning efforts with other child-serving agencies and institutions involved in delivering services to the child and family to ensure comprehensive and consistent care.
- E. CONTRACTOR shall utilize the Child and Adolescent Needs and Strengths (CANS) assessment tool
1. The CONTRACTOR will adhere to the Monterey County Behavioral Health CANS/ANSA/PSC-35 policy: [http://qi.mtyhd.org/wp-content/uploads/2018/10/CANS\\_ANSA\\_PSC35.pdf](http://qi.mtyhd.org/wp-content/uploads/2018/10/CANS_ANSA_PSC35.pdf)
  2. CANS will be administered as appropriate to clients to support decision making and treatment planning, facilitate quality improvement, and monitor the outcomes of services.
  3. CONTRACTOR is responsible for training, certifying, and annually recertifying their staff on the CANS Comprehensive 50. In addition, if the CONTRACTOR provides services to children ages 0-5, the CONTRACTOR is responsible for training, certifying, and annually re-certifying their staff on the CANS: Early Childhood.
  4. CONTRACTOR shall maintain staff as CANS Trainers to ensure sustainability and that CANS principles and philosophy are integrated into clinical practice.
  5. CONTRACTOR will establish an online account with Praed Foundation to access online CANS trainings and certification, by first quarter of the AGREEMENT.
- F. CONTRACTOR shall use the Child and Family Team (CFT) process to identify team members, client needs and services, and set goals toward transitioning back to lower level of care.
1. A CFT is a highly facilitated process and it is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child and family members.
  2. After January 1, 2017, a child or youth is required to have a CFT within the first sixty (60) days of entering into the child welfare or probation foster care placement. As defined in Welfare and Institutions Code (WIC), Section 16501, a CFT is also required for those children and youth residing in a group home or STRTP placement with an existing Case Plan. Best practice dictates that meetings should occur as soon as possible for purposes, including but not limited to, case planning, placement determination, emancipation planning and/or safety planning. The CONTRACTOR providing mental health services to children in the child welfare or probation system may participate in the CFT.
  3. CONTRACTOR shall provide client progress for the CFT to determine appropriate or ongoing placement, if necessary.
  4. The CONTRACTOR will make CANS data available for the CFT in conformity with all applicable laws.

- G. The CONTRACTOR shall follow guidelines when the client is transitioning to a new program or lower level placement.
1. Coordinate with the new provider to assure understanding of client’s strengths, needs, supports, and goals.
  2. Provide copies of Care Plan, Narrative Summary, and Assessment information to the new provider.
  3. Provide notification to COUNTY of any hospitalization.

**V. OUTCOME OBJECTIVES**

- A. Reduce the level of functional impairment of child or youth
- Data Source: CANS Data and Ohio Scales Data
- B. Reduce hospitalizations
- Data Source: CONTRACTOR’s AVATAR Electronic Health Record (EHR) to report the number of clients in placement who have been hospitalized.
- C. Reduce the volume and level of youth substance use and abuse. Youth and young adults served will not commit crimes and/or re-offend while engaged in the program.
- Data Source: CANS and Administration of an evidence based SUD pre and post-tests, as measured by negative toxicology screens and a 10 point or more drop on the problem severity scale of the Ohio Scales taken at the time of admission and at 3-month intervals during the treatment episode.
- D. Timely return to lower level of care
- Data Source: CONTRACTOR’s AVATAR EHR to report length of stay and successful program completion and graduation with at least 80% of admissions.

**VI. TREATMENT SERVICES**

1. Modes of Service, Service Function Codes (SFC) and Contracted Units of Service:

SANTA LUCIA PROGRAM	MODE	SFC	FY 2015-16 EST. UNITS	FY 2016-17 EST. UNITS	FY 2017-18 EST. UNITS	FY 2018-19 EST. UNITS	FY 2019-20 EST. UNITS	FY 2020-21 EST. UNITS
Case Management	15	01	34,199	23,378	23,378	24,229	33,000	53,479
Mental Health Services	15	10, 30, 40, 45, 50	129,778	167,258	167,258	153,585	146,789	194,312
Medication Support	15	60	n/a	n/a	n/a	n/a	n/a	5,400

2. **Service Delivery Site:**  
Santa Lucia Program  
1929 Oxford Court  
Salinas, CA 93906
3. **Hours of Operation:**  
The Santa Lucia Program operates 24 hours a day, 7 days a week.

**VII. TARGET POPULATION/FINANCIAL ELIGIBILITY**

All eligible Monterey County adolescent female youth age 13-17 who have full-scope Medi-Cal and who have been authorized and referred through the County IPC, or any youth placed through the IEP process by the MCBH Case Manager. The 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 Director of Behavioral Health has approved for these services in writing.

**VIII. SERVICE CHARGE ENTRY, ADMISSION AND DISCHARGES**

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

**IX. LIMITATION OF SERVICE / PRIOR AUTHORIZATION**

- A. Referrals of Admission. Regular referrals of admission to this program will be initiated exclusively by screening and approval by an Interagency Placement Committee (IPC). Admission to the program will involve youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR.
- B. Emergency Placement Admission. CONTRACTOR may admit children and youth into the program under emergency placement determination by placing Agency. CONTRACTOR shall provide comprehensive mental health assessments for Medi-Cal to determine if they meet medical necessity for SMHS and to determine if the individual meets criteria for STRTP placement within 72 hours of placement. CONTRACTOR shall notify County of placement and request IPC review and

approval. County will notify CONTRACTOR of placement determination. If the IPC determines at any time that the placement, including an emergency placement, is not appropriate, it shall transmit the disapproval in writing to the CONTRACTOR.

- C. Presumptive Transfer Admission. CONTRACTOR must ensure that all Presumptive Transfer documentation has been received by County for out of county Medi-Cal beneficiaries prior to placement in the STRTP. CONTRACTOR shall ensure that IPC approval for STRTP level of care has been obtained for Presumptive Transfer youth. CONTRACTOR will provide copy of approval to County. CONTRACTOR shall provide covered SMHS in accordance with requirements of Assembly Bill 1299 (AB1299)/Presumptive Transfer. The CONTRACTOR will implement a tracking system to ensure compliance with regulations and use the tracking system to report this information monthly, as well as in the mid and year end reports.
- D. Service Authorization. Mental Health services including Therapeutic Behavioral Services, require prior authorization. Medication Support, beyond two visits per month, requires prior authorization. The contracted duration of treatment is limited to one year; any extension requires consultation with the MCBH Case Manager and approval of the Contract Monitor.

**X. CLIENT DESCRIPTION/CHARACTERISTICS**

The population served are adolescent females, ages 13 to 17 years of age, with one or all the following, and are unsuccessful in stabilizing at a lower level of care:

- a. Severe acting out episodes
- b. History of self-destructive behavior
- c. Catastrophic reactions to everyday occurrences and/or
- d. History of inpatient hospitalization

Individuals served meet the following criteria for medical necessity (diagnostic, impairment, and intervention related):

- 1. Diagnostic Criteria: The focus of the service should be directed to functional impairments related to an Included Diagnosis.
- 2. Impairment Criteria: The client must have at least one of the following as a result of the mental disorder(s) identified in the Diagnostic Criteria (A):
  - a. A significant impairment in an important area of life functioning, or
  - b. A probability of significant deterioration in an important area of life functioning, or
  - c. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.
- 3. Intervention Related Criteria: The Client must have all 3:
  - a. The focus of the proposed intervention is to address the condition identified in impairment criteria (B) above, and

- b. It is expected the proposed intervention will benefit the consumer by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning; and/or for children it is probable the child will be enabled to progress developmentally as individually appropriate (or if covered by EPSDT, the identified condition can be corrected or ameliorated), and,
- c. The condition would not be responsive to physical healthcare-based treatment.

**XI. LEGAL STATUS**

Voluntary or juvenile dependents and wards (W&I Code, Sections 300 et seq. and Sections 601 and 602 et seq.).

**XII. REPORTING REQUIREMENTS**

CONTRACTOR shall:

- A. Complete the CANS for children/youth ages 6 through 18, and the Pediatric Symptom Checklist (PSC-35) for children/youth ages 3 through 18 at the start of treatment, and complete a reassessment every 6 months, and at time of discharge. CONTRACTOR shall submit progress made on mental health goals as measured by CANS and PSC-35 no later than the last day of the following service month;
- B. Submit reports on the following outcomes data no later than thirty (30) days following the end of each quarter to the COUNTY Designated Contract Monitor:
  - 1. Total number of children/youth served
  - 2. Number of CFT meetings attended per quarter
  - 3. Number of children/youth who have returned to lower levels of care
- C. Report on each Outcome Objective in Section V.

**XIII. MEETING/COMMUNICATIONS**

Contractor will meet regularly with the designated Children’s Behavioral Health Service Manager to monitor progress on client and project outcomes. Contractor will be required to report outcomes data regularly to Monterey County Behavioral Health Bureau (MCBHB) according to the requirements as set forth by the State Department of Health Care Services (DHCS). MCBHB will provide to the Contractor the reporting requirements, forms and instructions as required by DHCS and the MCBHB.

**XIV. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy.D.  
Deputy Director, Children’s Services  
Monterey County Behavioral Health Bureau  
951-B Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

**EXHIBIT B-6:  
PAYMENT AND BILLING PROVISIONS**

---

**I. PAYMENT TYPES**

Provisional Rates and Cash Flow Advance (Fiscal Year 2019-20 only).

**II. PAYMENT AUTHORIZATION FOR SERVICES**

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-6 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**

**A. PROVISIONAL RATE: COUNTY MAXIMUM REIMBURSEMENT (CMA)**

Case Management (CM), Mental Health Services (MHS), and Medication Support (MS) shall be paid at the County Maximum Reimbursement (CMA) rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B-6.

See the following pages for Provisional Rates, Cash Flow Advance, Funding Sources Tables and Match Requirements.

*(The remainder of this page is left intentionally blank.)*

The total program services will be paid in arrears, not to exceed the CMA rates for a total maximum of **\$21,855,170** for **FY 2015-16 through FY 2020-21**.

<b>Door To Hope: Provisional Rates for FY 2015-16</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2015-16 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2015-16</b>		<b>Estimated Total FY 2015-16</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	75,029	CM	2.27	170,316
			10, 30, 45	108,741	MHS	2.93	318,611
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	108,333	CM	2.27	245,917
			10, 30, 40, 45	189,813	MHS	2.93	556,153
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	336,020	CM	2.27	762,766
			10, 30, 40, 45	120,518	MHS	2.93	353,119
			60	92,716	MS	5.42	502,521
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDES: DTH MCSTART 6-11 DSES	15	01	35,808	CM	2.27	81,283
			10, 30, 40, 45	158,450	MHS	2.93	464,260
			60	19,045	MS	5.42	103,225
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	18,044	CM	2.27	40,959
			10, 30, 40, 45	193,083	MHS	2.93	565,732
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	34,199	CM	2.27	77,632
			10-19	129,778	MHS	2.93	380,249
<b>SUBTOTAL ANNUAL AMOUNT</b>							\$4,622,743
<b>Less Contractor Match Amount</b>							(\$155,395)
<b>TOTAL MAXIMUM COUNTY ANNUAL AMOUNT FOR FY 2015-16</b>							<b>\$4,467,348</b>

*(The remainder of this page is left intentionally blank.)*

<b>Door To Hope: Provisional Rates for FY 2016-17</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2016-17 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2016-17</b>		<b>Estimated Total FY 2016-17</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	21,164	CM	2.27	\$48,042
			10, 30, 45	142,572	MHS	2.93	\$417,736
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	57,000	CM	2.27	129,390
			10, 30, 40, 45	210,513	MHS	2.93	\$616,803
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	85,320	CM	2.27	\$193,676
			10, 30, 40, 45	360,766	MHS	2.93	\$1,057,044
			60	34,570	MS	5.42	\$187,369
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOC2SES: DTH MCSTART 6-11 DSES	15	01	40,300	CM	2.27	\$91,481
			10, 30, 40, 45	196,924	MHS	2.93	\$576,987
			60	21,600	MS	5.42	117,072
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	7,449	CM	2.27	\$16,909
			10, 30, 40, 45	160,608	MHS	2.93	\$470,582
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	23,378	CM	2.27	\$53,068
			10-19	167,258	MHS	2.93	\$490,066
<b>SUBTOTAL ANNUAL AMOUNT</b>							\$4,466,225
<b>Less Contractor Match Amount</b>							(\$140,335)
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2016-17</b>							<b>\$4,325,890</b>

*(The remainder of this page is left intentionally blank).*

<b>Door To Hope: Provisional Rates for FY 2017-18</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2017-18 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2017-18</b>		<b>Estimated Total FY 2017-18</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	21,164	CM	2.27	\$48,042
			10, 30, 45	142,572	MHS	2.93	\$417,736
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	57,000	CM	2.27	\$129,390
			10, 30, 40, 45	210,513	MHS	2.93	\$616,803
MCSTART 0-5 – CM, MHS & MS	BUCSOC: DTH MCSTART	15	01	85,320	CM	2.27	\$193,676
			10, 30, 40, 45	360,766	MHS	2.93	\$1,057,044
			60*	12,000	MS	5.42	\$65,040
MCSTART 6-11 – CM, MHS & MS	BUCSOC2: DTH MCSTART 6-11 & BUCSOC2SES: DTH MCSTART 6-11 DSES	15	01	40,300	CM	2.27	\$91,481
			10, 30, 40, 45	196,924	MHS	2.93	\$576,987
			60*	8,000	MS	5.42	\$43,360
Nueva Esperanza – CM & MHS	27CX: DTH Nueva Esperanza	15	01	7,449	CM	2.27	\$16,909
			10, 30, 40, 45	160,608	MHS	2.93	\$470,582
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	23,378	CM	2.27	\$53,068
			10-19	167,258	MHS	2.93	\$490,066
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2017-18</b>							<b>\$4,270,184</b>

*(The remainder of this page is left intentionally blank.)*

<b>Door To Hope: Provisional Rates for FY 2018-19</b>							
<b>Service Description</b>	<b>Avatar Program Code &amp; Description</b>	<b>Mode of Service</b>	<b>Service Function Code</b>	<b>FY 2018-19 Units of Service (est.)</b>	<b>Estimated Total CMA Rate per Unit of Service FY 2018-19</b>		<b>Estimated Total FY 2018-19</b>
Families First & Foremost – CM & MHS	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	11,454	CM	2.27	\$26,000
			10, 30, 45	136,860	MHS	2.93	\$401,000
Integrated Co-Occurring Treatment – CM & MHS	BVCSOCSDV: DTH Co-occurring Disorder SD, BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	62,115	CM	2.27	\$141,000
			10, 30, 40, 45	212,287	MHS	2.93	\$622,000
MCSTART 0-5 – CM & MHS	BUCSOC: DTH MCSTART	15	01	100,441	CM	2.27	\$228,000
			10, 30, 40, 45	380,205	MHS	2.93	\$1,114,000
MCSTART 6-11 – CM & MHS	BUCSOC2: DTH MCSTART 6-11 & BUCSOCDSSES: DTH MCSTART 6-11 DSES	15	01	30,617	CM	2.27	\$69,500
			10, 30, 40, 45	190,307	MHS	2.93	\$557,600
Santa Lucia – CM & MHS	CDCSOC: DTH Santa Lucia	15	01-09	24,229	CM	2.27	\$55,000
			10-19	153,584	MHS	2.93	\$450,000
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2018-19</b>							<b>\$3,664,100</b>

*(The remainder of this page is left intentionally blank.)*

<b>Door to Hope: Provisional Rates for FY 2019-20</b>							
Service Description	Avatar Program Code & Description	Mode of Service	Service Function Code	FY 2019-20 Units of Service (est.)	Estimated Total CMA per Unit of Service FY 2019-20		Estimated Total FY 2019-20
Parents as Teachers (formerly known as Families First & Foremost)	CCCSOC: DTH Families First and Foremost & CCCSOCAC: DTH Families First Foremost/AC	15	01	1,440	CM	\$ 2.27	\$ 3,269
			10, 30, 45, 50	3,406	MHS	\$ 2.93	\$ 9,980
Integrated Co-Occurring Treatment	BVCSOCFSP: DTH Co-occurring Disorder FSP	15	01	72,526	CM	\$ 2.27	\$ 164,635
			10, 30, 40, 45, 50	195,688	MHS	\$ 2.93	\$ 573,367
MCSTART 0-5	BUCSOC: DTH MCSTART	15	01	143,374	CM	\$ 2.27	\$ 325,459
			10, 30, 40, 45, 50	246,309	MHS	\$ 2.93	\$ 721,685
MCSTART 6-11	BUCSOC2: DTH	15	01	63,782	CM	\$ 2.27	\$ 144,784
	BUCSOC2SES: DTH MCSTART 6-11 DSES		10, 30, 40, 45, 50	120,980	MHS	\$ 2.93	\$ 354,472
Santa Lucia	CDCSOC: DTH Santa Lucia	15	01	34,982	CM	\$ 2.27	\$ 79,410
			10,30,40,45,50	153,786	MHS	\$ 2.93	\$ 450,592
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2019-20</b>							<b>\$ 2,827,648</b>

<b>Door to Hope: Provisional Rates for FY 2020-21</b>							
Service Description	Avatar Program Code & Description	Mode of Service	Service Function Code	FY 2020-21 Units of Service (est.)	Estimated Total CMA per Unit of Service FY 2020-21		Estimated Total FY 2020-21
Integrated Co-Occurring Treatment	BVCSOCFSP: DTH Co-occurring	15	01	28,774	CM	\$ 2.27	\$ 65,318
			10, 30, 40, 45, 50	207,059	MHS	\$ 2.93	\$ 606,684
MCSTART 0-5	BUCSOC: DTH MCSTART	15	01	46,151	CM	\$ 2.27	\$ 104,762
			10, 30, 40, 45, 50	160,491	MHS	\$ 2.93	\$ 470,239
MCSTART 6-11	BUCSOC2: DTH MCSTART 6-11 &	15	01	51,937	CM	\$ 2.27	\$ 117,897
	BUCSOC2SES: DTH MCSTART 6-11 DSES		10, 30, 40, 45, 50	73,414	MHS	\$ 2.93	\$ 215,104
Santa Lucia	CDCSOC: DTH Santa Lucia	15	01	53479.2	CM	\$ 2.27	\$ 121,399
			10,30,40,45,50	194312	MHS	\$ 2.93	\$ 569,336
			60	5400	MS	\$ 5.42	\$ 29,265
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR FY 2020-21</b>							<b>\$ 2,300,000</b>

## A. CASH FLOW ADVANCE

In order to address the financial impact on service delivery during the COVID-19 Pandemic, temporary Cash Flow Advances are available for March 2020 services only for a total maximum of **\$ 41,391** in **FY 2019-20** as follows:

<b>Door to Hope: Cash Flow Advance for FY 2019-20</b>	
<b>Program</b>	<b>Maximum Amount Available</b>
Integrated Co-Occurring Treatment	\$ 12,700
MCSTART 0-5	\$ 12,053
MCSTART 6-11	\$ 16,638
<b>TOTAL MAXIMUM ANNUAL AMOUNT FOR MARCH 2020 ONLY</b>	<b>\$ 41,391</b>

## B. FUNDING SOURCES

<b>ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2015-16</b>							
<b>PROGRAM</b>	<b>Units of Service</b>	<b>FFP/Medi-Cal</b>	<b>EPSDT</b>	<b>MHSA</b>	<b>Other DSS</b>	<b>Other Contractor Match</b>	<b>Total County Maximum Funding Per Program</b>
Families First & Foremost and Expansion	183,770	\$ 244,464	\$ 195,571	\$ -	\$ 15,000	\$ 33,893	\$ 488,927
Integrated Co-Occurring Treatment	298,147	\$ 240,621	\$ 192,497	\$ 368,952	\$ -	\$ -	\$ 802,069
MCSTART 0-5	549,255	\$ 787,603	\$ 630,083	\$ 79,218	\$ -	\$ 121,502	\$ 1,618,406
MCSTART 6-11	213,303	\$ 324,384	\$ 259,507	\$ 34,877	\$ 30,000	\$ -	\$ 648,768
Nueva Esperanza	211,126	\$ 303,346	\$ 86,866	\$ 196,479	\$ 20,000	\$ -	\$ 606,692
Santa Lucia	163,977	\$ 228,941	\$ 183,152	\$ 45,788	\$ -	\$ -	\$ 457,881
<b>TOTALS</b>	<b>1,619,578</b>	<b>\$ 2,129,358</b>	<b>\$ 1,547,676</b>	<b>\$ 725,314</b>	<b>\$ 65,000</b>	<b>\$ 155,395</b>	<b>\$ 4,622,743</b>
<b>Less Contractor Match Amount</b>							<b>\$ (155,395)</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2015-16</b>							<b>\$ 4,467,348</b>

*(The remainder of this page is left intentionally blank.)*

<b>ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2016-17</b>							
<b>PROGRAM</b>	<b>Units of Service</b>	<b>FFP/Medi-Cal</b>	<b>EPSDT</b>	<b>MHSA</b>	<b>Other DSS</b>	<b>Other Contractor Match</b>	<b>Total County Maximum Funding Per Program</b>
Families First & Foremost and Expansion	163,736	\$ 232,889	\$ 185,691	\$ -	\$ 15,000	\$ 32,198	\$ 465,778
Integrated Co-Occurring Treatment	267,513	\$ 223,858	\$ 179,086	\$ 343,249	\$ -	\$ -	\$ 746,193
MCSTART 0-5	480,656	\$ 704,664	\$ 560,855	\$ 64,434	\$ -	\$ 108,137	\$ 1,438,090
MCSTART 6-11	258,824	\$ 392,770	\$ 314,216	\$ 48,554	\$ 30,000	\$ -	\$ 785,540
Nueva Esperanza	168,057	\$ 243,745	\$ 68,249	\$ 155,497	\$ 20,000	\$ -	\$ 487,490
Santa Lucia	190,636	\$ 271,567	\$ 217,254	\$ 54,313	\$ -	\$ -	\$ 543,134
<b>TOTALS</b>	<b>1,529,422</b>	<b>\$ 2,069,493</b>	<b>\$ 1,525,351</b>	<b>\$ 666,047</b>	<b>\$ 65,000</b>	<b>\$ 140,335</b>	<b>\$ 4,466,225</b>
<b>Less Contractor Match Amount</b>							<b>\$ (140,335)</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2016-17</b>							<b>\$ 4,325,890</b>

<b>ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2017-18</b>						
<b>PROGRAM</b>	<b>Units of Service</b>	<b>FFP/Medi-Cal</b>	<b>EPSDT</b>	<b>MHSA</b>	<b>Other DSS</b>	<b>Total County Maximum Funding Per Program</b>
Families First & Foremost and Expansion	163,736	232,889	217,889	-	15,000	465,778
Integrated Co-Occurring Treatment	267,513	223,858	179,086	343,249	-	746,193
MCSTART 0-5	458,086	644,722	513,146	157,891	-	1,315,760
MCSTART 6-11	245,224	355,914	284,731	41,183	30,000	711,828
Nueva Esperanza	168,057	243,745	68,249	155,497	20,000	487,490
Santa Lucia	190,636	271,567	217,254	54,313	-	543,134
<b>TOTALS</b>	<b>1,493,252</b>	<b>1,972,695</b>	<b>1,480,355</b>	<b>752,133</b>	<b>65,000</b>	<b>4,270,183</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2017-18</b>						<b>4,270,183</b>

*(The remainder of this page is left intentionally blank).*

ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2018-19						
PROGRAM	Units of Service	FFP/Medi-Cal	EPSDT	MHSA	Other DSS	Total County Maximum Funding Per Program
Families First & Foremost	148,314	\$ 213,500	\$ 198,500	\$ -	\$ 15,000	\$ 427,000
Integrated Co-Occurring Treatment	274,401	\$ 228,900	\$ 183,120	\$ 350,980	\$ -	\$ 763,000
MCSTART 0-5	480,645	\$ 657,580	\$ 523,380	\$ 161,040	\$ -	\$ 1,342,000
MCSTART 6-11	220,924	\$ 313,550	\$ 247,196	\$ 36,354	\$ 30,000	\$ 627,100
Santa Lucia	177,813	\$ 252,500	\$ 202,000	\$ 50,500	\$ -	\$ 505,000
<b>TOTALS</b>	<b>1,302,097</b>	<b>\$ 1,666,030</b>	<b>\$ 1,354,196</b>	<b>\$ 598,874</b>	<b>\$ 45,000</b>	<b>\$ 3,664,100</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2018-19</b>						<b>\$ 3,664,100</b>

ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2019-20							
PROGRAM	Units of Service	FFP/Medi-Cal	EPSDT	MHSA	Other DSS	Total County Maximum Funding Per Program	One-Time Cash Flow Advance Payment
Parents as Teachers (formerly Families First & Foremost)	4,846	\$ 6,625	\$ 10,300	\$ -	\$ -	\$ 13,249	\$ -
Integrated Co-Occurring Treatment	268,215	\$ 221,400	\$ 177,120	\$ 339,480	\$ -	\$ 738,000	\$ 12,700
MCSTART 0-5	388,715	\$ 523,572	\$ 418,858	\$ 104,714	\$ -	\$ 1,047,144	\$ 12,053
MCSTART 6-11	188,237	\$ 249,628	\$ 69,896	\$ 150,731	\$ 30,000	\$ 499,256	\$ 16,638
Santa Lucia	179,789	\$ 265,000	\$ 212,000	\$ 53,000	\$ -	\$ 530,000	\$ -
<b>TOTALS</b>	<b>1,029,802</b>	<b>\$ 1,266,225</b>	<b>\$ 888,173</b>	<b>\$ 647,925</b>	<b>\$ 30,000</b>	<b>\$ 2,827,649</b>	<b>\$ 41,391</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2019-20</b>							<b>\$ 2,869,040</b>

ANNUAL MAXIMUM AMOUNT/LIABILITY BY FUNDING SOURCE FOR FY 2020-21						
PROGRAM	Units of Service	FFP/Medi-Cal	EPSDT	MHSA	Other DSS	Total County Maximum Funding Per Program
Integrated Co-Occurring Treatment	235,833	\$ 201,600	\$ 161,280	\$ 309,120	\$ -	\$ 672,000
MCSTART 0-5	206,642	\$ 287,500	\$ 230,000	\$ 57,500	\$ -	\$ 575,000
MCSTART 6-11	125,351	\$ 166,500	\$ 46,620	\$ 100,854	\$ 30,000	\$ 333,000
Santa Lucia	253,191	\$ 360,000	\$ 288,000	\$ 72,000	\$ -	\$ 720,000
<b>TOTALS</b>	<b>821,017</b>	<b>\$ 1,015,600</b>	<b>\$ 725,900</b>	<b>\$ 539,474</b>	<b>\$ 30,000</b>	<b>\$ 2,300,000</b>
<b>TOTAL MAXIMUM ANNUAL AMOUNT FY 2020-21</b>						<b>\$2,300,000</b>

(The remainder of this page is left intentionally blank).

## C. MATCH REQUIREMENTS – FISCAL YEAR 2015-16 & 2016-17 ONLY

### 1. FAMILIES FIRST & FOREMOST (FFF) EXPANSION PROGRAM

CONTRACTOR shall provide a funding match in the amount of **\$33,893** for Fiscal Year 2015-16 and **\$32,198** for Fiscal Year 2016-17 during the term of this Agreement. The match amount will be deducted from the total amount of provisional funds disbursed on a monthly pro-rated basis.

### 2. MCSTART 0 – 5 PROGRAM

CONTRACTOR shall provide a funding match in the amount of **\$121,502** for Fiscal Year 2015-16 and **\$108,137** for Fiscal Year 2016-17 during the term of this Agreement. The match amount will be deducted from the total amount of provisional funds disbursed on a monthly pro-rated basis.

## 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). 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-6, Section

III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B-6, 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-6, 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 (30<sup>th</sup>) 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-6 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](mailto: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 **\$21,896,561** for services rendered under this Agreement.

*(The remainder of this page is left intentionally blank).*

## B. Maximum Annual Liability:

PROGRAM	FY 2015-16 ANNUAL AMOUNT	FY 2016-17 ANNUAL AMOUNT	FY 2017-18 ANNUAL AMOUNT	FY 2018-19 ANNUAL AMOUNT	FY 2019-20 ANNUAL AMOUNT	FY 2020-21 ANNUAL AMOUNT	AGREEMENT TOTAL BY PROGRAM
Parents As Teachers (formerly Families First & Foremost)	\$ 455,034	\$ 433,580	\$ 465,778	\$ 427,000	\$ 13,249	\$ -	\$ 1,794,641
Integrated Co-Occurring Treatment	\$ 802,069	\$ 746,193	\$ 746,193	\$ 763,000	\$ 750,700	\$ 672,000	\$ 4,480,155
MCSTART 0-5	\$ 1,496,904	\$ 1,329,953	\$ 1,315,760	\$ 1,342,000	\$ 1,059,197	\$ 575,000	\$ 7,118,814
MCSTART 6-11	\$ 648,768	\$ 785,540	\$ 711,828	\$ 627,100	\$ 515,894	\$ 333,000	\$ 3,622,130
Nueva Esperanza	\$ 606,692	\$ 487,490	\$ 487,490	\$ -	\$ -	\$ -	\$ 1,581,672
Santa Lucia	\$ 457,881	\$ 543,134	\$ 543,134	\$ 505,000	\$ 530,000	\$ 720,000	\$ 3,299,149
<b>TOTAL AGREEMENT MAXIMUM COUNTY OBLIGATION PER FISCAL YEAR</b>	<b>\$ 4,467,348</b>	<b>\$ 4,325,890</b>	<b>\$ 4,270,183</b>	<b>\$ 3,664,100</b>	<b>\$ 2,869,040</b>	<b>\$ 2,300,000</b>	<b>\$ 21,896,561</b>

- 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 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-5. Only the costs listed in Exhibit H-5 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-5, 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 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, 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 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 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, 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 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, 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, 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 Health Care Services 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-6, 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.”

*(The remainder of this page is left intentionally blank.)*

## Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - Integrated Co-Occuring Treatment (ICT)		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b>	July 1, 2015 - June 30, 2021	
<b>BH Bureau :</b>	Mental Health	<b>BH Control Number</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 21	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 21 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	28,774					28,774	100.0%	\$ 65,318			\$ 65,318	100.0%
Mental Health Services	15	--	--	2.93	207,059					207,059	100.0%	\$ 606,684	--		\$ 606,684	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					235,833				--	235,833	--	\$ 672,000			\$ 672,000	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: 831-758-0181

Send to: Behavioral Health Claims Section  
[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - MCSTART (0 to 5)	<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b> 130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b> Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b> (831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>	
<b>Contract Term:</b> July 1, 2015 - June 30, 2021	
<b>BH Bureau :</b> Mental Health	<b>BH Control Number</b> <span style="background-color: gray; color: white; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 21	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 21 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	46,151					46,151	100.0%	\$ 104,762			\$ 104,762	100.0%
Mental Health Services	15	--	--	2.93	160,491					160,491	100.0%	\$ 470,239	--		\$ 470,239	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					206,642				--	206,642	--	\$ 574,999			\$ 574,999	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: 831-758-0181

Send to: Behavioral Health Claims Section  
[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

## Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - MCSTART (6-11)		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b>	July 1, 2015 - June 30, 2021	
<b>BH Bureau :</b> Mental Health		<b>BH Control Number</b> <span style="background-color: gray; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 21	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 21 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	51,937					51,937	100.0%	\$ 117,897			\$ 117,897	100.0%
Mental Health Services	15	--	--	2.93	73,414					73,414	100.0%	\$ 215,104	--		\$ 215,104	100.0%
Collateral	15	10	311	2.93	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					125,351				--	125,351	--	\$ 333,000			\$ 333,001	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: \_\_\_\_\_ 831-758-0181

<b>Send to:</b>	Behavioral Health Claims Section <a href="mailto:MCHDBHFinance@co.monterey.ca.us">MCHDBHFinance@co.monterey.ca.us</a>

Behavioral Health Authorization for Payment	
_____ Authorized Signatory	_____ Date

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - Santa Lucia	<b>Invoice Number :</b> _____
<b>Address Line 1</b> 130 W. Gabilan Street	<b>County PO No.:</b> _____
<b>Address Line 2</b> Salinas, CA 93901	<b>Invoice Period :</b> _____
<b>Tel. No.:</b> (831) 758-0181	
<b>Fax No.:</b> _____	
<b>Contract Term:</b> July 1, 2015 - June 30, 2021	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>BH Bureau :</b> Mental Health	<b>BH Control Number</b> _____

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS FY 21	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 21 Annual Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.27	53,479					53,479	100.0%	\$ 121,399			\$ 121,399	100.0%
Mental Health Services	15	--	--	2.93	194,312					194,312	100.0%	\$ 569,336			\$ 569,336	100.0%
Collateral	15	10	311	2.93	--				--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.93	--				--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.93	--				--	--	--	--		--	--	--
Group Counseling	15	50	351	2.93	--				--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.93	--				--	--	--	--		--	--	--
Plan Development	15	45	391	2.93	--				--	--	--	--		--	--	--
Medication Support/Psychiatry	15	60	361	5.42	5,400				--	5,400	100.0%	\$ 29,265			\$ 29,265	
<b>TOTALS</b>					253,191				--	247,791	--	\$ 720,000			\$ 720,000	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: 831-758-0181

Send to: Behavioral Health Claims Section  
[MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)

Behavioral Health Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DOOR TO HOPE**  
**BUDGET AND EXPENDITURE REPORT**  
**For Monterey County - Behavioral Health**  
**Fiscal Year 2020-21 \*\*\* AMENDMENT No. 6\*\*\***

Program Name: **GRAND TOTAL ALL MENTAL HEALTH PROGRAMS**

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
	<b>Provisional Rates</b>	\$ 2,827,648.38	\$ 2,300,000.00	\$ 527,648.38
	<b>Cash Flow Advance - March 2020 only</b>	\$ 41,391.00	\$ -	
<b>Total Requested Monterey County Funds</b>		\$ 2,869,039.38	\$ 2,300,000.00	\$ 569,039.38
<b>Other Program Revenues</b>		\$ -		\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 2,869,039.38</b>	<b>\$ 2,300,000.00</b>	<b>\$ 569,039.38</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.				
<b>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.</b>				
		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. Mode Costs (Direct Services)</b>				
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 1,369,916.00	\$ 1,493,130.00	\$ (123,214.00)
2	Payroll taxes	\$ 103,422.00	\$ 115,754.93	\$ (12,332.93)
3	Employee benefits	\$ 169,677.00	\$ 180,494.43	\$ (10,817.43)
4	Workers Compensation	\$ 21,652.00	\$ 23,933.58	\$ (2,281.58)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)	\$ -	\$ -	\$ -
6	Temporary Staffing	\$ -	\$ -	\$ -
7	Flexible Client Spending (please provide supporting documents)	\$ -	\$ -	\$ -
8	Travel (costs incurred to carry out the program)	\$ 47,960.00	\$ 54,785.45	\$ (6,825.45)
9	Employee Travel and Conference	\$ 13,473.00	\$ 15,437.98	\$ (1,964.98)
10	Communication Costs	\$ 25,867.00	\$ 26,670.76	\$ (803.76)
11	Utilities	\$ 5,900.00	\$ 8,151.12	\$ (2,251.12)
12	Cleaning and Janitorial	\$ 6,063.00	\$ 6,046.34	\$ 16.66
13	Maintenance and Repairs - Buildings	\$ 12,870.00	\$ 16,104.64	\$ (3,234.64)
14	Maintenance and Repairs - Equipment	\$ 3,941.00	\$ 3,917.35	\$ 23.65
15	Printing and Publications	\$ 376.00	\$ 962.77	\$ (586.77)
16	Memberships, Subscriptions and Dues	\$ 602.00	\$ 817.78	\$ (215.78)
17	Office Supplies	\$ 20,816.00	\$ 24,814.66	\$ (3,998.66)
18	Postage and Mailing	\$ 45.00	\$ 611.28	\$ (566.28)
19	Medical Records	\$ -	\$ -	\$ -
20	Data Processing	\$ -	\$ -	\$ -
21	Rent and Leases - equipment	\$ -	\$ -	\$ -
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)	\$ 135,127.00	\$ 137,064.85	\$ (1,937.85)
23	Taxes and assessments (Please identify the property address and method of cost allocation)	\$ 95.00	\$ 129.02	\$ (34.02)

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
24 Interest in Other Long-term debts (please identify the property address and method of cost allocation)	\$ -	\$ -	\$ -
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost. Please provide List of Providers)	\$ 7,800.00	\$ 10,591.20	\$ (2,791.20)
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133) and Certified Public Expenditure requirement of Monterey County)	\$ -	\$ -	\$ -
27 Miscellaneous (please provide details)	\$ -	\$ -	\$ -
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 6,200.00	\$ 8,416.80	\$ (2,216.80)
29 <b>Total Mode Costs</b>	<b>\$ 2,648,661.38</b>	<b>\$ 2,127,834.95</b>	<b>\$ 520,826.43</b>
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	\$ 112,276.00	\$ 126,902.37	\$ (14,626.37)
32 Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.	\$ -	\$ -	\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 15,022.00	\$ 14,936.13	\$ 85.87
34 <b>Total Administrative Costs</b>	<b>\$ 189,989.00</b>	<b>\$ 141,838.50</b>	<b>\$ 48,150.50</b>
35 <b>TOTAL DIRECT COSTS</b>	<b>\$ 2,838,650.38</b>	<b>\$ 2,269,673.45</b>	<b>\$ 568,976.93</b>
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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.			
	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>INDIRECT COSTS</b>			
36 Equipment (purchase price of less than \$5000)	\$ -	\$ -	\$ -
37 Rent and Leases - equipment	\$ -	\$ -	\$ -
38 Rent and Leases - building and improvements	\$ -	\$ -	\$ -
39 Taxes and assessments	\$ -	\$ -	\$ -
40 Insurance and Indemnity	\$ -	\$ -	\$ -
41 Maintenance - equipment	\$ -	\$ -	\$ -
42 Maintenance - building and improvements	\$ -	\$ -	\$ -
43 Utilities	\$ -	\$ -	\$ -
44 Household Expenses	\$ -	\$ -	\$ -
45 Interest in Bonds	\$ -	\$ -	\$ -
46 Interest in Other Long-term debts	\$ 4,505.00	\$ 6,120.00	\$ (1,615.00)
47 Other interest and finance charges	\$ -	\$ -	\$ -
48 Contracts Administration	\$ -	\$ -	\$ -
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 Audit Act (OMB Circular A-133))	\$ -	\$ -	\$ -
51 Data Processing	\$ -	\$ -	\$ -
52 Personnel Administration	\$ -	\$ -	\$ -
53 Medical Records	\$ -	\$ -	\$ -
54 Other Professional and Specialized Services	\$ 19,750.00	\$ 22,002.41	\$ (2,252.41)

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
55	Transportation and Travel	\$ -	\$ -	\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 1,735.00	\$ 2,204.14	\$ (469.14)
<b>57</b>	<b>Total Indirect costs</b>	\$ 30,388.00	\$ 30,326.55	\$ 61.45
<b>63</b>	<b>Total Allowable Costs</b>	\$ <b>2,869,038.38</b>	\$ <b>2,300,000.00</b>	\$ 569,038.38

**DOOR TO HOPE**

**BUDGET AND EXPENDITURE REPORT**

**For Monterey County - Behavioral Health**

**Fiscal Year 2020-21 \*\*\* AMENDMENT No. 6\*\*\***

**Program Name: Integrated Co-Occurring Treatment (ICT)**

Service Description	Mode of Service	Service Function Code	Total Units of Service FY20-21		671,999.85
Case Management	15	01	28,774	65,316.98	
Mental Health Services	15	10,30,40	207,059	606,682.87	\$ 0.00

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>			
<b>Monterey County Funds (Monterey County's Use):</b>			
Provisional Rates	\$ 738,000.00	\$ 672,000.00	\$ 66,000.00
Cash Flow Advance - March 2020 only	\$ 12,700.00		\$ 12,700.00
<b>Total Requested Monterey County Funds</b>	<b>\$ 750,700.00</b>	<b>\$ 672,000.00</b>	
<b>Other Program Revenues</b>			
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ 750,700.00</b>	<b>\$ 672,000.00</b>	<b>\$ 78,700.00</b>

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

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.

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. Mode Costs (Direct Services)</b>			
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 460,045.00	\$ 406,050.00	\$ 53,995.00
2 Payroll taxes	\$ 38,937.00	\$ 35,614.96	\$ 3,322.04
3 Employee benefits	\$ 63,032.00	\$ 57,421.12	\$ 5,610.88
4 Workers Compensation	\$ 7,243.00	\$ 7,478.08	\$ (235.08)
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -
6 Temporary Staffing			\$ -
7 Flexible Client Spending (please provide supporting documents)			\$ -
8 Travel (costs incurred to carry out the program)	\$ 25,392.00	\$ 23,727.04	\$ 1,664.96
9 Employee Travel and Conference	\$ 3,659.00	\$ 3,275.33	\$ 383.67
10 Communication Costs	\$ 10,812.00	\$ 9,676.80	\$ 1,135.20
11 Utilities			\$ -
12 Cleaning and Janitorial	\$ 2,839.00	\$ 2,540.83	\$ 298.17
13 Maintenance and Repairs - Buildings	\$ 1,752.00	\$ 1,568.31	\$ 183.69
14 Maintenance and Repairs - Equipment	\$ 1,831.00	\$ 1,639.08	\$ 191.92
15 Printing and Publications	\$ 126.00	\$ 112.76	\$ 13.24
16 Memberships, Subscriptions and Dues			\$ -
17 Office Supplies	\$ 4,422.00	\$ 3,958.08	\$ 463.92
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 method of cost allocation) - 132 W. Gabilan Street and 130 W. Gabilan Street	\$ 63,521.00	\$ 58,851.20	\$ 4,669.80
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 allocation)			\$ -
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			\$ -
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			\$ -
27 Miscellaneous (please provide details)			\$ -

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ -
29	<b>Total Mode Costs</b>	\$ 683,611.00	\$ 611,913.59	\$ 71,697.41
	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	\$ 55,710.00	\$ 49,869.12	\$ 5,840.88
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 6,981.00	\$ 6,248.93	\$ 732.07
34	<b>Total Administrative Costs</b>	\$ 62,691.00	\$ 56,118.05	\$ 6,572.95
35	<b>TOTAL DIRECT COSTS</b>	\$ 746,302.00	\$ 668,031.64	\$ 78,270.36
<p>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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
	<b>INDIRECT COSTS</b>	<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
36	Equipment (purchase price of less than \$5000)			\$ -
37	Rent and Leases - equipment			\$ -
38	Rent and Leases - building and improvements			\$ -
39	Taxes and assessments			\$ -
40	Insurance and Indemnity			\$ -
41	Maintenance - equipment			\$ -
42	Maintenance - building and improvements			\$ -
43	Utilities			\$ -
44	Household Expenses			\$ -
45	Interest in Bonds			\$ -
46	Interest in Other Long-term debts			\$ -
47	Other interest and finance charges			\$ -
48	Contracts Administration			\$ -
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 Audit Act (OMB Circular A-133))			\$ -
51	Data Processing			\$ -
52	Personnel Administration			\$ -
53	Medical Records			\$ -
54	Other Professional and Specialized Services	\$ 3,327.00	\$ 2,976.96	\$ 350.04
55	Transportation and Travel			\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 1,071.00	\$ 991.40	\$ 79.60
57	<b>Total Indirect costs</b>	\$ 4,398.00	\$ 3,968.36	\$ 429.64
63	<b>Total Allowable Costs</b>	\$ 750,700.00	\$ 672,000.00	\$ 78,700.00

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
--	-------------------	----------------------	-----------------------

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

TITLE OF POSITION	TOTAL
Clinical Supervisor	52,500.00
Therapist	316,500.00
Quality Improvement	37,050.00
Total Salaries and Wages	406,050.00

## DOOR TO HOPE

## BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-21 \*\*\* AMENDMENT No. 6\*\*\*

Program Name: MCSTART 0-5

Service Description	Mode of Service	Service Function Code	Total Units of Service FY20-21
Case Management	15	01	46,151
Mental Health Services	15	10,30,40	160,491

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
	<b>Provisional Rates</b>	\$ 1,047,144.00	\$ 575,000.00	\$ 472,144.00
	<b>Cash Flow Advance - March 2020 only</b>	\$ 12,053.00		\$ 12,053.00
<b>Total Requested Monterey County Funds</b>		\$ 1,059,197.00	\$ 575,000.00	\$ 484,197.00
<b>Other Program Revenues</b>				\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 1,059,197.00</b>	<b>\$ 575,000.00</b>	<b>\$ 484,197.00</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.				
<b>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.</b>				
	<b>A. Mode Costs (Direct Services)</b>	<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 673,176.00	\$ 365,880.00	\$ 307,296.00
2	Payroll taxes	\$ 55,250.00	\$ 29,957.50	\$ 25,292.50
3	Employee benefits	\$ 93,594.00	\$ 50,772.50	\$ 42,821.50
4	Workers Compensation	\$ 13,813.00	\$ 7,166.20	\$ 6,646.80
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -
6	Temporary Staffing			
7	Flexible Client Spending (please provide supporting documents)			\$ -
8	Travel (costs incurred to carry out the program)	\$ 25,589.00	\$ 13,886.25	\$ 11,702.75
9	Employee Travel and Conference	\$ 5,128.00	\$ 2,783.58	\$ 2,344.43
10	Communication Costs	\$ 15,155.00	\$ 8,227.10	\$ 6,927.90
11	Utilities			\$ -
12	Cleaning and Janitorial	\$ 3,980.00	\$ 2,160.85	\$ 1,819.15
13	Maintenance and Repairs - Buildings	\$ 2,456.00	\$ 1,328.25	\$ 1,127.75
14	Maintenance and Repairs - Equipment	\$ 2,567.00	\$ 1,391.50	\$ 1,175.50
15	Printing and Publications	\$ 177.00	\$ 96.03	\$ 80.98
16	Memberships, Subscriptions and Dues			\$ -
17	Office Supplies	\$ 6,198.00	\$ 3,363.75	\$ 2,834.25
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 method of cost allocation)	\$ 87,466.00	\$ 47,477.75	\$ 39,988.25
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 allocation)			\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			\$ -
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			\$ -
27	Miscellaneous (please provide details)			\$ -

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ -
29	<b>Total Mode Costs</b>	\$ 984,549.00	\$ 534,491.25	\$ 450,057.75
	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	\$ 56,726.00	\$ 30,791.25	\$ 25,934.75
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 9,784.00	\$ 5,307.25	\$ 4,476.75
34	<b>Total Administrative Costs</b>	\$ 66,510.00	\$ 36,098.50	\$ 30,411.50
35	<b>TOTAL DIRECT COSTS</b>	\$ 1,051,059.00	\$ 570,589.75	\$ 480,469.25
<p>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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
	<b>INDIRECT COSTS</b>	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
36	Equipment (purchase price of less than \$5000)			\$ -
37	Rent and Leases - equipment			\$ -
38	Rent and Leases - building and improvements			\$ -
39	Taxes and assessments			\$ -
40	Insurance and Indemnity			\$ -
41	Maintenance - equipment			\$ -
42	Maintenance - building and improvements			\$ -
43	Utilities			\$ -
44	Household Expenses			\$ -
45	Interest in Bonds			\$ -
46	Interest in Other Long-term debts			\$ -
47	Other interest and finance charges			\$ -
48	Contracts Administration			\$ -
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 Audit Act (OMB Circular A-133))			\$ -
51	Data Processing			\$ -
52	Personnel Administration			\$ -
53	Medical Records			\$ -
54	Other Professional and Specialized Services	\$ 6,736.00	\$ 3,651.25	\$ 3,084.75
55	Transportation and Travel			\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 1,401.00	\$ 759.00	\$ 642.00
57	<b>Total Indirect costs</b>	\$ 8,137.00	\$ 4,410.25	\$ 3,726.75
63	<b>Total Allowable Costs</b>	\$ 1,059,196.00	\$ 575,000.00	\$ 484,196.00

	<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
--	--------------------------	---------------------------------	----------------------------------

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

TITLE OF POSITION	TOTAL
Therapists	\$ 162,500
Family Services Director	\$ 17,080
Occupational Therapist	\$ 89,000
Clinical Supervisor	\$ 20,800
Case Manager	\$ 71,500
Quality Improvement	\$ 5,000
<b>Total Salaries and Wages</b>	<b>\$ 365,880</b>

## DOOR TO HOPE

## BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-21 \*\*\* AMENDMENT No. 6\*\*\*

Program Name: MCSTART 6-11

Service Description	Mode of Service	Service Function Code	Total Units of Service FY20-21
Case Management	15	01	51,937
Mental Health Services	15	10,30,40	73,414

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>				
<b>Monterey County Funds (Monterey County's Use):</b>				
	Provisional Rates	\$ 499,256.00	\$ 333,000.00	\$ 166,256.00
	Cash Flow Advance - March 2020 only	\$ 16,638.00		\$ 16,638.00
<b>Total Requested Monterey County Funds</b>		<b>\$ 515,894.00</b>	<b>\$ 333,000.00</b>	<b>\$ 182,894.00</b>
<b>Other Program Revenues</b>				\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		<b>\$ 515,894.00</b>	<b>\$ 333,000.00</b>	<b>\$ 182,894.00</b>
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.				
<b>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.</b>				
<b>A. Mode Costs (Direct Services)</b>		<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 314,300.00	\$ 202,800.00	\$ 111,500.00
2	Payroll taxes	\$ 21,972.00	\$ 14,182.47	\$ 7,789.53
3	Employee benefits	\$ 45,083.00	\$ 29,100.81	\$ 15,982.19
4	Workers Compensation	\$ 3,139.00	\$ 2,089.30	\$ 1,049.70
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -
6	Temporary Staffing			\$ -
7	Flexible Client Spending (please provide supporting documents)			\$ -
8	Travel (costs incurred to carry out the program)	\$ 18,171.00	\$ 11,466.52	\$ 6,704.48
9	Employee Travel and Conference	\$ 2,745.00	\$ 1,771.56	\$ 973.44
10	Communication Costs	\$ 8,112.00	\$ 5,234.76	\$ 2,877.24
11	Utilities			\$ -
12	Cleaning and Janitorial	\$ 2,083.00	\$ 1,344.65	\$ 738.35
13	Maintenance and Repairs - Buildings	\$ 1,314.00	\$ 845.82	\$ 468.18
14	Maintenance and Repairs - Equipment	\$ 1,374.00	\$ 886.78	\$ 487.22
15	Printing and Publications	\$ 95.00	\$ 612.72	\$ (517.72)
16	Memberships, Subscriptions and Dues			\$ -
17	Office Supplies	\$ 3,318.00	\$ 2,141.86	\$ 1,176.14
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 method of cost allocation)	\$ 47,661.00	\$ 30,735.90	\$ 16,925.10
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 allocation)			\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			\$ -
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			\$ -
27	Miscellaneous (please provide details)			\$ -

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ -
29	<b>Total Mode Costs</b>	\$ 469,367.00	\$ 303,213.15	\$ 166,153.85
	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	\$ 38,550.00	\$ 24,642.00	\$ 13,908.00
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 5,238.00	\$ 3,379.95	\$ 1,858.05
34	<b>Total Administrative Costs</b>	\$ 43,788.00	\$ 28,021.95	\$ 15,766.05
35	<b>TOTAL DIRECT COSTS</b>	\$ 513,155.00	\$ 331,235.10	\$ 181,919.90
<p>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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
	<b>INDIRECT COSTS</b>	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
36	Equipment (purchase price of less than \$5000)			\$ -
37	Rent and Leases - equipment			\$ -
38	Rent and Leases - building and improvements			\$ -
39	Taxes and assessments			\$ -
40	Insurance and Indemnity			\$ -
41	Maintenance - equipment			\$ -
42	Maintenance - building and improvements			\$ -
43	Utilities			\$ -
44	Household Expenses			\$ -
45	Interest in Bonds			\$ -
46	Interest in Other Long-term debts			\$ -
47	Other interest and finance charges			\$ -
48	Contracts Administration			\$ -
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 Audit Act (OMB Circular A-133))			\$ -
51	Data Processing			\$ -
52	Personnel Administration			\$ -
53	Medical Records			\$ -
54	Other Professional and Specialized Services	\$ 2,739.00	\$ 1,764.90	\$ 974.10
55	Transportation and Travel			\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)			\$ -
57	<b>Total Indirect costs</b>	\$ 2,739.00	\$ 1,764.90	
63	<b>Total Allowable Costs</b>	\$ 515,894.00	\$ 333,000.00	\$ 182,894.00

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
--	-------------------	-------------------------	--------------------------

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

TITLE OF POSITION	TOTAL
Therapists	\$ 52,000
Occupational Therapist	\$ 87,000
Clinical Supervisor	\$ 20,800
Case Manager	\$ 33,000
Quality Improvement	\$ 10,000
Total Salaries and Wages	\$ 202,800

## DOOR TO HOPE

## BUDGET AND EXPENDITURE REPORT

For Monterey County - Behavioral Health

Fiscal Year 2020-21 \*\*\* AMENDMENT No. 6\*\*\*

Program Name: Santa Lucia

Service Description	Mode of Service	Service Function Code	Total Units of Service FY20-21
Case Management	15	01	53,479
Mental Health Services	15	10,30,40	194,312
Medication Support	15	60	5,400

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>				
Monterey County Funds (Monterey County's Use):				
Provisional Rates		\$ 530,000.00	\$ 720,000.00	\$ (190,000.00)
		\$ -	\$ -	\$ -
<b>Total Requested Monterey County Funds</b>		\$ 530,000.00	\$ 720,000.00	\$ (190,000.00)
<b>Other Program Revenues</b>				\$ -
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>		\$ 530,000.00	\$ 720,000.00	\$ (190,000.00)
B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.				
<b>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.</b>				
<b>A. Mode Costs (Direct Services)</b>		<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
1	Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 382,440.00	\$ 518,400.00	\$ (135,960.00)
2	Payroll taxes	\$ 26,200.00	\$ 36,000.00	\$ (9,800.00)
3	Employee benefits	\$ 31,000.00	\$ 43,200.00	\$ (12,200.00)
4	Workers Compensation	\$ 4,700.00	\$ 7,200.00	\$ (2,500.00)
5	Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -
6	Temporary Staffing			\$ -
7	Flexible Client Spending (please provide supporting documents)			\$ -
8	Travel (costs incurred to carry out the program)	\$ 4,200.00	\$ 5,705.64	\$ (1,505.64)
9	Employee Travel and Conference	\$ 5,600.00	\$ 7,607.52	\$ (2,007.52)
10	Communication Costs	\$ 2,600.00	\$ 3,532.10	\$ (932.10)
11	Utilities	\$ 5,900.00	\$ 8,151.12	\$ (2,251.12)
12	Cleaning and Janitorial			\$ -
13	Maintenance and Repairs - Buildings	\$ 9,100.00	\$ 12,362.26	\$ (3,262.26)
14	Maintenance and Repairs - Equipment			\$ -
15	Printing and Publications	\$ 104.00	\$ 141.26	\$ (37.26)
16	Memberships, Subscriptions and Dues	\$ 602.00	\$ 817.78	\$ (215.78)
17	Supplies	\$ 11,300.00	\$ 15,350.98	\$ (4,050.98)
18	Postage and Mailing	\$ 45.00	\$ 611.28	\$ (566.28)
19	Medical Records			\$ -
20	Data Processing			\$ -
21	Rent and Leases - equipment			\$ -
22	Rent and Leases - building and improvements (please identify the property address and method of cost allocation)			\$ -
23	Taxes and assessments (Please identify the property address and method of cost allocation) - 1929 Oxford Court	\$ 95.00	\$ 129.02	\$ (34.02)
24	Interest in Other Long-term debts (please identify the property address and method of cost allocation)			\$ -
25	Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)	\$ 7,800.00	\$ 10,591.20	\$ (2,791.20)

		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
26	Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))			\$ -
27	Miscellaneous (please provide details)			\$ -
28	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)	\$ 6,200.00	\$ 8,416.80	\$ (2,216.80)
29	<b>Total Mode Costs</b>	<b>\$ 497,886.00</b>	<b>\$ 678,216.96</b>	<b>\$ (180,330.96)</b>
	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	\$ 17,000.00	\$ 21,600.00	\$ (4,600.00)
32	Others - please provide details. Expense must be authorized by the County and/or not prohibited under Federal, State or local law or regulations.			\$ -
33	Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)			\$ -
34	<b>Total Administrative Costs</b>	<b>\$ 17,000.00</b>	<b>\$ 21,600.00</b>	<b>\$ (4,600.00)</b>
35	<b>TOTAL DIRECT COSTS</b>	<b>\$ 514,886.00</b>	<b>\$ 699,816.96</b>	<b>\$ (184,930.96)</b>
<p>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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
		Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>INDIRECT COSTS</b>				
36	Equipment (purchase price of less than \$5000)			\$ -
37	Rent and Leases - equipment			\$ -
38	Rent and Leases - building and improvements			\$ -
39	Taxes and assessments			\$ -
40	Insurance and Indemnity			\$ -
41	Maintenance - equipment			\$ -
42	Maintenance - building and improvements			\$ -
43	Utilities			\$ -
44	Household Expenses			\$ -
45	Interest in Bonds			\$ -
46	Interest in Other Long-term debts	\$ 4,505.00	\$ 6,120.00	\$ (1,615.00)
47	Other interest and finance charges			\$ -
48	Contracts Administration			\$ -
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 Audit Act (OMB Circular A-133))			\$ -
51	Data Processing			\$ -
52	Personnel Administration			\$ -
53	Medical Records			\$ -
54	Other Professional and Specialized Services	\$ 10,275.00	\$ 13,609.30	\$ (3,334.30)
55	Transportation and Travel			\$ -
56	Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)	\$ 334.00	\$ 453.74	\$ (119.74)
57	<b>Total Indirect costs</b>	<b>\$ 15,114.00</b>	<b>\$ 20,183.04</b>	<b>\$ (5,069.04)</b>
63	<b>Total Allowable Costs</b>	<b>\$ 530,000.00</b>	<b>\$ 720,000.00</b>	<b>\$ (190,000.00)</b>

	<b>Actual FY 2019-20</b>	<b>Requested FY 2020-21</b>	<b>Variance FY20 vs FY21</b>
--	--------------------------	---------------------------------	----------------------------------

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

TITLE OF POSITION	TOTAL
Therapists	\$ 147,600
Clinical Supervisor	\$ 48,500
Childcare Counselor	\$ 100,800
Lead Childcare Counselor	\$ 62,400
Facility Manager	\$ 57,000
Residential Services	\$ 60,000
Clinical Director	\$ 42,100
<b>Total Salaries and Wages</b>	<b>\$ 518,400</b>

**DOOR TO HOPE**

**BUDGET AND EXPENDITURE REPORT**

**For Monterey County - Behavioral Health**

**Fiscal Year 2020-21 \*\*\* Amendment No. 6\*\*\***

**Program Name:** Parents As Teachers (formerly known as Families First & Foremost)

Service Description	Mode of Service	Service Function Code	Total Units of Service FY20-21
Case Management	15	01	0
Mental Health Services	15	10,30,40	0

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. PROGRAM REVENUES</b>			
<b>Monterey County Funds (Monterey County's Use):</b>			
Provisional Rates	\$ 13,248.38		
			\$ -
<b>Total Requested Monterey County Funds</b>	<b>\$ 13,248.38</b>	<b>\$ -</b>	<b>\$ 13,248.38</b>
<b>Other Program Revenues</b>			
<b>TOTAL PROGRAM REVENUES (equals Allowable Costs)</b>	<b>\$ 13,248.38</b>	<b>\$ -</b>	<b>\$ 13,248.38</b>

B. ALLOWABLE COSTS - Allowable expenditures for the care and services of placed Monterey County clients allocated in accordance with requirements contained in this Agreement. Expenditures should be reported within the cost categories list. CONTRACTOR is expected to be able to identify direct and indirect costs directly from its financial statements.

**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.**

	Actual FY 2019-20	Requested FY 2020-21	Variance FY20 vs FY21
<b>A. Mode Costs (Direct Services)</b>			
1 Salaries and wages (please fill out Supplemental Schedule of Salaries and Wages)	\$ 11,606.00		\$ 11,606.00
2 Payroll taxes	\$ 525.38		\$ 525.38
3 Employee benefits	\$ 999.00		\$ 999.00
4 Workers Compensation	\$ 118.00		\$ 118.00
5 Severance Pay (if required by law, employer-employee agreement or established written policy or associated with County's loss of funding)			\$ -
6 Temporary Staffing			\$ -
7 Flexible Client Spending (please provide supporting documents)			\$ -
8 Travel (costs incurred to carry out the program)			\$ -
9 Employee Travel and Conference			\$ -
10 Communication Costs			\$ -
11 Utilities			\$ -
12 Cleaning and Janitorial			\$ -
13 Maintenance and Repairs - Buildings			\$ -
14 Maintenance and Repairs - Equipment			\$ -
15 Printing and Publications			\$ -
16 Memberships, Subscriptions and Dues			\$ -
17 Office Supplies			\$ -
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 method of cost allocation)			\$ -
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 allocation)			\$ -
25 Other Professional and Consultant Services (allowable with prior specific approval from Monterey County and must meet the criteria of a direct cost)			\$ -

	Actual 2019-20	FY	Requested FY 2020-21	Variance FY20 vs FY21
26 Audit Costs and Related Services (Audits required by and conducted in accordance with the Single Audit Act (OMB Circular A-133))				\$ -
27 Miscellaneous (please provide details)				\$ -
28 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
29 <b>Total Mode Costs</b>	\$ 13,248.38			\$ 13,248.38
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 and/or not prohibited under Federal, State or local law or regulations.				\$ -
33 Depreciation Expenses (please exclude assets purchased by COUNTY funds and provide Schedule of Depreciation expense.)				\$ -
34 <b>Total Administrative Costs</b>				\$ -
35 <b>TOTAL DIRECT COSTS</b>	\$ 13,248.38			\$ 13,248.38
<p>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 the cost objective specifically benefitted without effort disproportionate to the results achieved. The indirect cost centers correspond directly with the expense accounts defined in the Accounting Standards and Procedures for Counties, which is published by the California State Controller's Office.</p>				
	Actual FY 2019-20		Requested FY 2020-21	Variance FY20 vs FY21
<b>INDIRECT COSTS</b>				
36 Equipment (purchase price of less than \$5000)				\$ -
37 Rent and Leases - equipment				\$ -
38 Rent and Leases - building and improvements				\$ -
39 Taxes and assessments				\$ -
40 Insurance and Indemnity				\$ -
41 Maintenance - equipment				\$ -
42 Maintenance - building and improvements				\$ -
43 Utilities				\$ -
44 Household Expenses				\$ -
45 Interest in Bonds				\$ -
46 Interest in Other Long-term debts				\$ -
47 Other interest and finance charges				\$ -
48 Contracts Administration				\$ -
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 Audit Act (OMB Circular A-133))				\$ -
51 Data Processing				\$ -
52 Personnel Administration				\$ -
53 Medical Records				\$ -
54 Other Professional and Specialized Services				\$ -
55 Transportation and Travel				\$ -
56 Advertising (for recruitment of admin personnel, procurement of services and disposal of surplus assets)				\$ -
57 <b>Total Indirect costs</b>	\$ -			\$ -
63 <b>Total Allowable Costs</b>	\$ 13,248.38		\$ -	\$ 13,248.38