TEHAMA COUNTY BOARD OF SUPERVISORS

Robert Burroughs, District 1
Tom Walker, District 2
Pati Nolen, District 3, Vice Chair
Matt Hansen, District 4, Chairman
Greg Jones, District 5

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

Sean Houghtby
Clerk of the Board
(530) 527-3287

Board Chambers
727 Oak Street, Red Bluff, CA 96080
(530) 527-4655
http://www.tehama.gov

AGENDA FOR TUESDAY, JULY 15, 2025

The Board of Supervisors welcomes you to their meetings which are regularly scheduled for each Tuesday. Your participation and interest are encouraged and appreciated. Members of the public may address the Board from the podium on items on the agenda when the matter is called. The Board reserves the right to limit the time devoted to any item on the agenda and to limit the time of any speaker.

The Board wishes to ensure that business is conducted in an orderly fashion and the public is asked to be courteous and polite when addressing the Board and to be respectful to others attending the Board meeting. Any disorderly conduct which disrupts, disturbs, or otherwise impedes the orderly conduct of the Board meeting is prohibited.

Members of the public who are unable to attend in person may participate, listen and watch in the following ways:

1) To participate in the Board meeting, the public may listen and comment over the phone by calling: (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment.

2) Members of the public who are unable to attend in person may watch and listen via the web at: https://tehamacounty.legistar.com/Calendar.aspx. To comment on an upcoming agenda item, call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment at the time the item is called.

The audio and live video streaming is being offered as a convenience. The Board meeting will continue even if there is a disruption. If there is a disruption, the public is encouraged to consider an alternate option listed above. If you have trouble connecting or accessing the meeting, contact the Board office for assistance at (530) 527-4655.

Please refer to the last page of the agenda for information on how to participate in the meeting, as well as the various options being made available for members of the public to provide comment.

The County of Tehama does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. Questions, complaints, or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County's ADA Coordinator: Tom Provine, County of Tehama, 727 Oak St., Red Bluff, CA 96080, Phone: (530) 527-4655. Individuals with disabilities who need auxiliary aids and/or services or other accommodations for effective communication in the County's programs and services are invited to make their needs and preferences known to the affected department or the ADA Coordinator. For aids or services needed for effective communication during Board of Supervisors meetings, please contact the ADA Coordinator two business days prior to the day of the meeting. This notice is available in accessible alternate formats from the affected department or the ADA Coordinator.

The Agenda is divided into two sections:

CONSENT AGENDA:

These items include routine financial and administrative actions and are usually approved by a single majority vote. Any Board member, staff member or interested person may request that an item be removed from the Consent Agenda for discussion on the Regular Agenda.

REGULAR AGENDA:

These items include significant financial and administrative actions of special interest that are usually approved individually by a majority vote. The Regular Agenda also includes noticed hearings and public hearings. The times on the agenda are approximate.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

PLEASE TURN OFF OR MUTE YOUR CELL PHONE

PUBLIC COMMENT

This is a time set aside for members of the public to directly address the Board of Supervisors on any item of interest to the public that is within the subject matter jurisdiction of this board. No action shall be taken on any item not appearing on the agenda unless the action is otherwise authorized by subdivision (b) of section 54954.2 of the government code. This board has chosen to exercise its discretion and limit each speaker to three (3) minutes.

Members of the public will be allowed to address the Board of Supervisors regarding items appearing on the agenda at the time the item is called.

ANNOUNCEMENT OF AGENDA CORRECTIONS

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Receive reports from the following standing and ad hoc committees, and discussion and possible direction to the committees regarding future meetings and activities within each committee's assigned scope:

Public Works Committee (Standing) (Hansen, Walker)

Veterans Halls Advisory Committee (Standing) (Burroughs, Jones)

Public Safety Tax Initiative Working Group (Hansen, Jones)

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker)

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

This is an opportunity for a County Department to provide information to the Board and the general public. These announcements are to be as brief and concise as possible and not used to seek direction from the Board.

CONSENT AGENDA

1. GENERAL WARRANT REGISTER - 6/15/25 - 6/28/25 25-1199

2. AUDITOR'S CLAIMS 25-1159

a) Court Operations, 2026-53221, Benjamin E. Magid, $1,040.00
b) Court Operations, 2026-53221, 2021-53160, Borges Law Office Inc., $3,570
c) Court Operations, 2026-53221, Sierra Nevada Law Corporation DBA: The Law Office of Derek B. David Soriano, $2,982.40
d) Court Operations, 2026-53221, Sierra Nevada Law Corporation DBA: The Law Office of Derek B. David Soriano, $2,792.00

3. AUDITOR-CONTROLLER 25-1178

a) STALE DATED WARRANT-Pursuant to Government Code Section 29802, authorization to reissue the following stale dated warrant

1)Warrant Number 70859369, dated 07/02/2024 in the amount of $262.89 to Jeff Donaldson

4. ADMINISTRATION 25-1217

a) Declare the following vehicles to be surplus County property:
1) SHERIFF - 1997 Ford Expedition, VIN # 1FMFU18L8VLB01663, County Inventory #21011, Stock #510
2) SHERIFF - 2001 Ford F-350, VIN # 1FBSS31S4YHB84459, County Inventory #23364, Stock #290
3) SHERIFF - 2001 Ford Crown Victoria, VIN # 2FAFP71W61X128317, County Inventory #23560, Stock #215
4) SHERIFF - 2001 Ford Crown Victoria, VIN # 2FAFP71W61X117169, County Inventory #23561, Stock #216
5) SHERIFF - 2003 Ford Expedition, VIN # 1FMPU16L93LC52094, County

Inventory #24280, Stock #509
6) SHERIFF - 2004 Ford Crown Victoria, VIN # 2FAHP71W64X102927, County Inventory #26143, Stock #380
7) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71W45X132946, County Inventory #26148, Stock #388
8) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71WX5X132949, County Inventory #26150, Stock #391
9) SHERIFF -2011 Ford Crown Victoria, VIN # 2FABP7BV78X161719, County Inventory #29104, Stock #845
10) SHERIFF - 2011 Ford Crown Victoria, VIN # 2FABP7BV8BX169800, County Inventory #29105, Stock #846
11) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71W75X132973, County Inventory #26151, Stock #392
12) SHERIFF - 2000 Ford F-150, VIN # 1FTNX21S9YED51565, County Inventory #23917, Stock #461
13) SHERIFF - 2000 Ford Crown Victoria, VIN # 2FAFP71W5YX157561, County Inventory #22427, Stock #39

b) Request authorization for Administration/Purchasing to dispose of the property in the manner that provides the highest possible return to the County

5. ADMINISTRATION **25-1187**

a) AGREEMENT - Approval and authorization for the Chair to sign the Agreement between the County of Tehama and Tehama County Opportunity Center, Inc., dba as North Valley Services, for the operation of a public benefit program and lease of the Corning Courthouse property to be used to carry out that program, with a Monthly Rental Sum of $3,371.55 effective 7/1/25 and shall terminate 6/30/26; and a Monthly Rental Sum of $3,472.70 effective 7/1/26 and shall terminate 6/30/27; and a Monthly Rental Sum of $3,576.88 effective 7/1/27 and shall terminate 6/30/28

6. DEPARTMENT OF AGRICULTURE **25-1171**

a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign Cooperative Agreement 25-0319-000-SA with the California Department of Food and Agriculture for providing soil and commodities treatment supervision and/or soil sampling as required by laws pertaining to the nematode control program in an amount not to exceed $1,800, effective 7/1/25 and shall terminate 6/30/26

7. CHILD SUPPORT SERVICES **25-1181**

a) AGREEMENT - Request approval and authorization for the Director of Tehama County Department of Child Support Services to sign the Plan of Cooperation (POC) with the Tehama County Superior Court, effective upon signing and shall end two years or until 7/1/27, whichever is earlier. This POC shall automatically renew for an additional two-year term, until and unless it is superseded by a future POC

8. PROBATION DEPARTMENT **25-1182**

a) AGREEMENT - Request approval and authorization for the Chairman and Chief

Probation Officer to sign the agreement with County of Plumas to provide board and care of Plumas County youths for specified per-person daily rates, with the maximum amount not to exceed $160,000, effective 7/1/25 and shall terminate 6/30/26

9. PROBATION DEPARTMENT **25-1201**

a) AGREEMENT - Request approval and authorization for the Chairman to sign the agreement with County of Trinity to provide board and care of Trinity County youths for specified per-person daily rates, with the maximum amount not to exceed $300,000, effective 7/1/25 and shall terminate 6/30/26

10. SHERIFF'S OFFICE **25-1222**

a) AGREEMENT - Request approval and authorization for the Chair and the Sheriff to sign and electronically submit the Federal Equitable Sharing Agreement and Certification that allows participation in the Federal Equitable Sharing program of the Federal Asset seizure for Tehama County that shows the equitable sharing activity of Federal Asset Seizure for Tehama County for FY 2024/25

11. HEALTH SERVICES AGENCY / DRUG & ALCOHOL **25-1110**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Standard Agreement #25-50091 with the Department of Health Care Services (DHCS) for the Drug Medi-Cal (DMC) Treatment Program for Substance Use Disorder (SUD) services, effective 7/1/25 through 12/31/26

12. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1235**

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as a Case Resource Specialist II, Range 26, Step B, effective 7/15/25, or upon successful completion of all pre-employment requirements

13. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1232**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Northern Valley Catholic Social Service, Inc. for the purpose of providing peer to peer support staff, for a maximum compensation amount not to exceed $650,949, effective 7/1/25 and shall terminate 6/30/28

14. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1233**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Northern Valley Catholic Social Service, Inc., for the purpose of providing a consumer workforce temporary work experience program, for a maximum compensation amount not to exceed $530,322, effective 7/1/25 and shall terminate 6/30/28

15. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1234**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Victor Community Support Services, Inc. (VCSS) for the purpose of Medi-Cal Specialty Mental Health Services for eligible children and transitional aged youth (TAY) for rates set forth in Exhibit B of the agreement, with the maximum compensation not to exceed $2,000,000, effective 7/1/25 and shall terminate

6/30/26

16. APPROVAL OF MINUTES 25-1251

a) Waive the reading and approve the minutes of the regular meeting held
1) 6/17/25
2) 6/24/25
3) 7/1/25

RECESS to convene as the Tehama County Air Pollution Control District

CONSENT AGENDA

17. COMMITTEES & COMMISSIONS / SPECIAL DISTRICT 25-1162

a) AIR POLLUTION CONTROL DISTRICT INDIRECT SOURCE RULE REVIEW - One (1) appointment to filled the vacancy of Vicky Dawley for no set term (Interested Person: Brin Greer)

18. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT 25-1075

a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign a FARMER Incentive Program Agreement with Crain Orchards Inc, in the amount up to $55,000, effective upon execution by both parties and terminates three years from the date of installation

19. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT 25-1219

a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign the Woodsmoke Reduction Program Retailer Agreement with Allianz Heating and Air which allows them to participate in the Woodsmoke Reduction Program as a participating Retailer in amounts not to exceed the predesignated amount for each voucher issued, effective upon execution by both parties and to terminate on 6/30/26

20. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT 25-1220

a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign Amendment No. 1 to Misc. Agreement 2020-331, FARMER Incentive Program, dated November 10, 2020 with Merkley Ranch thereby extending the termination of the agreement to seven years and decreasing the minimum yearly usage from 400 to 89 hrs/yr

21. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT 25-1221

a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign Amendment No.1 to Misc. Agreement 2019-13, to FARMER Incentive Program dated January 15, 2019 with Alderson Dairy thereby extending the expiration of the agreement to seven years and decreasing the minimum yearly usage from 450 to 150 hrs/yr

22. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT 25-1223

a) AGREEMENT - Request approval and authorization for the Air Pollution Control

Officer to sign Amendment No. 1 to Misc. Agreement 2025-108, FARMER Incentive Program with Curiel Farms to decrease the maximum incentive amount from $46,937 to $46,381, update to one John Deere 5105ML 105-horsepower diesel engine and to decrease the payback factor from $11.73/hr to $11.59/hr

ADJOURN to reconvene as the Tehama County Board of Supervisors

REGULAR AGENDA

23. TEHAMA COUNTY CONTINUUM OF CARE - Continuum of Care Coordinator, Andrea C. Curry 25-1202

a) INFORMATIONAL PRESENTATION - Regarding the 2025 Point-in-Time (PIT) Count collaborative efforts with community partners

24. PROBATION DEPARTMENT - Chief Probation Officer Pam Gonzalez 25-1180

a) AGREEMENT - Request approval and authorization for the Chief Probation Officer to sign the agreement with Ronald L. Clark, DDS, with the maximum amount not to exceed $25,000, effective 7/1/25 and shall terminate 6/30/26

25. ENVIRONMENTAL HEALTH - Director Tia Branton 25-1196

a) AGREEMENT - Request approval and authorization for the Director of Environmental Health to sign the agreement with HS GovTech, for the purpose of providing web-based permit, financial, and inspection software application including data management services. Maximum compensation per rates set forth in Appendix C for the initial term of the agreement will be $145,972, effective upon signing through 7/15/30 with automatic one year renewals thereafter unless terminated

26. AUDITOR-CONTROLLER - Auditor-Controller Krista Peterson 25-1132

a) Request authorization of Blanket Budget Transfer B-92 as necessary for year-end budget and revenue adjustments (**Requires 4/5's vote)**

27. PUBLIC WORKS - Interim Director Will Pike 25-1211

a) INFORMATIONAL PRESENTATION - Presentation regarding the County of Tehama's list of projects for Fiscal Year 25/26 funded by Senate Bill 1 (SB1), the Road Repair and Accountability Act of 2017

b) RESOLUTION - Request adoption of a resolution amending the FY 25/26 budget to incorporate a list of projects funded by SB1: The Road Repair and Accountability Act

28. PERSONNEL / ADMINISTRATION - Personnel Director Coral Ferrin 25-1088

a) RESOLUTION - Request approval of a resolution establishing the benefits of County of Tehama Department Heads appointed as Elected Officials, effective July 15, 2025

b) Request approval to apply the provision outlined in Section 2: Sick Leave Accrual retroactively for the following elected officials:

Matt Rogers, District Attorney

David Kain, Sheriff / Coroner
Krista Peterson, Auditor / Controller
Burley Phillips, Assessor
Jennifer Vise, Clerk and Recorder (Retired)

29. BOARD OF SUPERVISORS **25-1179**

a) Request approval and authorization for the Chair to sign a letter of support for Tehama County Sheriff's Office Community Project Funding Request - Emergency Radio Communications Infrastructure Improvements

FUTURE AGENDA ITEMS

Future Agenda Items is an opportunity for a Board member to present a topic to the full Board and County Departments and allow the Board to express majority that staff should be directed to address the issue and bring it back to the full Board as an agendized matter. This is not a time for the Board to address the merits or express their opinions on the issue but solely to decide if staff should expend resources in researching and preparing documents for consideration at a public board meeting. More complex issues may result in a future study session.

CLOSED SESSION

Members of the public may address the Closed Session matters at the time the closed session is announced.

30. CLOSED SESSION **25-1164**

a) Liability Claims Pursuant to Government Code 54956.95
Claimant: William and Veronica Poland
Agency claimed against: Tehama County

31. CLOSED SESSION **25-1191**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Director of Public Works

REPORTABLE ACTIONS FROM CLOSED SESSION

ADJOURN

Any written materials related to an open session item on this agenda that are submitted to the Board of Supervisors, and that are not exempt from disclosure under the Public Records Act, will be made available for public inspection at the Tehama County Clerk of the Board of Supervisors Office, 633 Washington St., Rm. 12 (P.O. Box 250), Red Bluff, California, 96080, (530) 527-3287 during normal business hours.

The deadline for items to be placed on the Board’s agenda is 5 p.m. on the Wednesday Thirteen days prior to the meeting on Tuesday, unless a holiday intervenes. Items not listed on the Agenda can only be considered by the Board if they qualify under Government Code

Section 54954.2(b) (typically this applies to items meeting criteria as an off-agenda emergency).

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS PURSUANT TO GOVERNMENT CODE SECTION 84308:

Members of the Board of Supervisors are disqualified and not able to participate in any agenda item involving contracts (other than competitively bid, labor, or personal employment contracts), franchises, discretionary land use permits and other entitlements if the Board member received more than $250 in campaign contributions from the applicant or contractor, an agent of the applicant or contractor, or any financially interested participant who actively supports or opposes the County's decision on the agenda item since January 1, 2023. Members of the Board of Supervisors who have received, and applicants, contractors or their agents who have made, campaign contributions totaling more than $250 to a Board member since January 1, 2023, are required to disclose that fact for the official record of the subject proceeding. Disclosures must include the amount of the campaign contribution and identify the recipient Board member and may be made either in writing to the Clerk of the Board of Supervisors prior to the subject hearing or by verbal disclosure at the time of the hearing.

WAYS TO PARTICIPATE, WATCH AND LISTEN DURING THE MEETING:

1) Attend in person in Board Chambers, Tehama County Administration Building, 727 Oak St., Red Bluff, CA 96080.

2) Listen and comment over the phone by calling: (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment.

3) Watch live video and listen at: https://tehamacounty.legistar.com/Calendar.aspx. To comment on an upcoming agenda item, call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment at the time the item is called.

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PROVIDE PUBLIC COMMENT BEFORE THE MEETING BY:

1) Writing a letter to the Board of Supervisors at PO Box 250, Red Bluff, CA 96080.

2) Emailing: tcbos@tehama.gov. Written or emailed public comments received by 4:00 p.m. the day prior to the meeting will be provided to the Board members electronically or in written format and will become part of the public record.

PROVIDE PUBLIC COMMENT DURING THE MEETING BY:

1) In-Person: Board Chambers, Tehama County Administration Building, 727 Oak St., Red Bluff, CA 96080: Members of the public can provide comment in-person inside the Board of Supervisors' Chambers.

2) Over the Phone: Members of the public can call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment. The public will be placed in a call-in queue until they are permitted into the meeting for comment.

COMMUNICATIONS received by the Board of Supervisors are on file and available for review in the Office of the Clerk of the Board.

MINUTES, AGENDAS, AGENDA MATERIAL, and ARCHIVED MATERIAL is available on our website at https://tehamacounty.legistar.com/Calendar.aspx

Tehama County

Agenda Request Form

File #: 25-1199 **Agenda Date:** 7/15/2025 **Agenda #:** 1.

GENERAL WARRANT REGISTER - 6/15/25 - 6/28/25

Requested Action(s)

Financial Impact:
As Listed.

Background Information:

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
00000407	06/16/2025	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$177.83
00000408	06/17/2025	102493	HUE & CRY SECURITY	101	GENERAL FUND	101-105580	NOT APPLICABLE	ACCT 25994 PO428893	$476.25
00000409	06/17/2025	108325	STAPLES ADVANTAGE	102	ROAD FUND	3011-53220	ROAD DEPARTMENT	LA1054406	$166.99
00000410	06/17/2025	101719	THOMES CREEK ROCK	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$1,356.00
00000411	06/18/2025	132340	ANTELOPE AUTO REPAIR LLC	116	SENIOR NUTRITION	5063-53170	SENIOR NUTRITION	MAINTENANCE OF EQUIPMENT	$557.23
00000412	06/20/2025	107355	AIRGAS USA LLC	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	2144002	$459.36
00000413	06/20/2025	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	54500	$2,258.14
00000414	06/20/2025	100502	CALIFORNIA NEWSPAPERS PARTNERS	102	ROAD FUND	3011-53240	ROAD DEPARTMENT	2123840	$156.28
00000415	06/20/2025	105814	MIKE'S HEATING AND AIR INC	105	FIRE FUND	2042-53180	FIRE SCH C VOL	MTCE STRUCT-IMPRV-GROUNDS	$242.88
00000416	06/23/2025	105814	MIKE'S HEATING AND AIR INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	MTCE STRUCT-IMPRV-GROUNDS	$517.70
00000416	06/23/2025	105814	MIKE'S HEATING AND AIR INC	102	ROAD FUND	3011-53180	ROAD DEPARTMENT	MTCE STRUCT-IMPRV-GROUNDS	$315.00
00000417	06/24/2025	102493	HUE & CRY SECURITY	101	GENERAL FUND	101-105580	NOT APPLICABLE	PAYER ID 28654 PP FY 25/26	$33.00
00000417	06/24/2025	102493	HUE & CRY SECURITY	101	GENERAL FUND	101-105580	NOT APPLICABLE	PAYER ID 30691 PP FY 25/26	$40.00
00000418	06/24/2025	112639	KENNY & NORINE A LAW CORP	101	GENERAL FUND	1031-53230	COUNTY COUNSEL	INV100525,100710,100800,100874	$1,667.50
00000419	06/24/2025	105814	MIKE'S HEATING AND AIR INC	527	TC TRANS COMM AD	3033-53230	TCTC PLANNING	PROFESSIONAL/SPECIAL SERV	$7,425.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
00000420	06/24/2025	101705	TEHAMA TIRE SERVICE	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$4,572.48
00000421	06/24/2025	101719	THOMES CREEK ROCK	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	TC326	$245.82
00000422	06/25/2025	100502	CALIFORNIA NEWSPAPERS PARTNERS	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PO 51786	$5,350.00
00000423	06/25/2025	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	PP FY 25/26 ACCT 31670	$30.00
00000424	06/26/2025	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	54500	$673.46
00000425	06/26/2025	108325	STAPLES ADVANTAGE	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	Account: LA 1054406	$427.30
00000426	06/27/2025	107355	AIRGAS USA LLC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	ACC#2143997	$292.70
00000426	06/27/2025	107355	AIRGAS USA LLC	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	ACC#2144000	$51.01
00000427	06/27/2025	132340	ANTELOPE AUTO REPAIR LLC	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	2016 FORD 01528	$324.48
00000428	06/27/2025	100185	BEN'S TRUCK REPAIR INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	54560	$74.32
00000429	06/27/2025	100502	CALIFORNIA NEWSPAPERS PARTNERS	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	96531	$451.56
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	105863	$4,616.55
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	11097	$6,213.25
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	123052	$5,273.00
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	105863	$5,505.91

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	11097	$5,505.91
00000430	06/27/2025	122962	PSYNERGY PROGRAMS INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	123052	$5,505.91
00000431	06/27/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	1037612032	$1,090.92
00000431	06/27/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	1037612032	$1,784.25
00000431	06/27/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	1067612032	$506.54
00000431	06/27/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	1037612032	$458.08
00000432	06/27/2025	103384	SMILEMAKERS	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	637276-po 9608	$722.59
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	LA1054406	$64.47
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	LA1054406	$113.34
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	LA1054406	$2,213.69
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	LA1054406	$90.47
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	LA1054406	$60.45
00000433	06/27/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	LA1054406	$25.56
00008120	06/20/2025	134476	PATI NOLEN	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	211	DENTAL INSURANCE	211-105580	NOT APPLICABLE	DENTAL FEE JULY 2025	$3,928.00
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	212	MEDICAL	212-105580	NOT APPLICABLE	EPO JULY 2025	$1,304,784.00
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	212	MEDICAL	212-105580	NOT APPLICABLE	LIFE FEE JULY 2025	$3,822.30
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	212	MEDICAL	212-105580	NOT APPLICABLE	MEDICAL FEE JULY 2025	$325.50

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	212	MEDICAL	212-105580	NOT APPLICABLE	PPO JULY 2025	$10,356.00
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	212	MEDICAL	212-105580	NOT APPLICABLE	SUPPLEMETAL LIFE JULY 2025	$6,122.42
00008127	06/25/2025	113078	EMPLOYEE BENEFIT SPECIALISTS	213	VISION	213-105580	NOT APPLICABLE	VISION FEE JULY 2025	$407.55
00008128	06/25/2025	134476	PATI NOLEN	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	MISCELLANEOUS EXPENSE	$100.00
70874954	06/16/2025	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	Account: CH001032 - Main	$13,325.77
70874955	06/16/2025	100065	ALSCO INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	208320	$53.63
70874956	06/16/2025	109623	ASBURY ENVIRONMENTAL SERVICES	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	5782	$65.00
70874957	06/16/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391082325	$33.46
70874957	06/16/2025	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391082325	$32.48
70874957	06/16/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391082325	$32.48
70874957	06/16/2025	103939	AT&T	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	9391032913	$79.33
70874959	06/16/2025	113573	AT&T U-VERSE	101	GENERAL FUND	1073-53120	GENERAL SERVICES	332446742	$181.90
70874960	06/16/2025	126362	CALIFORNIA SAFETY COMPANY INC	101	GENERAL FUND	7033-53230	RED BLUFF VETERA	5365	$60.00
70874961	06/16/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1041-53170	PERSONNEL	TC39	$712.33
70874961	06/16/2025	142466	CARREL'S OFFICE MACHINES	601	AIR POLLUTION DI	60110-53170	AIR POLLUTION DI	163PA25	$15.65

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874962	06/16/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1073-53120	GENERAL SERVICES	127091101	$1,511.24
70874962	06/16/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1073-53120	GENERAL SERVICES	COMMUNICATIONS	$450.00
70874962	06/16/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1074-53120	FACILITIES MAINT	176976701	$100.00
70874963	06/16/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	CLOTHING & PERSONNEL SUPP	$33.30
70874963	06/16/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	HOUSEHOLD EXPENSE	$46.33
70874963	06/16/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	SHOP SUPPLIES EXPENSE	$28.05
70874964	06/16/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	UTILITIES	$520.40
70874964	06/16/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	UTILITIES	$927.40
70874964	06/16/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	UTILITIES	$344.50
70874964	06/16/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	UTILITIES	$561.99
70874965	06/16/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40121-53260	PUBLIC HEALTH	RENT/LEASE OF BUILDINGS	$290.70
70874965	06/16/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40131-53260	MENTAL HEALTH	RENT/LEASE OF BUILDINGS	$474.04
70874965	06/16/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40171-53260	DRUG & ALCOHOL	RENT/LEASE OF BUILDINGS	$146.24
70874965	06/16/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40251-53260	CLINIC SERVICES	RENT/LEASE OF BUILDINGS	$214.02
70874966	06/16/2025	114247	DEBBIE FOX-CHOW DVM	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	Shelter Svcs April - May 2025	$2,000.00
70874967	06/16/2025	103045	DEPT OF JUSTICE	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$128.00
70874968	06/16/2025	127756	EMPOWER TEHAMA	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$45,949.59
70874968	06/16/2025	127756	EMPOWER TEHAMA	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$2,630.37

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874968	06/16/2025	127756	EMPOWER TEHAMA	108	SOCIAL SERVICES	5022-55397	PUBLIC ASSISTANC	COMMUNITY BASE RESOURCE	$5,614.83
70874969	06/16/2025	134605	FASTENERS INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	MTCE STRUCT-IMPRV-GROUNDS	$50.47
70874970	06/16/2025	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	SHOP SUPPLIES EXPENSE	$77.14
70874971	06/16/2025	100690	GERBER-LAS FLORES COMM SERV DI	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	ACCT 1415	$133.96
70874972	06/16/2025	V000237	GOLDEN RULE SMALL ENGINES	101	GENERAL FUND	1074-53170	FACILITIES MAINT	103329	$18.21
70874973	06/16/2025	T0014259	GOVERNMENT FINANCE OFFICERS AS	101	GENERAL FUND	1014-53290	COUNTY ADMINISTR	300283700	$525.00
70874973	06/16/2025	T0014259	GOVERNMENT FINANCE OFFICERS AS	101	GENERAL FUND	1014-53290	COUNTY ADMINISTR	3177941	$50.00
70874973	06/16/2025	T0014259	GOVERNMENT FINANCE OFFICERS AS	101	GENERAL FUND	1014-53290	COUNTY ADMINISTR	3177942	$250.00
70874974	06/16/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	1074-53170	FACILITIES MAINT	6013	$785.77
70874974	06/16/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	1074-53291	FACILITIES MAINT	6013	$775.64
70874974	06/16/2025	136121	HUNT & SONS LLC	102	ROAD FUND	3011-53291	ROAD DEPARTMENT	99524	$16,781.20
70874975	06/16/2025	100793	HYDRAULIC CONTROLS INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	02879716	$33.75
70874976	06/16/2025	105839	JERRY GROSS DBA	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$160.00
70874977	06/16/2025	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	7021-53606	PARKS & RECREATI	52056	$21.44
70874978	06/16/2025	100957	LOS MOLINOS HARDWARE	101	GENERAL FUND	7021-53604	PARKS & RECREATI	C515145	$36.72

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874978	06/16/2025	100957	LOS MOLINOS HARDWARE	101	GENERAL FUND	7021-53604	PARKS & RECREATI	C515146	$6.43
70874978	06/16/2025	100957	LOS MOLINOS HARDWARE	101	GENERAL FUND	7021-53604	PARKS & RECREATI	C515151	$7.50
70874979	06/16/2025	129181	MCKESSON MEDICAL	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	23732858	$151.62
70874980	06/16/2025	123038	MENDES SUPPLY COMPANY	101	GENERAL FUND	1074-53140	FACILITIES MAINT	7366	$418.34
70874981	06/16/2025	116981	NORCAL PRESORT	101	GENERAL FUND	1023-53220	ASSESSOR	PRINTING BPO # 304340	$60.39
70874981	06/16/2025	116981	NORCAL PRESORT	101	GENERAL FUND	1026-53220	TAX COLLECTOR	160001	$171.96
70874982	06/16/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	1014-53220	COUNTY ADMINISTR	44149	$767.93
70874983	06/16/2025	133510	PACE SUPPLY CORP	101	GENERAL FUND	7021-53604	PARKS & RECREATI	81436-00	$680.11
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1073-5330014	GENERAL SERVICES	9679240410-3	$521.39
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	1141711599-2	$30.63
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	2319970735-9	$169.75
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	3517799713-3	$1,265.27
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0590316959-6	$119.74
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0631983623-2	$288.10
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	4423493458-4	$793.16
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	9090130622-6	$5.68
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0590316959-6	$189.89

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0631983623-2	$252.37
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	4423493458-4	$967.44
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	9090130622-6	$6.93
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0590316959-6	$306.75
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0631983623-2	$372.67
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	4423493458-4	$408.17
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	9090130622-6	$2.93
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0590316959-6	$726.70
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0631983623-2	$677.25
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	4423493458-4	$379.13
70874984	06/16/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	9090130622-6	$2.72
70874985	06/16/2025	V000490	SACRAMENTO METRPOLITAN AIR QUA	601	AIR POLLUTION DI	60110-53290	AIR POLLUTION DI	REGISTRATION	$110.00
70874987	06/16/2025	101187	NORTH VALLEY SERVICES	101	GENERAL FUND	7021-53605	PARKS & RECREATI	497213	$225.00
70874987	06/16/2025	101187	NORTH VALLEY SERVICES	101	GENERAL FUND	7021-53606	PARKS & RECREATI	497213	$180.00
70874988	06/16/2025	117079	VERIZON WIRELESS	115	BUILDING & SAFET	2065-53120	BUILDING & SAFET	770720905-00031	$307.13
70874989	06/16/2025	131457	AMBER WILSON	112	HEALTH SERVICES	40131-53290	MENTAL HEALTH	RIDE SHARE	$122.98
70874990	06/16/2025	136466	BEN MIERZWAK	115	BUILDING & SAFET	2065-53290	BUILDING & SAFET	ICC TEST	$240.00
70874991	06/16/2025	V000435	BRANDON LENGTAT	106	PUBLIC SAFETY	2037-53290	PROBATION	JCO CORE COURSE/COMFORT INN	$3,542.00
70874992	06/16/2025	113429	GREEN WASTE OF TEHAMA	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	HOUSEHOLD EXPENSE	$637.34

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874993	06/16/2025	130779	HEIDI MENDENHALL	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	FAMILY CHAMP/SUPPLIES	$1,950.56
70874994	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	9166698	$16.02
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	6035-3225-4090-9714	$6.98
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	6035-3225-4090-9714	$55.35
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	6035-3225-4090-9714	$549.77
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	6035-3225-4090-9714	$7.00
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	6035-3225-4090-9714	$71.57
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	6035-3225-4090-9714	$6.96
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	6035-3225-4090-9714	$64.98
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	6035-3225-4090-9714	$6.98
70874995	06/16/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	6035-3225-4090-9714	$111.40
70874996	06/16/2025	T0042817	JEFF ELDRED	101	GENERAL FUND	2011-53170	DA VICTIM/WITNES	72717621259	$20.00
70874996	06/16/2025	T0042817	JEFF ELDRED	101	GENERAL FUND	2011-53291	DA VICTIM/WITNES	819934	$60.02
70874997	06/16/2025	V000406	NAVIGATE 360 LLC	101	GENERAL FUND	101-105580	NOT APPLICABLE	39609	$749.00
70874997	06/16/2025	V000406	NAVIGATE 360 LLC	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	41301	$749.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70874998	06/16/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	102	ROAD FUND	3011-53220	ROAD DEPARTMENT	424733576001	$89.01
70874999	06/17/2025	133996	ATHENA ANN DYER	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$465.00
70875000	06/17/2025	V000092	BOUCHER LAW PC	107	RISK MANAGEMENT	1101-53315	RISK MANAGEMENT	INVESTIGATIONS	$8,900.00
70875001	06/17/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2061-53220	AGRICULTURE COMM	Service/ 338PA24	$43.01
70875001	06/17/2025	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2013-53170	DISTRICT ATTORNE	TC21	$67.81
70875002	06/17/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	176978501 - Internet	$229.97
70875003	06/17/2025	100427	CPS HUMAN RESOURCE CONSULTING	101	GENERAL FUND	1041-53230	PERSONNEL	TEHA007	$356.50
70875004	06/17/2025	T00511	DANNY R & GLORIA ZIEGLER	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	066213013000 2024	$670.66
70875005	06/17/2025	T00436	DEMITRIOS N MITTRY	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	006430025000 2024	$51.53
70875006	06/17/2025	104716	DIVERSIFIED SERVICES/COPY CENT	101	GENERAL FUND	1023-53220	ASSESSOR	PRINTING	$1,480.28
70875007	06/17/2025	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	4019-10089 animal by weight	$237.97
70875008	06/17/2025	100748	HAWES RANCH & FARM	101	GENERAL FUND	2078-53180	DIV OF ANIMAL SE	63725-1/TEHAMACO/428850	$5,696.76
70875009	06/17/2025	134372	HUMBOLDT MOVING & STORAGE	101	GENERAL FUND	2061-53230	AGRICULTURE COMM	Shred 1834 Walnut/B-426586-24	$38.50
70875010	06/17/2025	110951	LIEBERT CASSIDY WHITMORE	101	GENERAL FUND	1041-53230	PERSONNEL	PROFESSIONAL/SPECIAL SERV	$2,024.00
70875010	06/17/2025	110951	LIEBERT CASSIDY WHITMORE	101	GENERAL FUND	1041-53290	PERSONNEL	11810-1086-1-F97C	$75.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875011	06/17/2025	124878	LINGUISTICA INTERNATIONAL INC	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	Acc# 10880 May 2025 139PA20	$68.15
70875012	06/17/2025	133139	MOJAVE ELECTRIC	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	JDF POWER POLE	$1,325.00
70875013	06/17/2025	V000447	MORGAN VAZQUEZ	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$3,250.00
70875014	06/17/2025	V000017	MUNICIPAL RESOURCE GROUP LLC	101	GENERAL FUND	1105-53230	PROFESSIONAL COU	PROFESSIONAL/SPECIAL SERV	$1,087.50
70875015	06/17/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	1023-53220	ASSESSOR	PAPER	$444.62
70875015	06/17/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	89517192	$55.14
70875016	06/17/2025	132967	PACE ANALYTICAL SERVICES LLC	605	TC SANITATION DI	60510-53230	TC SANITATION DI	PO46004	$309.50
70875017	06/17/2025	101276	PETERSON TRACTOR	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$320.06
70875018	06/17/2025	130285	PLEXUS GLOBAL LLC	101	GENERAL FUND	2061-53230	AGRICULTURE COMM	DOT TESTING	$96.00
70875019	06/17/2025	V000182	POSTPARTUM SUPPORT INTERNATION	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$675.00
70875020	06/17/2025	132831	PRENTICE LONG PC	101	GENERAL FUND	1031-53230	COUNTY COUNSEL	PROFESSIONAL/SPECIAL SERV	$36,477.45
70875021	06/17/2025	T00509	RANDAL S SMITH & KATHERINE MUL	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	069040020000 2024	$12.68
70875022	06/17/2025	T00510	ROBERT HUHN	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	031310030000 2024	$131.86
70875023	06/17/2025	101509	SHELBY'S PEST CONTROL INC	101	GENERAL FUND	7033-53230	RED BLUFF VETERA	PROFESSIONAL/SPECIAL SERV	$46.00
70875024	06/17/2025	135605	SPECTRUM	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	8413120110008828	$142.02

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875025	06/17/2025	111732	SULLIVAN DRILLING	476	SAFE DRINKNG WAT	47610-597205	SAFE DRINKING WA	OP TRANSFER OUT	$24,587.00
70875026	06/17/2025	114238	TALX UCEXPRESS	107	RISK MANAGEMENT	1101-53316	RISK MANAGEMENT	0216/CG2L00	$153.52
70875027	06/17/2025	121976	TEHAMA PROPERTY MANAGEMENT INC	535	TC CHILD & FAMIL	53510-53220	TC CHILD & FAMIL	OFFICE EXPENSE	$40.00
70875028	06/17/2025	111159	TELEPACIFIC COMMUNICATIONS	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	117284	$2,826.00
70875029	06/17/2025	122810	TRANSUNION RISK	101	GENERAL FUND	1026-53220	TAX COLLECTOR	1353487	$100.00
70875030	06/17/2025	120716	UNITED WAY OF NORTHERN CALIFOR	535	TC CHILD & FAMIL	53510-555202	TC CHILD & FAMIL	HMG CONTRACT	$7,500.00
70875031	06/17/2025	127828	UNIVERSITY OF WISCONSIN	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	Canine Distemper/PO 57194	$659.68
70875032	06/17/2025	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	SN May 2025/2024-336	$4,820.00
70875033	06/17/2025	101825	WALLNER PLUMBING CO INC	101	GENERAL FUND	1076-53180	PROPERTY PLANNIN	277230	$24,928.65
70875034	06/17/2025	101904	Z A P MANUFACTURING INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$432.52
70875035	06/17/2025	122483	ADAM ZUCCATO	265	COUNTY P/R TRUST	265-301800	NOT APPLICABLE		$100.00
70875036	06/17/2025	V000487	AMANDEEP SINGH	613	FARMER PROGRAM G	61310-55520	FARMER PROGRAM G	FARMER	$62,846.00
70875037	06/17/2025	V000488	APSE LLC	613	FARMER PROGRAM G	61310-55520	FARMER PROGRAM G	FARMER	$13,500.00
70875040	06/17/2025	109890	LIZ VELLUTINI	108	SOCIAL SERVICES	5013-53290	SOCIAL SERVICES	CWDA PARKING	$22.99
70875041	06/17/2025	112988	FOOD MAXX	108	SOCIAL SERVICES	108-105584	NOT APPLICABLE	PREPAID GIFT CARDS	$688.70

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875044	06/17/2025	V000492	J CRUZ FLORES	422	D-5011 TRUST	422-301800	NOT APPLICABLE	TOP Refund 815265365	$291.00
70875046	06/17/2025	V000021	KALMIKOV ENTERPRISES INC	105	FIRE FUND	2042-57605	FIRE SCH C VOL	VEHICLES	$491,273.05
70875047	06/17/2025	127540	KATIE O'SHEA	535	TC CHILD & FAMIL	53510-53120	TC CHILD & FAMIL	COMMUNICATIONS	$141.25
70875049	06/17/2025	102456	LORI STRAHAN	112	HEALTH SERVICES	40131-53290	MENTAL HEALTH	PT RIGHTS TRAINING SAC MAY2025	$203.22
70875051	06/17/2025	V000023	NICOLE FAIN	106	PUBLIC SAFETY	2037-53290	PROBATION	COUNTRY INN & SUITES SORRENTO	$1,114.97
70875051	06/17/2025	V000023	NICOLE FAIN	106	PUBLIC SAFETY	2037-53290	PROBATION	MACC PER DIEM	$323.00
70875053	06/17/2025	123202	TODD J HANSEN	106	PUBLIC SAFETY	2037-53290	PROBATION	COUNTRY INN & SUITES	$1,114.97
70875053	06/17/2025	123202	TODD J HANSEN	106	PUBLIC SAFETY	2037-53290	PROBATION	MACC PER DIEM	$323.00
70875054	06/17/2025	130555	VANESSA STUBBS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$21.79
70875055	06/18/2025	103938	A AND A TOWING	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$787.50
70875056	06/18/2025	119080	ABC LEGAL SERVICES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	108957	$68.50
70875057	06/18/2025	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	Account: CHDE0267 - Main	$124.00
70875057	06/18/2025	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	Account: CHDE0267 Dept: 000001	$6,976.24
70875058	06/18/2025	133275	ALSCO-GEYER IRRIGATION INC	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	AC# 304052 STORE 17819	$17.81
70875059	06/18/2025	133924	ANA MEX PROMOTIONS	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	ACCT 0327 PO51777 COMPLETE	$955.00
70875060	06/18/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	601	AIR POLLUTION DI	60110-53170	AIR POLLUTION DI	215PA25	$700.00
70875061	06/18/2025	101233	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	248 134 7711 774 9	$4.43
70875061	06/18/2025	101233	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	248134-68546047	$4.43

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875061	06/18/2025	101233	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	24813449425063	$4.43
70875061	06/18/2025	101233	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	24813432082954	$8.59
70875062	06/18/2025	103939	AT&T	101	GENERAL FUND	1021-53120	AUDITOR CONTROLL	Acc#9391032919	$30.09
70875062	06/18/2025	103939	AT&T	101	GENERAL FUND	2011-53120	DA VICTIM/WITNES	9391032878	$0.15
70875062	06/18/2025	103939	AT&T	101	GENERAL FUND	2072-53120	SHERIFF - CORONE	9391032859	$23.11
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032867	$31.58
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032937	$78.75
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032883	$32.85
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032916	$61.61
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032937	$78.75
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2023-53120	BAILIFF	9391032928	$167.93
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032892	$572.94
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032895	$270.00
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032898	$21.85
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032899	$61.61
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032931	$20.30
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032951	$61.61

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032953	$242.32
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032954	$35.61
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2028-53120	AUTO SHOP	9391032855	$32.10
70875062	06/18/2025	103939	AT&T	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	BAN 9391032832 THRU 06/11/25	$155.40
70875062	06/18/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032829	$155.55
70875062	06/18/2025	103939	AT&T	712	TEHAMA MAJOR CRI	71210-53120	TEHAMA MAJOR CRI	9391032873	$32.74
70875063	06/18/2025	107169	BAY ALARM	101	GENERAL FUND	101-105580	NOT APPLICABLE	ACCT 808766 PO428897	$185.85
70875063	06/18/2025	107169	BAY ALARM	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	ACCT 519466 PER-PAID 25/26	$132.00
70875064	06/18/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$108.00
70875064	06/18/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	AC 363203-1	$75.90
70875065	06/18/2025	T0014417	CALIFORNIA BUILDING OFFICIALS	115	BUILDING & SAFET	2065-53200	BUILDING & SAFET	2025 -26 Membership	$340.00
70875065	06/18/2025	T0014417	CALIFORNIA BUILDING OFFICIALS	115	BUILDING & SAFET	2065-53200	BUILDING & SAFET	MEMBERSHIPS & DUES	$0.00
70875066	06/18/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	Acc#TC09 296PA24	$103.40
70875066	06/18/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	ACC#TC09 157PA24	$157.01
70875066	06/18/2025	142466	CARREL'S OFFICE MACHINES	115	BUILDING & SAFET	2065-53170	BUILDING & SAFET	Agreement 065PA21	$55.64
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176975001	$34.24

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176975101060125	$144.55
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176978301060125	$34.34
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176978601060125	$453.35
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176972701060125	$50.00
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176975001060125	$41.76
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176975101060125	$176.31
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176978301060125	$62.46
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176978601060125	$824.50
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176981201060125	$464.33
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176982601060125	$263.12
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176972701060125	$50.00
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176975001060125	$17.62
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176975101060125	$74.38

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176978301060125	$18.21
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176978601060125	$240.40
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176982601060125	$263.12
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176975001060125	$16.37
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176975101060125	$69.09
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176978301060125	$14.97
70875067	06/18/2025	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176978601060125	$197.68
70875068	06/18/2025	122041	COMCAST	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	8155600330123194	$533.84
70875069	06/18/2025	V000459	COMMON CENTS EMS SUPPLY LLC	106	PUBLIC SAFETY	2027-53280	SHERIFF	97495	$20.76
70875070	06/18/2025	101743	DEANNA GEE TRUSTEE-HEALTH AGEN	112	HEALTH SERVICES	40131-53290	MENTAL HEALTH	EMPLOYEE TRAVEL/TRAINING	$181.92
70875070	06/18/2025	101743	DEANNA GEE TRUSTEE-HEALTH AGEN	112	HEALTH SERVICES	40171-53290	DRUG & ALCOHOL	EMPLOYEE TRAVEL/TRAINING	$5.04
70875070	06/18/2025	101743	DEANNA GEE TRUSTEE-HEALTH AGEN	112	HEALTH SERVICES	40251-53290	CLINIC SERVICES	EMPLOYEE TRAVEL/TRAINING	$4.67
70875071	06/18/2025	135166	DECKARD TECHNOLOGIES INC	101	GENERAL FUND	101-105580	NOT APPLICABLE	FY25-26	$9,450.00
70875072	06/18/2025	104716	DIVERSIFIED SERVICES/COPY CENT	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	Invoice 24256	$107.50

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875072	06/18/2025	104716	DIVERSIFIED SERVICES/COPY CENT	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	Invoice 24258	$295.63
70875073	06/18/2025	126292	DOCS MEDICAL GROUP	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$360.00
70875073	06/18/2025	126292	DOCS MEDICAL GROUP	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$630.00
70875073	06/18/2025	126292	DOCS MEDICAL GROUP	116	SENIOR NUTRITION	5063-53230	SENIOR NUTRITION	PROFESSIONAL/SPECIAL SERV	$210.00
70875074	06/18/2025	120720	DS SERVICES OF AMERICA INC	603	TC FLOOD CTRL/WA	60310-53220	TC FLOOD CTRL/WA	OFFICE EXPENSE	$48.39
70875075	06/18/2025	100850	ED JONES CO	106	PUBLIC SAFETY	2032-53110	JAIL	CLOTHING & PERSONNEL SUPP	$1,765.49
70875076	06/18/2025	127756	EMPOWER TEHAMA	106	PUBLIC SAFETY	2035-53230	DAY REPORTING CE	May 2025 MRT	$3,664.46
70875077	06/18/2025	115762	GIS CARTOGRAPHY & PUBLISHING S	106	PUBLIC SAFETY	2027-53220	SHERIFF	PO428831	$10,377.51
70875078	06/18/2025	113113	GREEN WASTE OF TEHAMA	712	TEHAMA MAJOR CRI	71210-53230	TEHAMA MAJOR CRI	PROFESSIONAL/SPECIAL SERV	$17.95
70875079	06/18/2025	106744	HINDERLITER, DE LLAMAS & ASSOC	101	GENERAL FUND	1021-53230	AUDITOR CONTROLL	Q4/2024 AG-2024-236	$317.38
70875080	06/18/2025	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	2061-53170	AGRICULTURE COMM	6035322534409168/Aircompressor	$59.22
70875081	06/18/2025	134656	HUMBOLDT MOVING & STORAGE CO I	106	PUBLIC SAFETY	2027-53230	SHERIFF	PROFESSIONAL/SPECIAL SERV	$63.00
70875082	06/18/2025	136121	HUNT & SONS LLC	116	SENIOR NUTRITION	5063-53291	SENIOR NUTRITION	6035	$418.96
70875082	06/18/2025	136121	HUNT & SONS LLC	601	AIR POLLUTION DI	60110-53291	AIR POLLUTION DI	6096	$96.41
70875083	06/18/2025	106902	JAMES K HENRICKSON	106	PUBLIC SAFETY	2032-53170	JAIL	MAINTENANCE OF EQUIPMENT	$290.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875084	06/18/2025	102091	KELLER SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53170	JAIL	MAINTENANCE OF EQUIPMENT	$11.87
70875085	06/18/2025	106271	LANGUAGE LINE SERVICES INC	106	PUBLIC SAFETY	2032-53120	JAIL	ACC# 9020101124 Ag#61-1997	$50.85
70875085	06/18/2025	106271	LANGUAGE LINE SERVICES INC	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	ACC# 9020101124 Ag#61-1997	$769.26
70875085	06/18/2025	106271	LANGUAGE LINE SERVICES INC	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	ACC# 9020101124 Ag#61-1997	$160.07
70875085	06/18/2025	106271	LANGUAGE LINE SERVICES INC	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	ACC# 9020101124 Ag#61-1997	$63.09
70875086	06/18/2025	104470	LC ACTION POLICE SUPPLY	106	PUBLIC SAFETY	2027-53280	SHERIFF	SPECIAL DEPARTMENTAL EXP	$375.71
70875087	06/18/2025	132992	LOOKING GLASS MEDIA LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$546.75
70875088	06/18/2025	100957	LOS MOLINOS HARDWARE	101	GENERAL FUND	7021-53604	PARKS & RECREATI	MILL CREEK PARK	$64.23
70875089	06/18/2025	101264	LYNN PEAVEY COMPANY	106	PUBLIC SAFETY	2027-53220	SHERIFF	OFFICE EXPENSE	$23.60
70875090	06/18/2025	135571	MARTHA KLEYKAMP	101	GENERAL FUND	2079-53210	L.A.F.C.O	MISCELLANEOUS EXPENSE	$100.00
70875091	06/18/2025	T00497	MATTHEW BOLDUC	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$70.00
70875092	06/18/2025	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	HOUSEHOLD EXPENSE	$523.23
70875092	06/18/2025	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC# 0007372	$230.43
70875093	06/18/2025	119531	MID PACIFIC ENGINEERING INC	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	JAIL RE-ENTRY	$8,416.80
70875094	06/18/2025	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	MAINTENANCE OF EQUIPMENT	$30.87

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875095	06/18/2025	113380	OFFICE DEPOT	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	89517192	$113.26
70875096	06/18/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	Acct# 89517192	$256.14
70875097	06/18/2025	101226	PACE ENGINEERING INC	112	HEALTH SERVICES	40121-57608	PUBLIC HEALTH	SPECIAL DEPT EQUIPMENT	$2,079.60
70875098	06/18/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	Acc#8481431812-1	$1.08
70875098	06/18/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	6048210701-2	$283.41
70875098	06/18/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	AC 8709608417-0 THRU 06/08/25	$2,487.39
70875098	06/18/2025	101231	PACIFIC GAS & ELECTRIC	602	LOS MOLINOS LIGH	60210-53300	LOS MOLINOS LIGH	Acc#5857641234-8	$863.11
70875099	06/18/2025	101241	PAINT MARTS	106	PUBLIC SAFETY	2032-53170	JAIL	MAINTENANCE OF EQUIPMENT	$382.31
70875100	06/18/2025	102904	PITNEY BOWES	106	PUBLIC SAFETY	2027-53220	SHERIFF	OFFICE EXPENSE	$500.00
70875101	06/18/2025	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$2,233.05
70875102	06/18/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$703.49
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Routine Panel + Vols 25-00761	$135.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Routine Panel + Vols 25-00765	$135.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Routine Panel + Vols 25-00766	$135.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Routine Panel + Vols 25-00822	$135.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Vitreous Panel 25-00700	$71.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Vitreous Panel 25-00761	$71.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Vitreous Panel 25-00766	$71.00
70875103	06/18/2025	110235	REDWOOD TOXICOLOGY	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	Vitreous Panel 25-00774	$71.00
70875104	06/18/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	TE0098 04/23/25 TC Youth R.P.	$213.00
70875105	06/18/2025	133774	SERVICEWALA STORES LLC	116	SENIOR NUTRITION	5063-53170	SENIOR NUTRITION	5317-206384	$876.35
70875106	06/18/2025	133422	SNYDER MFG	101	GENERAL FUND	2078-57608	DIV OF ANIMAL SE	89416/PO57190/50% Deposit/Cage	$10,791.33
70875107	06/18/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	HOSPITAL COSTS	$5,558.80
70875107	06/18/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	Tehama County Youth JDF V.J	$1,038.80
70875108	06/18/2025	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$1,825.57
70875108	06/18/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	AC 346486 Food	$228.48
70875109	06/18/2025	122965	THE PLUMBING SHOP	101	GENERAL FUND	7021-53606	PARKS & RECREATI	RIDGEWAY PARK	$7.36
70875110	06/18/2025	134089	TIA BRANTON TRUSTEE	101	GENERAL FUND	2062-53220	CODE/MARIJUANA E	OFFICE EXPENSE	$60.00
70875111	06/18/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$1,784.23
70875112	06/18/2025	113681	WORLD TELECOM INC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$692.09
70875113	06/18/2025	121562	ARNOLD PARKS	115	BUILDING & SAFET	2065-53110	BUILDING & SAFET	BOOTS REIMBURSEMENT 2025	$300.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875115	06/18/2025	119988	CHRISTINE WRIGHT	101	GENERAL FUND	2078-53290	DIV OF ANIMAL SE	EMPLOYEE TRAVEL/TRAINING	$46.08
70875116	06/18/2025	130498	COLANTUONO HIGHSMITH & WHATLEY	603	TC FLOOD CTRL/WA	60310-53230	TC FLOOD CTRL/WA	PROFESSIONAL/SPECIAL SERV	$1,424.00
70875117	06/18/2025	128821	DAVE DEMO	101	GENERAL FUND	2079-53210	L.A.F.C.O	MISCELLANEOUS EXPENSE	$100.00
70875118	06/18/2025	101743	DEANNA GEE TRUSTEE-HEALTH AGEN	112	HEALTH SERVICES	40121-53290	PUBLIC HEALTH	EMPLOYEE TRAVEL/TRAINING	$9.77
70875122	06/18/2025	133497	GREG JONES	101	GENERAL FUND	2079-53210	L.A.F.C.O	MISCELLANEOUS EXPENSE	$100.00
70875124	06/18/2025	V000281	JACQUELIN JURADO-MENDOZA	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	MAY 2025 STATUS MTG FOOD	$43.36
70875130	06/18/2025	120772	PAULA LAYSON	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$100.00
70875131	06/18/2025	108794	POSTMASTER	101	GENERAL FUND	1013-53220	CLERK OF THE BOA	Postage	$500.00
70875134	06/18/2025	133266	TARADEL LLC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$9,945.49
70875137	06/20/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PROFESSIONAL/SPECIAL SERV	$40.00
70875138	06/20/2025	V000500	ALEJANDRA RUBIO CASTRO	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$310.00
70875139	06/20/2025	128815	AQUA TERRA AERIS LAW GROUP	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$18,191.13
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391032882	$18.63
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391032893	$26.49
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391058492	$14.21
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391032882	$2.84
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391032893	$5.54

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391058492	$2.84
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391032893	$6.16
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391058492	$6.95
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032877	$0.01
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032882	$1.90
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032893	$7.40
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391058492	$4.11
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1074-53120	FACILITIES MAINT	9391032921	$31.58
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	1076-53120	PROPERTY PLANNIN	9391032893	$9.86
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	5060-53120	VETERANS SERVICE	9391032938	$64.79
70875140	06/20/2025	103939	AT&T	101	GENERAL FUND	6031-53120	AGRICULTURAL EXT	9391032866	$134.70
70875140	06/20/2025	103939	AT&T	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	9391065811	$629.67
70875140	06/20/2025	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	9391069556	$112.31
70875140	06/20/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032882	$8.21
70875140	06/20/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032893	$6.16
70875140	06/20/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391058492	$3.47
70875141	06/20/2025	117161	AT&T MOBILITY/CINGULAR WIRELES	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	287339254695	$80.48

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875142	06/20/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	1089984	$495.11
70875143	06/20/2025	100249	BURTON'S FIRE INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$542.43
70875144	06/20/2025	134009	CALIFORNIA SURVEYING & DRAFTIN	102	ROAD FUND	102-105580	NOT APPLICABLE	1099959 PP FY 25/26	$45.57
70875144	06/20/2025	134009	CALIFORNIA SURVEYING & DRAFTIN	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	1099959	$149.63
70875145	06/20/2025	111127	CHARTER COMMUNICATIONS	105	FIRE FUND	2042-53120	FIRE SCH C VOL	8413120110150323	$106.25
70875146	06/20/2025	T00512	CHICAGO TITLE COMPANY	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	006070046 ESC#FWPS3022250218	$1,032.95
70875147	06/20/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	25704606	$33.30
70875147	06/20/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	25704570	$32.20
70875147	06/20/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	25704606	$14.13
70875147	06/20/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	25704570	$28.05
70875148	06/20/2025	102651	CODY LESTER	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$100.00
70875149	06/20/2025	100420	CONTECH ENGINEERED SOLUTIONS	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	2052700385107	$2,282.28
70875150	06/20/2025	100442	CORNING LUMBER CO INC	105	FIRE FUND	2042-53180	FIRE SCH C VOL	MTCE STRUCT-IMPRV-GROUNDS	$6.38
70875151	06/20/2025	120882	DIGNITY HEALTH REG OFFICE-SAC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	STATEMENT DATE 5/22/25	$100.00
70875152	06/20/2025	126292	DOCS MEDICAL GROUP	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PROFESSIONAL/SPECIAL SERV	$210.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875153	06/20/2025	134921	FERRELLGAS LP	105	FIRE FUND	2042-53300	FIRE SCH C VOL	238104906	$366.14
70875154	06/20/2025	115951	FRONTIER	605	TC SANITATION DI	605-105580	NOT APPLICABLE	5305953420102496-8 FY25/26	$22.02
70875154	06/20/2025	115951	FRONTIER	605	TC SANITATION DI	60510-53120	TC SANITATION DI	5305953420102496-8	$87.96
70875155	06/20/2025	136667	GARETH J BRISCOE	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	OFFICE EXPENSE	$89.77
70875156	06/20/2025	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	SMALL TOOLS & INSTRUMENTS	$150.49
70875157	06/20/2025	V000454	HILLCREST ADVISORY LLC	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$3,750.00
70875158	06/20/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	6031-53291	AGRICULTURAL EXT	6003	$344.07
70875158	06/20/2025	136121	HUNT & SONS LLC	220	TC SOLID WASTE M	4045-53291	TC/RB LANDFILL M	6019	$40.34
70875159	06/20/2025	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$546.33
70875160	06/20/2025	109301	KLEIN EQUIPMENT SERVICES	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$1,833.76
70875161	06/20/2025	122656	MEGABYTE SYSTEMS INC	101	GENERAL FUND	101-105580	NOT APPLICABLE	PP FY 25/26	$9,802.17
70875162	06/20/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	105	FIRE FUND	2042-53280	FIRE SCH C VOL	44149	$211.56
70875163	06/20/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2065977939-9	$37.17
70875163	06/20/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2107644603-4	$11.40
70875163	06/20/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0558379346-7	$57.14
70875163	06/20/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	2130469578-2	$1,223.83
70875164	06/20/2025	102605	PAM ANDERSEN	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$100.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875165	06/20/2025	T00513	PHOENIX A MANAGEMENT	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	REC FEES 800003501 & 990004205	$40.00
70875166	06/20/2025	V000182	POSTPARTUM SUPPORT INTERNATION	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	COMM STRENGTH/BUILDING	$1,275.00
70875167	06/20/2025	V000257	SELECT JANITORIAL INC	535	TC CHILD & FAMIL	53510-53180	TC CHILD & FAMIL	MTCE STRUCT-IMPRV-GROUNDS	$230.00
70875168	06/20/2025	134616	SOUTH AVENUE INC	101	GENERAL FUND	7021-53608	PARKS & RECREATI	100573	$35.96
70875169	06/20/2025	119073	SOUTHERN COMPUTER WAREHOUSE	108	SOCIAL SERVICES	5013-53800	SOCIAL SERVICES	INTERNAL ASSETS	$9,142.55
70875170	06/20/2025	105424	TEHAMA COUNTY DEPT OF EDUCATIO	535	TC CHILD & FAMIL	53510-555220	TC CHILD & FAMIL	EARLY MENTAL HEALTH	$4,200.00
70875171	06/20/2025	101810	VINA VOLUNTEER FIRE DEPARTMENT	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$1,050.00
70875172	06/20/2025	113681	WORLD TELECOM INC	220	TC SOLID WASTE M	4045-53170	TC/RB LANDFILL M	MAINTENANCE OF EQUIPMENT	$125.00
70875173	06/20/2025	119549	ZOLL MEDICAL CORPORATION	105	FIRE FUND	105-105580	NOT APPLICABLE	PP FY 25/26 PO21897	$3,107.33
70875173	06/20/2025	119549	ZOLL MEDICAL CORPORATION	105	FIRE FUND	2042-53800	FIRE SCH C VOL	PO21897	$52.67
70875174	06/20/2025	142390	JAMES BACQUET	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875175	06/20/2025	131992	JR GONZALES	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875176	06/20/2025	130072	LEWIS BEITZ	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875177	06/20/2025	V000084	MARK CLEMENT	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875178	06/20/2025	134376	MATT HANSEN	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875179	06/20/2025	134531	PAT HURTON	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875180	06/20/2025	V000086	ROBERT BURROUGHS	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875181	06/20/2025	134533	SHELLY HARGENS	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875182	06/20/2025	V000085	TOM WALKER	220	TC SOLID WASTE M	4045-53210	TC/RB LANDFILL M	MISCELLANEOUS EXPENSE	$100.00
70875183	06/20/2025	129446	TREVOR A BROOKE	105	FIRE FUND	2042-53290	FIRE SCH C VOL	EMPLOYEE TRAVEL/TRAINING	$406.07
70875184	06/23/2025	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	PO10881	$195.00
70875185	06/23/2025	119080	ABC LEGAL SERVICES INC	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	Account: 109153	$136.75
70875186	06/23/2025	100065	ALSCO INC	101	GENERAL FUND	7021-53606	PARKS & RECREATI	208320	$18.26
70875187	06/23/2025	122809	AMERICAN JANITORIAL & MAINTENA	101	GENERAL FUND	2073-53230	PUB GUARDIAN / P	PROFESSIONAL/SPECIAL SERV	$750.00
70875188	06/23/2025	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	9391032879/AT&T 5/12-6/11	$159.54
70875188	06/23/2025	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	9391032903/AT&T 5/12-6/11	$31.58
70875188	06/23/2025	103939	AT&T	101	GENERAL FUND	2071-53120	CLERK - RECORDER	phone charges, 9391032868	$392.80
70875188	06/23/2025	103939	AT&T	101	GENERAL FUND	2073-53120	PUB GUARDIAN / P	9391032888	$316.23
70875188	06/23/2025	103939	AT&T	101	GENERAL FUND	2078-53120	DIV OF ANIMAL SE	9391032870/AT&T 5/12-6/11	$136.92

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875188	06/23/2025	103939	AT&T	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	BAN 9391001947 THRU 06/11/25	$31.64
70875188	06/23/2025	103939	AT&T	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	BAN 9391032886 THRU 6/11/25	$130.02
70875188	06/23/2025	103939	AT&T	106	PUBLIC SAFETY	2037-53120	PROBATION	BAN 9391032874 THRU 06/11/25	$224.35
70875188	06/23/2025	103939	AT&T	106	PUBLIC SAFETY	2037-53120	PROBATION	BAN 9391032875 THRU 06/11/25	$378.53
70875188	06/23/2025	103939	AT&T	601	AIR POLLUTION DI	60110-53120	AIR POLLUTION DI	Acct# 9391032872	$137.59
70875189	06/23/2025	113573	AT&T U-VERSE	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	331443205	$65.30
70875189	06/23/2025	113573	AT&T U-VERSE	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	331443205	$23.53
70875189	06/23/2025	113573	AT&T U-VERSE	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	331443205	$23.52
70875190	06/23/2025	133447	AUTOZONE DEVELOPMENT CORP	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	11715864	$490.94
70875191	06/23/2025	132443	BENJAMIN E MAGID	106	PUBLIC SAFETY	2026-53221	PUBLIC DEFENDER	24JU0094	$3,264.00
70875192	06/23/2025	111995	BETTER CHOICES INC	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$1,600.00
70875193	06/23/2025	102500	BHARAT JESRANI	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	PP FY 25/26 JULY-SEPT 2025	$40,000.00
70875194	06/23/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$108.00
70875195	06/23/2025	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-531101	JUVENILE HALL	AC TEHCA9 & TEHCA5	$705.16
70875195	06/23/2025	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	AC TEHCA9/TEHCA5	$252.88
70875196	06/23/2025	118030	BRAKE PARTS SUPPLY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	2452	$454.22
70875197	06/23/2025	129903	BUTLER ENGINEERING GROUP, INC	103	CAPITAL OUTLAY	1081-57597	PLANT ACQUISITIO	WALNUT ST SLURRY SEAL	$1,737.50
70875198	06/23/2025	T00499	CHRISTOPHER DEINES	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$333.32
70875199	06/23/2025	100427	CPS HUMAN RESOURCE CONSULTING	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	TEHA007	$389.50

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875200	06/23/2025	T00500	CYNTHIA JAMES	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$700.00
70875201	06/23/2025	126292	DOCS MEDICAL GROUP	101	GENERAL FUND	1013-53230	CLERK OF THE BOA	preemployment AGR#2023-365	$420.00
70875201	06/23/2025	126292	DOCS MEDICAL GROUP	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	L Torres Type B/ 2023-365	$210.00
70875201	06/23/2025	126292	DOCS MEDICAL GROUP	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	DOS 04/14/25 Carol H. Physical	$61.00
70875202	06/23/2025	136714	DOCUPET CORP	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	TEHC2501-05/2024-363/May 2025	$625.00
70875203	06/23/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	641216900006041	$46.78
70875203	06/23/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 194283-1 SNP	$204.54
70875203	06/23/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 194283-1 FS WW DNRL -SNP	$106.20
70875203	06/23/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 194283-BREAD -SNP	$166.05
70875203	06/23/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 214109-1 JDF BREAD	$60.28
70875204	06/23/2025	113176	EVIDENT CHANGE	106	PUBLIC SAFETY	2037-53230	PROBATION	PROF/SRVS. JAIS/CAIS SUB	$12,054.00
70875205	06/23/2025	123262	EXPRESS SERVICES INC	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$21,904.61
70875206	06/23/2025	T00508	GENE THEURET	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$316.81
70875207	06/23/2025	V000233	GENUINE PARTS COMPANY INC	101	GENERAL FUND	7021-53602	PARKS & RECREATI	CONE GROVE PARK	$38.52
70875208	06/23/2025	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	2061-53180	AGRICULTURE COMM	60350322534409168- eyewash	$17.89
70875208	06/23/2025	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	2061-53280	AGRICULTURE COMM	6035322534409168/warehouse	$344.49

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875208	06/23/2025	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	6035322506411168-Kennels	$387.30
70875209	06/23/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2061-53291	AGRICULTURE COMM	6095/fuel	$962.94
70875209	06/23/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2078-53291	DIV OF ANIMAL SE	6095/Fuel	$245.39
70875209	06/23/2025	136121	HUNT & SONS LLC	115	BUILDING & SAFET	2065-53291	BUILDING & SAFET	Acct#6098	$310.45
70875209	06/23/2025	136121	HUNT & SONS LLC	601	AIR POLLUTION DI	60110-53291	AIR POLLUTION DI	Acct# 6096	$83.71
70875210	06/23/2025	110137	I-5 RENTALS	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	PO41529	$2,281.42
70875211	06/23/2025	T0043653	IDEXX	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	SNAP Heartworm/PO57193	$311.05
70875212	06/23/2025	132637	INTERNATIONAL CHEMTEX CORP	106	PUBLIC SAFETY	2036-53180	JUVENILE HALL	4TH QUARTER FY 24/25 COTPD1	$1,056.75
70875213	06/23/2025	109137	INTERSTATE BATTERY SYSTEM	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	MAINTENANCE OF EQUIPMENT	$368.32
70875214	06/23/2025	T00498	JENNIFER COHOON	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$900.00
70875215	06/23/2025	100842	JOB TRAINING CENTER INC	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$41,126.73
70875216	06/23/2025	106774	KIMBALL-MIDWEST	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	052570	$227.26
70875216	06/23/2025	106774	KIMBALL-MIDWEST	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	052570	$64.61
70875217	06/23/2025	123790	LAUNDRY WORLD UNIFORM & LINEN	101	GENERAL FUND	7033-53140	RED BLUFF VETERA	HOUSEHOLD EXPENSE	$46.98
70875218	06/23/2025	T00503	LEIGH OGLESBY	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$50.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875219	06/23/2025	123948	LEXIS NEXIS RISK SOLUTIONS	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	1583916	$274.52
70875219	06/23/2025	123948	LEXIS NEXIS RISK SOLUTIONS	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	1401935	$165.00
70875220	06/23/2025	103809	LOS MOLINOS COMMUNITY SERVICES	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	TEH420	$56.00
70875221	06/23/2025	100957	LOS MOLINOS HARDWARE	102	ROAD FUND	3011-53180	ROAD DEPARTMENT	MTCE STRUCT-IMPRV-GROUNDS	$15.01
70875221	06/23/2025	100957	LOS MOLINOS HARDWARE	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$3.42
70875222	06/23/2025	133436	M L ESLINGER & ASSOCIATES INC	106	PUBLIC SAFETY	2037-53290	PROBATION	STC 606-50659 ZOOM DYSFUN FAM	$75.00
70875223	06/23/2025	132936	MAIN STREET CAR WASH	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	MAINTENANCE OF EQUIPMENT	$18.00
70875224	06/23/2025	108310	MET ONE INSTRUMENTS	601	AIR POLLUTION DI	60110-53280	AIR POLLUTION DI	PO428858	$891.00
70875225	06/23/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Alcohol, syr 03cc, pyrantel	$185.40
70875225	06/23/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Gel, gloves-SNIPTEMBER	$552.98
70875226	06/23/2025	116981	NORCAL PRESORT	101	GENERAL FUND	1026-53220	TAX COLLECTOR	OFFICE EXPENSE	$77.80
70875227	06/23/2025	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1047279	$56.06
70875228	06/23/2025	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	2563014	$265.42
70875229	06/23/2025	113380	OFFICE DEPOT	101	GENERAL FUND	2071-53220	CLERK - RECORDER	supplies	$559.24
70875229	06/23/2025	113380	OFFICE DEPOT	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC 89517192 JDF TOWELS	$106.68

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875229	06/23/2025	113380	OFFICE DEPOT	106	PUBLIC SAFETY	2037-53140	PROBATION	AC 89517192	$67.92
70875230	06/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	4011-53220	ENVIRONMENTAL HE	44149	$81.45
70875230	06/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	6031-53220	AGRICULTURAL EXT	44149	$169.13
70875230	06/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	601	AIR POLLUTION DI	60110-53220	AIR POLLUTION DI	Acct# 89517192	$75.27
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	2073-53300	PUB GUARDIAN / P	2049445779-7	$750.09
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	8965479131-1	$403.77
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	4569586628-0	$201.43
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2028-53300	AUTO SHOP	0264503023-7	$706.54
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2031-53300	WORK FARM	7199495590-5	$658.10
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	AC 1297568514-5 778 ANTELOPE	$411.53
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	108	SOCIAL SERVICES	5013-53300	SOCIAL SERVICES	0049000946-1	$62.39
70875231	06/23/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	7171318975-2	$173.66
70875232	06/23/2025	101241	PAINT MARTS	106	PUBLIC SAFETY	2032-53170	JAIL	MAINTENANCE OF EQUIPMENT	$1,282.00
70875233	06/23/2025	112147	PANORAMIC SOFTWARE INC	101	GENERAL FUND	2073-53170	PUB GUARDIAN / P	MAINTENANCE OF EQUIPMENT	$1,750.00
70875234	06/23/2025	134299	PARK ASSOCIATES INC	101	GENERAL FUND	7021-53603	PARKS & RECREATI	GERBER	$1,444.50
70875234	06/23/2025	134299	PARK ASSOCIATES INC	101	GENERAL FUND	7021-53604	PARKS & RECREATI	MILL CREEK	$1,444.50

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875234	06/23/2025	134299	PARK ASSOCIATES INC	101	GENERAL FUND	7021-53606	PARKS & RECREATI	RIDGEWAY	$1,444.50
70875234	06/23/2025	134299	PARK ASSOCIATES INC	101	GENERAL FUND	7021-53607	PARKS & RECREATI	RIVER PARK	$1,444.50
70875235	06/23/2025	115330	PETER N GIORVAS	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	PREPAID EXPENSE	$4,300.00
70875236	06/23/2025	101276	PETERSON TRACTOR	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	6400200	$971.22
70875237	06/23/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 717115 SNP	$237.96
70875237	06/23/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 692071 JDF DAIRY	$153.47
70875237	06/23/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 717115 DAIRY - SNP	$153.89
70875238	06/23/2025	106620	RALEYS IN STORE CHARGE	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 500311 STORE 233 06/12/25	$13.99
70875238	06/23/2025	106620	RALEYS IN STORE CHARGE	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	STORE 233 AC ENDS IN 8045 TC	$5.49
70875238	06/23/2025	106620	RALEYS IN STORE CHARGE	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	STORE 233 ACCT ENDS IN 8045	$10.14
70875239	06/23/2025	T00504	RED BLUFF FIRE DEPT	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$10.00
70875240	06/23/2025	T00505	SAVE MART LOSS PREVENTION	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$100.00
70875241	06/23/2025	T00506	STATE OF CALIFORNIA-CALFIRE TE	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$50.00
70875242	06/23/2025	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	JUV 06/09/25 8 cases SNP	$343.00
70875242	06/23/2025	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	Juv Hall-06-09-25 Oranges (3)	$135.00
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 346486 CM 531769908 SNP	($101.49)
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 346486 SNP	$2,166.88

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 346486 food - SNP	$1,899.51
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 346486 JDF FOOD	$2,029.18
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DIRECT SHIP ac 346486	$49.22
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC 346486 SNP HOUSEHOLD	$162.48
70875243	06/23/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC# 346486 JDF HHOLD	$190.90
70875244	06/23/2025	T00507	TEHAMA COUNTY DEPARTMENT OF SO	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$550.00
70875245	06/23/2025	115214	PAPE' TRUCKS INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$99.67
70875246	06/23/2025	131312	TONY W ELSEA	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	JDF Hood Exhaust Cleaned	$543.00
70875247	06/23/2025	T00501	TRACY MAIR	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	VICTIM REST PMT JUNE 2025	$65.00
70875248	06/23/2025	132822	TRUCKVAULT INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	VEHICLES	$5,038.31
70875249	06/23/2025	129753	VAN DERMYDEN MAKUS LAW GROUP	107	RISK MANAGEMENT	1101-53315	RISK MANAGEMENT	INVESTIGATIONS	$3,356.00
70875250	06/23/2025	117079	VERIZON WIRELESS	101	GENERAL FUND	5062-53120	COMMUNITY ACTION	642639291-00001	$404.59
70875250	06/23/2025	117079	VERIZON WIRELESS	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	642639291-00001	$3,008.87
70875250	06/23/2025	117079	VERIZON WIRELESS	116	SENIOR NUTRITION	5063-53120	SENIOR NUTRITION	642639291-00001	$36.68
70875250	06/23/2025	117079	VERIZON WIRELESS	257	TC IHSS PUBLIC A	5101-53120	TC IHSS PUBLIC A	642639291-00001	$36.68
70875251	06/23/2025	113681	WORLD TELECOM INC	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	MSP JDF	$226.02
70875251	06/23/2025	113681	WORLD TELECOM INC	106	PUBLIC SAFETY	2037-53230	PROBATION	MSP ADULT	$226.02
70875253	06/23/2025	T00519	CODY R LAMB	300	C/Y UNSECURED	300-301800	NOT APPLICABLE	800005963001 2024	$19,080.69

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875254	06/23/2025	T0038003	COURT-ORDERED DEBT COLLECTION	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$170.92
70875255	06/23/2025	134576	D KAIN-SHERIFF GARN	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$866.60
70875257	06/23/2025	T00515	ELLER FAMILY TR 7/27/21	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	073120077000 2024	$816.56
70875258	06/23/2025	V000058	EMPLOYMENT DEVELOPMENT DEPT	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$100.00
70875259	06/23/2025	T00516	FELIX FLORES-MEDINA	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	024280019000 2024	$36.58
70875260	06/23/2025	100655	FRANCHISE TAX BOARD	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$683.03
70875261	06/23/2025	104623	FRANCHISE TAX BOARD	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$410.50
70875262	06/23/2025	T00514	FRANK M CANNON	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	022300004000 2023	$33.51
70875262	06/23/2025	T00514	FRANK M CANNON	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	022300004000 2024	$49.11
70875263	06/23/2025	134851	MCENTIRE LANDSCAPING INC	117	TRANSPORTATION O	3037-53180	TRAX	MTCE STRUCT-IMPRV-GROUNDS	$780.00
70875264	06/23/2025	101232	PACIFIC GAS & ELECTRIC	605	TC SANITATION DI	60510-53300	TC SANITATION DI	6227612264-5	$577.82
70875266	06/23/2025	112380	PARATRANSIT SERVICES	117	TRANSPORTATION O	3037-532360	TRAX	PROF/SPECIAL-CONTRCT OPR	$37,281.31
70875267	06/23/2025	T00517	REEDS CREEK ELEMENTARY SCHOOL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	022340014000 2024	$878.65
70875268	06/23/2025	V000497	SAMANTHA ANDREWS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$700.00
70875269	06/23/2025	V000497	SAMANTHA ANDREWS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$650.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875270	06/23/2025	117211	STATE DISBURSEMENT UNIT	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE		$2,271.74
70875271	06/23/2025	T00518	WANDA S SCHULER TRUSTEE	300	C/Y UNSECURED	300-301800	NOT APPLICABLE	820000447001 2024	$225.89
70875272	06/24/2025	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	VEHICLES	$195.00
70875273	06/24/2025	112999	ALLIANT INSURANCE SERVICES INC	605	TC SANITATION DI	60510-53150	TC SANITATION DI	INSURANCE	$6,985.06
70875274	06/24/2025	126860	BANNER COMMUNICATIONS	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	PO10875	$6,076.97
70875275	06/24/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2062-53170	CODE/MARIJUANA E	TC27	$128.97
70875275	06/24/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	7033-53220	RED BLUFF VETERA	RB14	$36.30
70875276	06/24/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	2073-53120	PUB GUARDIAN / P	176982001	$225.56
70875277	06/24/2025	100376	CITY OF RED BLUFF	108	SOCIAL SERVICES	5013-53300	SOCIAL SERVICES	005573-000	$307.95
70875278	06/24/2025	135483	COLBERT 118 LLC	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	PP FY 25/26	$325.00
70875279	06/24/2025	V000439	DEMO MITTRY TRUCKING	102	ROAD FUND	3011-57608	ROAD DEPARTMENT	PO41530	$95,988.75
70875280	06/24/2025	103045	DEPT OF JUSTICE	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	May 2025 Fingerprints	$288.00
70875281	06/24/2025	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	AC CATJ 5/25 TC	$362.90
70875281	06/24/2025	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	AC CATJ 5/25 TRN (V.T.)	$54.39
70875281	06/24/2025	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	CATJ 5/25 SIS (F.B..)	$25.27
70875281	06/24/2025	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	TC OVERT THE COUNTY W./ TAX	$74.62
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	BAND-AID CURITY FLEX	$7.80

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

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70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	CPR POCKET RESUSCITATOR	$37.37
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	GAUZE SPONGE 4X4	$15.62
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	NAIL CLIPPER	$7.61
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	PEROXIDE HYDROGEN	$5.06
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	SALINE WOUND WASH	$25.25
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	STOCKING ANTI-EMB KNEE HI	$113.39
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	TAPE MICROPORE	$4.21
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	TONGUE DEPRESSORS	$7.43
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	UNDERPAD SIMPLICITY BASIC	$7.42
70875282	06/24/2025	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	UNDERWEAR SURECARE PLUS LG	$20.15
70875283	06/24/2025	104716	DIVERSIFIED SERVICES/COPY CENT	101	GENERAL FUND	2016-53230	GRAND JURY	PO428892	$2,039.28
70875283	06/24/2025	104716	DIVERSIFIED SERVICES/COPY CENT	101	GENERAL FUND	4011-53220	ENVIRONMENTAL HE	OFFICE EXPENSE	$73.00
70875283	06/24/2025	104716	DIVERSIFIED SERVICES/COPY CENT	105	FIRE FUND	2042-53220	FIRE SCH C VOL	PO21914	$247.25
70875284	06/24/2025	126292	DOCS MEDICAL GROUP	106	PUBLIC SAFETY	2027-53230	SHERIFF	PROFESSIONAL/SPECIAL SERV	$360.00
70875285	06/24/2025	123272	DOWN RANGE INDOOR TRAINING CEN	106	PUBLIC SAFETY	2027-53280	SHERIFF	AXBIIIA BODY ARMOR	$1,889.75
70875286	06/24/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 194283-1 SNP	$42.48
70875286	06/24/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 214109-1	$32.08
70875287	06/24/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	PROFESSIONAL/SPECIAL SERV	$1,441.44

Tehama County

TEBK400 - Check Register

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70875287	06/24/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	PROFESSIONAL/SPECIAL SERV	$2,287.70
70875288	06/24/2025	134605	FASTENERS INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	MAINTENANCE OF EQUIPMENT	$24.73
70875289	06/24/2025	113434	FEDEX	101	GENERAL FUND	2062-53230	CODE/MARIJUANAE	6393-5994-8	$34.77
70875290	06/24/2025	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	2062-532341	CODE/MARIJUANAE	4019-10196	$35.91
70875290	06/24/2025	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	2062-55543	CODE/MARIJUANAE	4019-10243	$3,940.39
70875291	06/24/2025	134656	HUMBOLDT MOVING & STORAGE CO I	101	GENERAL FUND	2073-53280	PUB GUARDIAN / P	S0100	$57.75
70875292	06/24/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2062-53291	CODE/MARIJUANAE	6176	$390.80
70875292	06/24/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2073-53291	PUB GUARDIAN / P	6136	$47.19
70875292	06/24/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	4011-53291	ENVIRONMENTAL HE	6012	$549.48
70875292	06/24/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	6021-53291	LIBRARY	6022	$90.55
70875292	06/24/2025	136121	HUNT & SONS LLC	108	SOCIAL SERVICES	5013-53291	SOCIAL SERVICES	6041	$1,541.89
70875293	06/24/2025	132637	INTERNATIONAL CHEMTEX CORP	101	GENERAL FUND	1074-53230	FACILITIES MAINT	COTE01	$1,460.00
70875294	06/24/2025	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	7021-53606	PARKS & RECREATI	RIDGEWAY PARK	$14.75
70875294	06/24/2025	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2032-53170	JAIL	MAINTENANCE OF EQUIPMENT	$69.66
70875295	06/24/2025	108616	KARL ANDERSON	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$100.00
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	42X24 RETURN	$225.75
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	71X24 CREDENZA SHELL	$327.88

Tehama County

TEBK400 - Check Register

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70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	B/B/F PEDESTAL DRAWERS	$365.50
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	F/F DELUX PEDESTAL	$365.50
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	FREIGHT	$307.88
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	LIFT GATE	$80.62
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	RECEPTION DESK	$473.00
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	TRANSACTION TOP	$102.13
70875296	06/24/2025	136343	MADISON LIQUIDATORS	106	PUBLIC SAFETY	2032-53800	JAIL	TRANSACTION TOP RISER	$64.50
70875297	06/24/2025	136379	MARK THOMAS & COMPANY INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROJECT 24-00024	$117,529.48
70875298	06/24/2025	134086	MCC ENGINEERING	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$14,047.95
70875299	06/24/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	AC# 0004285 GLOVES	$645.13
70875300	06/24/2025	123562	OBSIDIAN	102	ROAD FUND	102-105580	NOT APPLICABLE	PP FY 25/26	$115.50
70875300	06/24/2025	123562	OBSIDIAN	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$7,615.60
70875301	06/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2036-53300	JUVENILE HALL	AC 4402923101-4 June '25 JDF	$3,108.95
70875302	06/24/2025	101241	PAINT MARTS	106	PUBLIC SAFETY	2037-53180	PROBATION	Graffitti removal 06/11/25	$55.36
70875303	06/24/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	59233763	$136.61
70875303	06/24/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC # 692071	$90.40
70875303	06/24/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 717115 SNP	$87.94

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

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70875303	06/24/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 717115 SNP	$131.90
70875304	06/24/2025	113400	R & R QUALITY MEATS	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	MEAT INV. 252240 06/19/25	$224.35
70875305	06/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	OUTSIDE DENTAL PROVIDER	$1,818.00
70875306	06/24/2025	134616	SOUTH AVENUE INC	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	100574	$16.15
70875307	06/24/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	INMATE MEDICAL- RODRIGUEZ, BRI	$2,903.80
70875308	06/24/2025	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DOS 06/16/25 oranges for JDF	$135.00
70875309	06/24/2025	108976	STEVEN HILL DBA	101	GENERAL FUND	2062-532341	CODE/MARIJUANA E	NUISANCE ABATMENT EXP	$10,000.00
70875309	06/24/2025	108976	STEVEN HILL DBA	101	GENERAL FUND	2062-55543	CODE/MARIJUANA E	VEHICLE ABATEMENT	$3,000.00
70875310	06/24/2025	132490	STOMMEL INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	PO10873	$1,934.73
70875310	06/24/2025	132490	STOMMEL INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	PO10874	$2,022.88
70875310	06/24/2025	132490	STOMMEL INC	106	PUBLIC SAFETY	2007-57605	DA WELFARE FRAUD	PO10879	$2,264.98
70875311	06/24/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	AC # 346486 06/17/25	$675.32
70875311	06/24/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 346486	$1,942.73
70875311	06/24/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 346486 SNP	$1,580.08
70875311	06/24/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC 346486	$77.87
70875311	06/24/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC 346486 SNP	$265.15

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875312	06/24/2025	125161	T AND S DVBE INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$214.50
70875313	06/24/2025	109099	TEHAMA ASPHALT	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$106,047.42
70875314	06/24/2025	132524	THE B.I.G. COMPANY, INC	615	CARB WOODSMOKE G	61510-55520	CARB WOODSMOKE G	2023-322 Voucher 7-073	$5,000.00
70875315	06/24/2025	100507	THE DANIELSEN CO	106	PUBLIC SAFETY	2032-53130	JAIL	FOOD	$1,653.29
70875315	06/24/2025	100507	THE DANIELSEN CO	106	PUBLIC SAFETY	2032-53140	JAIL	HOUSEHOLD EXPENSE	$304.14
70875316	06/24/2025	108732	TONY'S REFRIGERATION INC	101	GENERAL FUND	7033-53170	RED BLUFF VETERA	MAINTENANCE OF EQUIPMENT	$507.10
70875317	06/24/2025	109466	TREASURY MANAGEMENT SERVICES	106	PUBLIC SAFETY	2027-53230	SHERIFF	1-534-0179-3416	$98.27
70875318	06/24/2025	134948	UBEO MIDCO LLC	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	3851462	$613.24
70875319	06/24/2025	129949	US BANK	102	ROAD FUND	102-105580	NOT APPLICABLE	253850000 PP FY 25/26	$1,313.46
70875319	06/24/2025	129949	US BANK	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	253850000	$436.54
70875320	06/24/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$1,880.82
70875320	06/24/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	3370715	$94.81
70875321	06/24/2025	117079	VERIZON WIRELESS	101	GENERAL FUND	4011-53120	ENVIRONMENTAL HE	770720905-00032	$35.12
70875322	06/24/2025	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	176371000	$126.73
70875323	06/24/2025	125548	VIRTUAL PROJECT MANAGER LLC	102	ROAD FUND	3015-53170	ROAD CAPITAL PRO	MAINTENANCE OF EQUIPMENT	$1,250.00
70875324	06/24/2025	109450	VSS EMULTECH	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	21642500	$855.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

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70875325	06/24/2025	V000256	WEST COAST PAPER CO INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	HOUSEHOLD EXPENSE	$395.67
70875326	06/24/2025	123478	WILGUS FIRE CONTROL INC	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	PROFESSIONAL/SPECIAL SERV	$2,031.63
70875327	06/24/2025	113681	WORLD TELECOM INC	101	GENERAL FUND	4011-53230	ENVIRONMENTAL HE	PROFESSIONAL/SPECIAL SERV	$311.82
70875334	06/24/2025	132722	BIT CALIFORNIA LLC	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	OFFICE EXPENSE	$20,000.00
70875336	06/24/2025	100375	CITY OF CORNING	117	TRANSPORTATION O	3037-532360	TRAX	625-4618	$500.00
70875339	06/24/2025	109612	FERNANDO VILLEGAS	112	HEALTH SERVICES	40131-53290	MENTAL HEALTH	EMPLOYEE TRAVEL/TRAINING	$27.66
70875342	06/24/2025	T00520	HARDEEP S DHADLI ETAL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	089300016000 2023	$467.26
70875342	06/24/2025	T00520	HARDEEP S DHADLI ETAL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	089300016000 2024	$242.35
70875346	06/24/2025	129637	LAURA MERAS	106	PUBLIC SAFETY	2036-55350	JUVENILE HALL	JUV YOUTH BEHAVIORAL INCENTIVE	$8.05
70875357	06/24/2025	105387	ST ELIZABETH COMMUNITY HOSPITA	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$66.90
70875361	06/24/2025	117079	VERIZON WIRELESS	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	770720905-00030	$1,254.62
70875362	06/25/2025	134816	3A CUSTOMS INC	101	GENERAL FUND	2072-57605	SHERIFF - CORONE	2024 Ford F150 Coroners Decals	$627.34
70875362	06/25/2025	134816	3A CUSTOMS INC	101	GENERAL FUND	2072-57605	SHERIFF - CORONE	Installation	$367.88
70875362	06/25/2025	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2027-57605	SHERIFF	2024 Dodge Durango Patrol Deca	$1,245.98
70875362	06/25/2025	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2027-57605	SHERIFF	2024 Ford Maverick STARS Decal	$1,125.42

Tehama County

TEBK400 - Check Register

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70875362	06/25/2025	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2027-57605	SHERIFF	Installation	$1,460.90
70875363	06/25/2025	119080	ABC LEGAL SERVICES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	SPECIAL DEPARTMENTAL EXP	$68.50
70875364	06/25/2025	115432	ALPHA VISTA PROPERTIES LLC	113	CHILD SUPPORT	5015-53300	CHILD SUPPORT SE	UTILITIES	$729.05
70875365	06/25/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-53200	TC CHILD & FAMIL	A35S7MY8K7CJBZ0	$138.68
70875365	06/25/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-53220	TC CHILD & FAMIL	A35S7MY8K7CJBZ0	$133.39
70875365	06/25/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555212	TC CHILD & FAMIL	A35S7MY8K7CJBZ0	$245.75
70875365	06/25/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555220	TC CHILD & FAMIL	A35S7MY8K7CJBZ0	$999.41
70875366	06/25/2025	127322	ANU CHOPRA	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER JUNE 2025	$8,638.36
70875367	06/25/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	220	TC SOLID WASTE M	4045-53170	TC/RB LANDFILL M	MAINTENANCE OF EQUIPMENT	$1,465.23
70875368	06/25/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	CIRCUITLINE-9391032838	$128.86
70875368	06/25/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	DS1 MONTHLY SERVICE-9391032835	$155.40
70875368	06/25/2025	103939	AT&T	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	BAN 9391055756 THRU 06/16/25	$63.57
70875368	06/25/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391032862	$84.08
70875368	06/25/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391032900	$61.61
70875368	06/25/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391037769	$4.79
70875368	06/25/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391065139	$916.90

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875368	06/25/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032837	$159.03
70875368	06/25/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032920	$31.58
70875368	06/25/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032924	$370.94
70875369	06/25/2025	124886	BATTLE CREEK PEST CONTROL	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	AC# 2731 DOS 5/23/25	$140.00
70875369	06/25/2025	124886	BATTLE CREEK PEST CONTROL	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	AC# 2732 DOS 5/23/25	$120.00
70875369	06/25/2025	124886	BATTLE CREEK PEST CONTROL	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	AC # 2687 DOS 06/20/25	$100.00
70875369	06/25/2025	124886	BATTLE CREEK PEST CONTROL	106	PUBLIC SAFETY	2037-53170	PROBATION	AC 2687 DOS 06/20/24	$100.00
70875370	06/25/2025	107169	BAY ALARM	113	CHILD SUPPORT	113-105580	NOT APPLICABLE	530666	$375.00
70875371	06/25/2025	V000068	BAYLIE COTTON	101	GENERAL FUND	101-102254	NOT APPLICABLE	ADPP PAYMENT	$2,255.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	AUTOPSY FEE #25-01022	$2,970.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	AUTOPSY FEE #25-01132	$2,970.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LABORATORY FEES 25-00418	$168.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LABORATORY FEES 25-00677	$252.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LABORATORY FEES 25-00749	$210.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LABORATORY FEES 25-00809	$182.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LABORATORY FEES 25-00820	$154.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 24-02379	$170.75
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 25-00484	$266.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 25-00542	$498.25
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 25-00677	$397.00
70875372	06/25/2025	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 25-00749	$191.00
70875373	06/25/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$216.00
70875374	06/25/2025	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	AC# TC45 NWQ2401284 THRU 04/25	$95.20
70875374	06/25/2025	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	AC# tc34 w348407837 THRU 04/25	$39.00
70875374	06/25/2025	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	AC@ TC44 L7N3801370 THRU 04/25	$93.35
70875374	06/25/2025	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2037-53230	PROBATION	AC#TC42 L7N605121 THRU 04/25	$295.08
70875374	06/25/2025	142466	CARREL'S OFFICE MACHINES	220	TC SOLID WASTE M	4045-53220	TC/RB LANDFILL M	TC35	$138.06
70875375	06/25/2025	106142	CASSIDY'S AUTO LUBE	101	GENERAL FUND	1023-53170	ASSESSOR	AUTO MAINTENANCE BPO 218PA25	$54.08

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: Jan 21, 2026 7:50:33 AM

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875376	06/25/2025	135415	CHRISTOPHER R LOGAN ATTORNEY A	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER JUNE 2025	$20,000.00
70875377	06/25/2025	L207805	COLONIAL LIFE AND ACCIDENT INS	265	COUNTY P/R TRUST	265-207805	NOT APPLICABLE		$5,839.20
70875378	06/25/2025	100441	CORNING HEALTHCARE DISTRICT	108	SOCIAL SERVICES	108-105580	NOT APPLICABLE	JULY RENT 2025	$7,437.32
70875378	06/25/2025	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	112-105580	NOT APPLICABLE	JULY 2025 RENT	$4,183.49
70875379	06/25/2025	108674	DELL MARKETING LP	106	PUBLIC SAFETY	2013-53800	DISTRICT ATTORNE	15949600 PO10878	$27,138.27
70875380	06/25/2025	L207819	DEPUTY SHERIFF'S ASSOC	265	COUNTY P/R TRUST	265-207819	NOT APPLICABLE		$3,717.74
70875381	06/25/2025	L207831	EBS	265	COUNTY P/R TRUST	265-207831	NOT APPLICABLE		$1,773.24
70875382	06/25/2025	L207832	EBS	265	COUNTY P/R TRUST	265-207832	NOT APPLICABLE		$437.52
70875383	06/25/2025	115376	EL DORADO COUNTY DCSS	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$6,250.00
70875384	06/25/2025	116059	FARM BUREAU NEWS	504	TCSLA GRANTS	50410-558005	TCSLA GRANTS	UOBG (USED OIL)	$55.00
70875385	06/25/2025	127735	FASTRAK INVOICE PROCESSING DEP	101	GENERAL FUND	2072-53291	SHERIFF - CORONE	BRIDGE TOLL	$8.00
70875386	06/25/2025	113113	GREEN WASTE OF TEHAMA	220	TC SOLID WASTE M	4045-558008	TC/RB LANDFILL M	4019-10033	$540.30
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2032-53230	JAIL	Professional Services April	$5,845.00
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2032-53230	JAIL	PROFESSIONAL/SPECIAL SERV	$0.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	Credit Memo 00002CM	($14.38)
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	INV. 211996-0000002	$98,295.03
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	INV. 211996-0000004	$13,396.25
70875387	06/25/2025	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	INV. 211996-0000006	$13,435.00
70875388	06/25/2025	134656	HUMBOLDT MOVING & STORAGE CO I	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	CUSTOMER 2025PURGE	$850.00
70875388	06/25/2025	134656	HUMBOLDT MOVING & STORAGE CO I	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	CUSTOMER TEHAMACHIL	$50.40
70875389	06/25/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2011-53291	DA VICTIM/WITNES	6242	$81.88
70875389	06/25/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2072-53291	SHERIFF - CORONE	coroner fuel acc: 6038	$291.98
70875389	06/25/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2075-53291	OFFICE OF EMERG	OES fuel acc: 6038	$211.95
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2007-53291	DA WELFARE FRAUD	6242	$190.60
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2013-53291	DISTRICT ATTORNE	6242	$851.07
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2023-53291	BAILIFF	Bailiff's fuel acc: 6038	$245.35
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2024-53291	BOATING GRANTS	Boat fuel acc: 6038	$395.71
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2024-53291	BOATING GRANTS	boating truck acc: 6038	$252.58
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2027-53291	SHERIFF	civil fuel acc: 6038	$495.36
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2027-53291	SHERIFF	k9 fuel acc: 6038	$432.96

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2027-53291	SHERIFF	sheriffs fuel acc: 6038	$9,067.66
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2028-53291	AUTO SHOP	auto shop fuel acc: 6038	$79.53
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2029-53291	SHERIFF ANIMAL R	ARO Fuel acc: 6038	$1,112.36
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2032-53291	JAIL	DRC fuel acc: 6038	$158.27
70875389	06/25/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2032-53291	JAIL	jail fuel acc: 6038	$771.83
70875389	06/25/2025	136121	HUNT & SONS LLC	116	SENIOR NUTRITION	5063-53291	SENIOR NUTRITION	6035	$318.91
70875390	06/25/2025	L208130	I U O E LOCAL 39	265	COUNTY P/R TRUST	265-208130	NOT APPLICABLE		$528.72
70875391	06/25/2025	132637	INTERNATIONAL CHEMTEX CORP	101	GENERAL FUND	1074-53230	FACILITIES MAINT	PROFESSIONAL/SPECIAL SERV	$730.00
70875392	06/25/2025	128891	JD POWER	101	GENERAL FUND	1023-53170	ASSESSOR	subscription	$266.00
70875393	06/25/2025	135057	KHARON INC	101	GENERAL FUND	2072-532302	SHERIFF - CORONE	INDIGENT CREMATION -CASE #25-2	$795.00
70875394	06/25/2025	L207818	LAW ENFORCEMENT MGMT ASSOC	265	COUNTY P/R TRUST	265-207818	NOT APPLICABLE		$420.00
70875395	06/25/2025	111540	LEGAL RESEARCH ASSOCIATES	510	PRISONERS WELFAR	51010-53230	PRISONERS WELFAR	PROFESSIONAL/SPECIAL SERV	$371.00
70875396	06/25/2025	102227	LEXIPOL LLC	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	Annual Juvenile Det.Policy Trn	$8,747.25
70875397	06/25/2025	103809	LOS MOLINOS COMMUNITY SERVICES	101	GENERAL FUND	1073-53303	GENERAL SERVICES	ACC#TEH400 MAY 2025	$14.00
70875398	06/25/2025	120024	MARILYN J WOOLEY PH D	106	PUBLIC SAFETY	2032-53230	JAIL	PRE-EMPLOYMENT PSYCH-BEY	$500.00
70875398	06/25/2025	120024	MARILYN J WOOLEY PH D	106	PUBLIC SAFETY	2032-53230	JAIL	PRE-EMPLOYMENT PSYCH-FUGGE	$500.00
70875399	06/25/2025	110108	MATTHEW BENDER & CO	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	99561845	$48.38

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875400	06/25/2025	123687	MCI COMM SERVICE	106	PUBLIC SAFETY	2027-53120	SHERIFF	MINERAL PHONE SERVICE	$35.96
70875401	06/25/2025	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	JAIL TOILETRIES	$1,152.79
70875402	06/25/2025	113374	NO CALIF IMAGING ASSOC MED GRO	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	INMATE MEDICAL - FAGA, BILLY	$273.00
70875403	06/25/2025	116981	NORCAL PRESORT	101	GENERAL FUND	1023-53220	ASSESSOR	printing bpo 304340	$260.03
70875404	06/25/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	113	CHILD SUPPORT	5015-53220	CHILD SUPPORT SE	89517192	$87.15
70875405	06/25/2025	133770	OUTFRONT MEDIA INC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	1151427	$2,137.50
70875406	06/25/2025	101231	PACIFIC GAS & ELECTRIC	113	CHILD SUPPORT	5015-53300	CHILD SUPPORT SE	3680026792-8	$2,692.01
70875407	06/25/2025	101267	PEERLESS BUILDING MAINT INC	113	CHILD SUPPORT	5015-53140	CHILD SUPPORT SE	HOUSEHOLD EXPENSE	$1,155.30
70875408	06/25/2025	123466	PHI AIR MEDICAL LLC	265	COUNTY P/R TRUST	265-208138	NOT APPLICABLE		$183.35
70875409	06/25/2025	130243	PRIME42 LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$35.00
70875410	06/25/2025	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$1,710.94
70875411	06/25/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$923.33
70875412	06/25/2025	V000378	QUADIENT INC	101	GENERAL FUND	1026-53800	TAX COLLECTOR	PO428839	$4,767.09
70875413	06/25/2025	113400	R & R QUALITY MEATS	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	06/19/2025 FOR SNP INV. 252239	$571.54
70875414	06/25/2025	101371	RED BLUFF GLASS COMPANY	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$472.64

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875415	06/25/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	INMATE MEDICAL- HODSON, RANDAL	$876.00
70875415	06/25/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	INMATE MEDICAL- TOBISCH, JUDSO	$12,703.80
70875416	06/25/2025	L207830	STATIONARY ENGINEERS, LOCAL 39	265	COUNTY P/R TRUST	265-207830	NOT APPLICABLE		$5,303.76
70875417	06/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$1,640.50
70875418	06/25/2025	L208134	TC DEP PROB OFFICER DUES	265	COUNTY P/R TRUST	265-208134	NOT APPLICABLE		$1,711.08
70875419	06/25/2025	L207827	TCDAIA	265	COUNTY P/R TRUST	265-207827	NOT APPLICABLE		$105.00
70875420	06/25/2025	L207834	TCPOA DUES	265	COUNTY P/R TRUST	265-207834	NOT APPLICABLE		$78.00
70875421	06/25/2025	105424	TEHAMA COUNTY DEPT OF EDUCATIO	106	PUBLIC SAFETY	2035-53220	DAY REPORTING CE	AC 000405 COPIES OF FORMS	$600.00
70875422	06/25/2025	135122	TODD ALLEN	106	PUBLIC SAFETY	2007-53800	DA WELFARE FRAUD	PO10880	$3,172.13
70875423	06/25/2025	134948	UBEO MIDCO LLC	101	GENERAL FUND	1014-53170	COUNTY ADMINISTR	MAINTENANCE OF EQUIPMENT	$24.52
70875423	06/25/2025	134948	UBEO MIDCO LLC	101	GENERAL FUND	1025-53170	PURCHASING	MAINTENANCE OF EQUIPMENT	$12.98
70875423	06/25/2025	134948	UBEO MIDCO LLC	107	RISK MANAGEMENT	1101-53170	RISK MANAGEMENT	MAINTENANCE OF EQUIPMENT	$34.61
70875424	06/25/2025	L207807	UNITED WAY OF NORTHERN CALIFOR	265	COUNTY P/R TRUST	265-207807	NOT APPLICABLE		$35.00
70875425	06/25/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$2,243.67
70875425	06/25/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	INMATE NON-FOOD ITEMS	$107.47

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875426	06/25/2025	115894	WESTERN BUSINESS PRODUCTS	113	CHILD SUPPORT	5015-53170	CHILD SUPPORT SE	5273110	$93.38
70875427	06/25/2025	113681	WORLD TELECOM INC	106	PUBLIC SAFETY	106-105580	NOT APPLICABLE	PP FY 25/26	$1,937.50
70875428	06/25/2025	117372	ALESSIO LARRABEE	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER JUNE 2025	$18,333.33
70875429	06/25/2025	V000505	ANDREA OGIBA AND RICHARD KOVAS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	Non-Rec AAP Cost- 2047984	$212.33
70875432	06/25/2025	V000506	CHERIE AND BRIAN WALKER	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	Non-Rec AAP Cost- 2048015	$20.00
70875433	06/25/2025	V000507	CLERK RECORDER STANISLAUS COUN	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$24.00
70875434	06/25/2025	103772	DAN HENCRATT	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	CLOTHING & PERSONNEL SUPP	$185.71
70875435	06/25/2025	V000503	DENA MARIE BLAINE	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	Non-Rec AAP Cost 2047717	$20.00
70875439	06/25/2025	114620	KENNETH A MILLER	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DIFFENDER JUNE 2025	$4,379.21
70875440	06/25/2025	126372	LAW OFFICE OF ODEH E HIJAZEEN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER JUNE 2025	$18,333.33
70875441	06/25/2025	134376	MATT HANSEN	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	MISCELLANEOUS EXPENSE	$100.00
70875442	06/25/2025	119963	MAX L MORENO	106	PUBLIC SAFETY	2037-55400	PROBATION	CARE & SUPPORT OF YOUTH	$58.64
70875444	06/25/2025	133801	PATRICK C HURTON	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	MISCELLANEOUS EXPENSE	$100.00
70875445	06/25/2025	V000504	REBECCA CARLSON & SHAWN MARTIN	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	Nono-Rec AAP Cost -2047987	$400.00
70875446	06/25/2025	105387	ST ELIZABETH COMMUNITY HOSPITA	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$133.80

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875447	06/25/2025	V000085	TOM WALKER	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	MISCELLANEOUS EXPENSE	$100.00
70875448	06/25/2025	133588	WAVE TECHNOLOGIES LLC	527	TC TRANS COMM AD	3033-53120	TCTC PLANNING	COMMUNICATIONS	$326.98
70875449	06/25/2025	133588	WAVE TECHNOLOGIES LLC	527	TC TRANS COMM AD	3033-53120	TCTC PLANNING	COMMUNICATIONS	$326.56
70875451	06/26/2025	100065	ALSCO INC	101	GENERAL FUND	7013-53170	CAMP TEHAMA	0574767,0574885,0574886,057554	$1,779.73
70875451	06/26/2025	100065	ALSCO INC	101	GENERAL FUND	7021-53606	PARKS & RECREATI	208320	$39.67
70875452	06/26/2025	135984	ANDREW BRAY	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$43.13
70875453	06/26/2025	101233	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	235 841 3029 809 0	$31.54
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032853	$43.51
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032856	$12.45
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032939	$83.61
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032851	$154.99
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032856	$15.18
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032901	$11.80
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032932	$31.58
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032939	$114.21
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032856	$6.40
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032901	$96.41
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032939	$22.98
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032856	$5.95
70875454	06/26/2025	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032939	$117.36

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875455	06/26/2025	117161	AT&T MOBILITY/CINGULAR WIRELES	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	287349133778	$44.38
70875456	06/26/2025	113573	AT&T U-VERSE	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	AC 152445115 THRU 6/12/25	$107.09
70875457	06/26/2025	136353	AUDREY BROWN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$172.81
70875458	06/26/2025	122460	BIG VALLEY SANITATION INC	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	Porta Potty Service June	$420.00
70875459	06/26/2025	132804	BOEHRINGER INGELHEIM ANIMAL HE	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	IMRAB 3 TF	$919.38
70875460	06/26/2025	135988	BONNIE GLACKLER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$39.65
70875461	06/26/2025	V000046	BRENT ZUMALT	101	GENERAL FUND	7013-53180	CAMP TEHAMA	REPAIRS TO STAIRS	$2,490.00
70875462	06/26/2025	136593	CHARLES SULLIVAN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$653.58
70875463	06/26/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	2061-53300	AGRICULTURE COMM	007056-00 Irrigation	$44.76
70875463	06/26/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	AC# 007005-00	$31.02
70875463	06/26/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2036-53300	JUVENILE HALL	AC 006291-000	$393.55
70875463	06/26/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	UTILITIES	$672.74
70875463	06/26/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	UTILITIES	$1,182.54
70875463	06/26/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	UTILITIES	$445.77
70875463	06/26/2025	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	UTILITIES	$728.19
70875464	06/26/2025	136000	CLARENCE L WHITLOCK	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$61.90
70875465	06/26/2025	134817	CONSOR NORTH AMERICA INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$29,430.85

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875466	06/26/2025	135989	CYNTHIA HOUSER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$341.23
70875467	06/26/2025	135985	DEBBIE CHAKARUN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$276.45
70875468	06/26/2025	108674	DELL MARKETING LP	101	GENERAL FUND	2071-53800	CLERK - RECORDER	docking stations	$559.00
70875469	06/26/2025	136051	ELIOR INC	116	SENIOR NUTRITION	5063-53130	SENIOR NUTRITION	A7022	$8,400.00
70875470	06/26/2025	135994	ELIZABETH ROSS	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$46.89
70875471	06/26/2025	127756	EMPOWER TEHAMA	101	GENERAL FUND	1105-532334	PROFESSIONAL COU	DOMESTIC VIOLENCE SERVICE	$3,173.00
70875472	06/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	EXTRA HIRE HOUSEKEEPER - SILVA	$1,132.64
70875472	06/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	EXTRA HIRE CLERK - BARRETT	$852.30
70875472	06/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	EXTRA HIRE COOK - PLAZOLA	$914.40
70875472	06/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	EXTRA HIRE COOK - PLAZOLA-OT	$34.31
70875473	06/26/2025	100668	GAGER DISTRIBUTING INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	super shine, chlorine	$458.49
70875474	06/26/2025	103976	GOVERNMENTJOBS.COM, INC	101	GENERAL FUND	101-105580	NOT APPLICABLE	7/25-4/26 10 MONTHS	$1,855.21
70875474	06/26/2025	103976	GOVERNMENTJOBS.COM, INC	101	GENERAL FUND	1041-53230	PERSONNEL	5/25-6/25 2 MONTHS	$371.04
70875475	06/26/2025	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	7021-53606	PARKS & RECREATI	RIDGEWAY PARK	$41.68
70875475	06/26/2025	113113	GREEN WASTE OF TEHAMA	106	PUBLIC SAFETY	2027-53230	SHERIFF	MAIN - DUMP RUN	$17.95

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875476	06/26/2025	134656	HUMBOLDT MOVING & STORAGE CO I	101	GENERAL FUND	1041-53280	PERSONNEL	SPECIAL DEPARTMENTAL EXP	$55.00
70875477	06/26/2025	131709	INDEPENDENCE ROCK MEDIA GROUP	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$250.00
70875478	06/26/2025	135986	JAMES COSTELLO	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$669.62
70875479	06/26/2025	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	7021-53606	PARKS & RECREATI	RIDGEWAY PARK	$3.21
70875480	06/26/2025	V000203	KEELY GRUNDY	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$22.37
70875481	06/26/2025	V000285	KENNETH HARTMAN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$37.65
70875482	06/26/2025	135993	LEEANN OELRICHS	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$17.68
70875483	06/26/2025	135998	LINDA SMITH	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$118.94
70875484	06/26/2025	103568	LIONS GATE HOTEL	106	PUBLIC SAFETY	2036-53290	JUVENILE HALL	04/27/25-05/01/25 (K.M.)	$829.00
70875484	06/26/2025	103568	LIONS GATE HOTEL	106	PUBLIC SAFETY	2036-53290	JUVENILE HALL	T.H. 04/27/25-05/01/25	$829.00
70875485	06/26/2025	132936	MAIN STREET CAR WASH	115	BUILDING & SAFET	2065-53170	BUILDING & SAFET	376PA24	$22.00
70875486	06/26/2025	135987	MELISSA CRAIG	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$153.23
70875487	06/26/2025	135999	MICHAEL STROING	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$26.79
70875488	06/26/2025	V000452	MICHCHELLE JORDAN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$37.11
70875489	06/26/2025	135996	MIKE SHAFFER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$39.65
70875490	06/26/2025	132967	PACE ANALYTICAL SERVICES LLC	605	TC SANITATION DI	60510-53230	TC SANITATION DI	POSD46005	$309.50
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	9263246164-3	$442.07
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	9304912828-8	$84.54

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9304912828-8	$84.53
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	4423493458-4	$1,203.57
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	9090130622-6	$6.02
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0673650287-0	$22.70
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	4423493458-4	$1,468.02
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	9090130622-6	$7.34
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	4423493458-4	$619.38
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	9090130622-6	$3.10
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	4423493458-4	$575.30
70875491	06/26/2025	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	9090130622-6	$2.88
70875492	06/26/2025	101241	PAINT MARTS	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	PO41531	$88.27
70875492	06/26/2025	101241	PAINT MARTS	106	PUBLIC SAFETY	2032-53170	JAIL	JAIL PAINT SUPPLIES	$49.17
70875493	06/26/2025	135983	PATRICIA BANKS	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$49.02
70875494	06/26/2025	136001	PHILLIP WILLS	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$99.79
70875495	06/26/2025	126545	PSOMAS	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$553.50
70875496	06/26/2025	110235	REDWOOD TOXICOLOGY	106	PUBLIC SAFETY	2037-532393	PROBATION	AC 000629	$422.10
70875497	06/26/2025	120429	RIVERVIEW INTERNATIONAL TRUCKS	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$81.32
70875498	06/26/2025	134907	SHASTA-TEHAMA-TRINITY JOINT	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	May 2025 Expenses MOU 2024-176	$2,825.58
70875499	06/26/2025	101509	SHELBY'S PEST CONTROL INC	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$115.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875500	06/26/2025	135605	SPECTRUM	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	8413120110065364	$136.25
70875501	06/26/2025	100507	THE DANIELSEN CO	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$1,324.17
70875501	06/26/2025	100507	THE DANIELSEN CO	106	PUBLIC SAFETY	2032-53140	JAIL	INMATE NON-FOOD ITEMS	$293.79
70875502	06/26/2025	108732	TONY'S REFRIGERATION INC	101	GENERAL FUND	7033-53170	RED BLUFF VETERA	MAINTENANCE OF EQUIPMENT	$331.23
70875503	06/26/2025	135756	TRUSTED TECH TEAM LLC	106	PUBLIC SAFETY	2027-53230	SHERIFF	WINDOWS SERVER 2025 LICENSE	$1,968.00
70875504	06/26/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$1,534.83
70875504	06/26/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD CREDIT	($165.60)
70875505	06/26/2025	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	AUTO SHOP UNIFORMS/TOWELS	$82.74
70875506	06/26/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$36,466.79
70875507	06/26/2025	107169	BAY ALARM	102	ROAD FUND	102-105580	NOT APPLICABLE	482866	$629.73
70875508	06/26/2025	123035	CHICO STATE ENTERPRISES	527	TC TRANS COMM AD	3033-53230	TCTC PLANNING	PROFESSIONAL/SPECIAL SERV	$4,246.00
70875509	06/26/2025	100376	CITY OF RED BLUFF	117	TRANSPORTATION O	3037-53300	TRAX	UTILITIES	$117.56
70875510	06/26/2025	136674	COLUMN NA FBO DH SLATER & SON	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	JAIL RE-ENTRY	$45,600.33
70875511	06/26/2025	123020	DH SLATER AND SON INC	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	JAIL RE-ENTRY	$866,406.28
70875512	06/26/2025	V000512	DIANA L STEELE DECD EST	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	OVER PAYMENT	$38.92
70875513	06/26/2025	110076	HOUSING AND COMMUNITY DEVELOPM	115	BUILDING & SAFET	115-207795	NOT APPLICABLE	Gatlin, Carmen	$22.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875514	06/26/2025	110076	HOUSING AND COMMUNITY DEVELOPM	115	BUILDING & SAFET	115-207795	NOT APPLICABLE	HCD for Kinoshita	$22.00
70875515	06/26/2025	V000513	JUAN ALATORRE DECT EST OF	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	OVER PAYMENT	$12.66
70875516	06/26/2025	101226	PACE ENGINEERING INC	605	TC SANITATION DI	60510-53230	TC SANITATION DI	PROFESSIONAL/SPECIAL SERV	$3,115.38
70875517	06/26/2025	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	5408033337-7	$2,832.19
70875517	06/26/2025	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	6274872276-6	$37.47
70875517	06/26/2025	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	7551779389-1	$29.03
70875518	06/26/2025	120772	PAULA LAYSON	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$219.00
70875519	06/26/2025	108794	POSTMASTER	101	GENERAL FUND	2071-53220	CLERK - RECORDER	Return to C&R	$1,000.00
70875520	06/26/2025	136173	S T RHOADES CONSTRUCTION INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$1,408,574.22
70875521	06/26/2025	V000511	SHAHI AND SONS FARM INC	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	OVER PAYMENT	$11.00
70875523	06/26/2025	V000514	WESTCOR LAND TITLE INS CO	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	OVER PAYMENT	$162.69
70875524	06/27/2025	136438	34 STRONG INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	MAY 2025	$9,331.88
70875525	06/27/2025	134133	4417 CUBESMART	895	CAVALLERO, LINDA	895-301800	NOT APPLICABLE	ACC#5004358477	$141.00
70875526	06/27/2025	126687	AARON LATOURELL	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PIONEER DIR 1887	$292.31
70875527	06/27/2025	122859	ACCESS INFORMATION HOLDINGS LL	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	CHS10798	$68.15

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875527	06/27/2025	122859	ACCESS INFORMATION HOLDINGS LL	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	CHS10798	$73.89
70875527	06/27/2025	122859	ACCESS INFORMATION HOLDINGS LL	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	CHS10798	$55.46
70875527	06/27/2025	122859	ACCESS INFORMATION HOLDINGS LL	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	CHS10798	$96.50
70875528	06/27/2025	129624	AEGIS TREATMENT CENTERS, LLC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	CLINIC FY 24-25	$48,339.17
70875528	06/27/2025	129624	AEGIS TREATMENT CENTERS, LLC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	CLINIC FY24-25	$76,047.24
70875529	06/27/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	105	FIRE FUND	2042-53230	FIRE SCH C VOL	SCL272300	$420.00
70875529	06/27/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	SCL265677-5312	$240.00
70875529	06/27/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	SCL268835 -7615	$240.00
70875530	06/27/2025	115432	ALPHA VISTA PROPERTIES LLC	113	CHILD SUPPORT	5015-53300	CHILD SUPPORT SE	50% PG&E APRIL, MAY, JUNE	$251.61
70875531	06/27/2025	100065	ALSCO INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	208365	$62.58
70875532	06/27/2025	135787	AMN HEALTHCARE LOCUM TENENS IN	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	C000008519	$23,756.00
70875533	06/27/2025	123090	ANNE M WILLIAMS	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	TCHSA-C/O MINNIE SAGAR	$2,500.00
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	STREAMLINE IT	$46.70
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PRIORITY SUPPORT	$136.70

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	STREAMLINE IT	$56.96
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PRIORITY SUPPORT	$238.35
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	STREAMLINE IT	$24.02
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PRIORITY SUPPORT	$77.10
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	STREAMLINE IT	$22.32
70875534	06/27/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PRIORITY SUPPORT	$47.85
70875535	06/27/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-53230	TC CHILD & FAMIL	MAY 2025	$350.00
70875535	06/27/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555204	TC CHILD & FAMIL	MAY 2025	$437.50
70875535	06/27/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	MAY 2025	$1,487.50
70875536	06/27/2025	113573	AT&T U-VERSE	105	FIRE FUND	2042-53120	FIRE SCH C VOL	158932752	$127.69
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	9504392756	$398.11
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	ORG IN#9504350882	($109.77)
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	9504363444	($90.03)
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	ORG IN#9504350881	($242.27)

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	9504397374	$75.12
70875537	06/27/2025	131348	BEARING DISTRIBUTORS INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	9504397375	$128.65
70875538	06/27/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	1660279	$364.48
70875538	06/27/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	1660280	$364.48
70875539	06/27/2025	128476	BRYAN A JENNINGS	105	FIRE FUND	2042-53210	FIRE SCH C VOL	BENGARD, PIONEER, MATLOCK	$1,337.86
70875540	06/27/2025	100249	BURTON'S FIRE INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	13C10	$132.32
70875541	06/27/2025	132407	CAPITAL ONE	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	616772	$313.32
70875541	06/27/2025	132407	CAPITAL ONE	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	616772	$52.35
70875541	06/27/2025	132407	CAPITAL ONE	112	HEALTH SERVICES	40171-53280	DRUG & ALCOHOL	616772	$22.24
70875541	06/27/2025	132407	CAPITAL ONE	112	HEALTH SERVICES	40251-53280	CLINIC SERVICES	616772	$22.25
70875542	06/27/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1023-53220	ASSESSOR	BPO# 184PA24	$30.43
70875543	06/27/2025	102768	CHILDREN FIRST	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	Account: 035PA14	$660.00
70875544	06/27/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	25704606	$33.30
70875544	06/27/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	25704570	$32.20
70875544	06/27/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	25704606	$14.13
70875544	06/27/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	25704570	$28.05
70875545	06/27/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-53301	GENERAL SERVICES	005876-000	$94.85

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875545	06/27/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	725 JEFFERSON STREET	$49.62
70875545	06/27/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	006249-000	$34.00
70875545	06/27/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	005638-000	$99.68
70875546	06/27/2025	102616	CLIFF ROWEN	105	FIRE FUND	2042-53210	FIRE SCH C VOL	GUNSMOKE	$382.25
70875547	06/27/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	RE2798	$17.00
70875547	06/27/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	RE2798	$84.99
70875547	06/27/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40171-53250	DRUG & ALCOHOL	RE2798	$1,376.49
70875547	06/27/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	RE2798	$17.00
70875548	06/27/2025	102651	CODY LESTER	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PIONEER	$371.00
70875548	06/27/2025	102651	CODY LESTER	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PIONEER, MATLOCK GUNSMOKE	$314.79
70875548	06/27/2025	102651	CODY LESTER	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PIONEER, MATLOCK, GUNSMOKE	$157.40
70875549	06/27/2025	V000063	COMMUNITY BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	BEHAVIORAL HEALTH SERVICE	$34,930.35
70875549	06/27/2025	V000063	COMMUNITY BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	BEHAVIORAL HEALTH SERVICES	$38,260.75
70875550	06/27/2025	100427	CPS HUMAN RESOURCE CONSULTING	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	TEHA007	$282.25
70875550	06/27/2025	100427	CPS HUMAN RESOURCE CONSULTING	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	TEHA007	$282.25

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875551	06/27/2025	111467	DAVIS GUEST HOME	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	060125	$20,460.00
70875552	06/27/2025	125007	DEBRA J VILLASENOR	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	053125	$1,794.00
70875553	06/27/2025	104716	DIVERSIFIED SERVICES/COPY CENT	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	23857	$368.73
70875553	06/27/2025	104716	DIVERSIFIED SERVICES/COPY CENT	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	24016	$577.49
70875554	06/27/2025	126292	DOCS MEDICAL GROUP	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	65532	$210.00
70875555	06/27/2025	V000395	DUCOR TELEPHONE COMPANY	105	FIRE FUND	2042-53120	FIRE SCH C VOL	510	$151.13
70875556	06/27/2025	115808	ECLINICAL WORKS LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	0003240482	$40.50
70875556	06/27/2025	115808	ECLINICAL WORKS LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	0003243974	$1,266.67
70875557	06/27/2025	131138	ECLIPSE MEDIA SOLUTIONS	535	TC CHILD & FAMIL	53510-53230	TC CHILD & FAMIL	9288	$116.25
70875558	06/27/2025	133368	ECO MEDICAL INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	35950	$260.34
70875559	06/27/2025	136051	ELIOR INC	116	SENIOR NUTRITION	5063-53130	SENIOR NUTRITION	A7022	$8,400.00
70875560	06/27/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	FBN5349225	$3,116.78
70875560	06/27/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	FBN5349225	$6,135.99
70875560	06/27/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40171-53250	DRUG & ALCOHOL	FBN5349225	$2,689.30
70875560	06/27/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	FBN5349225	$833.45
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	3048483	$83.85
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	3048501	$23.18
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	3048529	$32.13
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53270	FIRE SCH C VOL	3048406	$147.77

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53270	FIRE SCH C VOL	3048478	$529.98
70875561	06/27/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53270	FIRE SCH C VOL	3048525	$332.16
70875562	06/27/2025	131988	FRESNO OXYGEN	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	67883	$127.90
70875563	06/27/2025	100668	GAGER DISTRIBUTING INC	106	PUBLIC SAFETY	2032-53140	JAIL	JAIL LAUNDRY SUPPLIES	$3,645.35
70875564	06/27/2025	116076	GARY TAYLOR	101	GENERAL FUND	7013-53170	CAMP TEHAMA	2810568094	$121.38
70875565	06/27/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	26267	$228.29
70875565	06/27/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	26267	$398.04
70875565	06/27/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	26267	$128.76
70875565	06/27/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	26267	$79.91
70875566	06/27/2025	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	719517	$58.25
70875567	06/27/2025	135908	HANKINS GROUP INC	112	HEALTH SERVICES	40121-57608	PUBLIC HEALTH	5037-5	$7,530.13
70875567	06/27/2025	135908	HANKINS GROUP INC	112	HEALTH SERVICES	40121-57608	PUBLIC HEALTH	5037-6	$16,326.57
70875568	06/27/2025	130779	HEIDI MENDENHALL	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	5684147	$399.00
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	6035322540909714	$1.92
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	6035322540909714	$21.39
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	6035322540909714	$3.05
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	6035322540909714	$61.16
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	6035322540909714	$4.94

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	6035322540909714	$25.71
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53140	CLINIC SERVICES	6035322540909714	$3.51
70875569	06/27/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	6035322540909714	$26.36
70875570	06/27/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	6031-53170	AGRICULTURAL EXT	488395	$83.78
70875570	06/27/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	6031-53291	AGRICULTURAL EXT	6003	$516.46
70875570	06/27/2025	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6014	$2,592.06
70875570	06/27/2025	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6564	$1,629.47
70875570	06/27/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40121-53291	PUBLIC HEALTH	6015	$200.11
70875570	06/27/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40131-53291	MENTAL HEALTH	6015	$1,182.01
70875570	06/27/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40171-53291	DRUG & ALCOHOL	6015	$282.27
70875570	06/27/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40251-53291	CLINIC SERVICES	6015	$80.04
70875571	06/27/2025	132636	IRIS TELEHEALTH MEDICAL GROUP	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	21590	$30,730.00
70875572	06/27/2025	102590	JAMES WHITE	105	FIRE FUND	2042-53210	FIRE SCH C VOL	04949	$292.31
70875573	06/27/2025	136677	JANE C GUTIERREZ	535	TC CHILD & FAMIL	53510-555212	TC CHILD & FAMIL	11	$1,600.00
70875574	06/27/2025	135759	JENNIFER K GARCIA CONTRERAS	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	20	$279.95
70875575	06/27/2025	129531	JOHN LESSLEY QUALITY INNOVATIO	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	25-23	$130.00
70875576	06/27/2025	133605	JONAH MASTAW	105	FIRE FUND	2042-53210	FIRE SCH C VOL	TGU6549	$191.12

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875577	06/27/2025	108299	KEEFE COMMISSARY NETWORK	510	PRISONERS WELFAR	51010-53130	PRISONERS WELFAR	4968196-3771429	($4.87)
70875577	06/27/2025	108299	KEEFE COMMISSARY NETWORK	510	PRISONERS WELFAR	51010-53130	PRISONERS WELFAR	4969527	$2,823.69
70875578	06/27/2025	103099	KEN JOHNSON	105	FIRE FUND	2042-53210	FIRE SCH C VOL	05495	$247.34
70875579	06/27/2025	134808	KENNETH W. ROBERTSON	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	181980 PO 9613	$38.75
70875579	06/27/2025	134808	KENNETH W. ROBERTSON	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	181980 PO 9613	$62.00
70875579	06/27/2025	134808	KENNETH W. ROBERTSON	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	181980 PO 9613	$38.75
70875579	06/27/2025	134808	KENNETH W. ROBERTSON	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	181980 PO 9613	$15.50
70875580	06/27/2025	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$991.43
70875581	06/27/2025	123750	KINGS VIEW CORPORATION	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	053125	$17,922.43
70875582	06/27/2025	133998	KUPERS AUTOMOTIVE REPAIR	101	GENERAL FUND	1023-53170	ASSESSOR	CAR MAIN BPO# B-428581-24	$30.05
70875583	06/27/2025	111540	LEGAL RESEARCH ASSOCIATES	510	PRISONERS WELFAR	51010-53230	PRISONERS WELFAR	04-25	$195.00
70875584	06/27/2025	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	AS1132872	$600.00
70875585	06/27/2025	136652	LORRAINE L WILLIAMS	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	053025	$2,012.50
70875586	06/27/2025	100252	LYNNE MOULE	101	GENERAL FUND	5060-53230	VETERANS SERVICE	FINGER PRINTS	$25.00
70875587	06/27/2025	132936	MAIN STREET CAR WASH	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	1228	$13.50
70875587	06/27/2025	132936	MAIN STREET CAR WASH	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	1228	$70.60
70875587	06/27/2025	132936	MAIN STREET CAR WASH	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	1228	$13.50
70875587	06/27/2025	132936	MAIN STREET CAR WASH	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	1228	$5.40
70875588	06/27/2025	108046	MARY MORELAND	105	FIRE FUND	2042-53210	FIRE SCH C VOL	05495	$314.79

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875588	06/27/2025	108046	MARY MORELAND	105	FIRE FUND	2042-53210	FIRE SCH C VOL	V4949	$371.00
70875588	06/27/2025	108046	MARY MORELAND	105	FIRE FUND	2042-53210	FIRE SCH C VOL	V6549	$179.88
70875589	06/27/2025	134086	MCC ENGINEERING	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	31210	$2,805.09
70875590	06/27/2025	123038	MENDES SUPPLY COMPANY	101	GENERAL FUND	7013-53140	CAMP TEHAMA	R078877	$522.03
70875591	06/27/2025	128300	MICHELLE HICKOK	105	FIRE FUND	2042-53170	FIRE SCH C VOL	4769	$21.50
70875592	06/27/2025	V000440	MODESTO MENTAL HEALTH CONSULTA	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	9691136C PO 9603	$3,920.00
70875592	06/27/2025	V000440	MODESTO MENTAL HEALTH CONSULTA	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	96961136C PO 9604	$928.00
70875593	06/27/2025	V000081	MORRISON STRUCTURES INC	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	2024	$1,139.96
70875594	06/27/2025	132105	RED HAT FIRE PROTECTION	101	GENERAL FUND	7013-53300	CAMP TEHAMA	RH6079	$1,466.00
70875595	06/27/2025	122689	NICHOLAS D SIMPSON	105	FIRE FUND	2042-53210	FIRE SCH C VOL	V6549	$179.88
70875596	06/27/2025	128297	NIKLAS BEEMAN	105	FIRE FUND	2042-53210	FIRE SCH C VOL	04949	$292.31
70875597	06/27/2025	106919	NORTHERN CAL CHILD DEVELOPMENT	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$38,703.79
70875598	06/27/2025	V000457	NULODGIC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	TCHSA 0001	$328.05
70875598	06/27/2025	V000457	NULODGIC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	TCHSA 0001	$571.98
70875598	06/27/2025	V000457	NULODGIC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	TCHSA 0001	$185.02
70875598	06/27/2025	V000457	NULODGIC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	TCHSA 0001	$114.83
70875599	06/27/2025	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	2782-449115	$95.85

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875600	06/27/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	105	FIRE FUND	2042-53220	FIRE SCH C VOL	89517192	$125.50
70875600	06/27/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	113	CHILD SUPPORT	5015-53220	CHILD SUPPORT SE	89517192	$245.10
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1478060154-9	$158.67
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2217489076-8	$59.99
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0348332864-1	$166.97
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3385246924-7	$65.16
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3395590579-0	$75.34
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	6174749535-8	$259.78
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	7477614270-0	$42.36
70875601	06/27/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9221579500-3	$999.70
70875602	06/27/2025	101241	PAINT MARTS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	40224928	$105.39
70875602	06/27/2025	101241	PAINT MARTS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	R404475	$76.64
70875602	06/27/2025	101241	PAINT MARTS	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	r403048	$50.89
70875603	06/27/2025	102904	PITNEY BOWES	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	Account: 0015692373	$409.44
70875604	06/27/2025	V000182	POSTPARTUM SUPPORT INTERNATION	535	TC CHILD & FAMIL	53510-555206	TC CHILD & FAMIL	67278	$750.00
70875605	06/27/2025	131712	PREMIER INDEPENDENCE INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	INV-0000190	$13,400.00
70875605	06/27/2025	131712	PREMIER INDEPENDENCE INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	INV-0000191	$9,425.00
70875606	06/27/2025	132831	PRENTICE LONG PC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	7348	$1,197.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875607	06/27/2025	127714	PROVIDER HEALTHCARE, LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	22602	$5,920.00
70875608	06/27/2025	127905	QUICKSERIES PUBLISHING, INC	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	po 9585	$3,499.05
70875609	06/27/2025	115707	R.S.S.E. INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	39589	$165.73
70875610	06/27/2025	106620	RALEYS IN STORE CHARGE	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	101292-9139	$8.90
70875610	06/27/2025	106620	RALEYS IN STORE CHARGE	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	101420-9139	$10.23
70875610	06/27/2025	106620	RALEYS IN STORE CHARGE	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	101421-9139	$9.09
70875611	06/27/2025	114229	RANDALL J HAUSER	712	TEHAMA MAJOR CRI	712-105580	NOT APPLICABLE	FY 25/26	$319.00
70875612	06/27/2025	101371	RED BLUFF GLASS COMPANY	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	8197	$532.49
70875613	06/27/2025	127224	RED BLUFF JOINT UNION HIGH	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	388	$15.00
70875614	06/27/2025	136716	REDLINE INSTALLATIONS INC	105	FIRE FUND	2042-461059	FIRE SCH C VOL	849107	$501.00
70875615	06/27/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	11970417	$677.83
70875615	06/27/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	11970417	$1,161.27
70875615	06/27/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	11970417	$387.60
70875615	06/27/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	11970417	$343.17
70875616	06/27/2025	105130	REMI VISTA INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	7589	$50,460.60
70875616	06/27/2025	105130	REMI VISTA INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	7590	$56,450.65
70875617	06/27/2025	119576	RESTPADD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	52503	$131,750.00
70875617	06/27/2025	119576	RESTPADD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	RDG52503	$134,400.00
70875618	06/27/2025	122931	ROSS J PALUBESKI	105	FIRE FUND	2042-53210	FIRE SCH C VOL	050425	$292.31

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875618	06/27/2025	122931	ROSS J PALUBESKI	105	FIRE FUND	2042-53210	FIRE SCH C VOL	051125	$123.67
70875619	06/27/2025	134904	S&R ENTERPRISES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	453882	$480.00
70875619	06/27/2025	134904	S&R ENTERPRISES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	455122	$290.00
70875620	06/27/2025	122687	SARAH A MAYBERRY	105	FIRE FUND	2042-53210	FIRE SCH C VOL	051925	$382.25
70875621	06/27/2025	102334	SATCOM GLOBAL INC	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	107353	$114.42
70875621	06/27/2025	102334	SATCOM GLOBAL INC	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	107353	$79.74
70875622	06/27/2025	112809	SAVE MART SUPERMARKET	112	HEALTH SERVICES	40171-53280	DRUG & ALCOHOL	17232-5140	$49.64
70875623	06/27/2025	134616	SOUTH AVENUE INC	105	FIRE FUND	2042-53180	FIRE SCH C VOL	100781	$155.59
70875624	06/27/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	INMATE MEDICAL- LAMBURTH, SABR	$2,818.00
70875625	06/27/2025	125408	STATE OF CALIFORNIA	105	FIRE FUND	2042-53230	FIRE SCH C VOL	J3182	$442.94
70875626	06/27/2025	132490	STOMMEL INC	105	FIRE FUND	2042-57605	FIRE SCH C VOL	S1120045	$997.69
70875626	06/27/2025	132490	STOMMEL INC	105	FIRE FUND	2042-57605	FIRE SCH C VOL	S120044	$1,039.20
70875627	06/27/2025	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	INMATE FOOD	$1,751.21
70875627	06/27/2025	107566	SYSCO	106	PUBLIC SAFETY	2032-53140	JAIL	NON-FOOD ITEMS	$144.81
70875628	06/27/2025	133807	TANNER PUCKETT	105	FIRE FUND	2042-53210	FIRE SCH C VOL	051125	$415.98
70875629	06/27/2025	110680	TERRILL'S TRUCK ALIGNMENT	105	FIRE FUND	2042-53170	FIRE SCH C VOL	19890	$1,600.00
70875629	06/27/2025	110680	TERRILL'S TRUCK ALIGNMENT	105	FIRE FUND	2042-53170	FIRE SCH C VOL	19901	$700.00
70875630	06/27/2025	111041	THE SAIL HOUSE INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	053125	$9,548.00
70875630	06/27/2025	111041	THE SAIL HOUSE INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	053125A	$5,828.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875630	06/27/2025	111041	THE SAIL HOUSE INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	053125b	$1,457.00
70875631	06/27/2025	127907	TRADITIONS BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PO 9612	$225.00
70875632	06/27/2025	129446	TREVOR A BROOKE	105	FIRE FUND	2042-53210	FIRE SCH C VOL	HILL TGU6549	$191.12
70875633	06/27/2025	134948	UBEO MIDCO LLC	535	TC CHILD & FAMIL	53510-53230	TC CHILD & FAMIL	5281395	$48.74
70875634	06/27/2025	V000385	VALLEY IRON INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	2505617	$1,403.89
70875635	06/27/2025	112993	VERICOR LLC	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	TEH 001	$13,235.35
70875636	06/27/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	770720905-00035	$1,244.82
70875636	06/27/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	770720905-00035	$1,592.38
70875636	06/27/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	770720905-00035	$860.65
70875636	06/27/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	770720905-00035	$460.35
70875637	06/27/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	013125	$125,210.04
70875637	06/27/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	0228/25A	$7,991.76
70875637	06/27/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	123124A	$3,544.92
70875637	06/27/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	APR-25	$10,965.95
70875637	06/27/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	MAR-25	$5,419.06
70875638	06/27/2025	101825	WALLNER PLUMBING CO INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	219779	$176.60
70875638	06/27/2025	101825	WALLNER PLUMBING CO INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	219779	$1,241.89

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875638	06/27/2025	101825	WALLNER PLUMBING CO INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	219779	$2,134.85
70875639	06/27/2025	102792	WARREN PRICE	105	FIRE FUND	2042-53210	FIRE SCH C VOL	GUNSMOKE AND PIONEER	$674.58
70875640	06/27/2025	133406	WAYSTAR INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	226827	$723.68
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146132	$94.85
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146134	$146.11
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146136	$21.36
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146138	$17.65
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146140	$57.00
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	146142	$57.00
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146132	$115.69
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146134	$244.81
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146135	$189.43
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146136	$21.36
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146137	$43.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146138	$3.52
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146139	$127.85
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	146141	$57.00
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	146132	$48.82
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	146134	$174.12
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	146136	$21.35
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	146138	$88.29
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	146132	$45.34
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	146134	$75.41
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	146136	$21.36
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	146138	$3.54
70875641	06/27/2025	123478	WILGUS FIRE CONTROL INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	146143	$169.00
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	18480	$48.71
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	18481	$39.76
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	18480	$342.51

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jan 21, 2026 7:50:33 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	18481	$279.60
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	18439	$800.00
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	18480	$588.78
70875642	06/27/2025	125790	WILLIAM L BUNCH	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	18481	$480.64
70875643	06/27/2025	105571	WILLOW GLEN CARE CENTER	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	49758	$7,440.00
70875643	06/27/2025	105571	WILLOW GLEN CARE CENTER	112	HEALTH SERVICES	40131-55407	MENTAL HEALTH	49748	$59,985.00
70875643	06/27/2025	105571	WILLOW GLEN CARE CENTER	112	HEALTH SERVICES	40131-55407	MENTAL HEALTH	49767	$25,420.00
70875643	06/27/2025	105571	WILLOW GLEN CARE CENTER	112	HEALTH SERVICES	40131-55407	MENTAL HEALTH	49774	$23,870.00
70875644	06/27/2025	113555	DAVE GADBOIS	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	051525	$41.40
70875645	06/27/2025	V000021	KALMIKOV ENTERPRISES INC	105	FIRE FUND	2042-57605	FIRE SCH C VOL	03S1079	$491,273.05
70875646	06/27/2025	V000510	KIM NEFF	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$137.88
70875647	06/27/2025	135640	SACRAMENTO BEHAVIORAL HEALTHCA	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	PO 9596	$30,114.00

Tehama County

TEBK400 - Check Register

Issue Dates between Jun 15, 2025 and Jun 28, 2025

Report Generated on: **Jun 30, 2025 4:57:08 PM**

Check Number	Post Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
							DEPARTMENT		
70875645	06/27/2025	V000021	KALMIKOV ENTERPRISES INC	105	FIRE FUND	2042-57605	FIRE SCH C VOL	03S1079	$491,273.05
70875646	06/27/2025	V000510	KIM NEFF	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$137.88
70875647	06/27/2025	135640	SACRAMENTO BEHAVIORAL HEALTHCA	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	PO 9596	$30,114.00

Tehama County

Agenda Request Form

File #: 25-1159 **Agenda Date:** 7/15/2025 **Agenda #:** 2.

AUDITOR'S CLAIMS

Requested Action(s)
a) Court Operations, 2026-53221, Benjamin E. Magid, $1,040.00
b) Court Operations, 2026-53221, 2021-53160, Borges Law Office Inc., $3,570
c) Court Operations, 2026-53221, Sierra Nevada Law Corporation DBA: The Law Office of Derek B. David Soriano, $2,982.40
d) Court Operations, 2026-53221, Sierra Nevada Law Corporation DBA: The Law Office of Derek B. David Soriano, $2,792.00

Financial Impact:
As Listed.

Background Information:
Click here to enter Background Info.

RECEIVED
JUN 12 2025

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 132443	KP & VERIFIED:

CLAIMANT'S NAME Benjamin E. Magid
ADDRESS PO Box 2965
Weaverville, CA 96093
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.		PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
106-2026		5323015		23CR-002280	$1,040.00
		53221		INV 12312602	
				5/27/25	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$1,040.00
5/27/2025	**Conflict Counsel**		

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
- o Supplies over allowed maximum
- o Supplies + labor or installation charges
- o One-time services (insurance must be on file)
- o Write P.O. Number above & attach to claim.

Agreement Required:
- o All services except one-time
- o Certificate of Insurance must be on file
- o Write Agreement Number above.

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT _____

AUDITORS USE ONLY

I hereby certify that the above claim was examined and approved by this office.

Krista Peterson
Auditor-Controller

By AZ 6/20/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved:

Date

Chairman

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ 6/16/2025
Department Head or Authorized Signature / Date

Docusign Envelope ID: F1804852-BC89-4850-8D1E-B54D03A53860

COUNTY OF TEHAMA
STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

RECEIVED
JUN 09 2025

CLAIMANT'S NAME: Michael C. Borges, Borges Law Office, Inc.
ADDRESS:
1558 West St unit 3
Redding, CA 96001

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: V000213	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT: Defense Counsel

PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
2026	53230			23CR900009	$ 570.00
	53221		4/22/25	Case Number Inv 2025-1110	$ 3570.00
2021	53160		4/22/25	Inv 2025-1110 23CR900009	3000.00

DATE 6/9/2025

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

Conflict Counsel

TOTAL ▶ $ 3570.00

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance must be on file
- Write Agreement number above

Under penalty of perjury, I certify: that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT 6/9/2025 Signed by: Michael Borges

I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED Kim Hamp 6-11-25

Department Head or Authorized Signature/Date

AUDITOR USE ONLY
I hereby certify that the above claim was examined and approved by this office.
LEROY ANDERSON Auditor/Controller
By AZ 6/20/25
Deputy County Auditor
BOARD OF SUPERVISORS
Approved: Date _____
Chairman

FORM A-121

RECEIVED
MAY 30 2025

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: V000501	KP & VERIFIED:

VENDOR: Derek B. DavidSoriano, Esq.
ADDRESS: 2485 Notre Dame Blvd.
Suite 370-263
Chico, Ca 95928

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
106-2026	5323015			Case number 25CR-000125	$ 2,792.00
	53221			5/29/25	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$2,792.00
	W-9 to Fran		

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time services (insurance must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Certificate of Insurance must be on file
- Write Agreement Number above

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT _____

AUDITORS USE ONLY

I hereby certify that the above claim was examined and approved by this office

KRISTA PETERSON
Auditor-Controller

By AZ 6/20/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved.

Date

Chairman

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ 6/12/2025
Department Head or Authorized Signature / Date

RECEIVED
MAY 30 2025

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: V000501	KP & VERIFIED:

VENDOR: Derek B. DavidSoriano, Esq.
ADDRESS: 2485 Notre Dame Blvd.
Suite 370-283
Chico, Ca 95928

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT.	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (28 positions)	
106-2026	5323016			case no 25CR-000125	$ 2,982.40
2026	53221			5/5/25	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$2,982.40
	Appointment of Conflict Counsel W-9 to Fran		

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
- Purchase over allowed maximum
- Supplies + labor or installation charges
- One-time services (insurance must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Certificate of Insurance must be on file
- Write Agreement Number above.

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT _____

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.

KRISTA PETERSEN
Auditor-Controller

By: AZ 6/20/25
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

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Department Head or Authorized Signature — 6/12/2025 / Date

Tehama County

Agenda Request Form

File #: 25-1178 **Agenda Date:** 7/15/2025 **Agenda #:** 3.

AUDITOR-CONTROLLER

Requested Action(s)
a) STALE DATED WARRANT-Pursuant to Government Code Section 29802, authorization to reissue the following stale dated warrant

1)Warrant Number 70859369, dated 07/02/2024 in the amount of $262.89 to Jeff Donaldson

Financial Impact:
There is no financial impact to the county. The funds are held in a trust account for two (2) years, six (6) months in case they are presented for payment.

Background Information:
The warrant was processed and never cashed. The effect of not taking the requested action would result in the family of Rachel Ross-Donaldson not receiving the funds due to them.

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

97

TEHAMA COUNTY WARRANT

TEHAMA COUNTY
444 Oak Street, Suite J
Red Bluff, CA 96080-3335

USBANK
24-Hour Banking
1-800-673-3555

90-2267/1211

70859369

VOID AFTER SIX MONTHS

CHECK DATE 07/02/2024

WARRANT NO. 70859369

AMOUNT $*******262.89*

PAY THE SUM OF TWO HUNDRED SIXTY TWO DOLLARS & 89 CENTS

VOID

TO THE ORDER OF RACHEL ROSS-DONALDSON

[redacted]

[redacted]

70859369

TEHAMA COUNTY
444 Oak Street, Suite J, Red Bluff, CA 96080-3335

VENDOR NO. 121017

WARRANT NO. 70859369

ACCOUNT		PURCH. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
4045	53280		80	30.06	DUMP FY 23/24
4045	53290		80	157.76	MILEAGE FY 23/24
50410	558002		80	75.07	HD 37 FY 23/24

121017 RACHEL ROSS-DONALDSON

REORDER 908 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Tehama County

Agenda Request Form

File #: 25-1217 **Agenda Date:** 7/15/2025 **Agenda #:** 4.

ADMINISTRATION

Requested Action(s)

a) Declare the following vehicles to be surplus County property:

1) SHERIFF - 1997 Ford Expedition, VIN # 1FMFU18L8VLB01663, County Inventory #21011, Stock #510
2) SHERIFF - 2001 Ford F-350, VIN # 1FBSS31S4YHB84459, County Inventory #23364, Stock #290
3) SHERIFF - 2001 Ford Crown Victoria, VIN # 2FAFP71W61X128317, County Inventory #23560, Stock #215
4) SHERIFF - 2001 Ford Crown Victoria, VIN # 2FAFP71W61X117169, County Inventory #23561, Stock #216
5) SHERIFF - 2003 Ford Expedition, VIN # 1FMPU16L93LC52094, County Inventory #24280, Stock #509
6) SHERIFF - 2004 Ford Crown Victoria, VIN # 2FAHP71W64X102927, County Inventory #26143, Stock #380
7) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71W45X132946, County Inventory #26148, Stock #388
8) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71WX5X132949, County Inventory #26150, Stock #391
9) SHERIFF -2011 Ford Crown Victoria, VIN # 2FABP7BV78X161719, County Inventory #29104, Stock #845
10) SHERIFF - 2011 Ford Crown Victoria, VIN # 2FABP7BV8BX169800, County Inventory #29105, Stock #846
11) SHERIFF - 2005 Ford Crown Victoria, VIN # 2FAHP71W75X132973, County Inventory #26151, Stock #392
12) SHERIFF - 2000 Ford F-150, VIN # 1FTNX21S9YED51565, County Inventory #23917, Stock #461
13) SHERIFF - 2000 Ford Crown Victoria, VIN # 2FAFP71W5YX157561, County Inventory #22427, Stock #39

b) Request authorization for Administration/Purchasing to dispose of the property in the manner that provides the highest possible return to the County

Financial Impact:

All proceeds will be deposited in their respective budget unit(s).

Background Information:

The County has a contract with BidCal.com for auction services. Property that may not be suitable for the auction will be offered to the highest bidder through an informal bid process.

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
21011	1997 FORD EXPEDITION	1FMFU18L8VLB01663	23,900

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
2/1/99		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ Authorized Department Representative **Date:** 7.1.2025

_____ Authorized Department Representative **Date:** _____

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

Inventory (County Tag) No.

1997 FORD EXPEDITION
Year / Make / Model

239632
Odometer Reading

1FMFU18L8VLB01663
VIN

License No.

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **SUSPENSION NOT FIXABLE**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION,
ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
23364	2001 FORD E-350 #290	1FBSS31S4YHB84459	18,500

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
12/1/01		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

23364
Inventory (County Tag) No.

2001 FORD E-350
Year / Make / Model

~~184459~~ 184-636
Odometer Reading

1FBSS31S4YHB84459
VIN

1106254
License No. #290

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [ ] No [X] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **NO CATs, DEAD BATTERY**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
23560	2001 FORD CROWN VICTORIA #215	2FAFP71W61X128317	19,100

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
6/26/02		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — *Department*

23560 — *Inventory (County Tag) No.*

2001 FORD CROWN VICTORIA — *Year / Make / Model*

138678 — *Odometer Reading*

2FAFP71W61X128317 — *VIN*

1106297 — *License No.* #215

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: ☐

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **LCM INOP, ENGINE KNOCK**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

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RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
23561	2001 CROWN VICTORIA #216	2FAFP71W6X117169	19,800

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
6/20/02		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ **Date:** 7.1.2025

Authorized Department Representative

_____ **Date:** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

23561
Inventory (County Tag) No.

2001 FORD CROWN VICTORIA
Year / Make / Model

133693
Odometer Reading

2FAFP71W6X117169
VIN

1106299
License No. #216

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **LCM FAILURE**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

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I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

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RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
24280	2003 FORD EXPEDITION #509	1FMPU16L9BLC52094	24,715.32

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
12/2/04		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
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	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

Inventory (County Tag) No.

2003 FORD EXPEDITION
Year / Make / Model

177,000
Odometer Reading

1FMPU16L9BLC52094
VIN

License No. ##

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **WILL NOT START**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

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CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

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ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

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RM 02/02/10

#380

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
20143	2004 FORD CROWN VICTORIA #380	2FAHP71W64X102927	19,374.80

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
3/2/06		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — *Department*

35228 — *Inventory (County Tag) No.*

2004 FORD CROWN VICTORIA — *Year / Make / Model*

~~357~~ 115970 — *Odometer Reading*

2FAHP71W64X102927 — *VIN*

1199296 — *License No.* 3 8 0

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: ☐

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **LCM INOP**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

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CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
26148	2005 FORD CROWN VICTORIA #388	2FAHP71W45X132946	22,586

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
7/11/06		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions	
County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — *Department*

26148 — *Inventory (County Tag) No.*

2005 FORD CROWN VICTORIA — *Year / Make / Model*

~~115999~~ 236382 — *Odometer Reading*

2FAHP71W45X132946 — *VIN*

1220733 — *License No.* #388

_____ — *Last Smog Date*

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: ☐

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **DOES NOT RUN. EXTREME SMOKE DAMAGE**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
26150	2005 FORD CROWN VICTORIA #391	2FAHP71WX5X132949	22,856

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
7/11/06		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions	
County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

26150
Inventory (County Tag) No.

2005 FORD CROWN VICTORIA
Year / Make / Model

~~[illegible]~~ 188459
Odometer Reading

2FAHP71WX5X132949
VIN

1220736
License No. #391

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: ☐

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **REAR END LOCKED UP, ENGINE NOISE**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION,
ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
29104	2011 CROWN VICTORIA #845	2FABP7BV7BX161719	31,539.05

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
9/14/11		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — *Department*

29104 — *Inventory (County Tag) No.*

2011 FORD CROWN VICTORIA — *Year / Make / Model*

188400 — *Odometer Reading*

2FABP7BV7BX161719 — *VIN*

1366911 — *License No.* #845

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **LCM**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	**CPALMER@TEHAMASO.ORG**
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

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RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # _____ **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
29105	2011 CROWN VICTORIA #846	2FABP7BV8BX169800	17,865.61

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
9/14/11		

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other	

BOARD APPROVAL

Prepared by: _____ ***Date:*** 7.1.2025

Authorized Department Representative

_____ ***Date:*** _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — *Department*

29105 — *Inventory (County Tag) No.*

2011 FORD CROWN VICTORIA — *Year / Make / Model*

83000 — *Odometer Reading*

2FABP7BV8BX169800 — *VIN*

1366912 — *License No.* #846

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **LCM**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **774 ANTELOPE BLVD. RED BLUFF CA 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER	**530-829-1967**	CPALMER@TEHAMASO.ORG
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER		**7/1/2025**
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # 2027 **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
26151	2005 Ford Crown Victoria	2FAHP71W75X132973	$22,856.00

PURCHASE

DATE PURCHASED	VENDOR/SELLER	DEPT. LOCATION
7/11/2006		TCSO

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions	
County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked	
	Sent to County Sale *(enter date picked up by Maint)*	
	Vehicle Sale/Auction *(send A-100 to Purchasing)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other *(explain)*	

BOARD APPROVAL

Prepared by: Dirk L. Krill **Date:** 5/8/2025

Authorized Department Representative

Form A-100, 10/04 Rev 2

392

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — Department

26151 — Inventory (County Tag) No.

2005 Ford Crown Vic — Year / Make / Model

240704 — Odometer Reading

2FAHP71W75X132973 — VIN

1220734 — License No.

_____ — Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: |

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ IF YES, WHAT SPECIFIC IS WRONG WITH THE VEHICLE? Bad Transmission

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? 724 ANTELOPE BLVD RED BLUFF

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER — Name

530 529-7900 — Phone No.

CPALMER@TEHAMASO.ORG — E-Mail Address

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, PERSONAL PROPERTY AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER — Printed Name

_____ — Signature

5/7/25 — Date

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: SEAN HOUGHTBY, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Sean Houghtby, 527-4655 ext. 3007, shoughtby@co.tehama.ca.us

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # 2027 **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
23917	2000 Ford F-250	1FTNX2189YED51565	$19,380.00

PURCHASE

DATE PURCHASED	VENDOR/SELLER	DEPT. LOCATION
11/28/2002		TCSO

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions	
County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked	
	Sent to County Sale *(enter date picked up by Maint)*	
	Vehicle Sale/Auction *(send A-100 to Purchasing)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other *(explain)*	

BOARD APPROVAL

Prepared by: Dale S. Kilgore

Authorized Department Representative

Date: 5/8/2025

Form A-100, 10/04 Rev 2

#461

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF
Department

23917
Inventory (County Tag) No.

2000 Ford F-250 Super Duty
Year / Make / Model

241190
Odometer Reading

1FTNX21S9YED51565
VIN

6X00196
License No.

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: |

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ IF YES, WHAT SPECIFIC IS WRONG WITH THE VEHICLE? Blown Motor

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? [illegible]

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER — 530-529-7900 — CPALMER@TEHAMASO.ORG
Name — Phone No. — E-Mail Address

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, PERSONAL PROPERTY AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER — [signature] — 5/7/25
Printed Name — Signature — Date

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: SEAN HOUGHTBY, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Sean Houghtby, 527-4655 ext. 3007, shoughtby@co.tehama.ca.us

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # 2027 **DEPARTMENT NAME** SHERIFF

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
22427	2000 Ford Crown Victoria	2FAFP71W5YX157561	UNK

PURCHASE

DATE PURCHASED	VENDOR/SELLER	DEPT. LOCATION
UNKNOWN		TCSO

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions	
County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
X	Junked	
	Sent to County Sale *(enter date picked up by Maint)*	
	Vehicle Sale/Auction *(send A-100 to Purchasing)*	
	Sold to	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
	Other *(explain)*	

BOARD APPROVAL

Prepared by: Dirk A. Kelly

Authorized Department Representative

Date: 5/8/2025

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

SHERIFF — Department

22427 — Inventory (County Tag) No.

2000 Ford Crown Vic — Year / Make / Model

110970 — Odometer Reading

2FAFP71W5YX157561 — VIN

1092783 — License No.

_____ — Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: |

CAN THE VEHICLE BE DRIVEN? Yes ☐ No ☒

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes ☒ No ☐ IF YES, WHAT SPECIFIC IS WRONG WITH THE VEHICLE? Bad Lighting control Module

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? 774 ANTELOPE BLVD RED BLUFF

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

CODY PALMER — Name
530-529-7900 — Phone No.
CPALMER@TEHAMASO.ORG — E-Mail Address

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, PERSONAL PROPERTY AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

CODY PALMER — Printed Name
Signature
5-2-25 — Date

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: SEAN HOUGHTBY, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Sean Houghtby, 527-4655 ext. 3007, shoughtby@co.tehama.ca.us

Tehama County

Agenda Request Form

File #: 25-1187 **Agenda Date:** 7/15/2025 **Agenda #:** 5.

ADMINISTRATION

Requested Action(s)
a) AGREEMENT - Approval and authorization for the Chair to sign the Agreement between the County of Tehama and Tehama County Opportunity Center, Inc., dba as North Valley Services, for the operation of a public benefit program and lease of the Corning Courthouse property to be used to carry out that program, with a Monthly Rental Sum of $3,371.55 effective 7/1/25 and shall terminate 6/30/26; and a Monthly Rental Sum of $3,472.70 effective 7/1/26 and shall terminate 6/30/27; and a Monthly Rental Sum of $3,576.88 effective 7/1/27 and shall terminate 6/30/28

Financial Impact:
The long-term lease to North Valley Services is a receivable to the General Fund.

Background Information:
On 10/20/15, the Board approved a ten-year lease agreement, with the right to purchase, with the Judicial Council of California for the lease of the old Corning Courthouse located at 720 Hoag Street in Corning. At that time, a sublease agreement was approved with Tehama County Opportunity Center, Inc. dba North Valley Services. North Valley Services is a long-term tenant for this building, and it is our belief that North Valley Services provides an important and valuable service to the community. This renewal agreement provides for North Valley Services to remain in the building with a 1% increase in the first year and a 3% increase in the second and third year to the rental amount. If this agreement is not approved, the building will be vacant with no rental income until the County can find a suitable replacement tenant. Additionally, the County will need to assume the responsibility of all maintenance and repairs as well as payment of any utilities required for the upkeep of the building and property.

PUBLIC BENEFIT PROGRAM AND SUBLEASE AGREEMENT BETWEEN

COUNTY OF TEHAMA AND TEHAMA COUNTY OPPORTUNITY CENTER, NC.,

DOING BUSINESS AS NORTH VALLEY SERVICES

This agreement is entered into and between the County of Tehama (Lessor) and Tehama County Opportunity Center, Inc., a California nonprofit corporation doing business as North Valley Services, (Lessee) for the operation of a public benefit program and the sublease of the Corning Courthouse property to be used to carry out that program.

1) OPERATION OF PUBLIC BENEFIT PROGRAM

During the term of this Agreement, Lessee shall operate an adult day support center upon the leased premises, consisting of a community-based program for adults with developmental disabilities, thereby serving a public purpose of the County of Tehama. The Board of Supervisors of the County of Tehama hereby finds and determines that the premises leased hereunder will not be needed for county purposes during the term of this Agreement, and makes this property available to Lessee in furtherance of the program described above pursuant to Government Code section 26227.

2) DESCRIPTION OF LEASED PREMISES AND SUBORDINATION TO MASTER LEASE

Lessor hereby leases to Lessee the premises described in Exhibit 'A" (the "Premises") for the purposes described in Section 1, and for no other purpose whatsoever, subject to the terms, conditions, and restrictions set forth herein.

3) RENT

Lessee agrees to pay to Lessor a fixed Monthly Rental Sum for the use and occupancy of the Premises, as set forth below:

A. The Monthly Rental Sum for the period from July 1, 2025, through June 30, 2026, shall be $3,371.55.
B. The Monthly Rental Sum for the period from July 1, 2026, through June 30, 2027, shall be $3,472.70.
C. The Monthly Rental Sum for the period from July 1, 2027, through June 30, 2028, shall be $3,576.88.

Rent shall be paid by check payable to "County of Tehama" in advance on or before the first day of each month during the term of this agreement. Payment shall be delivered or mailed to the Lessor at the address in section 28 below.

As and for additional rent, Lessee shall pay all personal property taxes and assessments, insurance costs, maintenance costs and utilities of and for the Premises during the term of this Agreement and all other sums expressly required to be paid by Lessee pursuant to the terms of this Agreement, subject to the terms and conditions contained in this Agreement.

4) TERM OF AGREEMENT

This agreement shall commence on April 1, 2022, and continue until March 31, 2025, unless terminated in accordance with Section 2.B or Section 6 below. In the event Lessee holds over and continues in possession of the premises after expiration of the term, Lessee's continued occupancy of the premises shall be considered a month-to-month tenancy subject to all the terms and conditions of this Agreement.

5) TERMINATION OF AGREEMENT

If Lessee violates any of the terms or provisions of this agreement, including without limitation any failure to pay rent as required, then Lessor shall have the right to terminate this agreement effective immediately upon Lessor giving written notice thereof to the Lessee. The County's right to terminate this agreement may be exercised by the Chief Administrator. No act of Lessor shall be construed as terminating this Agreement except written notice given by Lessor to Lessee advising Lessee that Lessor elects to terminate the Agreement. In the event Lessor elects to terminate this Agreement, Lessor may recover from Lessee any unpaid rent that had been earned at the time of termination of the Agreement.

6) SURRENDER OF PREMISES

Upon expiration or earlier termination of this Agreement, Lessee shall promptly surrender and deliver the Premises to Lessor in as good condition as they were upon the date of execution of this Agreement, reasonable wear and tear excepted. The Premises shall be free from hazards, and clear of all personal property and debris.

7) "AS-IS"

The Premises are leased to Lessee in an "AS-IS" condition and Lessor has no obligation to Lessee to maintain, repair, improve, or alter the Premises either prior to or during the term of the Agreement. Lessee acknowledges personal inspection of the Premises and the surrounding area and evaluation of the extent to which the physical condition thereof will affect the Agreement or the suitability of the Premises for Lessee's intended use. Lessee accepts the Premises in its present physical condition and agrees to make no demands upon Lessor for any improvements or alterations thereof.

8) MUTUAL PARKING

A. The parties acknowledge and agree that the leased premises includes approximately 29 marked parking spaces, depicted on Exhibit ''C" hereto as "Leased Parking." The parties further acknowledge and agree that Lessor owns an additional paved area easterly of the leased premises, depicted on Exhibit "C" as "Additional County-owned Parking." These two areas are collectively referred to as the "Provided Parking,"
B. Lessor and Lessee shall each allow the other party and their clients, patrons, and invitees to use the Provided Parking for purposes of vehicle parking related to the adjacent facilities operated by the parties (except for the area marked "Lessee Secure Parking,' which Lessee may reserve for Lessee's exclusive use). Lessor and Lessee shall equally have access to the entirety of the Provided Parking on a first come, first served basis.
C. In consideration of the foregoing, and without limiting Lessee's obligation to maintain the leased Premises, Lessee shall further, at its own expense, mow and otherwise maintain the landscaping

on Lessor's property adjacent to the Additional County-owned Parking in a safe and attractive condition during the term of this Agreement.

9) CARE AND MAINTENANCE

At the signing of this agreement, Lessee acknowledges the premises are in good, clean, safe, and rentable condition suitable for Lessee's use. Lessee agrees to maintain the premises in good order and repair during its tenancy. Lessee shall at its own cost and expense keep and maintain all portions of the Premises, including all improvements located on the Premises, in good order and repair and in as safe and clean a condition as they were when received by Lessee from Lessor, reasonable wear and tear excepted. Without limiting the generality of the foregoing, Lessee will, at its sole cost and expense, promptly repair any damage or injury to the Premises (reasonable wear and tear excepted) arising from or related to Lessee's use or occupancy of the Premises. All repairs and replacements shall: (a) be made and performed by reputable licensed contractors or mechanics, (b) be at least equal in quality, value and utility to the original work or installation, and (c) be in accordance with all laws, regulations, and ordinances.

10) ALTERATIONS/LIENS

Lessee may make any and all improvements or alterations to the Premises that are reasonably necessary to establish an adult day support center upon the Premises. Lessee shall make such improvements in compliance with all applicable law and at Lessee's sole cost and expense. Lessee shall keep the Premises free and clear from any and all liens, claims, and demands for work performed, materials furnished or operations conducted on the Premises at the instance or request of Lessee. Furthermore, any and all alterations, additions, improvements, and fixtures made or placed in or on the premises by Lessee or any other person shall on expiration or earlier termination of this Agreement, become the property of Lessor and remain on the premises, except trade fixtures which Lessee shall be permitted to remove from the leased premises at any time during the term hereof or within thirty (30) days after expiration or sooner termination of this Agreement. Lessee shall restore any damage to the Premises caused by the removal of such trade fixtures.

11) IMPROVEMENTS AND PERSONAL PROPERTY

Lessee will be solely responsible for any risk of loss, damage to, or destruction to any of the improvements located upon the Premises and to Lessee's personal property located upon the Premises. Lessor shall not be responsible for any damage to or destruction to any improvements located upon the Premises or to any personal property of Lessee, their employees or invitees, unless caused by the sole negligence or willful misconduct of Lessor or its agents. Lessor shall not, under any circumstances be liable for any consequential, exemplary, incidental or punitive damages, or for any compensation or claim whatsoever for inconvenience, loss of business, or annoyance arising from or relating to the Lessee's loss of use of the Premises or any such personal property. Any property of Lessee installed or located in the Premises must be removed promptly upon expiration or other termination of this Agreement. Any property of Lessee not removed within that time may be removed, stored, or disposed of by Lessor at the expense of Lessee.

12) ASSIGNMENT AND SUBLETTING

Lessee shall not encumber, assign, or otherwise transfer this Agreement, any right or interest in this Agreement, or any right or interest in said premises without the prior written consent of Lessor. Neither shall Lessee sublet said premises or any part thereof or allow any other persons, other than Lessee's agents and servants, to occupy nor use said premises or any part thereof without the prior written consent of Lessor. A consent by Lessor to one assignment, subletting, or occupation and use by another person shall not be deemed to be a consent to any subsequent assignment, subletting, or occupation and use by another person. Any encumbrance, assignment, transfer, or subletting without the prior written consent of Lessor, whether it be voluntary or involuntary, by operation of law or otherwise is void and shall, at the option of Lessor, terminate this Agreement.

13) UTILITIES

Lessee shall pay all utility costs for electricity, telephone, gas, water, sewer, garbage pickup and disposal, and other public utilities for the Premises during the term of this Agreement. All such charges shall be paid by Lessee directly to the providers of the services and shall be paid as they become due and payable, but in any event, before delinquency.

14) ENTRY AND INSPECTION

Lessor and its agents shall have the right to enter the Premises at all reasonable times as scheduled with Lessee (and at any time during an emergency) for all of the following purposes: inspection of the Premises, inspection to assure that Lessee is complying with the terms of this Agreement, and for the purpose of doing other lawful acts that may be necessary to protect Lessor's interest in the Premises or for the purpose of performing Lessor's duties under this Agreement. While accessing the Premises, Lessor agrees to not unreasonably interfere with Lessee's use of the Premises pursuant to this Agreement.

15) INDEMNIFICATION

Lessee shall and hereby does indemnify, defend (with counsel satisfactory to the Lessor), and save harmless the Lessor, and its elected and appointed officers, employees, and agents, from and against any and all liability, damages, attorney fees, costs, expenses (including defense costs and legal fees), or losses of any kind whatsoever, including, but not limited to, bodily injury, death, personal injury, or property damage, directly or indirectly arising from or related to the exercise by the Lessee, its officers, employees, agents, or invitees, of the rights granted by this Agreement, it's or their use of the Premises, or any other act or omission of the Lessee related to the parties' relationship set forth in this Agreement, including from any failure by Lessee to comply with the terms of this Agreement. Without limiting the generality of the foregoing, the Lessee's obligation to defend and indemnify shall include any losses from or relating to any operations conducted by the Lessee in the Premises that attract third parties and members of the general public to the Premises (including, without limitation, any liability or loss related to the compliance or noncompliance of the Premises with any Federal, State and local laws, regulations, ordinances, codes and orders including the Americans with Disabilities Act and similar State and local laws addressing accessibility by individuals with disabilities), and further includes any Workers'

Compensation proceeding, liability, or expense, arising from or related to services performed on behalf of the Lessee by any person pursuant to this Agreement. The Lessee's obligation to defend will commence immediately upon the assertion of any claim or demand for an indemnified loss by or against Lessor that is tendered to the Lessee, shall apply to any claim that actually or potentially falls within the coverage of this indemnity provision, even if such allegation is or may be groundless, fraudulent, or false, and will continue at all times after such tender until each such claim is fully and finally resolved. Notwithstanding the foregoing, this indemnity shall not apply to liability, damages, attorney fees, costs, expenses (including defense costs and legal fees), or losses caused by the sole negligence or willful misconduct of Lessor, or its officers, employees or agents. Lessee's indemnification and defense obligations under this Section shall survive the termination or expiration of this Agreement.

16) INSURANCE REQUIREMENTS

To the extent not included therein, Lessee will maintain, or cause to be maintained, at no cost to Lessor, insurance of the type and with coverage amounts set forth in Exhibit "B", which is attached to and made a part of this Agreement. Lessee further understands and acknowledges that whatever insurance or self-insurance coverage Lessor chooses to maintain related to the Premises is for Lessor's sole benefit, and not for the parties' mutual benefit.

17) PREVAILING WAGE

Lessee certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. Lessee acknowledges that Lessor has made no affirmative representation to Lessee, in the call for bids, or otherwise, that the work to be covered by the bid or contract is or is not a "public work," and nothing in this Agreement shall be construed as an agreement or concession by Lessee that the Prevailing Wage Laws apply to any work performed at the Premises by or on behalf of Lessee. Lessee shall defend, indemnify and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Lessee or its subcontractors to comply with the Prevailing Wage Laws at the Premises. To the fullest extent permitted by law, Lessee hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781 for claims arising from or relating to this agreement or to the Premises.

18) AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

19) LESSOR TITLE

Lessor represents and warrants it has the authority to enter into this agreement with Lessee. Lessee hereby acknowledges the interest of Lessor in and to the Premises and agrees never to assail, contest, or resist said interest.

20) SUBORDINATION

This Agreement is and shall be subordinated to all existing liens and encumbrances against the property.

21) TAXATION OF LEASED AREA

A. Pursuant to Revenue and Taxation Code section 107.6, Lessee is hereby notified that the interest (as defined in California Revenue and Taxation Code Section 107) in the Premises created by this Agreement may be subject to property taxation if created. The party in whom the property interest is vested may be subject to the payment of the property taxes levied on the interest.
B. Lessee shall pay before delinquency all lawful taxes, assessments, fees or charges which at any time may be levied by the Federal, State, County, City, or any other tax or assessment-levying body upon the Premises and any improvements located thereon, or upon Lessee's possessory interest.
C. If Lessee fails to pay any lawful taxes or assessments upon the Premises which Seller is obligated to pay, Seller will be in default of the Agreement.
D. Lessor reserves the right to pay any such tax, assessment, fee, or charge, and all monies paid by Lessor shall be repaid by Lessee to Lessor upon demand.

22) WASTE OR NUISANCE

Lessee shall not commit or permit the commission by others of any waste on the premises; Lessee shall not maintain or commit or permit the maintenance or commission of any nuisance as defined in Civil Code Section 3479 on the premises, and Lessee shall not use or permit the use of the premises for any unlawful purpose. Lessee shall not engage in or permit any activity or condition on the Premises, outside of tenant improvements and those activities and conditions normally incident to Lessee's intended use of the Premises as set forth in Section 1, which will increase the existing rates for or cause cancellation of any fire, casualty, liability, or other insurance policy insuring the building or its contents.

Lessee shall not keep or generate hazardous substances about the Premises except that Lessee may use and maintain small quantities of common chemicals customarily used in an office such as adhesives, lubricants, touch-up paint, florescent lighting and cleaning fluids in order to conduct its activities at the Premises.

23) NOTIFICATION OF INCIDENTS, CLAIMS OR SUITS

Lessee shall report to Lessor any accident or incident relating to Lessee’s activities on the Premises which involves injury or property damage which might reasonably be thought to result in the filing of a claim or lawsuit against Lessor and/or Lessee. Such report shall be made in writing within one week of Lessee's knowledge of such occurrence.

24) NO RELOCATION ASSISTANCE

Lessee hereby disclaims any status as a "displaced person," and hereby acknowledges its ineligibility for relocation assistance under federal and state relocation assistance laws (including, but not limited to, California Government Code Section 7260 et seq.) upon the future expiration or other termination of this Agreement.

25) NON-DISCRIMINATION

Lessee shall comply with all applicable federal and California laws and regulations relating to discrimination against employees or members of the public because of race, color, ancestry, national origin, religious creed, sex (including gender, pregnancy, childbirth, or related medical conditions), veteran status, marital status, sexual orientation, or disability, including, but not limited to, the California Fair Employment Practice Act beginning with Government Code section 12900 and Labor Code section 1735, Title VII of The Civil Rights Act of 1964, The Civil Rights Act of 1990, The Americans With Disabilities Act of 1990.

26) RELATIONSHIP OF THE PARTIES

Lessee and Lessor hereby confirm and agree that, in performing their respective obligations and exercising their respective rights under this Agreement, each party is at all times an independent contractor with respect to the other Party, and that no relationship of employer-employee, partnership, or joint venture is created by this Agreement between Lessee and Lessor. Neither Lessee nor the Lessor, nor any other person or entity performing services on behalf of either party pursuant to this Agreement, will have any right or claim against the other party under this Agreement for social security benefits, workers' compensation benefits, health benefits, vacation pay, sick leave, or any other employee benefits of any kind or nature whatsoever. Each party is responsible to provide and maintain its own workers' compensation insurance covering its own employees, and neither party will have any liability or responsibility for workers' compensation insurance coverage for employees of the other party.

27) NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent by first-class mail to the following addresses:

If to Lessor: Chief Administrator County of Tehama
727 Oak Street
Red Bluff, CA 96080 (530) 527-4655

If to Lessee: Chief Executive Officer
North Valley Services
11799 Highway 99W Red Bluff, CA 96080

Notice shall be deemed to be effective two days after mailing.

28) ENTIRE AGREEMENT

This instrument, including Exhibits "A" through "C" attached hereto, constitutes the sole and only agreement between Lessor and Lessee respecting the premises, the leasing of the premises to Lessee, or the lease term created under this Agreement, and correctly sets forth the obligations of Lessor and Lessee to each other as of its date. Any agreements or representations respecting the premises or their leasing by Lessor to Lessee not expressly set forth in this instrument are null and void. The terms of this agreement may not be modified by oral agreement. No modification of this agreement shall be valid unless it is in writing and signed by both parties.

29) LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of law's provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

30) COMPLIANCE WITH LAWS AND REGULATIONS

Lessee shall, at Lessee's own cost and expense, comply with all statutes, ordinances, regulations and requirements of all governmental entities, both federal and state, and county or municipal in connection with its use and occupancy of the Premises, including those requiring capital Improvements to the Premises, whether those statutes, ordinances, regulations and requirements are now in force or are subsequently enacted. The foregoing sentence notwithstanding, if the projected costs of capital improvements or repairs required by law to be made to the Premises exceed the worth of one year's rent under this Agreement (calculated at the rental rate in effect at the time the governmental entity communicates the required capital improvements to Lessor or Lessee, whichever is earlier), Lessee may, at Lessee's sole option, terminate this Agreement without further liability for rent rather than undertake the required capital improvements.

31) BINDING ON HEIRS AND SUCCESSORS

This Agreement shall be binding on and shall inure to the benefit of the heirs, executors, administrators, successors, and assigns of Lessor and Lessee; but nothing in this section shall be construed as a consent by Lessor to any assignment of this Agreement or any interest therein by Lessee.

32) TIME OF ESSENCE

Time is expressly declared to be of the essence by both parties.

33) WAIVER OF BREACH

The waiver by Lessor of any breach by Lessee of any of the provisions of this Agreement shall not constitute a continuing waiver or a waiver of any subsequent breach by Lessee. either of the same or another provision of this Agreement.

34) EMINENT DOMAIN

If the Premises, or any part thereof materially affecting Lessee's use of the Premises, shall be taken eminent domain, this Agreement shall terminate on the date when the title vests pursuant to such taking. The rent shall be apportioned as of the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof.

35) DESTRUCTION OF PREMISES

If the Premises or any portion thereof are altered, destroyed, or damaged by fire or other casualty so as to materially hinder effective use of the facilities, through no fault or negligence of Lessee, Lessee may terminate this Agreement upon thirty (30) days written notice to Lessor. In such event, Lessee shall have no obligation to repair any damage to any portion of premises.

36) DEFAULT

If Lessee defaults in the payment of rent, or defaults in the performance of any of the other covenants or conditions hereof, Lessor may give Lessee notice of such default, and if Lessee does not cure any such default within thirty (30) days after notice from Lessor, then the Lessor may terminate this Agreement. On the date specified in such notice the term of this Agreement shall terminate, and Lessee shall then quit and surrender the premises to Lessor, and Lessor may recover from Lessee any unpaid rents, charges, fees, or other payments due through the time of termination of the Agreement. If this Agreement shall have been so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and other effects.

If Lessor defaults in the performance of any of the covenants or conditions hereof, Lessee may give Lessor notice of such default, and if Lessor does not cure any such default within thirty (30) days after notice from Lessee, then the Lessee may terminate this Agreement.

37) TERMINATION BY LESSOR

Lessor reserves the right to terminate this Agreement on thirty (30) days' notice for any cause or reason provided by the Agreement itself, or by law, or upon the happening of one or more of the following:

A. Filing a petition of voluntary or involuntary bankruptcy with the respect to Lessee.
B. Making by Lessee of any general assignment for the benefit of creditors.
C. Failure of Lessee to pay promptly when due all rents, charges, fees, or other payments in accordance with this Agreement.
D. Failure of Lessee to remedy any default, breach, or violation of any provision of this Agreement within thirty (30) days after notice from Lessor.

38) TERMINATION BY LESSEE

Lessee reserves the right to terminate this Agreement on thirty (30) days' notice for any cause or reason provided by the Agreement itself, or by law, or upon the happening of one or more of the following:

A. Failure of Lessor to remedy any default, breach, or violation of any provision of this Agreement within thirty (30) days after notice from Lessee.
B. A governmental entity court determines that Prevailing Wage laws apply to work or maintenance performed by or on behalf of Lessee to or on the Premises.

39) SIGNAGE

Lessee shall be permitted to erect signs, placards and banners relating to its name and offered services on the Premises, provided that Lessee's signage shall comply with applicable local laws and ordinances.

IN WITNESS WHEREOF, Lessor and Lessee have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Date: _____ _____

Chairperson, Tehama County Board of Supervisors

NORTH VALLEY SERVICES

Date: _____ _____

Chief Executive Officer

EXHIBIT "A"

LEGAL DESCRIPTION OF PREMISES

That certain real property located in the City of Corning, County of Tehama, State of California, and more particularly described as follows:

Lots 1 through 7, Block 48, Western Addition to the Town (now City) of Corning, as the same are shown on the map filed in the Tehama County Recorder's Office, March 17, 1900 in Book B of Maps, at Page 7.

Exhibit B

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations)

$1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made

basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves

the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

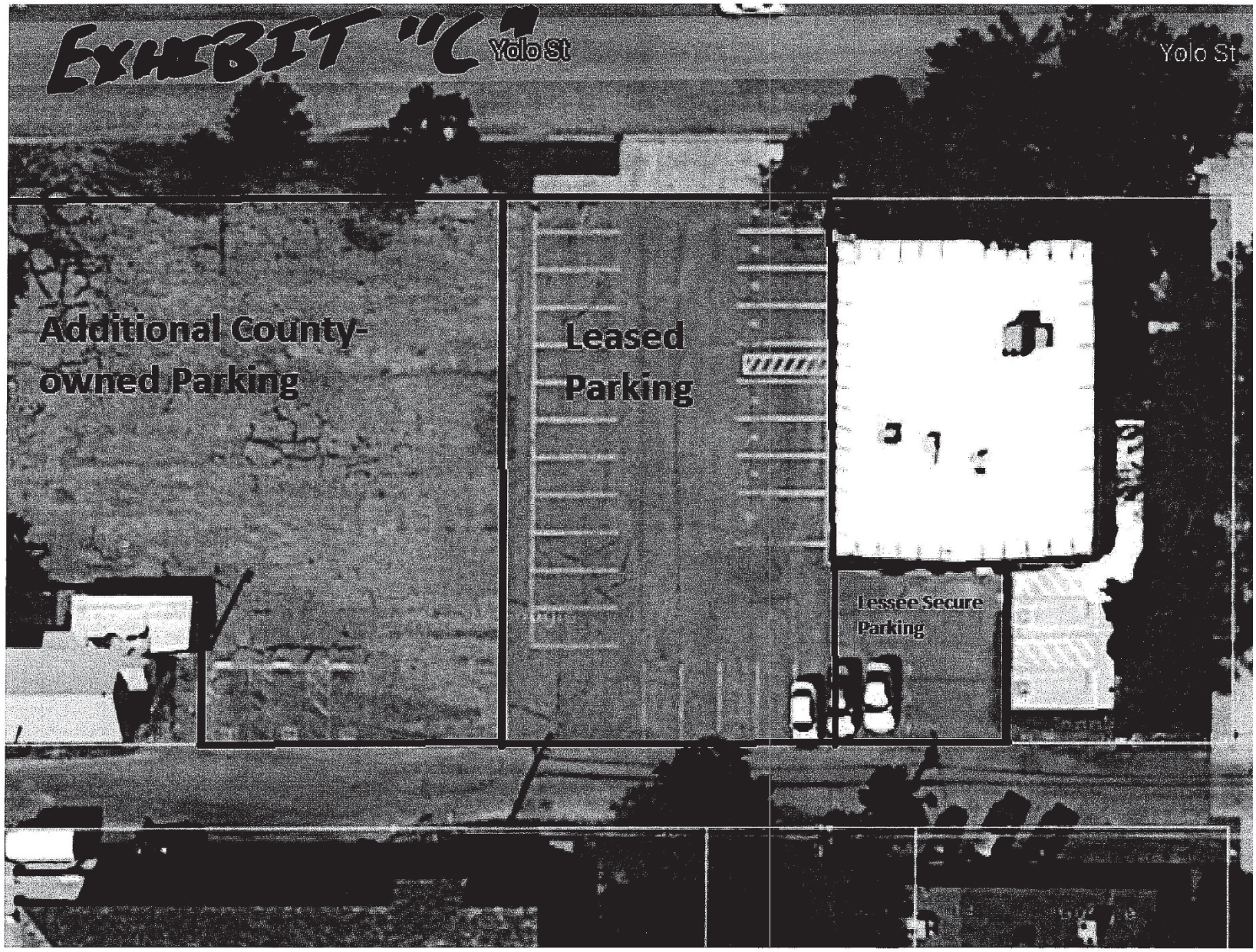
EXHIBIT "C"
Yolo St
Yolo St
Additional County-owned Parking
Leased Parking
Lessee Secure Parking

E-Contract Review
Approval as to Form

Department Name: Administration

Vendor Name: North Valley Services

Contract Description: For the purpose of leasing the Corning Courthouse property

APPROVED AS TO FORM:

Date: 06/25/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1171 **Agenda Date:** 7/15/2025 **Agenda #:** 6.

DEPARTMENT OF AGRICULTURE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign Cooperative Agreement 25-0319-000-SA with the California Department of Food and Agriculture for providing soil and commodities treatment supervision and/or soil sampling as required by laws pertaining to the nematode control program in an amount not to exceed $1,800, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
The funds to be received have been identified as revenue in the department's FY 25/26 budget. The funds will be deposited into account 450532.

Background Information:
The department has historically entered into this agreement with the California Department of Food and Agriculture to perform these services. Without an approved agreement the department would not receive funding for providing Nematode control services. Nematodes are microscopic worms that live in the soil, some are harmful and feed on plants, damaging root systems and reducing a plant's ability to get water and nutrients from the soil.

State of California, Department of Food and Agriculture
AGREEMENT
GAU-03 (Rev. 8/2024)

COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER
25-0319-000-SA

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

RECIPIENT'S NAME
COUNTY OF TEHAMA

2. The Agreement Term is: July 1, 2025 through June 30, 2026

3. The maximum amount of this Agreement is: $1,800.00

4. The parties agree to comply with the terms and conditions of the following exhibits and attachments which are by this reference made a part of the Agreement:

Exhibit A: Prime Award Information Recipient and Project Information	2 Page(s)
Exhibit B: General Terms and Conditions	5 Page(s)
Exhibit C: Payment and Budget Provisions	2 Page(s)
Attachments: Scope of Work and Budget	

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME *(Organization's Legal Name)*
COUNTY OF TEHAMA

BY *(Authorized Signature)*	DATE SIGNED
✍	

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
Post Office Box 38, Red Bluff, CA 96080-0038

STATE OF CALIFORNIA

AGENCY NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY *(Authorized Signature)*	DATE SIGNED
✍	

PRINTED NAME AND TITLE OF PERSON SIGNING
ANDREA PERKINS, STAFF SERVICES MANAGER I, OFFICE OF GRANTS ADMINISTRATION

ADDRESS
1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

LB

EXHIBIT A

RECIPIENT AND PROJECT INFORMATION

1. CDFA hereby awards an Agreement to the Recipient for the project described herein:
Provide soil and commodities treatment supervision and/or soil sampling as required by laws pertaining to the nematode control program.

Project Title: Nematode Control Program

2.The Managers for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**	
Name:	Jasmine Minhas	Name:	Tom Moss
Division/Branch:	PHPPS / Pest Exclusion	Organization:	County of Tehama
Address:	1220 N Street, Room 241	Address:	Post Office Box 38
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:	Red Bluff, CA 96080-0038
Phone:	916-654-0435	Phone:	530-527-4504
Email Address:	jasmine.minhas@ cdfa.ca.gov	Email Address:	tmoss@tehama.gov

3. The Grant Administrative Contacts for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**
Name:	Phuong Lao	Name:
Division/Branch:	PHPPS / Pest Exclusion	Organization:
Address:	1220 N Street, Room 241	Address:
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:
Phone:	916-747-0819	Phone:
Email Address:	phuong.lao@cdfa.ca.gov	Email Address:

FISCAL CONTACT FOR RECIPIENT (if different from above):
Name:
Organization:
Address:
City/State/Zip:
Phone:
Email Address:

4. **RECIPIENT: Please check appropriate box below:**
   Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

   This award ☐ does ☒ does not support R&D.

5. For a detailed description of activities to be performed and duties, see Scope of Work and Budget.

EXHIBIT B

GENERAL TERMS AND CONDITIONS

1. **Approval**
   This Agreement is of no force or effect until signed by both parties. The Recipient may not invoice for activities performed prior to the commencement date or completed after the termination date of this Agreement.

2. **Agreement Execution**
   Unless otherwise prohibited by state law, regulation, or Department or Recipient policy, the parties agree that an electronic copy of a signed Agreement, or an electronically signed Agreement, has the same force and legal effect as an Agreement executed with an original ink signature. The term "electronic copy of a signed Agreement" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed Agreement in a portable document format. The term "electronically signed Agreement" means an Agreement that is executed by applying an electronic signature using technology approved by all parties.

3. **Assignment**
   This Agreement is not assignable by the Recipient, either in whole or in part, without the prior consent of the CDFA Agreement Manager or designee in the form of a formal written amendment.

4. **Governing Law**
   This Agreement is governed by and will be interpreted in accordance with all applicable State and Federal laws.

5. **State and Federal Law**
   It is the responsibility of the Recipient to know and understand which State, Federal, and local laws, regulations, and ordinances are applicable to this Agreement and the Project, as described in Exhibit A. The Recipient shall be responsible for observing and complying with all applicable State and Federal laws and regulations. Failure to comply may constitute a material breach.

6. **Recipient Commitments**
   The Recipient accepts and agrees to comply with all terms, provisions, conditions and commitments of the Agreement, including all incorporated documents, and to fulfill all assurances, declarations, representations, and statements made by the Recipient in the application, documents, amendments, and communications in support of its request for funding.

7. **Performance and Assurances**
   The Recipient agrees to faithfully and expeditiously perform or cause to be performed all Project work as described in the Scope of Work, and to apply grant funds awarded in this Agreement only to allowable Project costs.

8. **Mutual Liability**
   Parties shall, to the extent allowed by law, each be individually liable for any and all claims, losses, causes of action, judgments, damages, and expenses to the extent directly caused by their officers, agents, or employees.

9. **Unenforceable Provision**
   In the event that any provision of this Agreement is unenforceable or held to be unenforceable, the parties agree that all other provisions of this Agreement shall remain operative and binding.

10. Contractors/Consultants

The Recipient, and the agents and employees of Recipient, in the performance of this Agreement, are not officers, employees, or agents of the CDFA. The Recipient's obligation to pay its Contractors/Consultants is an independent obligation from the CDFA's obligation to make payments to the Recipient. Recipient agrees to comply with all applicable State and local laws and regulations during the term of this Agreement. The Recipient is responsible to ensure that any/all contractors/consultants it engages to carry out activities under this Agreement shall have the proper licenses/certificates required in their respective disciplines. The Contractors/Consultants shall not affect the Recipient's overall responsibility for the management of the project, and the Recipient shall reserve sufficient rights and control to enable it to fulfill its responsibilities under this Agreement.

11. Non-Discrimination Clause

The Recipient agrees that during the performance of this Agreement, it will not discriminate, harass, or allow harassment or discrimination against any employee or applicant for employment based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. The Recipient agrees to require the same of all contractors and consultants retained to carry out the activities under this Agreement.

The Recipient agrees that during the performance of this Agreement, the evaluation and treatment of its employees and applicants for employment are free from discrimination and harassment. The Recipient will comply with the provision*s* of the Fair Employment and Housing Act (Government Code section 12990 *et seq*.) and the applicable regulations promulgated there under (California Code of Regulations, Title 2, section 10000 *et seq*.). The applicable regulations of the Fair Employment and Housing Council implementing Government Code section 12990 (a-f), set forth in Division 4.1 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Recipient will give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining unit or other Agreement. The Recipient must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

The Recipient agrees to require the same of all contractors and consultants retained to carry out activities under this Agreement.

12. Excise Tax

The State of California is exempt from federal excise taxes and no payment will be made for any taxes levied on employees' wages. The CDFA will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another State.

13. Disputes

The Recipient must continue with the responsibilities under this Agreement during any dispute. In the event of a dispute, the Recipient must file a "Notice of Dispute" with the CDFA Agreement Manager, identified in Exhibit A, or designee within ten (10) calendar days of discovery of the problem. The Notice of Dispute must contain the Agreement number. Within ten (10) calendar days of receipt of the Notice of Dispute, the CDFA Agreement Manager or designee must meet with the Recipient for the purpose of resolving the dispute. In the event of a dispute, the language contained within this Agreement prevails.

14. Termination for Convenience

This Agreement may be terminated by either party upon written notice. Notice of termination must be delivered to the other party at least thirty (30) calendar days prior to the intended date of termination. Notice of termination does not nullify obligations already incurred prior to the date of termination. In the event of Termination for Convenience of this Agreement by CDFA, CDFA must pay all responsible costs and non-cancellable obligations incurred by the Recipient as of the date of termination.

15. Termination for Cause

Either party may terminate this Agreement for cause in the event of a material breach of this Agreement, provided that the non-breaching party provides written notice of the material breach. If the breach is not cured to the satisfaction of the non-breaching party, this Agreement shall automatically terminate and the CDFA shall reimburse the Recipient for all documented costs incurred up to the date of the notice of termination, including all non-cancellable obligations. Timelines associated with notice and curing of material breaches shall be consistent with the timelines outlined in paragraph 17.

16. Acceptable Failure to Perform

The Recipient shall not be liable for any failure to perform as required by this Agreement, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, the inability to obtain any required government approval to proceed, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, materials shortages, disease, pandemics, or similar occurrences.

17. Breach

The parties may be in material breach under this Agreement if they fail to comply with any term of this Agreement, or a party determines that the other party is not implementing the Project in accordance with the provisions of this Agreement, or that a party has failed in any other respect to comply with the provisions of this Agreement. In the event of a material breach, the party identifying the breach shall provide a Notice of Material Breach to the breaching party within fifteen (15) calendar days upon discovery of breach. The breaching party shall have fifteen (15) calendar days from receipt of the notice to notify how it intends to cure the breach. Upon receipt of the proposed cure, the non-breaching party has fifteen (15) days to accept or reject the proposed cure. Upon the non-breaching party's approval of the cure, the breaching party has thirty (30) days to implement the cure. If the breaching party fails to cure the breach within thirty (30) days of the non-breaching party's approval of the cure, the non-breaching party may take the following respective actions:

A. CDFA may suspend payments;
B. CDFA may demand repayment of all funding;
C. Either party may terminate the Agreement
D. CDFA may debar Recipient; or
E. Either party may take any other action deemed necessary to recover costs.

The non-breaching party shall send a Notice of Failure to Cure Material Breach upon its decision to carry out any of these actions. These actions are effective upon issuance of the Notice of Failure to Cure Material Breach, unless the Recipient appeals a Notice of Failure to Cure Material Breach, in which case the effective date falls on the issuance of a final decision on the appeal.

Where CDFA notifies the Recipient of its decision to demand repayment pursuant to this paragraph, the funds that are subject to the demand shall be repaid immediately. CDFA may consider the Recipient's refusal to repay the requested disbursed amount a material breach.

A Notification of Failure to Cure Material Breach may be appealed to CDFA. The appeal must be post marked within ten (10) calendar days of the date the Recipient received the Notice of Failure to Cure

and addressed to the CDFA Legal Office of Hearing and Appeals or emailed to CDFA.LegalOffice@cdfa.ca.gov.

California Department of Food and Agriculture
Legal Office of Hearing and Appeals
1220 N Street
Sacramento, CA 95814

All notices, communications, and appeals described in this paragraph must be received in writing to be considered timely.

If CDFA notifies the Recipient of its decision to withhold the entire funding amount from the Recipient pursuant to this paragraph, this Agreement shall terminate upon receipt of such notice by the Recipient and CDFA shall no longer be required to provide funds under this Agreement and the Agreement shall no longer be binding on either party.

18. **Publicity and Acknowledgement**
The Recipient agrees that it will acknowledge CDFA's support whenever projects funded, in whole or in part, by this Agreement are publicized in any news media, brochures, publications, audiovisuals, presentations or other types of promotional material and in accordance with the Grant Procedures Manual if incorporated by reference and attachment to the Agreement. The Recipients may not use the CDFA logo.

19. **News Releases/Public Conferences**
The Recipient agrees to notify the CDFA in writing at least two (2) business days before any news releases or public conferences are initiated by the Recipient or its Contractors/Consultants regarding the project described in the Attachments, Scope of Work and Budget and any project results.

20. **Scope of Work and Budget Changes**
Changes to the Scope of Work, Budget, or the Project term, must be requested in writing to CDFA Grant Administrative Contact no less than thirty (30) days prior to the requested implementation date. Any changes to the Scope of Work and Budget are subject to CDFA approval and, at its discretion, CDFA may choose to accept or deny any changes. If accepted and after negotiations are concluded, the agreed upon changes will be made and become part of this Agreement. CDFA will respond in writing within ten (10) business days as to whether the proposed changes are accepted.

21. **Reporting Requirements**
The Recipient agrees to comply with all reporting requirements specified in Scope of Work and/or Grant Procedures Manual if incorporated by reference to this Agreement as an attachment.

22. **Equipment**
Purchase of equipment not included in the approved Budget requires prior approval. The Recipient must comply with state requirements regarding the use, maintenance, disposition, and reporting of equipment as contained in CCR, Title 3, Division 1, Chapter 5, sections 303, 311, 324.1 and 324.2.

23. **Closeout**
The Agreement will be closed out after the completion of the Project or project term, receipt and approval of the final invoice and final report, and resolution of any performance or compliance issues.

24. **Confidential and Public Records**
The Recipient and CDFA understand that each party may come into possession of information and/or data which may be deemed confidential or proprietary by the person or organization furnishing the information or data. Such information or data may be subject to disclosure under the California Public Records Act or the Public Contract Code. To the extent allowed by law, CDFA determines whether

the information is releasable. Each party agrees to maintain such information as confidential and notify the other party of any requests for release of the information.

25. Amendments

Changes to funding amount or Agreement term require an amendment and must be requested in writing to the CDFA Agreement Manager or designee no later than sixty (60) calendar days prior to the requested implementation date. Amendments are subject to CDFA approval, and, at its discretion, may choose to accept or deny these changes. No amendments are possible if the Agreement is expired.

26. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate agreements with, and to refrain from entering any new agreements with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Recipient is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Recipient advance written notice of such termination, allowing Recipient at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

EXHIBIT C
PAYMENT AND BUDGET PROVISIONS

1. Invoicing and Payment

A. For activities satisfactorily rendered and performed according to the attached Scope of Work and Budget, and upon receipt and approval of the invoices, CDFA agrees to reimburse the Recipient for actual allowable expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.

B. Invoices must include the Agreement Number, performance period, type of activities performed in accordance with this Agreement, and when applicable, a breakdown of the costs of parts and materials, labor charges, and any other relevant information required to ensure proper invoices are submitted for payment.

C. Unless stated in the Scope of Work, quarterly invoices must be submitted to the CDFA Administrative Contact, within thirty (30) calendar days after the end of each quarter in which activities under this Agreement were performed.

D. Unless stated in the Scope of Work, a final invoice will be submitted for payment no more than thirty (30) calendar days following the expiration date of this Agreement, or after project is complete, whichever comes first. The final invoice must be clearly marked “Final Invoice” thus indicating that all payment obligations of the CDFA under this Agreement have ceased and that no further payments are due or outstanding.

2. Allowable Expenses and Fiscal Documentation

A. The Recipient must maintain adequate documentation for expenditures of this Agreement to permit the determination of the allowability of expenditures reimbursed by CDFA under this Agreement. If CDFA cannot determine if expenditures are allowable under the terms of this Agreement because records are nonexistent or inadequate according to Generally Accepted Accounting Principles, CDFA may disallow the expenditures.

B. If mileage is a reimbursable expense, using a privately-owned vehicle will be at the standard mileage rate established by the United States (U.S.) Internal Revenue Service (IRS) and in effect at the time of travel. The standard mileage rate in effect at the time of travel can be found on IRS’s website regardless of funding source/type.

C. If domestic travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable for travel within California are those established by the California Department of Human Resources (CalHR). The maximum rates allowable for domestic travel outside of California are those established by the United States General Services Administration (GSA).

D. If foreign travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable are those established in a per diem supplement to Section 925, Department of State Standardized Regulations.

E. The Recipient will maintain and have available, upon request by CDFA, all financial records and documentation pertaining to this Agreement. These records and documentation will be kept for three (3) years after completion of the Agreement period or until final resolution of any performance/compliance review concerns or litigation claims.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, California Government Code Title 1, Division 3.6, Part 3, Chapter 4.5, commencing with Section 927 - The California Prompt Payment Act.

4. Budget Contingency Clause

If funding for any fiscal year is reduced or deleted for purposes of this program, the CDFA has the option to either cancel this Agreement with no liability occurring to the CDFA or offer to amend the Agreement to reflect the reduced amount.

Nematode Control Program
Scope of Work
Fiscal Year 2025-26
Tehama

The Recipient agrees to perform soil treatment supervision, commodity treatment supervision and commodity and/or soil sampling as required by the laws, regulations and procedures pertaining to the Nematode Control Program which are in effect at the time this Agreement is duly executed, as well as those directing the program as it proceeds. The Recipient agrees to furnish all equipment, supplies and labor necessary to perform the prescribed work. The Recipient shall provide a quarterly activity report on the Nursery Nematode Certification Report/Billing Form (64-086) and invoice coversheet to the Nursery Program (see attached samples). Recipient shall submit an itemized invoice referencing the Cooperative Agreement Number and sent to:

Attn: Phuong Lao
California Department of Food and Agriculture
Pest Exclusion Branch
Nursery Services Program
1220 N Street, Room 241
Sacramento, CA 95814

The laws and regulations pertaining to the Nematode Control Program are contained in Division 4 of the Food and Agricultural Code and Title 3 of the California Code of Regulations. The procedures are those contained in the Nursery Inspections Procedures Manual and Nursery Advisory letters. By this reference, all are made a part of this Agreement.

Counties will be reimbursed for work performed at the rate of $45.00 per hour or County rate whichever is less, for the supervision and documentation of soil and/or commodity treatments, or soil sampling. Counties that perform nematode sample processing will be reimbursed at the rate of $20.00 per sample or County rate, whichever is less. Counties must obtain approval to process samples prior to commencing sample processing.

1. Number of anticipated hours of inspections/supervisions: **40**

2. Total amount (**40** hours x **$45.00** rate) for current year: **$1,800.00**

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
NURSERY SERVICES PROGRAM
64-086 (Rev. 06/24)

cdfa
CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

NURSERY STOCK NEMATODE CERTIFICATION REPORT/BILLING FORM

COUNTY	MONTH/YEAR	AGREEMENT #

A. SOIL TREATMENT SUPERVISION

NURSERY	DATE	SITE #	ACRES / UNITS	HOURS	TRAVEL TIME	TOTAL HOURS	COST

B. NEMATODE SAMPLE COLLECTION

NURSERY	DATE	SITE #	ACRES / UNITS	# SAMPLES	HOURS	TRAVEL TIME	TOTAL HOURS	COST

C. COMMODITY TREATMENT SUPERVISION

NURSERY	DATE	CROP	UNITS TREATED	HOURS	TRAVEL TIME	TOTAL HOURS	COST

D. NEMATODE SAMPLE PROCESSING

NURSERY	DATE	SITE #	# SAMPLES	TOTAL HOURS	COST

INVOICE NUMBER	INVOICED AMOUNT	COST
	A. Soil Treatment Supervision	
	B. Nematode Sample collection	
	C. Commodity Treatment Supervision	
	D. Nematode Sample Processing	
	GRAND TOTAL	

INSTRUCTIONS FOR FORM 64-086 (Rev. 06/24)
NURSERY STOCK NEMATODE CERTIFICATION REPORT/BILLING FORM

The purpose of this form is to provide the County Agricultural Commissioners with a standardized format that may be used as an invoice to bill CDFA for work performed in this program. Information provided on this form will be used by CDFA to bill the nurseries. Submit this form monthly, even when there has been no activity in the program.

For each nursery, list each site where the services were provided. If necessary, use additional sheets. When treatment supervision or sample collection is done at more than one site per trip, divide your travel time as appropriate per site. Please record your hours to the nearest quarter hour.

Heading Fill in the name of the County where the services were performed.
Enter the Month and Year when the work was performed.
Enter the contract number if you have a contract

Sections A-B **Soil Treatment Supervision and Nematode Sample Collection**

Complete all columns in the appropriate section as indicated below:

Nursery: Enter nursery name.
Date: Enter the date when activity was performed.
Site #: Enter the number or ID of the site assigned by the grower or county (must correspond with locations/site number(s) entered on Form 64-054).
Acres/Units: Enter the number of acres, square feet or units treated.
Hours: Number of hours spent on treatment supervision or sample collection
Travel Time: Amount of time spent traveling to and from the site (round trip).
Total Hours: Sum of hours spent on supervision/collection and travel time.
Cost: The cost of supervision/collection for each site.

Section C **Commodity Treatment Supervision**

This section should be used to record supervision of commodity treatments on grapevines. Follow the directions above for each column.

Section D **Nematode Sample Processing**

Those counties doing laboratory processing of nematode samples at their county facility should fill in this section. The cost for processing is $20 per sample. Enter the number of samples processed and your cost for each site. The nursery will be billed an additional $20 per sample by CDFA for identification.

Invoice Number/Invoiced Amount

Enter the invoice number (assigned by the county) in the large block provided.
Enter the costs from each of the above sections (A-D) to arrive at the grand total.

Submit the form to:

Department of Food and Agriculture
Pest Exclusion/Nursery Services Program
1220 N Street, Room 241
Sacramento, CA 95814
Phuong.lao@cdfa.ca.gov

County Letterhead

Invoice for Nematode Inspection Reimbursement

Date:

Attn: Phuong Lao
California Department of Food and Agriculture
Pest Exclusion Branch
Nursery Services Program
220 N Street, Room 241
Sacramento, CA 95814

Re: County of _____
Agreement Number: 25-XXXX-000-SA
Fiscal Year 2025/26
Invoice for _____ Month/Quarter
Invoice Number _____
Total: $_____

Attached is Form 64-086 (Nursery Stock Nematode Certification Report/Billing) for reimbursement of nematode inspections performed by the County for the period noted above.

Please remit payment to: County of _____
Address line 1
Address line 2
Address line 3

Signature Block

_____
(Original Signature)
(Title)

Attachment (64-086)

FY25-26 Budget	$0.00
1 Quarter	
2 Quarter	
3 Quarter	
4 Quarter	
Balance	$0.00

E-Contract Review
Approval as to Form

Department Name: Agriculture

Vendor Name: Department of Food and Agriculture

Contract Description: For the purpose of providing nematode control program

APPROVED AS TO FORM:

Date: 06/09/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1181 **Agenda Date:** 7/15/2025 **Agenda #:** 7.

CHILD SUPPORT SERVICES

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Director of Tehama County Department of Child Support Services to sign the Plan of Cooperation (POC) with the Tehama County Superior Court, effective upon signing and shall end two years or until 7/1/27, whichever is earlier. This POC shall automatically renew for an additional two-year term, until and unless it is superseded by a future POC

Financial Impact:
No money is exchanged between Tehama DCSS and Tehama County Superior Court as it is a Plan of Cooperation.

Background Information:
California Department of Child Support Services requires a POC be signed every two years to confirm the terms of the working relationship between the local child support agency and the local court as each entity complies with its respective duties under Family Code sections 4250-4253 and 10000-10015 collectively also known as the AB 1058 Program.

AB 1058, signed in 1996, established the Child Support Commissioner and Family Law Facilitator Program. The purpose of this legislatively mandated statewide program is to provide a cost-effective, expedited, and accessible process in the courts for establishing and enforcing child support orders in cases being enforced by local child support agencies. This mandate requires each superior court to have a child support commissioner to hear IV-D child support cases and to maintain an Office of the Family Law Facilitator to assist self-represented litigants.

PLAN OF COOPERATION

BETWEEN
TEHAMA COUNTY LOCAL CHILD SUPPORT AGENCY AND TEHAMA COUNTY LOCAL COURT

PLAN OF COOPERATION
Between
LCSA AND COURT

Table of Contents

1. PURPOSE 3
2. AUTHORITY 3
3. STANDARDS FOR PERFORMANCE 4
4. RESPONSIBILITIES 4
4.1. LCSA Responsibilities 4
4.2. Court Responsibilities 5
4.3 Mutual Responsibilities 8
5. E-FILING 9
6. FINANCIAL ARRANGEMENTS 10
6.1. Direct or Indirect Costs paid in DCSS/Judicial Council Contract 10
6.2 Exemption from Fees and Reimbursements for Services 10
7. RECORDS MAINTENANCE & SAFEGUARDING 10
7.1. Maintain Adequate Records 10
7.2. Information Security and Data Protection 11
7.2.1. Federal Tax Information 11
7.2.2. Notice of Security Breach 11
7.2.3. Notify Officers and Employees of Penalties 12
8. DURATION AND RENEWAL OF POC 12
9. ENTIRE AGREEMENT 13
10. AMENDMENT 13
11. DISPUTE RESOLUTION 13
12. TERMINATION 14
13. SEVERABILITY 14
14. COUNTERPARTS 14
15. AUTHORIZATION 15

PLAN OF COOPERATION
Between
LCSA AND COURT

1. PURPOSE

Assembly Bill 1058 (AB 1058), signed in 1996, established the Child Support Commissioner and Family Law Facilitator Program. The purpose of this legislatively mandated statewide program is to provide a cost-effective, expedited, and accessible process in the courts for establishing and enforcing child support orders in cases being enforced by local child support agencies. This mandate requires each superior court to have a child support commissioner to hear Title IV-D child support cases and to maintain an Office of the Family Law Facilitator to assist self-represented litigants. Title IV-D of the Social Security Act (42 U.S.C. § 601 et seq.) provides that each state shall establish and enforce support orders when public assistance has been expended or upon request for services by a parent.

AB 1058 provided for streamlined procedures in the courts and dedicated child support staff. The two (2) major elements of the AB 1058 Program are the Child Support Commissioner (CSC) component, and the Family Law Facilitator (FLF) component which were established in each court.

The purpose of this Plan of Cooperation (POC) is to describe the distinct roles and responsibilities to be performed by the local child support agency and the local court as each entity complies with its respective duties under Family Code sections 4250 - 4253 and 10000 – 10015, collectively also known as the AB 1058 Program.

This POC in no way shall abridge or infringe on the separate role of the court in exercising its duties over the application of the law in matters put before the court in individual cases. However, each party agrees to comply with Title IV-D and all implementing federal and state regulations and requirements promulgated thereunder.

2. AUTHORITY

The authority for the parties to enter into this POC is 42 USC § 654(7), 45 CFR § 302.34 and 45 CFR § 303.107.

This POC is entered into by and between the Tehama County Department of Child Support Services (LCSA) and the Tehama Superior Court of California (Court). LCSA and Court are hereinafter referred to collectively as the “Parties” and individually as “Party”.

This POC and any amendments must be approved by the Director of the California Department of Child Support Services (DCSS Director) pursuant to Family Code § 17304(b) and (c) and will be approved as to form by the Judicial Council's AB 1058 Program Manager.

Each Party shall appoint a person to serve as the official contact and coordinator of the activities of each Party in carrying out this POC. In the event of a change of contact person, the Party shall promptly notify the other Party of the new contact. The initial appointees of each Party are:

Court:
Kevin Harrigan, Court Executive Officer
kharrigan@tehamacourt.ca.gov

LCSA:
Tonya Moore, Director
Moore.tonya@tehama.cse.ca.gov

3. STANDARDS FOR PERFORMANCE

Pursuant to 45 CFR § 303.107(b) and 45 CFR § 305.63, and upon adequate grant funding sufficient to meet staffing needs, the Parties to this POC agree to maintain an organizational structure and sufficient staff to maximize compliance with all Title IV-D performance standards, including time frames as defined in all relevant federal and state laws and regulations.

4. RESPONSIBILITIES

4.1. LCSA Responsibilities

The LCSA agrees to the following:

4.1.1. Contribute to maximizing compliance with case processing time frames established by all relevant federal and state laws and regulations by:

a. Promptly preparing the initial case and forwarding legal documents relating to the functions to be performed to the Court or other destinations as appropriate.
b. Monitoring and managing workflow to minimize intermittent backlogs and/or extraordinary increases in the volume of documents submitted to Court.

c. Maintaining sufficient legal staff to make all court appearances on Title IV-D issues.
d. Making timely requests for court reporters and/or interpreters for court hearing appearances.

4.1. 2. Prepare and file legal documents, electronically where available, with the court.

4.1.3. Track cases, and actions within cases, including maintaining records of documents forwarded to the Court and documents returned from the Court.

4.1.4. Request that all hearings for child support matters are calendared for hearing by the Court's Child Support Commissioner(s) when the Commissioner(s) is/are available.

4.1.5. Prepare and submit orders and judgments promptly for signature by the Court's Child Support Commissioner(s).

4.1.6. Send electronic versions of data to the Court for those documents that may be electronically filed (e-filed).

4.1.7. Assist, where appropriate, the Family Law Facilitator in providing education and training regarding the Title IV-D child support program.

4.1.8 Ensure that case workers and attorneys complete annual training including but not limited to changes to federal and state child support law, rules of evidence, caselaw, the Uniform Interstate Family Support Act (UIFSA), and the calculation of child support using the Child Support Enforcement (CSE) Guideline Calculator.

4.2. Court Responsibilities

4.2.1. Oversee the selection and appointment of the Court's Child Support Commissioner(s) and Family Law Facilitator(s). Supervise the Court's Child Support Commissioner(s).

4.2.2. Ensure Title IV-D child support actions brought before the Court's Child Support Commissioner(s) have priority over other case types pursuant to Family Code § 4252.

4.2.3. To the extent required by law, Family Code § 7643, and California Rules of Court, rule 2.540, provide LCSA with electronic access to confidential and public records for child and spousal support, parentage, dissolution,

legal separation, nullity of marriage, child custody proceedings, and domestic violence prevention proceedings.

4.2.4. Work with the LCSA to develop and implement filing and processing standards for all documents filed with the Court by the LCSA in Title IV-D cases, including electronic filing where available.

The time processing standard should not exceed ten (10) Court days.

If the Court is unable to meet these timeframes due to circumstances beyond the Court's control, the Court will inform the LCSA within fourteen (14) calendar days of the delay. If the delay is due to a lack of sufficient funding for the program, the Court will work with the LCSA to develop a plan to support timely filing of child support documents to the extent possible based on the Court's level of grant funding to meet staffing needs.

4.2.5. Provide court calendar time to meet 42 USC § 666(a)(2), 45 CFR § 303.4, and Family Code § 17400(c) processing timeframes, specifically:

a. That the Court assigns a hearing date within three (3) to five (5) Court days of the filing of moving papers that require a hearing unless a later date is requested by the LCSA, other party to the case, or as otherwise granted or ordered by the Court.
b. The assigned Court dates shall not exceed sixty (60) calendar days from the date of the filing of the moving paper unless an extension is requested by the LCSA or as otherwise granted or ordered by the Court.
c. In the event of a change to the Court's weekly hearing schedule or weekly calendar which results in more than three (3) "dark" or non-operational court days in a month, the Court shall provide the Local Child Support Agency with a minimum of 30 days' notice. Where the Court is unable to meet this timeframe, due to circumstance beyond the Court's control, the Court shall provide notice as soon as the circumstance is known.
d. If the Court is unable to meet these timeframes due to circumstances beyond the Court's control, within thirty (30) calendar days, the Court will inform and work with the LCSA to develop a plan for meeting the timeframes outlined in subsections a and b, above, or in the alternative, agree to different specified timeframes that meet the needs of the program and with which the Parties to this agreement can comply.

4.2.6. Ensure that the Court's Child Support Commissioner(s), Family Law Facilitators, and support staff, including clerical staff, as appropriate,

complete appropriate training as prescribed by the Judicial Council of California. Such training shall include but not be limited to the Child Support Enforcement (CSE) Guideline Calculator practices.

4.2.7. Ensure that the Court's Child Support Commissioner(s) fully comply with Family Code §§ 4056 and 4065 and California Rules of Court, rule 5.260(b) by entering explanations for deviations from guideline calculations into the case record.

4.2.8. The Court shall refer all Title IV-D actions or proceedings filed by any party
or attorney other than the LCSA to a Child Support Commissioner unless the Child Support Commissioner is not available due to exceptional circumstances, as prescribed by California Rules of Court, rule 5.305.

4.2.9. Provide information regarding access to and availability of the Family Law Facilitator services in the Court including but not be limited to: hours of operation, appointment services, and contact details.

4.2.10. Consistent with Cal. Fam. Code Sec. 4014, the Court and LCSA shall collaborate in order to ensure that the parties to all cases with new child support orders (from the Family Law Court, or any other department) have direct access to IV-D enrollment information in order to open a child support case, or timely complete and submit the FL-191 in order to register their child support order. As part of this effort, the LCSA shall provide, at a minimum, printed flyers with information regarding IV-D services and simplified, electronic application tools. The court may hand out the flyers to the parties in the court room, through the clerk's office, or through any other means the court deems appropriate.[1]

[1] *Filing the Judicial Council FL-191 Child Support Case Registry Form ensures timely transmission of critical information to the State Child Support Case Registry and allows the State Disbursement Unit to process Income Withholding Orders based on complete and current participant information. Unless the parties to a family law proceeding involving child support have requested IV-D services, the information needed for the Child Support Case Registry cannot be obtained automatically using IV-D interfaces and resources. The parties are required to submit and timely update information themselves using form FL-191. Compliance rates with the FL-191 requirement are known to be low due to the amount of information required and the non-electronic, paper-based process. The simplified, electronic IV-D application tools provide a convenient alternative to the parties; however, litigants in family law proceedings are often unaware of the free services provided. This provision aims to improve collaboration between the courts and the LCSAs to make simplified, electronic IV-D application tools readily accessible to the parties by making flyers with scannable barcodes available in court rooms and other court locations.*

4.3 Mutual Responsibilities

Both the LCSA and the Court agree to:

4.3.1. Collaborate and coordinate with one another to maximize compliance with all Title IV-D/1058 program operations. Coordination shall include but not be limited to:
a. Prompt notification of any planned or implemented changes in case processing operations at the LCSA or the Court as a result of special projects, funding, procedural, or staffing changes that may impact either party,
b. The reassignment or addition of courtrooms, changes in court calendar times, relocations of courtrooms within the county, limiting or increasing courtroom and commissioner availability,
c. Changes to the availability of dedicated meet and confer space for Title IV-D Program participants,
d. Changes to the ability of the court to accommodate automation and internet connectivity,
e. The ability of the LCSA and Court to accommodate remote hearings and adopt other mutually beneficial technological advancements,
f. The availability of resources for the Court to provide timely interpretation services, including whether there are sufficient funds available to provide the service, the availability of interpreters to provide the service in the specific language needed and the process for notifying the Court of the need for interpretation services to avoid continued hearings.
g. Notification of new or changed assignments of Commissioners to IV-D courtrooms to ensure efficient and effective transitions.
h. Procedural changes at the LCSA or Court that may impact court filings or processing timeframes for either Party.

4.3.2. The Court and LCSA shall meet periodically, but no less than quarterly, to discuss procedural, performance, and processing issues of mutual interest and concern that may arise in connection with this POC and the handling of Title IV-D cases, including, but not limited to, automation issues, processing cases within federal and state timeframes, processing cases in accordance with procedures mandated by federal and state laws, federal and state regulations, and statewide rules of court, and any other non-case specific issues that are not considered ex parte communications. However, any operational, procedural, or processing issues that are not case specific between the quarterly meetings can be brought forward by either party by e-mail, verbally, or other written communication.

In addition to the Court Executive Officer or designee(s), these meetings may include representatives from the Court, including but not limited to the Child Support Commissioner(s), Court Clerks, and court operations, as well as representatives from the LCSA. These meetings may also include, but are not required to include, the Family Law Facilitator, the private bar, defense counsel, representatives of other County of Tehama departments, members of the public and others, as appropriate, on either an ad hoc or regular basis.

Additional meetings may be called by either the LCSA or the Court on an as needed basis.

4.3.3. Every reasonable effort shall be made to avoid a blanket peremptory challenge of the Court's Child Support Commissioner(s) by the LCSA. Prior to the LCSA exercising a blanket challenge, at least one meet-and-confer session shall be convened in an attempt to resolve the issues giving rise to the possible blanket preemptory challenge.

Such session shall, at a minimum, include a representative of the LCSA and the Court's Presiding Judge or designee.

If appropriate, the representatives of the Court's Executive Office, other County departments, the Judicial Council, the California Department of Child Support Services, and others may be invited to participate in one or more of the meet-and-confer sessions.

5. E-FILING

5.1. E-filing is the bi-directional file exchange of legal document data between the Court's CMS and the DCSS system of record.

5.2. Both Parties will support the expansion of e-filing. The Court will invite the LCSA to join with other agencies and stakeholders during the process of implementation of any new Court CMS.

5.3. Should the Court transition onto a new CMS that includes implementation of a family law case type, the Court will work with the LCSA to clarify current and future e-filing business practices.

5.4. The LCSA shall immediately notify the California Department of Child Support Services when it receives an invitation from the Court during the process of implementation of any new Court CMS.

5.5. Documents should be processed within ten (10) business days of receipt by the Court unless circumstances not under the Court's control require additional time.

6. FINANCIAL ARRANGEMENTS

6.1. Direct or Indirect Costs paid in DCSS/Judicial Council Contract

Direct and indirect costs incurred by the Court in performance of Title IV-D activities or services, including but not limited to, the provision of IV-D Commissioner(s) and Family Law Facilitators, are already funded under the contract between the California Department of Child Support Services and the Judicial Council of California. **No direct or indirect costs for services or supplies may be claimed or paid under this POC. Government Code § 6103.9 only allows for the Court to claim these costs through their contract(s) with the Judicial Council of California, not through this POC with the LCSA.**

6.2 Exemption from Fees and Reimbursements for Services

Parties acknowledge that the LCSA is exempt from payment of any fees or reimbursements for services in any action or proceeding brought for the establishment of paternity or a child support obligation, or the enforcement of a child, medical or spousal support obligation including, but not limited to:

- Fees for providing certified or non-certified copies of documents; and,
- Filing fees.

7. RECORDS MAINTENANCE & SAFEGUARDING

7.1. Maintain Adequate Records

All records and documentation shall be maintained in accordance with federal and state requirements. The Court and LCSA shall maintain full and accurate records with respect to all matters covered under this POC.

The Court shall maintain the original documents filed with the Court by any party in a case under Title IV-D. Original documents may be maintained by the Court in electronic form.

7.2. Information Security and Data Protection

The Parties are responsible for safeguarding all information in accordance with all applicable federal and state laws and regulations, particularly Family Code § 17212, Welfare & Institutions Code § 11478.1, 26 USC § 6103, 42 USC § 654(26), Title 22 CFR §§ 111430 – 111440, and IRS Publication 1075.

7.2.1. Federal Tax Information

In performance of this POC, the LCSA will take all appropriate actions to ensure that the Court will not be given access to federal tax information (FTI), unless otherwise authorized by statute. However, inadvertent or incidental access to FTI may still occur. It is incumbent upon both the LCSA and the Court to comply with and train its officers and employees of the provisions of IRC §§ 7213 and 7213A, Unauthorized Disclosure of Information, and IRC § 7431, Civil Damages for Unauthorized Disclosure of Returns and Return Information.

Willful unauthorized disclosure of returns and return information is a felony punishable upon conviction by a fine of as much as $5,000 or imprisonment for as long as five (5) years, or both, together with the costs of prosecution. Willful unauthorized disclosure of returns and return information may also result in an award of civil damages as set forth at 26 CFR § 301.6103(n)1.

California Rules of Court, rule 1.201 governs who is responsible for redacting court documents.

Timely notification of an unauthorized disclosure of FTI is of the highest importance. The LCSA and the Court shall immediately conduct an internal investigation to determine if FTI was in fact disclosed without authorization. The Court and the LCSA shall immediately, but no later than 24 hours after discovery of a possible unauthorized disclosure involving FTI, contact the California Department of Child Support Services as well as the local court Information Security Officer.

7.2.2. Notice of Security Breach

The Court shall notify California Department of Child Support Services Information Security Officer of any information security

breach involving LCSA information, other than FTI, as soon as practicable; but no more than 24 hours after discovery. The notification shall describe the incident in detail. The Court shall cooperate with California Department of Child Support Services Information Security Officer and LCSA in investigations of information security incidents.

Contact: (916) 464-5045 and/or info.security@dcss.ca.gov

The LCSA shall notify the Court of any information security breach involving non-public Court information related to this POC, as soon as practicable; but no more than 24 hours after discovery. The notification shall describe the incident in detail. The LCSA shall cooperate with the Court and the Judicial Council of California in investigations of information security incidents.

The California Department of Child Support Services shall notify the Court of any information security breach involving non-public Court information related to this POC, as soon as practicable; but no more than 24 hours after discovery. The notification shall describe the incident in detail. The California Department of Child Support Services and LCSA shall cooperate with the Court and the Judicial Council of California in investigations of information security incidents.

7.2.3. Notify Officers and Employees of Penalties

It is incumbent upon the Court to inform its employees of the penalties for unauthorized disclosure imposed by the Privacy Act of 1974, 5 USC § 552a. Specifically, 5 USC § 552a(i)(1), which is made applicable to the Court by 5 USC § 552a(m)(1), provides that any officer or employee of the Court, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor.

8. DURATION AND RENEWAL OF POC

This POC shall be effective upon signing of Parties, approval of the DCSS Director, and approval as to form by the Judicial Council's AB 1058 Program

Manager. The initial term of this POC shall be two years or until July 1, 2027, whichever is earlier. This POC shall automatically renew for an additional two-year term, until and unless it is expressly superseded by a future POC. The POC will not renew if a change is requested by either party by January 30 of the renewal year.

9. ENTIRE AGREEMENT

This POC constitutes the final, complete, and exclusive statement of the terms between the Parties pertaining to the subject matter of the POC and supersedes all prior POCs. Parties are not bound by any oral agreement which has not been reduced to writing herein. The Parties may attach and incorporate herein by reference an Attachment B to memorialize a specific local practice or other areas of common concern unique to the Parties. Any attachment to this POC is subject to the final approval of the DCSS Director and the approval as to form by the AB 1058 Program Manager.

10. AMENDMENT

Amendments to this POC may be made by either Party to this POC. However, all amendments must be in writing, signed by the Parties and approved by the DCSS Director and approved as to form by the Judicial Council's AB 1058 Program Manager.

The Parties agree that if federal, state, and county funds for the program are or become insufficient for any reason including inadequate appropriation, budgetary reductions, reallocations, etc.; this POC shall be amended to the extent feasible to reflect the reduction in funding, otherwise it shall be of no further force and effect. Before this POC may be amended or terminated for insufficiency of funding, both Parties shall meet and confer with the DCSS Director and the Judicial Council's AB 1058 Program Manager to discuss amendment alternatives as described in the Paragraph 11 "Dispute Resolution."

Any provision of this POC which conflicts with new or revised state and federal laws, regulations, court rules, and requirements shall be deemed amended to conform with the new or revised federal and state laws, regulations, court rules, and requirements.

11. DISPUTE RESOLUTION

In the event of any dispute arising out of or relating to this POC, the Parties shall attempt, in good faith, to promptly resolve the dispute. If the dispute cannot be resolved by their mutual agreement, the dispute shall be elevated to the Court Executive Officer or designee, DCSS Director and the Judicial Council's AB 1058 Program Manager to resolve the issue.

The Parties shall, without delay, continue to perform their respective obligations under this POC whether or not affected by the dispute.

12. TERMINATION

Either Party may terminate this POC, after giving the other Party ninety (90) days' written notice of the intent to terminate and only after all attempts to resolve any and all disputes have been exhausted as described above in Paragraph 11.

In the event of termination of this POC, both Parties shall prepare a mutually agreed upon a Plan of Termination of Services so as to minimize disruption of services to the Title IV-D program services and allow the LCSA to seek replacement court services. In addition, the Parties will continue to carry out the duties and responsibilities described herein until the operational date or agreed upon date of termination in the Plan of Termination of Services.

13. SEVERABILITY

If any term of this POC is inconsistent with any applicable law, regulation, rule or policy, then that part of the POC shall be invalid and the unaffected parts shall remain in full force and effect.

If any provision of this POC is held by a court to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated.

14. COUNTERPARTS

This POC may be signed in two or more counterparts. When at least one such counterpart has been signed by each Party approved by the DCSS Director and approved as to form by the Judicial Council's AB 1058 Program Manager, this POC shall be deemed to have been fully executed. Each counterpart shall be deemed to be an original, and all counterparts shall be deemed to be one and the same POC.

15. AUTHORIZATION

We the undersigned, as authorized representatives of the County of Tehama Department of Child Support Services and the Superior Court of California, County of Tehama, do hereby approve and enter into this POC for the services described in this document. In performance of the provisions of this POC, the Parties agree to comply with Title IV-D and all federal and state laws, regulations, policies and directives.

_____
Tonya Moore, Director
Child Support Services Department
County of Tehama.

_____
Kevin Harrigan, CEO
Superior Court of California
County of Tehama

Approved:

Approved as to form:

_____
KRISTEN DONADEE
Director
California Department of Child Support Services

_____
ANNA L. MAVES
Principal Managing Attorney
AB 1058 Program Manager
Center for Families, Children and the Courts
Judicial Council of California

E-Contract Review
Approval as to Form

Department Name: Child Support Services

Vendor Name: Tehama County Superior Court

Contract Description: For the purpose of a Plan of Cooperation

APPROVED AS TO FORM:

Date: 06/25/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1182 **Agenda Date:** 7/15/2025 **Agenda #:** 8.

PROBATION DEPARTMENT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Chairman and Chief Probation Officer to sign the agreement with County of Plumas to provide board and care of Plumas County youths for specified per-person daily rates, with the maximum amount not to exceed $160,000, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
This agreement will generate revenue to reduce the net county costs of the Tehama County Juvenile Detention Facility.

Background Information:
This contract renewal will allow the Tehama County Juvenile Detention Facility to continue providing board and care for Plumas County youths and invoice Plumas County Probation for the cost of services and the specified per-person daily rate.

AGREEMENT FOR THE PLACEMENT OF JUVENILES

THIS AGREEMENT FOR THE PLACEMENT OF JUVENILES ("Agreement") is made and entered into by the County of Plumas, a political subdivision of the State of California ("Sending County"), and the County of Tehama, a political subdivision of the State of California ("Receiving County").

RECITALS

A. Pursuant to the authority granted under the California Welfare and Institutions Code § 872, Sending County desires to transfer, and Receiving County desires to accept, to the extent there exists accommodations in the Receiving County Juvenile Detention Facility beyond the needs of Tehama County, certain individuals under the jurisdiction of Juvenile Court of the Sending County for purposes of continued detention.

B. The Probation Officer of the Sending County shall consult with Probation Officer of the Receiving County to ascertain that there exist accommodations in the Receiving County Juvenile Detention Facility beyond the needs of Tehama County prior to making a recommendation for transfer of a juvenile from Sending County to the presiding judge of the Tehama County juvenile court. If transferred pursuant to California Welfare and Institutions Code § 872, Sending County's Juvenile Court shall designate, in accordance with Section 872, the juvenile detention facility in Receiving County as the location for the detention of juveniles.

C. This Agreement memorializes the terms and conditions mutually agreed to between Sending County and Receiving County with respect to the housing of individuals pursuant to the above-referenced statues, or as required.

AGREEMENT

1. Term. This Agreement shall commence on July 1, 2025, and shall terminate on June 30, 2026, unless terminated earlier in accordance herewith.

2. Acceptance of Youth; Housing. Upon the presentation of an Order of the Sending County's Juvenile Court, or such other documentation as required to the Receiving County's Probation Officer, and completion of Receiving County's admission procedures, Receiving County shall accept from Sending County that person(s) identified by Sending County for transfer, and shall thereafter provide housing as required by California Welfare and Institutions Code and applicable law.

3. Compensation and Payment for All Youth. Pursuant to the terms and conditions of this agreement, the Sending County shall compensate the Receiving County for one of the following daily rates:

    1. The sum of two hundred dollars ($200.00) per day, per youth ("Daily Rate").
    2. The sum of three hundred fifty dollars ($350.00) per day, per youth court ordered to participate the Tehama County Juvenile Detention Facility ARMOR Program ("ARMOR Daily Rate").
    3. The sum of four hundred twenty-five dollars ($425.00) per day, per youth court ordered to participate in the Tehama County Juvenile Detention Facility Secure Track Facility Program ("Secure Track Daily Rate").

    The specified daily rates shall not include expenses associated with:

    a. Providing medical care and treatment to any individual;
    b. Providing dental care and treatment to any individual
    c. Transportation services associated with transferring an individual in or out of the Receiving County;
    d. Mental wellness observation in the sum of twenty five dollars ($25.00) per hour until youth is cleared by a mental health professional.
    e. Any good or service, the cost for which is accepted by law;

    Any expense not included in the daily rate is billed in addition to the daily rate. These additional expenses not included in the daily rate shall not count towards the maximum contract amount approved by the Board of Supervisors.

    The Maximum Compensation payable under this Agreement shall not exceed one hundred thousand sixty dollars ($160,000.00).

    Receiving County shall provide a monthly invoice to Sending County for amounts owed. Amount shall become due upon receipt of invoice. Sending County shall pay all amounts due within 30 days of receipt of invoice.

    Sending County understands and acknowledges that any excess revenue generated from the compensation paid to Receiving County may be allocated to the ongoing operation and maintenance of Receiving County's Juvenile Detention Facility.

4. Refusal; Return of Individual. At any time during the term of this Agreement, Receiving County may refuse to accept an individual from Sending County.

    Receiving County's Probation Officer determines the appropriateness of youth placed by Sending County. Further, if at any time during the term of this Agreement, the Receiving County's Probation Officer decides, at his or her sole and absolute discretion, that the Receiving County can no longer accommodate an individual, the Receiving County may return individual(s) to Sending County. Reasonable notice, determined on the facts and circumstances available, shall be provided if Receiving County will refuse to accept from, or return an individual to, Sending County.

5. Notification In Circumstances of Emergency. Receiving County shall notify Sending County as soon as reasonably possible:

a. Upon the occurrence of an unauthorized departure by an individual being housed by the Receiving Party pursuant to this Agreement; or

b. When an individual being housed by the Receiving Party pursuant to this Agreement become seriously ill or injured.

6. Indemnification.

A. Each party shall defend, release, hold harmless, and indemnify the other, and the other's respective officers, agents, employees, volunteers or representatives from and against any and all liability, claims actions, proceedings, losses, injuries, damages or expenses of every name, kind and description, including litigation costs and reasonable attorney's fees incurred in connection therewith, brought for or on account of personal injury (including death) or damage to property, arising out of or obligations required of that party under the Agreement. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or work product privilege.

B. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and deposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or work product privilege.

7. Termination. Either party may terminate this Agreement upon 30 days written notice to the other party.

8. Confidentiality.

A) Maintenance of Confidential Information:

a) The intent of this agreement is for the Receiving County to provide housing for Sending County youths in Tehama County Juvenile Detention Facility as described in above in Recitals. However, should specific information regarding the Sending Client's youths become known to Receiving County, the following confidentiality rules shall apply:

b) Receiving County shall require all employees, volunteers, agents and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedure (MPP) Division 19, which provide that:

1. All applications and records concerning any individual made or kept by Receiving County shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.

2. No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.
3. No person shall publish, disclose, use, permit or cause to be published, disclosed or used any confidential information pertaining to an applicant or recipient, except as provided by law.

c) Receiving County shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such is guilty of a misdemeanor.

d) Receiving County shall ensure all employees, volunteers, agents, and officers comply with Welfare and Institutions Code section 827 et seq. regarding the confidential nature of juvenile case files, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such is guilty of a misdemeanor. During the term of this agreement, both parties may have access to information that is confidential of and to not disclose any such information to any third party without the express written consent of the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.

e) Notwithstanding any other provision of this Agreement, the Receiving County agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be viewed in the process of doing his/her/its contracted services. The Receiving County understands that he/she/its is subject to all of the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations and Confidentiality of Medical Information on Act [Part 2.6 Commencing with Section56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

9. Assignment. The rights and obligations associated with this Agreement may not be assigned to any other party without the prior written consent of the parties. Any attempted or purported assignment is void and of no legal effect.

10. Waiver. A waiver by either party of any breach of any term, covenant or condition contained in this Agreement or a waiver of any right or remedy of such party available under this Agreement, whether at law or in equity, is not deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained in this Agreement or of any continued or subsequent right to the same right or remedy. No party is deemed to have made any such waiver unless it is in writing and signed by the party so waiving.

11. Insurance. Sending County and Receiving County shall each secure and maintain in full force and effect during the full term of this agreement commercial general liability insurance or participation in a self-insurance program, including coverage for owned

and non-owned automobiles and other insurance necessary to protect the public with limits of liability of not less than $1 million combined single limit bodily injury and property damage. Policies shall be written by carriers reasonably satisfactory to each party. On request, a certificate evidencing the insurance requirements of this paragraph shall be provided.

12. Binding. The terms and condition of this Agreement shall be binding upon and inure to the benefit of the parties, and each party's successors and assigns.

13. Amendments. No amendment to this Agreement is effective unless such amendment is in writing and signed by all parties

14. Severability. If any term, covenant, condition of provision of this Agreement is held to be invalid, void or unenforceable, the remainder of the Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidate.

15. Notice. All notices and demands of any kind which either party may require or desire to serve on the other in connection with this Agreement must be served in writing either by personal service or by registered or certified mail, return receipt requested, and shall be deposited in the United States Mail, with postage thereon fully prepaid, and addressed to the party to be served as follows:

Receiving County:
Tehama County Probation Department
Pam Gonzalez, Chief Probation Officer
PO Box 99
Red Bluff, CA 96080
Telephone: (530) 527-4052
Fax: (530) 527-1579

Sending County:
Plumas County Probation Department
Keevin Allred, Chief Probation Officer
270 County Hospital Road, Suite 128
Quincy, CA 95971
Telephone: (530) 283-6200
Fax: (530) 283-6165

16. Governing Law; Venue. It is agreed by the parties that unless otherwise expressly waived by them, any action brought to enforce any of the provisions of this Agreement or for declaratory relief under this Agreement shall be filed and remain in a Court of competent jurisdiction in the County of Tehama, State of California. The validity, interpretation, and performance of this Agreement shall be controlled by and construed under the laws of the State of California.

17. Time is of the Essence. Time is of the essence in this Agreement and each covenant and term and condition herein.

18. Authority. Signatories to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated.

19. Entire Agreement. This Agreement constitutes the entire agreement between the parties concerning the subject matter of this Agreement and it supersedes any prior agreements, discussions, commitments, or representations, written or oral, between the parties. Unless set forth in this Agreement, neither party is liable to any representations made express or implied.

Section Left Blank

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

Sending County
COUNTY OF PLUMAS

Date:_____

Kevin Goss, Chairperson
County of Plumas
State of California

Date: 6.9.25

Keevin Allred, Chief Probation Officer
County of Plumas
State of California

Approved as to form:

Date:_____

Joshua Brechtel, Attorney
County Counsel's Office

ATTEST:
County of Plumas
Allen Hiskey, Clerk of the Board

By: _____
Deputy

Receiving County
COUNTY OF TEHAMA

Date: _____

By:_____
Matt Hansen, Chairperson
County of Tehama
State of California

Date: _____

By:_____
Pam Gonzalez, Chief Probation Officer
County of Tehama
State of California

APPROVED AS TO FORM:

Date_____

By:_____
Tehama County Counsel

E-Contract Review
Approval as to Form

Department Name: Probation

Vendor Name: County of Plumas

Contract Description: For the purpose of board and care of Plumas County youth

APPROVED AS TO FORM:

Date: 06/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1201 **Agenda Date:** 7/15/2025 **Agenda #:** 9.

PROBATION DEPARTMENT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Chairman to sign the agreement with County of Trinity to provide board and care of Trinity County youths for specified per-person daily rates, with the maximum amount not to exceed $300,000, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
This agreement will generate revenue to reduce the net county costs of the Tehama County Juvenile Detention Facility.

Background Information:
This contract renewal will allow the Tehama County Juvenile Detention Facility to continue providing board and care for Trinity County youths and invoice Trinity County Probation for the cost of services and the specified per-person daily rate.

AGREEMENT FOR THE PLACEMENT OF JUVENILES

THIS AGREEMENT FOR THE PLACEMENT OF JUVENILES ("Agreement") is made and entered into by the County of Trinity, a political subdivision of the State of California ("Sending County"), and the County of Tehama, a political subdivision of the State of California ("Receiving County").

RECITALS

A. Pursuant to the authority granted under the California Welfare and Institutions Code § 872, Sending County desires to transfer, and Receiving County desires to accept, to the extent there exists accommodations in the Receiving County Juvenile Detention Facility beyond the needs of Tehama County, certain individuals under the jurisdiction of Juvenile Court of the Sending County for purposes of continued detention.

B. The Probation Officer of the Sending County shall consult with Probation Officer of the Receiving County to ascertain that there exist accommodations in the Receiving County Juvenile Detention Facility beyond the needs of Tehama County prior to making a recommendation for transfer of a juvenile from Sending County to the presiding judge of the Tehama County juvenile court. If transferred pursuant to California Welfare and Institutions Code § 872, Sending County's Juvenile Court shall designate, in accordance with Section 872, the juvenile detention facility in Receiving County as the location for the detention of juveniles.

C. This Agreement memorializes the terms and conditions mutually agreed to between Sending County and Receiving County with respect to the housing of individuals pursuant to the above-referenced statues, or as required.

AGREEMENT

1. Term. This Agreement shall commence on July 1, 2025, and shall terminate on June 30, 2026, unless terminated earlier in accordance herewith.

2. Acceptance of Youth; Housing. Upon the presentation of an Order of the Sending County's Juvenile Court, or such other documentation as required to the Receiving County's Probation Officer, and completion of Receiving County's admission procedures, Receiving County shall accept from Sending County that person(s) identified by Sending County for transfer, and shall thereafter provide housing as required by California Welfare and Institutions Code and applicable law.

3. Compensation and Payment for All Youth. Pursuant to the terms and conditions of this agreement, the Sending County shall compensate the Receiving County for one of the following daily rates:

    1. The sum of two hundred dollars ($200.00) per day, per youth ("Daily Rate").
    2. The sum of three hundred fifty dollars ($350.00) per day, per youth court ordered to participate the Tehama County Juvenile Detention Facility ARMOR Program ("ARMOR Daily Rate").
    3. The sum of four hundred twenty-five dollars ($425.00) per day, per youth court ordered to participate in the Tehama County Juvenile Detention Facility Secure Track Facility Program ("Secure Track Daily Rate").

    The specified daily rates shall not include expenses associated with:

    a. Providing medical care and treatment to any individual;
    b. Providing dental care and treatment to any individual
    c. Transportation services associated with transferring an individual in or out of the Receiving County;
    d. Mental wellness observation in the sum of twenty five dollars ($25.00) per hour until youth is cleared by a mental health professional.
    e. Any good or service, the cost for which is accepted by law;

    Receiving County will provide routine transportation for Sending County youth within Tehama County for the purpose of medical, mental health, dental and any other appropriate care. The cost of transportation is included in the daily rate.

    Any expense not included in the daily rate is billed in addition to the daily rate. These additional expenses not included in the daily rate shall not count towards the maximum contract amount approved by the Board of Supervisors.

    The Maximum Compensation payable under this Agreement shall not exceed three hundred thousand dollars ($300,000.00).

    Receiving County shall provide a monthly invoice to Sending County for amounts owed. Amount shall become due upon receipt of invoice. Sending County shall pay all amounts due within 30 days of receipt of invoice.

    Sending County understands and acknowledges that any excess revenue generated from the compensation paid to Receiving County may be allocated to the ongoing operation and maintenance of Receiving County's Juvenile Detention Facility.

4. Compensation and payment for Secure Track Youth. For Sending Counties that have agreed to submit an allocated portion of their Juvenile Realignment Block Grant (JJRBG) to utilize the Tehama County Juvenile Detention Facility for their at-risk and secured track youth, over and above the existing contract to the per day costs that remain in place, Tehama County Juvenile Detention Facility agrees to provide the following services:

    A. Re-entry Program with individual case plans tailored to specific to the youth's needs
    B. Dedicated re-entry program coordinator

C. Evidence-Base Practice programs
D. Medical Services
E. Behavioral Health Services with a focus on Trauma Informed Care based approach
F. Educational Programs including on-going educational opportunities and support
G. Volunteer Services
H. Vocational Training

(I.e.: Trinity) County Agrees to the following allocation disbursements:

$50,000 July 1, 2025, to June 30, 2026

Receiving County shall provide an invoice to Sending County for amounts owed. Amount shall become due upon receipt of invoice. Sending County shall pay all amounts due within 30 days of receipt of invoice.

5. Refusal; Return of Individual. At any time during the term of this Agreement, Receiving County may refuse to accept an individual from Sending County.

   Receiving County's Probation Officer determines the appropriateness of youth placed by Sending County. Further, if at any time during the term of this Agreement, the Receiving County's Probation Officer decides, at his or her sole and absolute discretion, that the Receiving County can no longer accommodate an individual, the Receiving County may return individual(s) to Sending County. Reasonable notice, determined on the facts and circumstances available, shall be provided if Receiving County will refuse to accept from, or return an individual to, Sending County.

6. Notification In Circumstances of Emergency. Receiving County shall notify Sending County as soon as reasonably possible:

   a. Upon the occurrence of an unauthorized departure by an individual being housed by the Receiving Party pursuant to this Agreement; or

   b. When an individual being housed by the Receiving Party pursuant to this Agreement become seriously ill or injured.

7. Indemnification.

   A. Each party shall defend, release, hold harmless, and indemnify the other, and the other's respective officers, agents, employees, volunteers or representatives from and against any and all liability, claims actions, proceedings, losses, injuries, damages or expenses of every name, kind and description, including litigation costs and reasonable attorney's fees incurred in connection therewith, brought for or on account of personal injury (including death) or damage to property, arising out of or obligations required of that party under the Agreement. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement,

providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or work product privilege.

B. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and deposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or work product privilege.

8. Termination. Either party may terminate this Agreement upon 30 days written notice to the other party.

9. Confidentiality.

A) Maintenance of Confidential Information:

a) The intent of this agreement is for the Receiving County to provide housing for Sending County youths in Tehama County Juvenile Detention Facility as described in above in Recitals. However, should specific information regarding the Sending Client's youths become known to Receiving County, the following confidentiality rules shall apply:

b) Receiving County shall require all employees, volunteers, agents and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedure (MPP) Division 19, which provide that:

1. All applications and records concerning any individual made or kept by Receiving County shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.
2. No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.
3. No person shall publish, disclose, use, permit or cause to be published, disclosed or used any confidential information pertaining to an applicant or recipient, except as provided by law.

c) Receiving County shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such is guilty of a misdemeanor.

d) Receiving County shall ensure all employees, volunteers, agents, and officers comply with Welfare and Institutions Code section 827 et seq. regarding the confidential nature of juvenile case files, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such is guilty of a misdemeanor. During the term of this agreement, both parties may have access to information that is confidential of and to not disclose any such information to any third party without the express written

consent of the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.

e) Notwithstanding any other provision of this Agreement, the Receiving County agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be viewed in the process of doing his/her/its contracted services. The Receiving County understands that he/she/its is subject to all of the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations and Confidentiality of Medical Information on Act [Part 2.6 Commencing with Section56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

10. Assignment. The rights and obligations associated with this Agreement may not be assigned to any other party without the prior written consent of the parties. Any attempted or purported assignment is void and of no legal effect.

11. Waiver. A waiver by either party of any breach of any term, covenant or condition contained in this Agreement or a waiver of any right or remedy of such party available under this Agreement, whether at law or in equity, is not deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained in this Agreement or of any continued or subsequent right to the same right or remedy. No party is deemed to have made any such waiver unless it is in writing and signed by the party so waiving.

12. Insurance. Sending County and Receiving County shall each secure and maintain in full force and effect during the full term of this agreement commercial general liability insurance or participation in a self-insurance program, including coverage for owned and non-owned automobiles and other insurance necessary to protect the public with limits of liability of not less than $1 million combined single limit bodily injury and property damage. Policies shall be written by carriers reasonably satisfactory to each party. On request, a certificate evidencing the insurance requirements of this paragraph shall be provided.

13. Binding. The terms and condition of this Agreement shall be binding upon and inure to the benefit of the parties, and each party's successors and assigns.

14. Amendments. No amendment to this Agreement is effective unless such amendment is in writing and signed by all parties

15. Severability. If any term, covenant, condition of provision of this Agreement is held to be invalid, void or unenforceable, the remainder of the Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidate.

16. Notice. All notices and demands of any kind which either party may require or desire to serve on the other in connection with this Agreement must be served in writing either by personal service or by registered or certified mail, return receipt requested, and shall

be deposited in the United States Mail, with postage thereon fully prepaid, and addressed to the party to be served as follows:

Receiving County: Tehama County Probation Department
Pam Gonzalez, Chief Probation Officer
PO Box 99
Red Bluff, CA 96080
Telephone: (530) 527-4052
Fax: (530) 527-1579

Sending County: Trinity County Probation Department
Ruby Fierro, Chief Probation Officer
PO Box 158
Weaverville, CA 96093
Telephone: (530) 623-1204 ext. 132
Fax: (530) 623-1237

17. Governing Law; Venue. It is agreed by the parties that unless otherwise expressly waived by them, any action brought to enforce any of the provisions of this Agreement or for declaratory relief under this Agreement shall be filed and remain in a Court of competent jurisdiction in the County of Tehama, State of California. The validity, interpretation, and performance of this Agreement shall be controlled by and construed under the laws of the State of California.

18. Time is of the Essence. Time is of the essence in this Agreement and each covenant and term and condition herein.

19. Authority. Signatories to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated.

20. Entire Agreement. This Agreement constitutes the entire agreement between the parties concerning the subject matter of this Agreement and it supersedes any prior agreements, discussions, commitments, or representations, written or oral, between the parties. Unless set forth in this Agreement, neither party is liable to any representations made express or implied.

Section Left Blank

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

Sending County
COUNTY OF TRINITY

Date: 06-03-2025

Liam Gogan, Chairman
Board of Supervisors County of Trinity
State of California

ATTEST:
County of Trinity
Clerk, Board of Supervisors

By: _____
Deputy

APPROVED AS TO FORM:

Date: 06-03-2025

By: _____
Margaret Long
Trinity County Counsel

Receiving County
COUNTY OF TEHAMA

Date: _____

By: _____
CHAIR, Board of Supervisors
County of Tehama
State of California

APPROVED AS TO FORM:

Date: _____

By: _____
Tehama County Counsel

E-Contract Review
Approval as to Form

Contract Parties: Tehama County and Trinity County

Contract Description: Agreement for Placement of Juveniles Pursuant to Welfare and Institutions Code §872 for 07/01/2025-06/30/2026

APPROVED AS TO FORM:

Date: 06/27/2025

Office of the Tehama County Counsel
Brittany T. Ziegler, Deputy County Counsel

Tehama County

Agenda Request Form

File #: 25-1222 **Agenda Date:** 7/15/2025 **Agenda #:** 10.

SHERIFF'S OFFICE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Chair and the Sheriff to sign and electronically submit the Federal Equitable Sharing Agreement and Certification that allows participation in the Federal Equitable Sharing program of the Federal Asset seizure for Tehama County that shows the equitable sharing activity of Federal Asset Seizure for Tehama County for FY 2024/25

Financial Impact:
Requested action pertains to monies, property, or proceeds collected from Federal Asset Seizure cases under the federal equitable sharing program. Justice funds received pursuant to the agreement will be deposited into 487-450587 and used in accordance with the rules and regulations of the agreement. Treasury funds received pursuant to the agreement will be deposited into 491-4507266 and used in accordance with the rules and regulations of the agreement.

Background Information:
The agreement allows the County of Tehama to receive a portion of federal asset seizure monies, property, and proceeds collected. Without this signed Federal Equitable Sharing Agreement and Certification, the County of Tehama would not be able to receive these funds.

OMB Number 1123-0011
Expires: December 31, 2024

Equitable Sharing Agreement and Certification

NCIC/ORI/Tracking Number: CA0520000
Agency Name: Tehama County Sheriff's Office **Type:** Sheriff's Office
Mailing Address: Po Box 729
Red Bluff, CA 96080

Agency Finance Contact
Name: Brummond, Nickoli
Phone: 530 528-8979 ex 1 **Email:** nbrummond@tehamaso.org

Jurisdiction Finance Contact
Name: Peterson, Krista
Phone: 530-527-3474 **Email:** kpeterson@tehama.gov

ESAC Preparer
Name: Brummond, Nickoli
Phone: 530 528-8979 ex 1 **Email:** nbrummond@tehamaso.org

FY End Date: 06/30/2025 **Agency FY 2026 Budget:** $11,058,341.00

Annual Certification Report

	Summary of Equitable Sharing Activity	Justice Funds [1]	Treasury Funds [2]
1	Beginning Equitable Sharing Fund Balance	$254,167.03	$254,688.25
2	Equitable Sharing Funds Received	$0.00	$0.00
3	Equitable Sharing Funds Received from Other Law Enforcement Agencies and Task Force	$0.00	$0.00
4	Other Income	$6,407.00	$0.00
5	Interest Income	$0.00	$6,415.91
6	Total Equitable Sharing Funds Received (total of lines 2-5)	$6,407.00	$6,415.91
7	Equitable Sharing Funds Spent (total of lines a - n)	$113,984.70	$0.00
8	Ending Equitable Sharing Funds Balance (difference between line 7 and the sum of lines 1 and 6)	$146,589.33	$261,104.16

[1] Department of Justice Asset Forfeiture Program Investigative Agency participants are: FBI, DEA, ATF, USPIS, USDA, DCIS, DSS, and FDA
[2] Department of the Treasury Asset Forfeiture Program participants are: IRS-CI, ICE, CBP and USSS.

	Summary of Shared Funds Spent	Justice Funds	Treasury Funds
a	Law Enforcement Operations and Investigations	$0.00	$0.00
b	Training and Education	$0.00	$0.00
c	Law Enforcement, Public Safety, and Detention Facilities	$0.00	$0.00
d	Law Enforcement Equipment	$0.00	$0.00
e	Joint Law Enforcement/Public Safety Equipment and Operations	$0.00	$0.00
f	Contracts for Services	$113,984.70	$0.00
g	Law Enforcement Travel and Per Diem	$0.00	$0.00
h	Law Enforcement Awards and Memorials	$0.00	$0.00
i	Drug, Gang, and Other Education or Awareness Programs	$0.00	$0.00
j	Matching Grants	$0.00	$0.00
k	Transfers to Other Participating Law Enforcement Agencies	$0.00	$0.00
l	Support of Community-Based Programs	$0.00	
m	Non-Categorized Expenditures	$0.00	$0.00
n	Salaries	$0.00	$0.00
	Total	$113,984.70	$0.00

Equitable Sharing Funds Received From Other Agencies

Transferring Agency Name	Justice Funds	Treasury Funds

Other Income

Other Income Type	Justice Funds	Treasury Funds
Other-Federal Asset Seizure	$6,407.00	

Matching Grants

Matching Grant Name	Justice Funds	Treasury Funds

Transfers to Other Participating Law Enforcement Agencies

Receiving Agency Name	Justice Funds	Treasury Funds

Support of Community-Based Programs

Recipient	Justice Funds	

Non-Categorized Expenditures

Description	Justice Funds	Treasury Funds

Salaries

Salary Type	Justice Funds	Treasury Funds

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Money Laundering and Asset Recovery Section at 1400 New York Avenue, N.W., Washington, DC 20005.

Privacy Act Notice

The Department of Justice is collecting this information for the purpose of reviewing your equitable sharing expenditures. Providing this information is voluntary; however, the information is necessary for your agency to maintain Program compliance. Information collected is covered by Department of Justice System of Records Notice, 71 Fed. Reg. 29170 (May 19, 2006), JMD-022 Department of Justice Consolidated Asset Tracking System (CATS). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the System of Records Notice as amended by subsequent publications.

Single Audit Information

Independent Auditor

Name:
Company: CliftonLarsonAllen LLP
Phone: (916) 784-7800 **Email:** accounting@cliftonlasonallenllp.com

Were equitable sharing expenditures included on the Schedule of Expenditures of Federal Awards (SEFA) for the jurisdiction's Single Audit for the prior fiscal year? If the jurisdiction did not meet the threshold to have a Single Audit performed, select Threshold Not Met.

YES ☐ NO ☒ THRESHOLD NOT MET ☐

Prior Year Single Audit Number Assigned by Federal Audit Clearinghouse:

Affidavit

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations under the *Guide to Equitable Sharing for State, Local, and Tribal Law Enforcement Agencies (Guide)* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations. The undersigned officials certify that the information submitted on the Equitable Sharing Agreement and Certification form (ESAC) is an accurate accounting of funds received and spent by the Agency.

The undersigned certify that the Agency is in compliance with the applicable nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq*.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq*.), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

Equitable Sharing Agreement

This Federal Equitable Sharing Agreement, entered into among (1) the Federal Government, (2) the Agency, and (3) the Agency's governing body, sets forth the requirements for participation in the federal Equitable Sharing Program and the restrictions upon the use of federally forfeited funds, property, and any interest earned thereon, which are equitably shared with participating law enforcement agencies. By submitting this form, the Agency agrees that it will be bound by the *Guide* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations. Submission of the ESAC is a prerequisite to receiving any funds or property through the Equitable Sharing Program.

1. Submission. The ESAC must be signed and electronically submitted within two months of the end of the Agency's fiscal year. Electronic submission constitutes submission to the Department of Justice and the Department of the Treasury.

2. Signatories. The ESAC must be signed by the head of the Agency and the head of the governing body. Examples of Agency heads include police chief, sheriff, director, commissioner, superintendent, administrator, county attorney, district attorney, prosecuting attorney, state attorney, commonwealth attorney, and attorney general. The governing body head is the head of the agency that appropriates funding to the Agency. Examples of governing body heads include city manager, mayor, city council chairperson, county executive, county council chairperson, administrator, commissioner, and governor. The governing body head cannot be an official or employee of the Agency and must be from a separate entity.

3. Uses. Shared assets must be used for law enforcement purposes in accordance with the *Guide* and all subsequent updates, this Equitable Sharing Agreement, and the applicable sections of the Code of Federal Regulations.

4. Transfers. Before the Agency transfers funds to other state or local law enforcement agencies, it must obtain written approval from the Department of Justice or Department of the Treasury. Transfers of tangible property are not permitted. Agencies that transfer or receive equitable sharing funds must perform sub-recipient monitoring in accordance with the Code of Federal Regulations.

5. Internal Controls. The Agency agrees to account separately for federal equitable sharing funds received from the Department of Justice and the Department of the Treasury, funds from state and local forfeitures, joint law enforcement operations funds, and any other sources must not be commingled with federal equitable sharing funds.

The Agency certifies that equitable sharing funds are maintained by its jurisdiction and the funds are administrated in the same manner as the jurisdictions's appropriated or general funds. The Agency further certifies that the funds are subject to the standard accounting requirements and practices employed by the Agency's jurisdiction in accordance with the requirements set forth in the *Guide,* any subsequent updates, and the Code of Federal Regulations, including the requirement to maintain relevant documents and records for five years.

The misuse or misapplication of equitably shared funds or assets or supplantation of existing resources with shared funds or assets is prohibited. The Agency must follow its jurisdiction's procurement policies when expending equitably shared funds. Failure to comply with any provision of the *Guide*, any subsequent updates, and the Code of Federal Regulations may subject the Agency to sanctions.

6. Single Audit Report and Other Reviews. Audits shall be conducted as provided by the Single Audit Act Amendments of 1996 and OMB Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards. The Agency must report its equitable sharing expenditures on the jurisdiction's Schedule of Expenditures of Federal Awards (SEFA) under Assistance Listing Number 16.922 for Department of Justice and 21.016 for Department of the Treasury. The

Department of Justice and the Department of the Treasury reserve the right to conduct audits or reviews.

7. Freedom of Information Act (FOIA). Information provided in this Document is subject to the FOIA requirements of the Department of Justice and the Department of the Treasury. Agencies must follow local release of information policies.

8. Waste, Fraud, or Abuse. An Agency or governing body is required to immediately notify the Department of Justice's Money Laundering and Asset Recovery Section and the Department of the Treasury's Executive Office for Asset Forfeiture of any allegations or theft, fraud, waste, or abuse involving federal equitable sharing funds.

Civil Rights Cases

During the past fiscal year: (1) has any court or administrative agency issued any finding, judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?

☐ **Yes** ☒ **No**

Agency Head

Name: Kain, Dave
Title: Sheriff
Email: dkain@tehamaso.org

Signature: _____ Date: _____

To the best of my knowledge and belief, the information provided on this ESAC is true and accurate and has been reviewed and authorized by the Law Enforcement Agency Head whose name appears above. Entry of the Agency Head name above indicates his/her agreement to abide by the Guide, any subsequent updates, and the Code of Federal Regulations, including ensuring permissibility of expenditures and following all required procurement policies and procedures.

Governing Body Head

Name: Hansen, Matt
Title: Chairperson
Email: mhansen@tehama.gov

Signature: _____ Date: _____

To the best of my knowledge and belief, the Agency's current fiscal year budget reported on this ESAC is true and accurate and the Governing Body Head whose name appears above certifies that the agency's budget has not been supplanted as a result of receiving equitable sharing funds. Entry of the Governing Body Head name above indicates his/her agreement to abide by the policies and procedures set forth in the Guide, any subsequent updates, and the Code of Federal Regulations.

☐ I certify that I have obtained approval from and I am authorized to submit this form on behalf of the Agency Head and the Governing Body Head.

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Department of Justice

Document Description: Equitable Sharing Agreement and Certification

APPROVED AS TO FORM:

Date: 7/2/25

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 25-1110 **Agenda Date:** 7/15/2025 **Agenda #:** 11.

HEALTH SERVICES AGENCY / DRUG & ALCOHOL

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign Standard Agreement #25-50091 with the Department of Health Care Services (DHCS) for the Drug Medi-Cal (DMC) Treatment Program for Substance Use Disorder (SUD) services, effective 7/1/25 through 12/31/26

Financial Impact:
A zero dollar approach avoids the administrative burden of contract amendments completed by counties and DHCS. The existing Mental Health Plan (MHP) contract is already zero dollar with no issues. All eligible county and provider claims will continue to be paid in accordance with the contract and applicable law. Matching funds to be paid using Realignment and Mental Health Services Act (MHSA). No impact to the General Fund.

Background Information:
The County is the designated contractor with the State Department of Health Care Services for the provision of various alcohol and drug services to County residents. The State and County enter into this contract for the purpose of identifying and providing covered services for substance use treatment in Tehama County pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (HSC), Sections 14124.20, 14021.51-14021.53, and 14124.20-14124.25 of the Welfare and Institutions Code (W&IC), and Title 22 of the California Code of Regulations, Sections 51341.1, 51490.1, and 51516.1.

It is important to note that this agreement does contain the State's standard indemnification language which requires Counties to defend the State in any adverse actions, irrespective of whether or not there is any negligence on the part of the County.

SCO ID: 4260-2550091

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
25-50091	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTOR NAME

County of Tehama

2. The term of this Agreement is:

START DATE

July 1, 2025

THROUGH END DATE

December 31, 2026

3. The maximum amount of this Agreement is:

$0.00 (Zero Dollars)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	7
Exhibit A, Attachment 1	[Reserved]	1
Exhibit A, Attachment 2A	[Reserved]	1
+ - Exhibit A, Attachment 2B	[Reserved]	1
+ - Exhibit A, Attachment 2C	[Reserved]	1
+ - Exhibit A, Attachment 2D	[Reserved]	1
+ - Exhibit A, Attachment 2E	{DMC only}: SCOPE OF SERVICES	16
+ - Exhibit A, Attachment 2F	[Reserved]	1
+ - Exhibit A, Attachment 3	Financial Requirements	1
+ - Exhibit A, Attachment 4	Management Information Systems	5
+ - Exhibit A, Attachment 5	[Reserved]	1
+ - Exhibit A, Attachment 6	Utilization Management and Parity	1

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT
STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
25-50091	

Exhibits	Title	Pages
+ - Exhibit A, Attachment 7	{SMHS and DMC-ODS only} Access and Availability of Services	1
+ - Exhibit A, Attachment 8	Provider Network, Contracted Providers, and Timely Access	4
+ - Exhibit A, Attachment 9	[Reserved]	1
+ - Exhibit A, Attachment 10	Coordination and Continuity of Care	2
+ - Exhibit A, Attachment 11	Information Requirements	12
+ - Exhibit A, Attachment 12	Member Problem Resolution	17
+ - Exhibit A, Attachment 13	Program Integrity	7
+ - Exhibit A, Attachment 14	Reporting Requirements	4
+ - Exhibit B	Budget Detail and Payment Provisions	6
+ - Exhibit C *	General Terms and Conditions	GTC (02/2025)
+ - Exhibit D	Special Terms and Conditions	40
+ - Exhibit E	Additional Provisions	18
+ - Exhibit E, Attachment 1	General Definitions	12
+ - Exhibit E, Attachment 2	SMHS: Service Definitions	9
+ - Exhibit E, Attachment 3	DMC and DMC-ODS: Service Definitions	5
+ - Exhibit F	Business Associate Addendum	6

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
25-50091	

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)			
County of Tehama			
CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
PO BOX 400	Red Bluff	CA	96080
PRINTED NAME OF PERSON SIGNING	TITLE		
Jayme S. Bottke	Executive Director		
CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED		
Jayme S Bottke	6-27-25		

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Department of Health Care Services			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1501 Capitol Avenue, MS 4200	Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING	TITLE		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		
	WIC 14184.401(a), 14184.102(e)		

Exhibit A
SCOPE OF WORK

1. Service Overview

A. The Contractor agrees to provide to the California Department of Health Care Services (hereafter referred to as DHCS, the Department, or the State) the Medi-Cal behavioral health services described herein.

B. The Contractor will provide or arrange for the provision of the following specialty mental health services (SMHS), Drug Medi-Cal Organized Delivery System (DMC-ODS) services, and/or Drug Medi-Cal (DMC) services as defined in this intergovernmental agreement (the "Contract") to Medi-Cal members residing in Contractor's County who meet the applicable access criteria.

C. This Contract covers the provision of:

[ ] SMHS. If this box is checked, Contractor will provide and/or arrange for the provision of SMHS as a Prepaid Inpatient Health Plan (PIHP) as defined in 42 Code of Federal Regulations (hereafter C.F.R.) part 438.2. All requirements in the Contract that are identified as SMHS requirements shall apply to Contractor if this box is checked.

[ ] DMC-ODS services. If this box is checked, Contractor will provide and/or arrange for the provision of DMC-ODS services operating as a PIHP as defined in 42 C.F.R. part 438.2. All requirements in the Contract that are identified as DMC-ODS requirements shall apply to Contractor if this box is checked.

[ ] DMC-ODS Partnership Health Plan of California (PHC) Model. If this box is checked, Contractor will subcontract with PHC for the provision of certain DMC-ODS services. All requirements in the Contract that are identified as DMC-ODS PHC Model requirements, as well as all requirements identified as DMC-ODS requirements (except as otherwise specified), will apply to Contractor if this box is checked.

[X] DMC services. If this box is checked, Contractor will provide and/or arrange for the provision of DMC State Plan services under a fee-for-service structure. All requirements in the Contract that are identified as DMC requirements shall apply to Contractor if this box is checked.

D. The services identified above are referred to as "Covered Services" in the remainder of this Contract.

E. {Integrated contracts only}

Exhibit A
SCOPE OF WORK

1) If the Contractor chooses to provide both SMHS and DMC-ODS services within this Contract, Contractor will provide and arrange for the provision of both SMHS and DMC-ODS services operating as a single PIHP with a non-risk contract as defined in 42 C.F.R. part 438.2. All requirements in the Contract that are identified as applying to integrated contracts (DMC-ODS) shall apply to Contractor.

2) If the Contractor chooses to provide both SMHS and DMC services within this Contract, Contractor will provide and arrange for the provision of SMHS operating as a PIHP as defined in 42 C.F.R. part 438.2 and will provide or arrange for the provision of DMC services under a fee-for-service structure, outside the PIHP managed care structure. All requirements in the Contract that are identified as applying to integrated contracts (DMC) shall apply to Contractor.

2. Service Location

The services shall be performed at the Contractor's contracting and participating facilities, and at other facilities as set forth in the Contract, including out-of-network facilities as applicable.

3. Service Hours

A. {SMHS and DMC-ODS only} Services shall be provided on a 24-hour, seven (7) days a week basis, as set forth in the Contract.

B. {DMC only} Services must be provided during the working hours and days as defined by the Contractor.

4. Project Representatives

A. The project representatives during the term of this Contract will be:

Department of Health Care Services	**County of Tehama**
Program Director: Linda Dornseif Telephone: 916-224-8155 Email: linda.dornseif@dhcs.ca.gov	Jayme S. Bottke, Executive Director Telephone: 916-527-8491 x3166 Fax: 530-527-7003 Email: jayme.bottke@tchsa.net

Exhibit A
SCOPE OF WORK

B. Direct all inquiries to:

Department of Health Care Services	County of Tehama
Medi-Cal Behavioral Health Division/Program Policy Section Attention: Ivan Bhardwaj 1501 Capitol Avenue, MS 2702 Sacramento, CA, 95814 Telephone: 916-842-8598 Email: ivan.bhardwaj@dhsc.ca.gov	Jayme S. Bottke, Executive Director P.O. Box 400 Red Bluff, CA 96080 Telephone: 916-527-8491ext. 3166 Fax: 530-527-7003 Email: jayme.bottke@tchsa.net

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Contract.

5. General Authority

A. {SMHS} This Contract is entered into in accordance with Welfare and Institutions Code (hereafter W&I Code) sections 14680 -14727, and 14184.100 et seq. W&I Code section 14712 requires DHCS to implement managed mental health care for Medi-Cal members through contracts with mental health plans. The Department and Contractor agree that this Contract meets that requirement for the County.

B. {DMC-ODS} The Contractor has elected to opt into the DMC-ODS to provide or arrange covered DMC-ODS services described under this Contract to Medi-Cal members who reside within the Contractor's County borders. This Contract is an intergovernmental agreement between the State and Contractor by authority of chapter 3 (§ 11758.10 et seq.) of Part 1, Division 10.5 of the Health & Safety (H&S) Code and with approval of Contractor's County Board of Supervisors (or designee) for the purpose of providing alcohol and drug services. This Contract is entered into in accordance with Health and Safety Code section 11848.5, W&I Code sections 14021.51–14021.53, 14124.20– 14124.25, and 14184.100 et seq., and Behavioral Health Information Notice (BHIN) 23-001 (including any successor BHIN).

C. {DMC} This Contract is entered into pursuant to W&I Code section 14124.20, and Health and Safety Code section 11772, for the purpose of providing DMC services in the Contractor's service area pursuant to W&I Code sections §14021.51 – 14021.53, 14124.20 – 14124.25, 14184.100

Exhibit A
SCOPE OF WORK

et seq, Health and Safety Code section 11848.5, and Title 22 of the California Code of Regulations sections 51341.1, 51490.1, and 51516.1.

D. {SMHS and DMC-ODS} Federal PIHP Requirements.

1) The Contractor shall comply with federal requirements for nonrisk PIHPs as set forth in 42 C.F.R. part 438, except insofar as those requirements have been deemed inapplicable to county behavioral health programs under the Department's federally approved 1915(b) waiver. See pages 18–19 of the Department's June 23, 2023, amendment to the 1915(b) waiver, or the equivalent pages under any successor amendment.

2) The Centers for Medicare and Medicaid Services (CMS) shall review and approve the parts of this Contract that govern Contractor's delivery of services as a PIHP, in accordance with 42 C.F.R. part 438.3(a).

E. All Exhibits, Attachments, and Sections in this Contract apply to the delivery of all covered services identified in Exhibit A, Scope of Work, Section 1, except as otherwise indicated in this Contract.

F. Where a requirement in this Contract applies to more than one service type or delivery system, but is followed by a legal citation that only applies to one service type or delivery system (i.e. SMHS, DMC-ODS, or DMC), the legal citation does not limit application of the corresponding contracting requirements to one service type or delivery system.

G. No provision of this Contract is intended to obviate or waive any requirements of applicable law or regulation. In the event a provision of this Contract is open to varying interpretations, the Contract provision shall be interpreted in a manner that is consistent with applicable law and regulation. In the event of a conflict between the terms of this Contract and a State or federal statute or regulation, or a BHIN, the Contractor shall adhere to the applicable statute, regulation, or BHIN.

H. The State and the Contractor identified in the State Standard (STD) Form 213 are the only parties to this Contract. This Contract is not intended, nor shall it be construed, to confer rights on any third party.

I. It is understood and agreed that nothing contained in this Contract shall be construed to impair the single state agency authority of DHCS for the Medi-Cal program.

Exhibit A
SCOPE OF WORK

6. Electronic and IT Accessibility Requirements Under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990

The Contractor agrees to ensure that deliverables developed and produced, pursuant to this Contract shall comply with the accessibility requirements of sections 7405 and 11135 of the California Government Code, section 508 of the Rehabilitation Act of 1973 as amended (29 U.S.C. § 794d), and regulations implementing that Act as set forth in Part 1194 of Title 36 of the C.F.R., and the portions of the Americans with Disabilities Act of 1990 related to electronic and IT accessibility requirements and implementing regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code sections 7405 and 11135 codify section 508 of the Rehabilitation Act requiring accessibility of electronic and information technology.

7. Services to be Performed; Contract Performance

A. See the Attachments to Exhibit A for a detailed description of the services to be performed.

B. Contractor must maintain the necessary organization and level of staffing to implement and operate this Contract. Contractor must ensure the following:

1) Contractor has an accountable Board of Supervisors or county Behavioral Health Director;

2) Compliance with this Contract is a high priority and that Contractor is committed to supplying any necessary resources to assure full performance of the Contract;

3) [Reserved]

4) Adequate staffing in medical and other health services, fiscal and administrative capacity sufficient to effectively conduct Contractor's business; and

5) Written procedures are developed and maintained for conducting Contractor's business, including the provision of health care services, in compliance with federal and State Medicaid law.

8. Loss of Federal Authority

Should any part of the scope of work under this Contract relate to a state program receiving Federal Financial Participation (FFP) that is no longer authorized by law (e.g., which has been vacated by a court of law, or for

Exhibit A
SCOPE OF WORK

which CMS has withdrawn federal authority, or which is the subject of a legislative repeal), Contractor must do no work on that part after the effective date of the loss of such program authority. DHCS will adjust payments that are specific to any state program or activity receiving FFP that is no longer authorized by law. If Contractor works on a state program or activity receiving FFP that is no longer authorized by law after the date the legal authority for the work ends, Contractor will not be paid for that work. If DHCS has paid Contractor in advance to work on a no-longer-authorized state program or activity receiving FFP and under the terms of this Contract the work was to be performed after the date the legal authority ended, the payment for that work shall be returned to DHCS. However, if Contractor worked on a state program or activity receiving FFP prior to the date legal authority ended for that state program or activity, and DHCS paid Contractor for that work, Contractor may keep the payment for that work even if the payment was made after the date the state program or activity receiving FFP lost legal authority. DHCS will attempt to provide Contractor with timely notice of the loss of program authority, however, failure by DHCS to provide notice of the loss of program authority shall not constitute a basis for Contractor to retain payments made for work performed following the date of the loss of program authority.

9. Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

10. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement must comply with the accessibility requirements of Sections 7405 and 11135 of the California Government Code, Section 508 of the

Exhibit A
SCOPE OF WORK

Rehabilitation Act of 1973 as amended (29 U.S.C. § 794d), regulations implementing the Rehabilitation Act of 1973 as set forth in Part 1194 of Title 36 of the Code of Federal Regulations, and the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.). In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code Sections 7405 and 11135 codifies Section 508 of the Rehabilitation Act of 1973 requiring accessibility of EIT.

Exhibit A – Attachment 1
[RESERVED]

Exhibit A – Attachment 2A
[RESERVED]

Exhibit A – Attachment 2B
[RESERVED]

Exhibit A – Attachment 2C
[RESERVED]

Exhibit A – Attachment 2D
[RESERVED]

Exhibit A - Attachment 2E
{DMC only}: SCOPE OF SERVICES

1. Standard Requirements

A. Initial Assessment and Services Provided During the Assessment Process

1) The Contractor shall arrange for an LPHA, registered or certified counselor, clinical trainee, medical assistant, or other qualified provider to conduct DMC initial assessments via face-to-face, by telehealth or by telephone (synchronous audio-only) and may be done in the community or the home. If the initial assessment of the members is completed by a registered or certified counselor, clinical trainee, medical assistant, or other qualified provider, then the LPHA shall evaluate that initial assessment with the individual who completed the assessment and the LPHA shall make and document the initial diagnosis. The consultation between the LPHA and the individual qualified to conduct the assessment can be conducted in person, by video conference or by telephone.

i. Covered and clinically appropriate DMC services are reimbursable for up to 30 days following the first visit with an LPHA, registered/certified counselor, or Peer Support Specialist, whether or not a Diagnostic and Statistical Manual (DSM) diagnosis for Substance-Related and Addictive Disorders is established, or up to 60 days for members under age 21, or if a provider documents that the member is experiencing homelessness and therefore requires additional time to complete the assessment.

ii. All SUD treatment services provided to a DMC member during the initial assessment process must be clinically appropriate to address that member's presenting condition.

2) Consistent with W&I Code § 14184.402(f), clinically appropriate and covered SUD prevention, screening, assessment, and treatment services are covered and reimbursable Medi-Cal services even when: 1) services are provided prior to determination of a diagnosis or prior to determination of whether DMC criteria are met, as described above; 2) the prevention, screening, assessment, treatment, or recovery services were not included in an individual treatment plan; or 3) the member has a co-occurring mental health condition.

i. The Contractor shall not disallow reimbursement for DMC services provided during the assessment process if the

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

assessment later determines that the member does not meet criteria for DMC.

ii. The Contractor shall not disallow reimbursement for DMC provided to a member who meets DMC criteria and has a co-occurring mental health condition.

B. Services Provided After the Assessment Process

1) To qualify for DMC services after the initial assessment process, members 21 years of age and older must meet one of the following criteria:

i. Have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders (the diagnosis shall be made and documented by an LPHA), or

ii. Have had at least one diagnosis from the DSM for Substance Related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

2) For members under the age of 21, covered services provided under DMC shall include all medically necessary SUD services as required pursuant to 42 U.S.C. § 1396d(r). Federal EPSDT statutes and regulations require States to furnish all Medicaid-coverable, appropriate, and medically necessary services needed to correct or ameliorate health conditions.

C. Placement into the Appropriate Level of Care

1) In accordance with W&I Code § 14184.402(e), BHIN 23-068, and BHIN 24-045, the Contractor and DMC providers shall utilize the criteria adopted by the American Society of Addiction Medicine (ASAM) to determine the appropriate level of SUD treatment service for DMC members.

i. A full assessment utilizing the ASAM criteria is not required for a DMC member to begin receiving covered and reimbursable SUD treatment services; an abbreviated ASAM screening tool may be used for initial screening, referral, and access to clinically appropriate services.

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

2) The Contractor shall ensure that DMC providers are utilizing the ASAM criteria to determine the appropriate level of care.

D. Services Provided via Telehealth or Telephone

1) All DMC services, including initial assessments and medical necessity determinations, delivered via telehealth or telephone shall be provided in accordance with the telehealth requirements set forth in BHIN 23-018, and any subsequently issued BHINs that supersede BHIN 23-018.

E. Documentation Standards

1) The Contractor shall implement and comply with documentation standards as set forth in guidance issued by the Department, including in BHIN 23-068 and any subsequent guidance.

2) In the event of a conflict between the terms of this Contract relating to documentation and a state or federal statute or regulation, or a BHIN issued by DHCS, the Contractor shall adhere to the applicable statute, regulation, or BHIN.

2. Covered Services

A. The Contractor shall establish assessment, placement determination and referral procedures for, and shall provide or arrange for the provision of, covered services in the Contractor's service area that are medically necessary (as defined in Exhibit E, Attachment 1) and clinically appropriate to address the member's presenting condition, including services for members under the age of 21 consistent with EPSDT requirements. Covered services shall be provided in accordance with this Contract, the applicable statutes and regulations, BHIN 21-071, and any other relevant information notices issued by the Department.

B. Covered services include:

1) Outpatient Treatment Services

Outpatient Treatment Services (also known as Outpatient Drug Free or ODF) are provided to members as medically necessary. Outpatient Treatment Services include the following components:

i. Assessment

ii. Individual Counseling

iii. Group Counseling

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

iv. Patient Education

v. Medication Services

vi. Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD)

vii. SUD Crisis Intervention Services

2) Narcotic Treatment Program Services

Narcotic Treatment Program (NTP) Services is an outpatient program that provides FDA-approved drugs to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each member as clinically necessary. Narcotic Treatment Program include the following components:

i. Assessment

ii. Individual Counseling

iii. Group Counseling

iv. Patient Education

v. Medical Psychotherapy

vi. Medication Services

vii. MAT for OUD

viii. SUD Crisis Intervention Services

3) Intensive Outpatient Treatment Services

Intensive Outpatient Treatment services are provided to members when medically necessary in a structured programming environment. Intensive Outpatient Treatment includes the following components:

i. Assessment

ii. Individual Counseling

iii. Group Counseling

iv. Patient Education

v. Medication Services

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

vi. MAT for OUD

vii. SUD Crisis Intervention Services

4) Perinatal Residential Substance Use Disorder Treatment

Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnosis. Each member shall live on the premises and shall be supported in their efforts to restore and apply interpersonal and independent living skills and access community support systems. Perinatal Residential Substance Use Disorder Treatment programs shall provide a range of activities and services for pregnant and postpartum members. Supervision shall be available day and night, seven days a week. Medically necessary rehabilitative services are provided in accordance with individualized member needs. The cost of room and board is not reimbursable under the Medi-Cal program. Facilities shall store and safeguard all residents' medications, and facility staff members may assist with resident's self-administration of medication. Perinatal Residential Substance Use Disorder Treatment include the following components:

i. Assessment

ii. Individual Counseling

iii. Group Counseling

iv. MAT for OUD

v. Patient Education

vi. SUD Crisis Intervention Services

5) Medication Assisted Treatment

Medication Assisted Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. § 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29). MAT providers shall offer MAT directly or have effective referral mechanisms in place to the most clinically appropriate MAT services and maintain a DHCS

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

approved MAT policy pursuant to BHIN 23-054, and any subsequent guidance issued by the Department. The provider shall also comply with all other requirements in BHIN 23-054.

MAT for OUD include the following components:

i. Assessment for MAT for OUD.

ii. Individual Counseling for MAT for OUD.

iii. Group Counseling for MAT for OUD.

iv. Patient Education for MAT for OUD.

v. Medical Psychotherapy for MAT for OUD.

vi. Medication Services for MAT for OUD.

vii. SUD Crisis Intervention Services for MAT for OUD.

viii. Prescribing and monitoring of MAT for OUD.

6) Peer Support Services. If the Contractor has opted to provide Peer Support Services and has been approved by DHCS, the Contractor shall comply with the peer support services provisions in Exhibit A, Attachment 2F.

7) Other services approved by a State Plan amendment or waiver authorizing federal financial participation.

C. Medi-Cal SUD treatment services for Members under age 21.

1) Under the EPSDT mandate and in accordance with BHIN 22-003, the Contractor shall provide all SUD treatment services that are coverable under 42 U.S.C. § 1396d(a)) whether or not it is covered under the Medicaid State Plan, including but not limited to covered DMC and Drug Medi-Cal – Organized Delivery Services (DMC-ODS) (referred to as Expanded SUD Treatment Services in the State Plan). The array of SUD treatment services covered in the State Plan are described in the “Substance Use Disorder Treatment Services” and the “Expanded Substance Use Disorder Treatment Services” sections of Supplement 3 to Attachment 3.1-A in the California State Plan.

2) The Contractor shall provide screening and early intervention services to members under the age of 21 at risk of developing an SUD regardless of whether they meet diagnosis criteria for a behavioral health disorder. Any member under the age of 21 who is

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

screened and determined to be at risk of developing an SUD may receive any service component covered under the outpatient level of care as early intervention services. A diagnosis from the Diagnostic and Statistical Manual or International Classification of Diseases, Tenth Edition (ICD-10) for Substance-Related and Addictive Disorders is not required for early intervention services. Early intervention services are provided under the outpatient treatment modality and must be made available by counties based on individual clinical need, even if the member under age 21 is not participating in the full array of outpatient treatment services.

D. Community-Based Mobile Crisis Intervention Services (also referred to as "Mobile Crisis Services")

1) Upon receiving approval from DHCS, the Contractor shall provide or arrange for the provision of, qualifying mobile crisis services in accordance with the following: BHIN 23-025, and any subsequently issued BHINs that supersede BHIN 23-025, and Contractor's DHCS-approved implementation plan.

2) Mobile Crisis Services are designed to provide relief to members experiencing a behavioral health crisis:

i. Through de-escalation and stabilization techniques.

ii. By reducing the immediate risk of danger and subsequent harm to the member.

iii. By preventing unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

E. The Contractor, to the extent applicable, shall comply with *Sobky v. Smoley* (E.D. Cal. 1994) 855 F. Supp. 1123 (E.D. Cal 1994) (Document 2A).

3. Availability of Services

In addition to the access standards discussed in Exhibit A, Attachment 8 (as applicable to DMC), Contractor shall comply with the following:

A. Tribal Communities and Organizations. The Contractor shall regularly assess (e.g. review population information available through the Census Bureau, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight into potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

B. County of Responsibility

1) Covered services, whether provided directly by the Contractor or through contracted providers with DMC-certified and enrolled programs, shall be provided to members without regard to the members' county of residence.

2) The Contractor is financially responsible for all covered services provided to members that reside in the Contractor's county.

3) The Contractor shall accept claims from any DMC enrolled provider, regardless of the location of the provider, for any covered services provided to members residing in the Contractor's county. The Contractor shall reimburse the provider through a contract or other agreement with that provider.

4) The Contractor shall require all contracted providers to inform the Contractor when a member that resides in the Contractor's county is referred to, and served by, an out-of-county provider.

4. Federal NPI Requirements

The Contractor shall require all contracted providers, and any subpart of a contracted provider that would be a covered health care provider if it were a separate legal entity, to comply with 45 C.F.R. § 162.410(a)(1). For purposes of this paragraph, a covered health care provider shall have the same definition as a covered entity set forth in 45 C.F.R. § 160.103. DHCS shall make payments for covered services only if the Contractor is in compliance with federal regulations.

5. No Unlawful Use or Unlawful Use Messages Regarding Drugs

The Contractor agrees that information produced through these funds, and which pertains to drug- and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug- and alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (Health & Safety Code §§ 11999-11999.3). By signing this Contract, the Contractor agrees that it will enforce**,** and will require its subcontractors and contract providers to enforce, these requirements.

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

6. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Chapter 8 of Division 4 of Title 9 of C.C.R. (Document 3H).

7. Practice Guidelines

A. The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

B. The Contractor will follow the guidelines in Document 1V, "Adolescent Substance Use Disorder Best Practice Guidelines," in developing and implementing youth treatment programs funded under this Exhibit. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

8. Requirements for Provider Contracts and Subcontracts

The Contractor shall include the following provisions in all of its contracts with contracted providers and/or subcontractors, as applicable, in addition to any other requirements specified under this Contract or applicable law:

A. The following provisions in Exhibit A, Attachment 2E:

1) Section 5 (No Unlawful Use or Unlawful Use Messages Regarding Drugs)

2) Section 6 (Counselor Certification)

3) Section 7 (Practice Guidelines)

B. Exhibit A, Attachment 4, Section 6 (HIPAA and Additional Data Standards)

C. The following provisions in Exhibit E:

1) Section 5.C (Nondiscrimination)

2) Sections 7.B and 7.C (under State and Federal Law Governing this Contract)

3) The federal and state laws enumerated in Sections 7.D and 7.E, to the extent they are applicable.

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

D. Provider contracts shall, in addition, require that contracted providers comply with the applicable regulations and guidelines, including:

1) To ensure equal access to quality care by diverse populations, adopting the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

2) 21 C.F.R., Part 1300, et seq

3) 42 C.F.R, .Part 8 (Medications for the Treatment of Opioid Use Disorder)

4) 22 C.C.R. §§ 51341.1, 51490.1, and 51516.1 (Document 2C)

5) Minimum Quality Treatment Standards (Document 2F(a))

6) 9, C.C.R., §§ 10000, et seq.

7) 22, C.C.R. §§ 51000, et seq.

8) Instructions on record retention, including maintaining records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code § 14124.1.

In the event of conflicts, the provisions of Title 22 shall control if they are more stringent.

9. Additional DMC Requirements Defined Elsewhere in Exhibit A

In addition to the requirements set forth in this Attachment 2E, the Contractor shall comply with the following requirements set forth elsewhere in Exhibit A with respect to its DMC activities:

A. Avoidance of Conflicts of Interest by Contractor

1) {Integrated Contracts Only} In Exhibit A, Attachment 1 (Organization and Administration): Section 6.E (Avoidance of Conflicts of Interest by Contractor), as well as the California Political Reform Act, Public Contract Code § 10365.5, and Government Code § 1090.

2) {Standalone DMC Contracts Only}

i. DHCS intends to avoid any real or apparent conflict of interest on the part of the Contractor, the subcontractor, or employees, officers and directors of the Contractor or subcontractor. Thus, DHCS reserves the right to determine, at its sole discretion, whether any information, assertion or

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Contractor to submit additional information or a plan for resolving the conflict, subject to DHCS review and prior approval.

ii. Conflicts of interest include, but are not limited to:

a. An instance where the Contractor or subcontractor, or any employee, officer, or director of the Contractor or subcontractor has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the Contract would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the Contract.

b. An instance where the Contractor's or subcontractor's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

iii. If DHCS is or becomes aware of a known or suspected conflict of interest, DHCS will notify the Contractor of the known or suspected conflict and the Contractor will be given an opportunity to respond to or resolve the alleged conflict. A Contractor with a suspected conflict of interest will have five (5) working days from the date of notification to provide DHCS with complete information regarding the suspected conflict. If a conflict of interest is determined to exist by DHCS and cannot be resolved to the satisfaction of DHCS, the conflict will be grounds for terminating the Agreement. DHCS may, at its discretion upon receipt of a written request from the Contractor, authorize an extension of the timeline indicated herein.

B. In Exhibit A, Attachment 3 (Financial Requirements):

1) Section 2 (Payments for American Indian and Alaska Native Health Care Providers (IHCPs))

C. In Exhibit A, Attachment 4 (Management Information Systems):

1) Section 4 (MEDSLITE Access);

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

2) Section 5 (ICD-10); and

3) Section 6 (HIPAA and Additional Data Standards).

D. Parity in Mental Health and SUD Benefits

1) {Integrated Contracts Only}: In Exhibit A, Attachment 6 (Utilization Management Program): Section 3 (Parity in Mental Health and SUD Benefits)

2) {Standalone DMC Contracts Only}

i. The Contractor shall not impose financial requirements or quantitative treatment limitations, as defined in 42 C.F.R. § 438.900, for any member receiving covered services. (42 C.F.R. § 438.910(b), 438.920(a); BHIN 22-070.)

ii. The Contractor shall not impose aggregate lifetime or annual dollar limits, as defined in 42 C.F.R. § 438.900, for any member receiving covered services. (42 C.F.R. § 438.905(a), (b).)

iii. The Contractor shall not impose non-quantitative treatment limitations for covered services, as defined in 42 C.F.R. Part 438, Subpart K, in any benefit classification (i.e., inpatient and outpatient) unless the Contractor's policies and procedures have been determined by the Department to comply with Title 42 of the Code of Federal Regulations, part 438, subpart K. (42 C.F.R. § 438.910(d).)

iv. The Contractor shall submit to the Department, upon request, any policies and procedures or other documentation necessary for the State to establish and demonstrate compliance with Title 42 of the Code of Federal Regulations, part 438, subpart K, regarding parity in mental health and SUD benefits. Contractor shall, at a minimum, submit such documentation at the time it enters into this Contract with DHCS and any time there has been a significant change in the Contractor's operations that would affect parity, including changes in a quantitative treatment limitation or non-quantitative treatment limitation on a covered SMHS or SUD benefit. Such documentation shall be subject to DHCS approval pursuant to subparagraph iii of this section.

E. Minor Consent

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

1) {Integrated Contracts Only} In Exhibit A, Attachment 7 (Access and Availability of Services): Section 9 (Minor Consent)

2) {Standalone DMC Contracts Only} Minor Consent

   i. Minors who are 12 years of age or older do not need parent, legal guardian, or Authorized Representative consent to access medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem, with the exception of replacement narcotic therapy, pursuant to Family Code section 6929.

   ii. A minor who is 16 years of age or older does not need parent, legal guardian, or Authorized Representative consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy pursuant to Family Code section 6929, only if, and to the extent that, it is permitted by federal law.

   iii. Contractor must ensure access to the minor consent services described above from any contracted provider if the member is otherwise eligible to receive such services and the provider is otherwise eligible and certified to provide them.

   iv. Contractor must ensure members are informed of the availability of these services, including informing the minor whether or not they may consent on their own behalf.

F. In Exhibit A, Attachment 8 (Provider Network, Contracted Providers, and Timely Access):

1) Section 2.A & B (under Assessment of Capacity);

2) Section 4.B (Timely Access);

3) Section 9 (DMC Provider Certification, Credentialing, and DATAR Enrollment); and

4) Section 11 (Termination of a Provider Contract).

G. In Exhibit A, Attachment 10 (Coordination and Continuity of Care):

1) Section 2 (Screening and Assessment Period)

2) Section 3 (Coordination with Managed Care Programs)

H. In Exhibit A, Attachment 11 (Information Requirements):

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

1) Section 3 (Language and Format);

2) Section 4 (Handbook); and

3) Section 5 (Provider Directory).

I. The entirety of Exhibit A, Attachment 12 (Member Problem Resolution).

J. In Exhibit A, Attachment 13 (Program Integrity):

1) Section 1.C (under General Requirements);

2) Section 2 (Periodic Audits);

3) Section 6 (Suspension of Provider Payments);

4) Section 9 (Contractor Monitoring of Contracted Providers);

5) Section 10 (State Monitoring - Postservice Postpayment Utilization Reviews); and

6) Section 11 (Reporting Fraud and Program Complaints)

K. In Exhibit A, Attachment 14 (Reporting Requirements):

1) Section 4 (Network Adequacy and Timely Access);

2) Section 9 (Additional Reporting Requirements Regarding DMC Services); and

3) Section 10 (Failure to Meet Reporting Requirements).

10. DMC Reference Documents

All DMC documents incorporated by reference into this Contract may not be physically attached to the Contract, but can be found at DHCS' website: https://www.dhcs.ca.gov/provgovpart/Pages/DMC-Contracts.aspx

A. Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

B. Document 1G: Perinatal Practice Guidelines FY 2018-19

C. Document 1K: Drug and Alcohol Treatment Access Report (DATAR) User Manual

D. Document 1P: Alcohol and/or Other Drug Program Certification Standards (February 2020)

E. Document 1V: Adolescent Substance Use Disorder Best Practices Guide

F. Document 2A: *Sobky v. Smoley*, Judgment, Signed February 1, 1995

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

G. Document 2C: Title 22, California Code of Regulations

H. Document 2F(a): Minimum Quality Drug Treatment Standards for DMC

I. Document 2G: Drug Medi-Cal Billing Manual

J. Document 2K: Multiple Billing Override Certification (MC 6700)

K. Document 2L(a): Good Cause Certification (6065A)

L. Document 2L(b): Good Cause Certification (6065B)

M. Document 2P: County Certification - Cost Report Year-End Claim for Reimbursement

N. Document 2P(a): Drug Medi-Cal Provider Cost Report Excel Workbook

O. Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs

P. Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors

Q. Document 3J: CalOMS Treatment Data Collection Guide

R. Document 3S: CalOMS Treatment Data Compliance Standards

S. Document 3T: Non-Drug Medi-Cal and Drug Medi-Cal DHCS Local Assistance Funding Matrix

T. Document 3V: Culturally and Linguistically Appropriate Services (CLAS) National Standards

U. Document 4A: Drug Medi-Cal Claim Submission Certification – County Contracted Provider – DHCS Form MC 100186 with Instructions

V. Document 4B: Drug Medi-Cal Claim Submission Certification – County Operated Provider – DHCS Form MC 100187 with Instructions

W. Document 4D: Drug Medi-Cal Certification for Federal Reimbursement (DHCS 100224A)

X. Document 4E: Treatment Standards for Substance Use Diagnosis: A Guide for Services (Spring 2010)

Y. Document 4F: Drug Medi-Cal (DMC) Services Quarterly Claim for Reimbursement of County Administrative Expenses (Form MC 5312)

Exhibit A – Attachment 2E
{DMC only}: SCOPE OF SERVICES

Z. Document 5A: Confidentiality Agreement

Exhibit A - Attachment 2F
[RESERVED]

Exhibit A – Attachment 3
FINANCIAL REQUIREMENTS

1. [Reserved]

2. Payments for American Indian and Alaska Native Health Care Providers (IHCPs)

A. Claims from IHCPs must be paid in accordance with the timeliness requirements in 42 C.F.R. sections 438.14(b)(2)(iii), 447.45, and 447.46 as applicable.

B. The Contractor shall pay IHCPs at rates consistent with the requirements of 42 C.F.R. section 438.14(b)(2) and (c) and the State Plan, and as set forth in Department guidance, including BHINs 22-020 (SMHS), 22-053 (DMC-ODS), and 23-027 (DMC), as applicable, and any subsequent information notices.

1) Department guidance specifies payment parameters for different types of IHCPs, including: Tribal 638 providers enrolled in Medi-Cal as Indian Health Services-Memorandum of Agreement (IHS/MOA) providers; Indian Health Service (IHS) facilities; Tribal federally qualified health centers (FQHCs); IHCPs that are enrolled as FQHCs, but not as Tribal FQHCs; and Urban Indian Organizations (UIOs).

2) These payment parameters apply to all covered services provided by IHCPs to the Contractor's members. The Contractor is not obligated to contract with IHCPs for services provided to non-AI/AN members, but if the Contractor chooses to contract with an IHCP for the care of non-AI/AN members, the payment provisions in this section apply to services for those non-AI/AN members.

C. [Reserved]

3. [Reserved]

4. [Reserved]

5. [Reserved]

6. [Reserved]

7. [Reserved]

Exhibit A – Attachment 4
MANAGEMENT INFORMATION SYSTEMS

1. {SMHS and DMC-ODS only} Health Information Systems

A. The Contractor shall maintain a health information system that collects, analyzes, integrates, and reports data. (42 C.F.R. § 438.242(a); 9 C.C.R. § 1810.376). The system shall provide information on areas including, but not limited to, utilization, claims, grievances, and appeals. (42 C.F.R. § 438.242(a)). The Contractor shall comply with Section 6504(a) of the Affordable Care Act which requires that State claims processing and retrieval systems are able to collect data elements necessary to enable the mechanized claims processing and information retrieval systems in operation by the State to meet the requirements of § 1903(r)(1)(F) of the Social Security Act. (42 C.F.R. § 438.242(b)(1)).

B. The Contractor's health information system shall, at a minimum:

1) Collect data on member and provider characteristics as specified by the Department, and on services furnished to members as specified by the Department; (42 C.F.R. § 438.242(b)(2)).

2) Ensure that data received from providers is accurate and complete by:

i. Verifying the accuracy and timeliness of reported data, including data from network providers the Contractor is compensating; (42 C.F.R. § 438.242(b)(3)(i)).

ii. Screening the data for completeness, logic, and consistency; and (42 C.F.R. § 438.242(b)(3)(ii)).

iii. Collecting service information in standardized formats to the extent feasible and appropriate, including secure information exchanges and technologies utilized for quality improvement and care coordination efforts. (42 C.F.R. § 438.242(b)(3)(iii)).

3) Make all collected data available to the Department and, upon request, to CMS. (42 C.F.R. § 438.242(b)(4)).

C. The Contractor's health information system is not required to collect and analyze all elements in electronic formats. (9 C.C.R. § 1810.376(c)).

2. {SMHS and DMC-ODS only} Encounter Data

The Contractor shall submit encounter data to the Department in connection with submitting claims, or otherwise at a frequency and level specified by the Department and CMS. (42 C.F.R. § 438.242(c)(2)). The Contractor shall ensure collection and maintenance of sufficient member encounter data to identify the

Exhibit A – Attachment 4
MANAGEMENT INFORMATION SYSTEMS

provider who delivers service(s) to the member. (42 C.F.R. § 438.242(c)(1)). The Contractor shall submit all member encounter data that the Department is required to report to CMS under 42 C.F.R. § 438.818. (42 C.F.R. § 438.242(c)(3)). The Contractor shall submit encounter data to the state in standardized Accredited Standards Committee (ASC) X12N 837 and National Council for Prescription Drug Programs (NCPDP) formats, and the ASC X12N 835 format as appropriate. (42 C.F.R. § 438.242(c)(4)).

3. {SMHS and DMC-ODS only} Interoperability Rule Patient Access Application Programming Interface

In compliance with the terms of BHIN 22-068 and any subsequently issued BHINs that supersede BHIN 22-068, Contractor shall implement and maintain a secure, standards-based Patient Access Application Programming Interface (API) and a publicly accessible, standards-based Provider Directory API, as discussed in Exhibit A, Attachment 11, Section 5, that can connect to mobile applications and be available through a public-facing digital endpoint on Contractor's website. (45 C.F.R. § 170.215; 42 C.F.R. §§ 431.60, 431.70, 438.10, and 438.242).

4. MEDSLITE Access

The Contractor shall perform the following:

A. Establish County Behavioral Health MEDSLITE Coordinators (MEDSLITE Coordinators) to work with DHCS. These MEDSLITE Coordinators are required to sign and submit an Oath of Confidentiality to DHCS. Only these designated MEDSLITE Coordinators may initiate requests to add, delete, or otherwise modify a MEDSLITE user account. These MEDSLITE Coordinators are responsible for maintaining an active list of the Contractor's users with MEDSLITE access and collecting a signed MEDSLITE Oath of Confidentiality from each user. The MEDSLITE Coordinators are responsible for ensuring users are informed they cannot share user accounts, that MEDSLITE is to be used for only authorized purposes, and that all activity is logged. The MEDSLITE Coordinators may be changed by written notice to DHCS. They should be employees at an appropriate level in the organization, with sufficient responsibility to carry out the duties of this position. The MEDSLITE Coordinators will provide, assign, delete, and track user login identification information for authorized staff members. They are responsible for ensuring processes are in place which result in prompt MEDSLITE account deletion requests when the Contractor's users leave employment or no longer require access due to change in job duties.

Exhibit A – Attachment 4
MANAGEMENT INFORMATION SYSTEMS

B. Ensure that information furnished or secured via MEDSLITE shall be used solely for the purposes described in this Contract. The information obtained from MEDSLITE shall be used exclusively to administer the Medi-Cal program. The Contractor further agrees that information obtained under this Contract will not be reproduced, published, sold, or released in original or any other form for any purpose other than identified in this Contract.

C. Ensure that any agents, including a subcontractor, (if prior approval is obtained from DHCS) to whom they provide DHCS data, agree in writing to the same requirements for privacy and security safeguards for confidential data that apply to the Contractor with respect to this Contract. The Contractor shall seek prior written approval from DHCS before providing DHCS data to a subcontractor.

D. Adhere to security and confidential provisions outlined in Exhibit F, the Privacy and Security Provisions for the protection of any information exchanged with DHCS.

E. During the term of this Contract, the Contractor agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident involving DHCS data following the process outlined within Exhibit F, Section 17.

F. In order to enforce this MEDSLITE Access provision, the Contractor agrees to assist DHCS in performing compliance assessments. These assessments may involve compliance review questionnaires, and/or review of the facilities, systems, books, and records of the Contractor, with reasonable notice from DHCS. Such reviews shall be scheduled at times that take into account operational and staffing demands. The Contractor agrees to promptly remedy all violations of any provision of this Contract and certify the same to DHCS in writing, or to enter into a written Corrective Action Plan with DHCS containing deadlines for achieving compliance with specific provisions of this Contract.

5. ICD-10

A. The Contractor shall use the criteria sets in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), or current edition, as the clinical tool to make diagnostic determinations.

B. Once a DSM-5 diagnosis is determined for a mental health disorder and/or a substance-related and addictive disorder, the Contractor shall determine the corresponding diagnosis in the ICD-10-CM, or current edition.

Exhibit A – Attachment 4
MANAGEMENT INFORMATION SYSTEMS

C. The Contractor shall use the ICD-10-CM diagnosis code(s), or current edition, to submit a claim for covered services to receive reimbursement of FFP.

6. HIPAA and Additional Data Standards

A. If any of the work performed under this Contract is subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (HIPAA), Contractor shall perform the work in compliance with all applicable provisions of HIPAA.

1) Service claims shall be submitted electronically in a HIPAA-compliant format (837P or 837I). All adjudicated claim information shall be retrieved by the Contractor via an 835 HIPAA compliant format (Health Care Claim Payment/Advice).

2) As identified in Exhibit F, DHCS and the Contractor shall cooperate to ensure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit F for additional information.

B. Trading Partner Requirements

1) No Changes. Contractor hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation (45 C.F.R. § 162.915 (a)).

2) No Additions. Contractor hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 C.F.R. § 162.915 (b)).

3) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications (45 C.F.R. § 162.915 (c)).

4) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification (45 C.F.R. § 162.915 (d)).

C. Concurrence for Test Modifications to HHS Transaction Standards

Exhibit A – Attachment 4
MANAGEMENT INFORMATION SYSTEMS

1) Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it shall participate in such test modifications.

D. Adequate Testing

1) Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

E. Deficiencies

1) The Contractor agrees to cure transactions, errors, or deficiencies identified by DHCS, and transactions, errors, or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

F. Code Set Retention

1) Both DHCS and the Contractor understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

G. Data Transmission Log

1) Both DHCS and the Contractor shall establish and maintain a Data Transmission Log, which shall record any and all data transmissions taking place between the Parties during the term of this Contract. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than 24 months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

Exhibit A – Attachment 5
[RESERVED]

Exhibit A – Attachment 6
UTILIZATION MANAGEMENT AND PARITY

1. [Reserved]

2. [Reserved]

3. Parity in Mental Health and SUD Benefits

A. The Contractor shall not impose financial requirements or quantitative treatment limitations, as defined in 42 C.F.R. § 438.900, for any member receiving covered services. (42 C.F.R. § 438.910(b), 438.920(a); BHIN 22-070.)

B. The Contractor shall not impose aggregate lifetime or annual dollar limits, as defined in 42 C.F.R. § 438.900, for any member receiving covered services. (42 C.F.R. § 438.905(a), (b).)

C. The Contractor shall not impose non-quantitative treatment limitations for covered services, as defined in 42 C.F.R. Part 438, Subpart K, in any benefit classification (i.e., inpatient and outpatient) unless the Contractor's policies and procedures have been determined by the Department to comply with Title 42 of the Code of Federal Regulations, part 438, subpart K. (42 C.F.R. § 438.910(d).)

D. The Contractor shall submit to the Department, upon request, any policies and procedures or other documentation necessary for the State to establish and demonstrate compliance with Title 42 of the Code of Federal Regulations, part 438, subpart K, regarding parity in mental health and SUD benefits. Contractor shall, at a minimum, submit such documentation at the time it enters into this Contract with DHCS and any time there has been a significant change in the Contractor's operations that would affect parity, including changes in a quantitative treatment limitation or non-quantitative treatment limitation on a covered SMHS or SUD benefit. Such documentation shall be subject to DHCS approval pursuant to paragraph C of this section.

Exhibit A – Attachment 7
[RESERVED]

Exhibit A – Attachment 8
PROVIDER NETWORK, CONTRACTED PROVIDERS, AND TIMELY ACCESS

1. [Reserved]

2. Assessment of Capacity

A. The Contractor shall implement mechanisms to assess the capacity of service delivery for its members. This includes monitoring the number, type, and geographic distribution of mental health and SUD services within the Contractor's delivery system.

B. The Contractor shall implement mechanisms to assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the Contractor's 24-hour toll-free telephone number (as described in Exhibit A, Attachment 7, Section 8), timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

1) Subject to DHCS provider enrollment and certification requirements, the Contractor shall maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services. Such services shall not be limited due to budgetary constraints.

2) When a member makes a request for covered services, the Contractor shall require services to be initiated with reasonable promptness in accordance with the timely access standards defined below in Section 4. Contractor shall have a documented system for monitoring and evaluating the quality, appropriateness, and accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

C. [Reserved]

3. [Reserved]

4. Timely Access

A. [Reserved]

B. {DMC only} Timely Access. The Contractor shall establish, comply with, and report on Timely Access Standards, Alternative Access Standards (AAS), and Telehealth Services in accordance with requirements set forth in BHIN 22-070, and any subsequently issued BHINs that supersede BHIN 22-070.

C. The applicable waiting time for a particular appointment may be extended at the member's request if the following conditions are met:

Exhibit A – Attachment 8
PROVIDER NETWORK, CONTRACTED PROVIDERS, AND TIMELY ACCESS

1) The member's medical record notes that waiting will not have a detrimental impact on the member's health, as determined by the referring or treating licensed health care provider, or by the health professional providing triage or screening services, who is acting within the scope of their practice consistent with professionally recognized standards of practice;

2) The provider's decision to extend the applicable waiting time is noted in the member's medical record and made available to DHCS upon request; and

3) Contractor ensures that the member receives notice of the provider's decision to extend the applicable waiting time with an explanation of the member's right to file a grievance disputing the extension. (W&I Code § 14197, subd. (d)(1)(A); Health & Safety Code § 1367.03, subd. (a)(5)(H); 28 C.C.R. § 1300.67.2.2(c)(5)(H); BHIN 22-073.)

D. Contractor must ensure that its contracted providers and subcontractors participate in all timely access survey(s) and network adequacy activities conducted by DHCS or its contractors. Contractor must include language to this effect in any new or amended network provider or subcontractor agreements executed after the effective date of this Contract.

5. [Reserved]

6. [Reserved]

7. [Reserved]

8. [Reserved]

9. {DMC and DMC-ODS only} DMC Provider Certification and Monitoring

A. DHCS shall certify eligible providers to participate in the DMC program.

B. This certification shall be performed prior to the date on which the Contractor begins to deliver services under this Contract at any site.

C. Perinatal Services. Contractor shall require that providers of perinatal DMC services are properly certified to provide these services and comply with the applicable requirements contained in:

1) [Reserved]

2) {DMC only} 22 C.C.R. section 51341.1 related to services for pregnant and postpartum women.

Exhibit A – Attachment 8
PROVIDER NETWORK, CONTRACTED PROVIDERS, AND TIMELY ACCESS

D. Contracted Providers

1) [Reserved]

2) {DMC only} The Contractor shall only use licensed, certified, registered, or waived providers, in good standing and acting within their scope of practice, for services that require a license, registration, certification, or waiver. This includes

i. Clinical social worker (CSW), marriage and family therapist (MFT), and professional clinical counselor (PCC) candidates who have submitted their applications for associate registration to the California Board of Behavioral Sciences (BBS) within 90 days of their degree award date and are completing supervised experience toward licensure to provide SMHS, DMC-ODS and DMC services to Medi-Cal members, in accordance with BHIN 24-023 and any subsequent departmental guidance.

a. CSW, MFT, and PCC candidates must act within their scopes of practice under California law. Contractor must obtain and maintain documentation to verify that the candidate's BBS application has been submitted and is pending and must subsequently verify that the registration is approved.

b. Services rendered by CSW, MFT, and PCC candidates completing supervised experience can be reimbursed while their BBS application is pending. In the event the BBS application is not approved by BBS, the services provided by the candidate are not Medi-Cal reimbursable.

E. The Contractor shall notify Provider Enrollment Division (PED) of an addition or change of information in a provider's pending DMC certification application within 35 days of receiving notification from the provider. The Contractor shall ensure that a new DMC certification application is submitted to PED reflecting the change.

F. The Contractor shall be responsible for ensuring that any reduction of covered services or relocations by providers are not implemented until the approval is issued by DHCS. Within 35 days of receiving notification of a provider's intent to reduce covered services or relocate, the Contractor shall submit, or require the provider to submit, a DMC certification application to PED. The DMC certification application shall be submitted to

Exhibit A – Attachment 8
PROVIDER NETWORK, CONTRACTED PROVIDERS, AND TIMELY ACCESS

PED 60 days prior to the desired effective date of the reduction of covered services or relocation.

G. [Reserved]

H. Continued Certification

1) All DMC-certified providers shall be subject to continuing certification requirements at least once every five years. DHCS may allow the Contractor to continue delivering covered services to members at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances.

2) DHCS may conduct unannounced certification and recertification on-site visits at clinics pursuant to W&I Code section 14043.7.

I. {DMC only} Credentialing and Re-credentialing. The Contractor shall establish and comply with provider credentialing, re-credentialing, and attestation provisions in accordance with the requirements set forth in BHIN 22-070.

10. [Reserved]

11. Termination of a Provider Contract

A. The Contractor shall notify the Department of the termination of any contract with a contracted provider, and the basis for termination, within two business days.

B. The Contractor shall submit the notification using a Secure Managed File Transfer system specified by DHCS.

C. [Reserved]

12. [Reserved]

13. [Reserved]

Exhibit A – Attachment 9
[RESERVED]

Exhibit A – Attachment 10
COORDINATION AND CONTINUITY OF CARE

1. [Reserved]

2. Screening and Assessment Period

A. Consistent with the No Wrong Door policies set forth in W&I Code § 14184.402, BHIN 22-011, BHIN 22-065, and any related Department guidance, the Contractor must cover the assessment and any SMHS and/or SUD services provided during the assessment period for any member seeking care.

B. As of the effective date identified by DHCS, the Contractor must use DHCS-approved standardized mental health screening tools set forth in DHCS guidance (including standardized screening tools specific for adults and standardized screening tools specific for children and youth) to ensure members seeking mental health services who are not currently receiving covered SMHS or NSMHS are referred to the appropriate delivery system for mental health services, either in the Contractor network or the Managed Care Plan network, in accordance with the No Wrong Door policies set forth in W&I Code § 14184.402(h).

3. Coordination with Managed Care Plans

A. The Contractor shall enter into a Memorandum of Understanding (MOU) with any Medi-Cal managed care plan serving the Contractor's members. The Contractor shall ensure the components of the MOU comply with guidance issued by DHCS regarding MOU requirements. The Contractor shall monitor the effectiveness of its MOU with Medi-Cal managed care plans.

B. [Reserved]

C. [Reserved]

D. {DMC only} Additional Requirements: The MOU shall comply with BHIN 24-016 and any subsequently issued BHINs that supersede BHIN 24-016.

4. {SMHS and DMC-ODS only} Transition of Care

A. The Contractor shall implement a transition of care policy that is in accordance with applicable state and federal regulations, MHSUD IN 18-059 (for SMHS), BHIN 23-001 (for DMC-ODS), and any BHINs issued by the Department for parity in mental health and substance use disorder benefits subsequent to the effective date of this Contract (42 C.F.R. § 438.62(b)(1)-(2).) At a minimum, the Contractor shall provide the transition of care policy to members and potential members in the member

Exhibit A – Attachment 10
COORDINATION AND CONTINUITY OF CARE

handbook and member notices. (See Exhibit A, Attachment 11 Section 1.E.)

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

1. [Reserved]

2. [Reserved]

3. Language and Format

A. Nondiscrimination Requirements, Language Assistance, and Information Access for Individuals with Limited English Proficiency and/or Disabilities (42 C.F.R. § 438.10; W&I Code § 14029.91; W&I Code § 14727; Government Code § 11135; 28 C.F.R. §§ 35.160-35.164; 28 C.F.R. § 36.303; 45 C.F.R. Part 92; 42 U.S.C. § 18116; 42 U.S.C. 12101*et seq*.)).

1) The Contractor shall comply with all applicable state and federal requirements regarding nondiscrimination, language assistance, information access, including but not limited to, the Dymally-Alatorre Bilingual Services Act, § 1557 of the Patient Protection and Affordable Care Act, the Americans with Disabilities Act, and § 504 of the Rehabilitation Act.

2) The Department shall use the following methodologies to identify the prevalent non–English languages spoken by members and potential members throughout the State, and in the Contractor's service area:

i. Threshold Standard Language: A population group of mandatory eligible members residing in the Contractor's service area who indicate their primary language as a language other than English, and that meet a numeric threshold of 3,000 or 5% of the eligible member population, whichever is lower; and

ii. A population group of mandatory eligible members residing in the Contractor's service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes.

3) Nondiscrimination Notice

i. The Nondiscrimination Notice must be sent in conjunction with each of the following significant notices sent to members:

a. Notices of Adverse Benefit Determination.

b. Grievance acknowledgement letter.

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

c. Appeal acknowledgement letter.

d. Grievance resolution letter.

e. Notice of Appeal Resolution.

ii. The Contractor shall post a Department-approved nondiscrimination notice that informs members, potential members, and the public about nondiscrimination, protected characteristics, and accessibility requirements, and conveys the Contractor's compliance with the requirements.

iii. The nondiscrimination notice shall be posted in at least a 12-point font and be included in any documents that are vital or critical to obtaining services and/or benefits, and all other informational notices targeted to members, potential members, and the public. Informational notices include not only documents intended for the public, such as outreach, education, and marketing materials, but also written notices requiring a response from an individual and written notices to an individual such as those pertaining to rights or benefits.

iv. The nondiscrimination notice shall also be posted in at least a 12-point font in conspicuous physical locations where the Contractor interacts with the public, and on the Contractor's website in a location that allows any visitor to the website to easily locate the information.

v. The nondiscrimination notice shall include all legally required elements under the applicable subsections of Government Code § 11135.

vi. The nondiscrimination notice shall include information on how to file a discrimination grievance with:

a. The Contractor and the Department's Office of Civil Rights if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

b. The United States Department of Health and Human Services Office of Civil Rights if there is a concern of

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

discrimination based on race, color, national origin, sex, age, or disability.

vii. The Contractor is not prohibited from posting the nondiscrimination notice in additional publications and communications.

4) Language Assistance Taglines

i. The Language Assistance Taglines must be sent in conjunction with each of the following significant notices sent to members:

a. Notices of Adverse Benefit Determination.

b. Grievance acknowledgement letter.

c. Appeal acknowledgement letter.

d. Grievance resolution letter.

e. Notice of Appeal Resolution.

ii. The Contractor shall post Department-approved taglines in a conspicuously visible size (no less than 12-point font), in English and at least the top 18 non-English languages in the State (as determined by the Department), informing members, potential members, and the public of the availability of no-cost language assistance services, including assistance in non-English languages and the provision of free auxiliary aids and services for people with disabilities.

iii. Taglines shall be posted in any documents that are vital or critical to obtaining services and/or benefits, conspicuous physical locations where the Contractor interacts with the public, on the Contractor's website in a location that allows any visitor to the website to easily locate the information, and in all member information and other information notice, in accordance with federal and state requirements.

5) Language Assistance Services

i. Language assistance services shall be provided free of charge, be accurate and timely, and protect the privacy and independence of the limited English proficiency (LEP) individual. There are two primary types of language assistance services: oral and written. LEP individuals are not

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

required to accept language assistance services, although a qualified interpreter may be used to assist in communicating with an LEP individual who has refused language assistance services.

ii. The Contractor shall comply with the following oral interpretation requirements:

iii. Contractors shall provide oral interpretation services from a qualified interpreter, on a 24-hour basis, at all key points of contact, at no cost to members. Key points of contact refer to common points of access to covered services, including but not limited to the Contractor's member problem resolution process, Contractor-owned or -operated or contract hospitals, and any other central access locations established by the Contractor. Key points of contact may include medical care settings and non-medical care settings.

iv. Font shall be provided in all languages and is not limited to threshold or concentration standard languages.

v. Interpretation can take place in-person, through a telephonic interpreter, or internet or video remote interpreting (VRI) services. However, the Contractor is prohibited from using remote audio or VRI services that do not comply with federal quality standards, or relying on unqualified bilingual/multilingual staff, interpreters, or translators. The Contractor should not solely rely on telephone language lines for interpreter services. Rather, telephonic interpreter services should supplement face-to-face interpreter services, which are a more effective means of communication.

vi. An interpreter is a person who renders a message spoken in one language into one or more languages. An interpreter shall be qualified and have knowledge in both languages of the relevant terms or concepts particular to the program or activity and the dialect spoken by the LEP individual. In order to be considered a qualified interpreter for an LEP individual, the interpreter must: 1) have demonstrated proficiency in speaking and understanding both English and the language spoken by the LEP individual; 2) be able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the LEP individual and English, using any necessary specialized vocabulary, terminology, and phraseology; and 3) adhere to

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

generally accepted interpreter ethics principles, including client confidentiality.

vii. If the Contractor provides a qualified interpreter for an individual with LEP through remote audio interpreting services, the Contractor shall provide real-time audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication; a clear, audible transmission of voices; and adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the remote interpreting services.

viii. The Contractor is prohibited from requiring LEP individuals to provide their own interpreters, or from relying on bilingual/multilingual staff members who do not meet the qualifications of a qualified interpreter. Some bilingual/multilingual staff may be able to communicate effectively in a non-English language when communicating information directly in that language but may not be competent to interpret in and out of English. Bilingual/multilingual staff may be used to communicate directly with LEP individuals only when they have demonstrated to the Contractor that they meet all the qualifications of a qualified interpreter listed above.

ix. The Contractor is prohibited from relying on an adult or minor child accompanying an LEP individual to interpret or facilitate communication except when: 1) there is an emergency involving an imminent threat to the safety or welfare of the individual or the public and a qualified interpreter is not immediately available; or, 2) the LEP individual specifically requests that an accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances. Prior to using a family member, friend or, in an emergency only, a minor child as an interpreter for an LEP individual, the Contractor shall first inform the individual that they have the right to free interpreter services and second, ensure that the use of such an interpreter will not compromise the effectiveness of services or violate the LEP individual's confidentiality. The Contractor shall also ensure

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

that the LEP individual's refusal of free interpreter services and their request to use family members, friends, or a minor child as an interpreter is documented.

x. The Contractor shall comply with the following written translation requirements:

xi. The Contractor shall use a qualified translator when translating written content in paper or electronic form. A qualified translator is a translator who: 1) adheres to generally accepted translator ethics principles, including client confidentiality; 2) has demonstrated proficiency in writing and understanding both written English and the written non-English language(s) in need of translation; and 3) is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology, and phraseology.

xii. At a minimum, the Contractor shall provide written translations of member information in the threshold and concentration languages.

6) Effective Communication with Individuals with Disabilities

i. The Contractor shall comply with all applicable requirements of federal and state disability law and take appropriate steps to ensure effective communication with individuals with disabilities, as described in BHIN 24-007.

ii. The Contractor shall make member information available in large print (no less than 20-point font) alternative format.

iii. The Contractor shall not require an individual with a disability to provide their own interpreter. The Contractor is also prohibited from relying on an adult or minor child accompanying an individual with a disability to interpret or facilitate communication except as described in BHIN 24-007. Prior to using a family member, friend, or, in an emergency only, a minor child as an interpreter for an individual with a disability, the Contractor shall first inform the individual that they have the right to free interpreter services and second, ensure that the use of such an interpreter will not compromise the effectiveness of services or violate the individual's confidentiality. The Contractor shall

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

ensure that the refusal of free interpreter services and the individual's request to use a family member, friend, or a minor child as an interpreter is documented.

iv. The Contractor shall make reasonable modifications to policies, practices, or procedures when such modifications are necessary to avoid discrimination based on disability.

4. Handbook

A. The Contractor shall mail members a physical copy of the handbook and provider directory, offer members a physical copy of the handbook and provider directory when the member first accesses services, or ensure that members receive a link to the online versions of these member materials after receiving the member's consent to receive the handbook and provider directory electronically. (9 C.C.R. § 1810.360(e); BHIN 24-034.)

B. The Contractor shall ensure that the handbook includes the current toll-free telephone number for the 24/7 access line described in Exhibit A, Attachment 7, Section 8. (42 C.F.R. § 438.10(g)(2)(xiv)).

C. The member handbook shall include information that enables the member to understand how to effectively use the managed care program. This information shall include, at a minimum:

1) Benefits provided by the Contractor. (42 C.F.R. § 438.10(g)(2)(i)).

2) How and where to access any benefits provided by the Contractor, including any cost sharing, and how transportation is provided. (42 C.F.R. § 438.10(g)(2)(ii)).

i. The amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that members understand the benefits to which they are entitled. (42 C.F.R. § 438.10(g)(2)(iii)).

ii. Procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the member's provider. (42 C.F.R. § 438.10(g)(2)(iv)).

iii. Any restrictions on the member's freedom of choice among network providers. (42 C.F.R. § 438.10(g)(2)(vi)).

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

iv. The extent to which, and how, members may obtain benefits from out-of-network providers. (42 C.F.R. § 438.10(g)(2)(vii)).

v. Cost sharing, if any, consistent with the California State Plan § 4.18. (42 C.F.R. § 438.10(g)(2)(viii)).

vi. Member rights and responsibilities, including the elements specified in 42 C.F.R. 438.100 as specified in Section 7 of this Attachment. (42 C.F.R. § 438.10(g)(2)(ix)).

vii. The process of selecting and changing the member's provider. (42 C.F.R. § 438.10(g)(2)(x)).

viii. Grievance, appeal, and State Hearing procedures and timeframes, consistent with 42 C.F.R. sections 438.400 through 438.424, in a state-developed or state-approved description. Such information shall include:

a. The right to file grievances and appeals;

b. The Contractor shall include information on filing a Discrimination Grievance with the Contractor, the Department's Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights, and shall specifically include information stating that the Contractor complies with all state and federal civil rights laws. If a member believes they have been unlawfully discriminated against, they have the right to file a Discrimination Grievance with the Contractor, the Department's Office of Civil Rights, and the United States Department of Health and Human Services, Office for Civil Rights;

c. The requirements and timeframes for filing a grievance or appeal;

d. The availability of assistance in the filing process;

e. The right to request a State Hearing after the Contractor has made a determination on a member's appeal which is adverse to the member;

f. The fact that, when requested by the member, benefits that the Contractor seeks to reduce or terminate will continue if the member files an appeal or a request for State Hearing within the timeframes

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

specified for filing, and that the member may, consistent with state policy, be required to pay the cost of services furnished while the appeal or State Hearing is pending if the final decision is adverse to the member. (42 C.F.R. § 438.10(g)(2)(xi)).

ix. How to exercise an advance directive, as set forth in 42 C.F.R. section 438.3(j). (42 C.F.R. § 438.10(g)(2)(xii)).

x. How to access auxiliary aids and services, including additional information in in alternative formats or languages. (42 C.F.R. § 438.10(g)(2)(xiii)).

xi. The Contractor's toll-free telephone number for member services, medical management, and any other unit providing services directly to members. (42 C.F.R. § 438.10(g)(2)(xiv)).

xii. Information on how to report suspected fraud or abuse. (42 C.F.R. § 438.10(g)(2)(xv)).

xiii. Additional information that is available upon request, includes the following:

a. Information on the structure and operation of the Contractor.

b. Physician incentive plans as set forth in 42 C.F.R. section 438.3(i). (42 C.F.R. § 438.10(f)(3)).

D. The Contractor shall give each member notice of any significant change, as defined by the Department, to information in the handbook at least 30 days before the intended effective date of the change. (42 C.F.R. § 438.10(g)(4)).

E. Consistent with 42 C.F.R. section 438.10(g)(3) and BHIN 24-034 (and any subsequently issued BHINs that supersede BHIN 24-034), the handbook will be considered provided if the Contractor delivers the handbook as required below:

1) Direct Delivery

i. Mails a printed copy of the information to the member's mailing address;

ii. Offers a printed copy of the information to the member during in-person interactions; or

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

iii. Provides the information by email after obtaining the member's agreement to receive the information by email.

AND

2) Website

i. Posts the information on the Contractor's website in a manner that is readily accessible;

ii. Advises the member in paper or electronic form that the information is available on the internet and includes the applicable internet addresses;

iii. Provides that members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; and

iv. Inform members the information is available in paper form without charge upon request and provide the member handbook upon request within five (5) business days.

5. Provider Directory

A. The Contractor must follow the Department's provider directory policy, as described in MHSUDS IN 18-020 or BHIN 22-070, as applicable, and any subsequently issued BHINs that supersede these guidance documents.

1) [Reserved]

B. The Contractor shall make provider directories available in electronic and paper form upon request, and maintain a publicly accessible standards-based Provider Directory API as described in 42 C.F.R. § 431.70 and BHIN 22-068 and any subsequently issued BHINs that supersede BHIN 22-068 or BHIN 22-070, as applicable, and meet the same technical standards of the Patient Access API and ensure that the provider directories include the following information for all providers who receive Medicaid funding to order, refer, or render covered services under this Contract including all network providers, and each licensed, waivered, or registered mental health or SUD provider employed by the Contractor, each provider organization, including a hospital or pharmacy, or individual practitioner contracting with the Contractor, and each licensed, waivered, or registered mental health or SUD provider employed by a provider organization to deliver Medi-Cal services (BHINs 22-068 and 22-070; 42 C.F.R. section 438.10(h)(1)):

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

1) Information on the services and benefits available, including specialty (as applicable).

2) The names, medical group/foundation, independent physician/provider associations, and any group affiliations, street addresses, telephone numbers, specialty, email address(es), as appropriate, and website URLs of current contracted providers by category.

3) The provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled medical interpreter at the provider's office.

4) Whether providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

5) A means to identify which providers are accepting new members.

6) Type of practitioner as appropriate.

7) National Provider Identifier number.

8) California License number and type of license.

9) Whether the provider has completed cultural competence training.

10) Hours and days when each service location is open, including the availability of evening and/or weekend hours.

C. Information included in a paper provider directory shall be updated at least monthly and electronic provider directories and Provider Directory API shall be updated no later than 30 calendar days after the Contractor receives updated provider information. The Contractor shall ensure processes are in place to allow providers to promptly verify or submit changes to the information required to be in the directory. (42 C.F.R. § 438.10(h)(3); 42 CFR § 431.70; BHIN 22-068.)

D. Provider directories shall be made available on the Contractor's website in a machine-readable file and format as specified by HHS. (42 C.F.R. § 438.10(h)(4)).

1) {DMC-ODS PHC Model only} The provider directory must also be made available on the Contractor's website in a machine-readable file and format as specified by HHS;

E. {DMC only} The provider directory shall include a statement that affirms a DMC county member's right to obtain covered services from any enrolled

Exhibit A – Attachment 11
INFORMATION REQUIREMENTS

and DMC-certified provider, even if that provider is not listed in the provider directory.

6. **[Reserved]**

7. **[Reserved]**

8. **[Reserved]**

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

1. General Provisions

A. The Contractor shall have a grievance and appeal system in place for members. (42 C.F.R. §§ 438.228(a), 438.402(a); 9 C.C.R. § 1850.205; BHIN 22-070.) The grievance and appeal system shall be implemented to handle appeals of adverse benefit determinations and grievances and shall include processes to collect and track information about them. The Contractor's member problem resolution processes shall include:

1) A grievance process;

2) An appeal process; and,

3) An expedited appeal process. (42 C.F.R. § 438.228(a); 9 C.C.R. § 1850.205(b); BHIN 22-070.)

B. For the grievance, appeal, and expedited appeal processes, the Contractor shall comply with the following requirements:

1) The Contractor shall ensure that each member has adequate information about the Contractor's problem resolution processes by taking at least the following actions:

i. Including information describing the grievance, appeal, and expedited appeal processes in the Contractor's member handbook and providing the member handbook to members as described in Exhibit A, Attachment 11, Section 4 of this Contract. (9 C.C.R. § 1850.205(c)(1)(A); 42 C.F.R. § 438.10(g).)

ii. At all contracted provider sites, other than out-of-network providers:

a. Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all Contractor provider sites. Notices shall be sufficient to ensure that the information is readily available to both members and provider staff. The posted notice shall also explain the availability of State Hearings after the exhaustion of an appeal or expedited appeal process, including information that a State Hearing may be requested whether or not the member has received a notice of adverse benefit determination. (9 C.C.R. §§ 1850.205(c)(1)(B) and 1850.210; BHIN 22-070.)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

b. Make available forms that may be used to file grievances, appeals, and expedited appeals and self-addressed envelopes that members can access, without having to make a verbal or written request to anyone. (9 C.C.R. § 1850.205(c)(1)(C); BHIN 22-070.)

iii. Give members any reasonable assistance in completing the forms and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services, auxiliary aids and services upon request, and toll-free numbers with TTY/TDD and interpreter capability. (42 C.F.R. § 438.406(a); 42 C.F.R. § 438.228(a); BHIN 22-070.)

2) The Contractor shall allow members to file grievances and request appeals. (42 C.F.R. § 438.402(c)(1); BHIN 22-070.) The Contractor shall have only one level of appeal for members. (42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a); BHIN 22-070.)

3) A member may request a State Hearing after receiving notice under 438.408 that the adverse benefit determination is upheld. (42 C.F.R. § 438.402(c)(1); 42 C.F.R. § 438.408(f).)

4) The Contractor shall adhere to the notice and timing requirements in §438.408. If the Contractor fails to adhere to these notice and timing requirements, the member is deemed to have exhausted the Contractor's appeals process and may initiate a State Hearing. (42 C.F.R. §§ 438.402(c)(1)(i)(A), 438.408(c)(3); BHIN 22-070.)

5) The Contractor shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the member, in writing, within five calendar days. (42 C.F.R. § 438.406(b)(1); 42 C.F.R. § 438.228(a); 9 C.C.R. § 1850.205(d)(4); BHIN 22-070.) Provided, however, that grievances received over the telephone or in-person by the Contractor or a contracted provider that are resolved to the member's satisfaction by the close of the next business day following receipt are exempt from the requirement to send a written acknowledgment.

6) The Contractor shall allow a provider, or authorized representative, acting on behalf of the member and with the member's written consent to request an appeal or expedited appeal, file a grievance, or request a State Hearing, with the exception that providers cannot

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

request continuation of benefits. (42 C.F.R. § 438.402(c)(1)(i)-(ii); 9 C.C.R. § 1850.205(c)(2); BHIN 22-070.)

7) [Reserved]

8) At the member's request, the Contractor shall identify staff or another individual, such as a legal guardian, to be responsible for assisting a member with these processes, including providing assistance in writing the grievance, appeal, or expedited appeal. If the individual identified by the Contractor is the person providing SMHS or SUD services to the member requesting assistance, the Contractor shall identify another individual to assist that member. (9 C.C.R. § 1850.205(c)(4).) Assistance includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability. (42 C.F.R. § 438.406(a); BHIN 22-070.)

9) The Contractor shall not subject a member to discrimination or any other penalty for filing a grievance, appeal, or expedited appeal. (9 C.C.R. § 1850.205(c)(5); 42 C.F.R. § 438.100(c); BHIN 22-070.)

10) The Contractor's procedures for the member problem resolution processes shall maintain the confidentiality of each member's information, including compliance with HIPAA and other applicable federal and state laws. (9 C.C.R. § 1850.205(c)(6).)

11) The Contractor shall include a procedure to transmit issues identified as a result of the grievance, appeal or expedited appeal processes to the Contractor's Quality Improvement Committee, the Contractor's administration or another appropriate body within the Contractor's operations. The Contractor shall consider these issues in the Contractor's Quality Improvement Program, as required by 9 C.C.R. § 1810.440(a)(5). (9 C.C.R. § 1850.205(c)(7); BHIN 22-070.)

12) The Contractor shall ensure that decision makers on grievances and appeals of adverse benefit determinations were not involved in any previous level of review or decision-making and were not subordinates of any individual who was involved in a previous level of review or decision-making. (42 C.F.R. § 438.406(b)(2)(i); 42 C.F.R. § 438.228(a); BHIN 22-070.)

13) The Contractor shall ensure that individuals making decisions on grievances and appeals have the appropriate clinical expertise, as determined by the Department, in treating the member's condition

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

or disease, if the decision involves an appeal based on a denial of medical necessity, a grievance regarding denial of a request for an expedited appeal, or if the grievance or appeal involves clinical issues.(42 C.F.R. § 438.406(b)(2)(ii)(A)-(C); 42 C.F.R. § 438.228(a); BHIN 22-070.)

14) The Contractor shall provide the member a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The Contractor must inform the member of the limited time available for this sufficiently in advance of the resolution timeframe for appeals specified in § 438.408(b) and (c) in the case of expedited resolution. (42 C.F.R. § 438.406(b)(4); BHIN 22-070.)

15) The Contractor shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the member or member's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. (42 C.F.R. § 438.406(b)(2)(iii); 42 C.F.R. § 438.228(a); BHIN 22-070.)

16) The Contractor shall provide the member and their representative the member's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Contractor (or at the direction of the Contractor) in connection with the appeal of the adverse benefit determination. (42 C.F.R. § 438.406(b)(5); BHIN 22-070.)

17) The Contractor shall provide the member and their representative the member's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions. (42 C.F.R. § 438.406(b)(5); BHIN 22-070.)

18) The Contractor shall treat oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal) and must confirm these oral inquiries in writing, unless the member or the provider requests expedited resolution. (42 C.F.R. § 438.406(b)(3); BHIN 22-070.)

19) The Contractor's member problem resolution process shall not replace or conflict with the duties of county patient's rights advocates. (W&I Code § 5520.)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

2. Handling of Grievances and Appeals

The Contractor shall adhere to the following record keeping, monitoring, and review requirements:

A. Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (42 C.F.R. § 438.416(a); 9 C.C.R. § 1850.205(d)(1); BHIN 22-070.) Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. (42 C.F.R. § 438.416(b)(1)-(6); BHIN 22-070.)

B. Record in the grievance and appeal log or another central location determined by the Contractor, the final dispositions of grievances, appeals, and expedited appeals, including the date the decision is sent to the member. If there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log. (9 C.C.R. § 1850.205(d)(2).)

C. Provide a staff person or other individual with responsibility to provide information requested by the member or the member’s representative regarding the status of the member's grievance, appeal, or expedited appeal. (9 C.C.R. 9, § 1850.205(d)(3).)

D. Identify in its grievance, appeal, and expedited appeal documentation, the roles and responsibilities of the Contractor, the provider, and the member. (9 C.C.R. 9, § 1850.205(d)(5).)

E. Provide notice, in writing, to any provider identified by the member or involved in the grievance, appeal, or expedited appeal of the final disposition of the member's grievance, appeal, or expedited appeal. (9 C.C.R. § 1850.205(d)(6).)

F. Maintain records in the grievance and appeal log accurately and in a manner accessible to the Department and available upon request to CMS. (42 C.F.R. § 438.416(c).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

3. Grievance Process

The Contractor's grievance process shall, at a minimum:

A. Allow members to file a grievance either orally, or in writing at any time with the Contractor. (42 C.F.R. § 438.402(c)(2)(i) and (c)(3)(i); BHIN 22-070.)

B. The Contractor shall provide to the member written acknowledgement of receipt of the grievance. The acknowledgment letter shall include the date of receipt, as well as the name, telephone number, and address of the Plan representative who the member may contact about the grievance. The written acknowledgement to the member must be postmarked within five calendar days of receipt of the grievance. Grievances received over the telephone or in-person by the Contractor or a contracted provider that are resolved to the member's satisfaction by the close of the next business day following receipt are exempt from the requirement to send a written notification of resolution using the Written Notification of Grievance Resolution form.

C. Resolve each grievance as expeditiously as the member's health condition requires not to exceed 30 calendar days from the day the Contractor receives the grievance. (42 C.F.R. § 438.408(a)-(b)(1).)

D. [Reserved]

E. Provide written notification to the member or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the member, if they could not be contacted. (9 C.C.R. § 1850.206(c); BHIN 22-070.)

F. Notify the member of the resolution of a grievance in a format and language that meets applicable notification standards. (42 C.F.R. § 438.408(d)(1); 42 C.F.R. § 438.10; BHIN 22-070.)

4. Discrimination Grievances

A. For Discrimination Grievances:

1) The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. (W&I Code § 14727(a)(4); 45 C.F.R. § 84.7; 28 C.F.R. § 35.107; see 42 U.S.C. § 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; BHIN

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

22-070.) The Discrimination Grievance Coordinator shall be available to:

i. Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.

ii. Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.

iii. Investigate and process any Americans with Disabilities Act, § 504 of the Rehabilitation Act, § 1557 of the Affordable Care Act, and/or California Government Code § 11135 grievances received by the Contractor.

2) The Contractor shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. (W&I Code § 14727(a)(4); 45 C.F.R. § 84.7; 28 C.F.R. § 35.107; see 42 U.S.C. § 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; BHIN 22-070.) The Contractor shall not require a member to file a Discrimination Grievance with the Contractor before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

3) Within ten calendar days of mailing a Discrimination Grievance resolution letter to a member, the Contractor must submit, in a secure format, the following information regarding the complaint to the DHCS Office of Civil Rights' designated Discrimination Grievance email box (DHCS.DiscriminationGrievances@dhcs.ca.gov). (California Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; BHIN 22-070):

i. The original complaint.

ii. The provider's or other accused party's response to the complaint.

iii. Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the Contractor.

iv. Contact information for the member filing the complaint, and for the provider or other accused party that is the subject of the complaint.

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

v. All correspondence with the member regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter(s) sent to the member.

vi. The results of the Contractor's investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

5. Appeals Process

A. The Contractor's appeal process shall, at a minimum:

1) Allow a member, or a provider or authorized representative acting on the member's behalf, to file an appeal orally or in writing. (42 C.F.R. § 438.402(c)(3)(ii); BHIN 22-070.) The member may file an appeal within 60 calendar days from the date on the adverse benefit determination notice (42 C.F.R. § 438.402(c)(2)(ii); BHIN 22-070.);

2) The Contractor shall ensure that oral inquiries seeking to appeal an adverse benefit determination are treated as appeals. The date the Contractor receives the oral appeal shall be considered the filing date for the purpose of applying the appeal timeframes (42 C.F.R. § 438.406(b)(3).);

3) Resolve each appeal and provide notice, as expeditiously as the member's health condition requires, within 30 calendar days from the day the Contractor receives the appeal. (42 C.F.R. § 438.408(a) and (b)(2); BHIN 22-070.);

4) [Reserved]

5) Allow the member, their representative, or the legal representative of a deceased member's estate, to be included as parties to the appeal. (42 C.F.R. § 438.406(b)(6); BHIN 22-070.)

B. The Contractor shall notify the member, and/or their representative, of the resolution of the appeal in writing in a format and language that, at a minimum, meets applicable notification standards. (42 C.F.R. §§ 438.408(d)(2)(i), 438.408(e), 438.10; MHSUD IN 18-010E; BHIN 22-070.) The notice shall contain the following:

1) The results of the appeal resolution process (42 C.F.R. § 438.408(e)(1).);

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

2) The date that the appeal decision was made (42 C.F.R. § 438.408(e)(1).);

3) If the appeal is not resolved wholly in favor of the member, the notice shall also contain:

i. Information regarding the member's right to a State Hearing and the procedure for requesting a State Hearing, if the member has not already requested a State Hearing on the issue involved in the appeal; (42 C.F.R. § 438.408(e)(2)(i).) and

ii. Information on the member's right to continue to receive benefits while the State Hearing is pending and how to request the continuation of benefits; (42 C.F.R. § 438.408(e)(2)(ii).)

6. Expedited Appeal Process

A. "Expedited Appeal" is an appeal used when the Contractor (for a request from the member) or the provider indicates (in making the request on the member's behalf or supporting the member's request) that taking the time for a standard resolution could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function. (42 C.F.R. § 438.410; BHIN 22-070.)

B. The Contractor's expedited appeal process shall, at a minimum:

1) Be used when the Contractor determines or the member and/or the member's provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the member's life, physical or mental health or ability to attain, maintain, or regain maximum function. (42 C.F.R. § 438.410(a).)

2) Allow the member to file the request for an expedited appeal orally without requiring the member to submit a subsequent written, signed appeal. (42 C.F.R. § 438.402(c)(3)(ii).)

3) Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a member's expedited appeal. (42 C.F.R. § 438.410(b).)

4) [Reserved]

5) Resolve an expedited appeal as expeditiously as the member's health condition requires and no later than 72 hours after the day

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

Contractor receives the appeal. (42 C.F.R. § 438.408(b)(3); BHIN 22-070.)

6) Provide a member with a written notice of the expedited appeal disposition and make reasonable efforts to provide oral notice to the member and/or their representative. The written notice shall meet the requirements of 9 C.C.R. section 1850.207(h) and Exhibit A Attachment 12 Section 5.B. (42 C.F.R. § 438.408(d)(2); 9 C.C.R. § 1850.207(h); BHIN 22-070.)

7) If the Contractor denies a request for an expedited appeal resolution, the Contractor shall:

i. Transfer the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the Contractor receives the appeal, as set forth above. (42 C.F.R. § 438.410(c)(1); BHIN 22-070.)

ii. Make reasonable efforts to give the member and their representative prompt oral notice of the denial of the request for an expedited appeal. Provide written notice of the decision and reason for the decision within two calendar days of the date of the denial, and inform the member of the right to file a grievance if they disagree with the decision. (42 C.F.R. § 438.410(c)(2); 42 C.F.R. § 438.408(c)(2).) The written notice of the denial of the request for an expedited appeal is not a Notice of Adverse Benefit Determination. (9 C.C.R. § 1810.230.5.)

7. Contractor Obligations Related to State Hearing

"State Hearing" means the hearing provided by the State to members pursuant to 22 C.C.R. §§ 50951 and 50953, and9 C.C.R. § 1810.216.6:

A. If a member requests a State Hearing, the Department shall grant the request. (42 C.F.R. § 431.220(a)(5).) The right to a State Hearing, how to obtain a hearing, and representation rules at a hearing must be explained to the member and provider by the Contractor in its notice of decision or Notice of Adverse Benefit Determination. (42 C.F.R. § 431.206(b); 42 C.F.R. § 431.228(b).) Members and providers shall also be informed of the following:

1) In general, a member may request a State Hearing only after receiving notice that the Contractor is upholding the adverse benefit determination. (42 C.F.R. § 438.408(f)(1).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

2) If the Contractor fails to adhere to notice and timing requirements under 42 C.F.R. section 438.408, the member is deemed to have exhausted the Contractor's appeals process, and the member may initiate a State Hearing. (42 C.F.R § 438.408(f)(1)(i); 42 C.F.R. § 438.402(c)(1)(i)(A); BHIN 22-070.)

3) The member, or a provider or authorized representative with the member's written consent, may request a State Hearing. (42 C.F.R. § 438.402(c)(1)(ii).)

B. The Contractor shall represent the Contractor's position in hearings, as defined in 42 C.F.R. section 438.408(f)(3) dealing with members' appeals of denials, modifications, deferrals or terminations of covered services, as applicable.

C. The Contractor shall carry out the final decisions of the hearing process with respect to issues within the scope of the Contractor's responsibilities under this Contract.

D. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a hearing decision.

8. Expedited Hearing

"Expedited Hearing" means a hearing provided by the State, used when the Contractor determines, or the member or the member's provider certifies that following the 90-day timeframe for a State Hearing as established in 42 C.F.R. section 431.244(f)(1) would seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function. (42 C.F.R. § 431.244(f)(1); 42 C.F.R. § 438.410(a); 9 C.C.R. § 1810.216.4.)

9. Continuation of Services During Appeal; Effectuation of Decision from Appeal or State Hearing

A. Notwithstanding Title 9 C.C.R. section 1850.215, Contractor must automatically continue providing the disputed services to the member while the appeal and State Hearing are pending if all of the following conditions are met:

1) The member filed their appeal within the required timeframes set forth in 42 C.F.R. section 438.420;

2) The appeal involves the termination, suspension, or reduction of previously authorized Covered Services;

3) The disputed services were ordered by the member's provider; and

4) The period covered by the original authorization has not expired.

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

B. Services provided to a member while an appeal or State Hearing is pending must continue until one of the following occur: (42 C.F.R. §§ 438.420(c)(1)-(3), 438.408(d)(2)):

1) The member withdraws their request for an appeal or a State Hearing;

2) The member fails to request a State Hearing and continuation of disputed services within ten calendar days of when the NOABD was sent; or

3) The final State Hearing decision is adverse to the member.

C. Contractor must pay for disputed services if the member received the disputed services while the appeal or State Hearing was pending. (42 C.F.R. § 438.420(d)). Contractor must ensure the member is not billed for services provided while the appeal or State Hearing is pending even if the State Hearing finds the disputed services were not medically necessary.

D. The Contractor shall authorize or provide the disputed services promptly, and as expeditiously as the member's health condition requires, but no later than 72 hours from the date the Contractor receives notice reversing the determination if the services were not furnished while the appeal or State Hearing was pending and if the Contractor or State Hearing officer reverses a decision to deny, limit, or delay services. (42 C.F.R. § 438.424(a).)

10. Provision of Notice of Adverse Benefit Determination

A. The Contractor shall notify the requesting provider within 24 hours, and give the member written notice as specified below, of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (42 C.F.R. § 438.210(c); 42 C.F.R. § 438.404; BHIN 22-070.) The Contractor shall provide a member with a Notice of Adverse Benefit Determination (NOABD) under the circumstances defined in 42 C.F.R. § 438.400 under Adverse Benefit Determination.

B. The Contractor shall give members timely and adequate notice of an adverse benefit determination in writing and shall meet the language and format requirements of 42 Code of Federal Regulations part 438.10. (42 C.F.R. § 438.404(a); 42 C.F.R. § 438.10; BHIN 22-070.) The NOABD shall contain the items specified in 42 Code of Federal Regulations part 438.404 (b) and Cal. Code Regs., tit. 9, § 1850.212, and shall comply with the parameters specified below, regardless of whether the NOABD pertains to covered services.

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

1) When the denial or modification involves a request from a provider for continued Contractor payment authorization of a service or when the Contractor reduces or terminates a previously approved Contractor payment authorization, notice shall be provided in accordance with 22 C.C.R. § 51014.1. (9 C.C.R. § 1850.210(a)(1).)

2) A NOABD is not required when a denial is a non-binding verbal description to a provider of the services that may be approved by the Contractor. (9 C.C.R. § 1850.210(a)(2).)

3) Except as provided below, a NOABD is not required when the denial or modification is a denial or modification of a request for the Contractor payment authorization for a service that has already been provided to the member. (9 C.C.R. § 1850.210(a)(4).)

4) A NOABD is required when the Contractor denies or modifies a payment authorization request from a provider for a service that has already been provided to the member when the denial or modification is a result of post-service, prepayment determination by the Contractor that the service was not medically necessary or otherwise was not a service covered by the Contractor. (9 C.C.R. § 1850.210(b).)

5) The Contractor shall deny the Contractor payment authorization request and provide the member with a NOABD when the Contractor does not have sufficient information to approve or modify, or deny on the merits, a Contractor payment authorization request from a provider within the timeframes required by 9 C.C.R. Sections 1820.220 or 1830.215. (9 C.C.R. § 1850.210(c).)

6) [Reserved]

7) The Contractor shall provide a member with a NOABD when the Contractor or its providers determine that the criteria for access to services have not been met and that the member is not entitled to any SMHS or SUD services from the Contractor. The NOABD shall, at the election of the Contractor, be hand-delivered to the member on the date of the Adverse Benefit Determination or mailed to the member in accordance with 9 C.C.R. section 1850.210(f)(1), and shall specify the information contained in 9 C.C.R. section 1850.212(b). (9 C.C.R. § 1850.210(g).)

8) For the purpose of this Attachment, each reference to a Medi-Cal managed care plan in 22 C.C.R. section 51014.1, shall mean the Contractor. (9 C.C.R. § 1850.210(h).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

9) For the purposes of this Attachment, “medical service”, as used in 22 C.C.R. section 51014.1, shall mean covered services that are subject to prior authorization by a Contractor pursuant to 9 C.C.R. sections 1820.100 and 1830.100. (9 C.C.R. § 1850.210(i).)

C. The Contractor shall retain copies of all Notices of Adverse Benefit Determination issued to members under this Section in a centralized file accessible to the Department. The Department shall engage in random reviews of the Contractor and its contracted providers and subcontractors to ensure that they are notifying members in a timely manner (9 C.C.R. § 1850.210(j).)

D. The Contractor shall allow the State to engage in reviews of the Contractor’s records pertaining to Notices of Adverse Benefit Determination so the Department may ensure that the Contractor is notifying members in a timely manner.

11. Contents and Timing of NOABD

A. The Contractor shall include the following information in the NOABD, regardless of whether the NOABD pertains to SMHS or SUD services:

1) The adverse benefit determination the Contractor has made or intends to make; (42 C.F.R. § 438.404(b)(1).)

2) The reason for the adverse benefit determination, including the right of the member to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the member’s adverse benefit determination. Such information includes criteria to access SMHS and/or SUD services, and any processes, strategies, or evidentiary standards used in setting coverage limits; (42 C.F.R. § 438.404(b)(2).)

3) Citations to the regulations or Contractor payment authorization procedures supporting the adverse benefit determination; (9 C.C.R. § 1850.212(a)(3).)

4) The member’s right to file, and procedures for exercising, an appeal or expedited appeal with the Contractor, including information about exhausting the Contractor’s one level of appeal and the right to request a State Hearing after receiving notice that the adverse benefit determination is upheld; (42 C.F.R. § 438.404(b)(3)-(b)(4).)

5) The circumstances under which an appeal process can be expedited and how to request it; (42 C.F.R. § 438.404(b)(5).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

6) The member's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and that the member shall not be held liable for the cost of the benefits if the hearing decision upholds the Contractor's adverse benefit determination.

7) Information about the member's right to request a State Hearing or an expedited State Hearing, including:

   i. The method by which a hearing may be obtained; (9 C.C.R. § 1850.212(a)(5)(A).)

   ii. A statement that the member may be either self-represented, or represented by an authorized third party such as legal counsel, a relative, friend, or any other person; (9 C.C.R. § 1850.212(a)(5)(B).)

   iii. An explanation of the circumstances under which a covered service will be continued if a State Hearing is requested; (9 C.C.R. § 1850.212(a)(5)(C).) and

   iv. The time limits for requesting a State Hearing or an expedited State Hearing. (9 C.C.R. § 1850.212(a)(5)(D).)

B. The Contractor shall mail the NOABD within the following timeframes, regardless of whether the NOABD pertains to SMHS or SUD services:

1) For termination, suspension, or reduction of previously authorized Medi-Cal covered services, at least 10 days before the date of action. (42 C.F.R. § 438.404(c)(1); 42 C.F.R. § 431.211.) The Contractor shall mail the NOABD in as few as 5 days prior to the date of action if the Contractor has facts indicating that action should be taken because of probable fraud by the member, and the facts have been verified, if possible, through secondary sources. (42 C.F.R. § 438.404(c)(1); 42 C.F.R. §.431.214.)

2) For denial of payment, at the time of any action affecting the claim. (42 C.F.R. § 438.404(c)(2).)

3) For standard service authorizations that deny or limit services, as expeditiously as the member's condition requires not to exceed the time limits below. (42 C.F.R. § 438.404(c)(3); 42 C.F.R. § 438.210(d)(1)(i).)

   i. Until December 31, 2025, the decision shall be made within 14 calendar days following Contractor's receipt of the request for service. (42 C.F.R § 438.210(d)(1)(i)(A).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

ii. Effective January 1, 2026, the decision shall be made within 7 calendar days following the Contractor's receipt of the request for service. (42 C.F.R § 438.210(d)(1)(i)(B).)

4) [Reserved]

5) [Reserved]

6) [Reserved]

7) The Contractor shall give notice on the date that the timeframes expire, when service authorization decisions are not reached within the applicable timeframes for either standard or expedited service authorizations. (42 C.F.R. § 438.404(c)(5).)

8) If a provider indicates, or the Contractor determines, that following the standard service authorization timeframe could seriously jeopardize the member's life or health or their ability to attain, maintain, or regain maximum function, the Contractor must make an expedited service authorization decision and provide notice as expeditiously as the member's health condition requires and no later than 72 hours after receipt of the request for service. (42 C.F.R. § 438.404(c)(6); 42 C.F.R. 438.210(d)(2)(i).)

9) [Reserved]

10) The Contractor shall deposit the NOABD with the United States Postal Service in time for pick-up on the date that the applicable timeframe expires. (9 C.C.R. § 1850.210(f).)

C. The Adverse Benefit Determination shall be effective on the date of the NOABD and the Contractor shall mail the NOABD by the date of adverse benefit determination when any of the following occur:

1) The death of a member; (42 C.F.R. § 431.213(a).)

2) Receipt of a signed written member statement requesting service termination or giving information requiring termination or reduction of services, provided the member understands that this will be the result of supplying that information; (42 C.F.R. § 431.213(b)(1)-(b)(2).)

3) The member's admission to an institution where they are ineligible for further services; (42 C.F.R. § 431.213(c).)

4) The member's whereabouts are unknown, and mail directed to them has no forwarding address; (42 C.F.R. § 431.213(d).)

Exhibit A – Attachment 12
MEMBER PROBLEM RESOLUTION

5) Notice that the member has been accepted for Medicaid services by another local jurisdiction; (42 C.F.R. § 431.213(e).)

6) A change in the member's physician's prescription for the level of medical care; (42 C.F.R. § 431.213(f).) or

7) The notice involves an adverse determination with regard to preadmission screening requirements of § 1919(e)(7) of the Act. (42 C.F.R. § 431.213(g).)

8) The transfer or discharge from a facility will occur in an expedited fashion. (42 C.F.R. § 431.213(h).)

12. {SMHS, DMC-ODS, and Integrated DMC/SMHS Contracts} Annual Grievance and Appeal Report

The Contractor is required to submit to the Department a report that summarizes member grievances, appeals and expedited appeals, for members receiving either SMHS or SUD services, in accordance with BHIN 22-036, filed from July 1 of the previous year through June 30 of that year by September 1 of each year. The report shall include the total number of grievances, appeals and expedited appeals by type, by subject areas established by the Department, and by disposition. (42 C.F.R. § 438.66(e).)

Exhibit A – Attachment 13
PROGRAM INTEGRITY

1. General Requirements

A. [Reserved]

B. [Reserved]

C. {DMC only} The Contractor is responsible for ensuring program integrity of its DMC services and its contracted providers through a system of oversight.

1) Contractor shall comply with the monitoring and reporting obligations under this Contract, as well as state and federal law and regulations, including, but not limited to:

i. 42 CFR §§ 431.800 et seq., 433.51, 438.10, 438.320, 438.416, 438.206, 440.230, 440.260, 455 et seq., 456 et seq., 456.23;

ii. 22 C.C.R. §§ 51490, 51490.1, 51159;

iii. W&I Code §§ 14124.1, 14124.2.

2) Contractor shall certify the DMC claims submitted to DHCS represent claims eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR §§ 430.30, 433.32, and 433.51). The Contractor shall not knowingly submit claims for services rendered to any member after the member's date of death, or from unenrolled or disenrolled providers.

2. Periodic Audits

Contractor shall be subject to an independent audit of the accuracy, truthfulness, and completeness of the encounter and financial data submitted by, or on behalf of, the Contractor. The audit shall occur no less frequently than once every three years. Contractor shall comply with BHIN 23-044 and subsequently issued BHINs that supersede BHIN 23-044. The Department or its contractor shall conduct the audit. (42 C.F.R. § 438.602(e)).

Exhibit A – Attachment 13
PROGRAM INTEGRITY

3. [Reserved]

4. [Reserved]

5. [Reserved]

6. Suspension of Provider Payments

A. If a provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider pursuant to W&I Code sections 14043.36(a). DHCS may also issue a payment suspension to a provider pursuant to W&I Code § 14107.11 and 42 C.F.R. section 455.23.

1) [Reserved]

B. Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved.

1) With respect to DMC providers, Contractor shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning contracted DMC providers that are subject to administrative sanctions.

7. [Reserved]

8. [Reserved]

9. Contractor Monitoring of Contracted Providers

A. Contractor shall conduct ongoing monitoring of contracted providers (except out-of-network providers, if applicable) for compliance with the terms of this contract.

1) {Standalone DMC and DMC-ODS Contracts only}

i. The Contractor shall conduct, at least annually (i.e., every 12-months), a programmatic and utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review shall include an on-site visit of the DMC provider. Reports of the annual review shall be provided to DHCS' County/Provider Operations and Monitoring Branch at:

DHCS
Medi-Cal Behavioral Health Division

Exhibit A – Attachment 13
PROGRAM INTEGRITY

1501 Capitol Avenue, MS# 2621
Sacramento, CA 95814
Or by using a Secure Managed File Transfer system specified by DHCS.

ii. The review reports shall be provided to DHCS within 14 calendar days of completion by the Contractor.

2) [Reserved]

B. [Reserved]

C. {DMC only} The Contractor shall, on a monthly basis, monitor the status of all contracted providers to ensure they maintain active enrollment in the DMC program and to check for triggering recertification events. The Contractor shall notify DHCS PED by e-mail at DHCSDMCRecert@dhcs.ca.gov within five business days of learning any of the following, whether during the monthly monitoring or following notice from the contracted provider:

1) A contracted provider's license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS;

2) A contracted provider surrenders its certification or closes its facility; or

3) A contracted provider has a triggering recertification event, including but not limited to change in ownership, change in scope of services, remodeling of facility, or change in location.

10. {DMC and DMC-ODS only} State Monitoring - Postservice Postpayment and Postservice Prepayment Utilization Reviews

A. DHCS shall conduct Postservice Postpayment and Postservice Prepayment Utilization Reviews of the contracted DMC-Certified Providers to determine whether the services were provided in accordance with. as applicable, Exhibit A, Attachment 2C, Section 22 (DMC-ODS: "Requirements for Services"), or Attachment 2E, Section 8 (DMC: "Requirements for Provider Contracts and Subcontracts"). DHCS shall issue the PSPP report to the Contractor with a copy to the provider. The Contractor shall be responsible for their contracted providers and Contractor-operated programs to ensure any deficiencies are remediated pursuant to subsection B, below.

Exhibit A – Attachment 13
PROGRAM INTEGRITY

B. The Department shall recover payments made if Postservice Postpayment Utilization Review uncovers evidence that the claim(s) should not have been paid, services have been improperly utilized, or requirements cited above in subsection A were not met.

1) All deficiencies identified by PSPP reports, whether or not a recovery of funds results, shall be corrected and the Contractor shall submit a Contractor-approved CAP. The CAP shall be submitted using a Secure Managed File Transfer system specified by DHCS within 60 days of the date of the PSPP report.

2) [Reserved]

3) {Standalone DMC and DMC-ODS Contracts only}

i. The CAP shall:

a. Be documented on the DHCS CAP template

b. Provide a specific description of how the deficiency shall be corrected

c. Identify the title of the individual(s) responsible for:

d. Correcting the deficiency

e. Ensuring on-going compliance

f. Provide a specific description of how the provider will ensure on-going compliance.

g. Specify the target date of implementation of the corrective action.

ii. DHCS shall provide written approval of the CAP to the Contractor with a copy to the subcontractor. If DHCS does not approve the CAP, DHCS will provide guidance on the deficient areas and request an updated CAP. The subcontractor shall revise the CAP and submit it to the Contractor for review and approval. The Contractor shall submit a revised Contractor-approved CAP to DHCS within 30 days of the DHCS notification.

iii. If the subcontractor does not submit an initial or revised CAP to the Contractor, or does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from the Contractor until the subcontractor is

Exhibit A – Attachment 13
PROGRAM INTEGRITY

in compliance. DHCS shall inform the Contractor when funds will be withheld.

iv. The Contractor shall monitor and attest compliance and/or completion by subcontractors with CAP requirements as required by any PSPP review. The Contractor shall attest to DHCS, using the form developed by DHCS, that the requirements in the CAP have been completed by subcontractor. Submission of DHCS Form 8049, as identified in this section, by the Contractor shall be accomplished within the timeline specified in the approved CAP, as noted by DHCS.

C. The Contractor may appeal demands for recovery of payment and/or programmatic deficiencies of specific claims. Such appeals shall be handled as follows:

1) Requests for first-level appeals:

i. The Contractor shall initiate action by submitting a letter to DHCS:

a. Behavioral Health Compliance Section Chief Medical Review Branch, Audits and Investigations Division DHCS PO Box 997413, MS 2621 Sacramento, CA 95899-7413

ii. The Contractor shall submit the letter on the official stationery of the Contractor and it shall be signed by an authorized representative of the Contractor.

iii. The letter shall identify the specific claim(s) involved and describe the disputed (in) action regarding the claim.

a. The letter shall be submitted to the address listed in subsection (a) above within 90 calendar days from the date the Contractor received written notification of the decision to disallow claims.

b. The Department shall acknowledge Contractor letter within 15 calendar days of receipt.

c. The Department shall inform the Contractor of the Department's decision and the basis for the decision within 15 calendar days after the Department's acknowledgement notification. The Department shall have the option of extending the decision response

Exhibit A – Attachment 13
PROGRAM INTEGRITY

time if additional information is required from the Contractor. The Contractor will be notified if the Department extends the response time limit.

D. A Contractor may initiate a second level appeal to the Office of Administrative Hearings and Appeals (OAHA).

1) The second level process may be pursued only after complying with first-level procedures and only when:

i. The Department has failed to acknowledge the grievance or complaint within 15 calendar days of its receipt, or

ii. The Contractor is dissatisfied with the action taken by the Department where the conclusion is based on the Department's evaluation of the merits.

2) The second-level appeal shall be submitted to the Office of Administrative Hearings and Appeals within 30 calendar days from the date the Department failed to acknowledge the first-level appeal or from the date of the Department's first-level appeal decision letter.

3) All second-level appeals made in accordance with this section shall be directed to:

Office of Administrative Hearings and Appeals (OAHA)
3831 N. Freeway Blvd., Suite 200
Sacramento, CA 95834

4) In referring an appeal to the OAHA, the Contractor shall submit all of the following:

i. A copy of the original written appeal sent to the Department.

ii. A copy of the Department's Audit Report to which the appeal applies. If received by the Contractor, a copy of the Department's specific finding(s), and conclusion(s) regarding the appeal with which the Contractor is dissatisfied.

E. The appeal process listed here shall not apply to those grievances or complaints arising from the financial findings of an audit or examination made by or on behalf of DHCS pursuant to Exhibit B.

F. The Department shall monitor the contracted provider's compliance with Contractor utilization review requirements. The federal government may also review the existence and effectiveness of DHCS' utilization review system.

Exhibit A – Attachment 13
PROGRAM INTEGRITY

G. Contractor shall, at a minimum, implement and maintain compliance with the requirements described in Exhibit A, Attachment 2C, Section 22 for the purposes of reviewing the utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

H. Contractor shall ensure that contracted provider sites keep a record of the members/patients being treated at that location.

11. {DMC and DMC-ODS only} Reporting Complaints

A. All complaints received by the Contractor regarding a DMC-Certified provider shall be forwarded to DHCS using a Secure Managed File Transfer system specified by DHCS within two business days of completion.

B. {DMC-ODS only} Complaints for Residential Adult Alcoholism or Drug Misuse Recovery or Treatment Facilities, and counselor complaints may be made by using the Complaint Form, which is available and may be submitted online: http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx.

C. {DMC only} Report suspected Medi-Cal Fraud to DHCS's Program Integrity Unit at bhpiu@dhcs.ca.gov

D. {DMC only} Complaints for licensed, adult alcoholism or drug misuse recovery or treatment facilities, or Alcohol and/or Other Drug (AOD) Certified Treatment Facilities shall be addressed to:

Department of Health Care Services
Licensing and Certification Division
P.O Box 997413., MS# 2601
Sacramento, CA 95899-7413
Email: SUDcomplaints@dhcs.ca.gov
Public Number: (916) 322-2911
Toll Free Number: (877) 685-8333

The Complaint Form is available and can be submitted online at: http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx.

The Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS using a Secure Managed File Transfer system specified by DHCS.

Exhibit A – Attachment 14
REPORTING REQUIREMENTS

1. [Reserved]

2. [Reserved]

3. [Reserved]

4. Network Adequacy and Timely Access

The Contractor shall submit, in a manner and format determined by the Department, documentation to demonstrate compliance with the Department's requirements for availability and accessibility of services, including the adequacy of the provider network, as described in Exhibit A, Attachment 8. (42 C.F.R. § 438.604(a)(5).)

5. [Reserved]

6. [Reserved]

7. [Reserved]

8. Parity in Mental Health and Substance Use Disorder Services

The Contractor shall submit to the Department, upon request, any policies and procedures or other documentation necessary for the State to establish and demonstrate compliance with 42 C.F.R. part 438, subpart K, regarding parity in mental health and substance use disorder benefits.

9. {DMC and DMC-ODS only} Additional Reporting Requirements Regarding SUD Services

A. California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)

1) Contractor shall comply with the CalOMS-Tx data collection system requirements for submission of CalOMS-Tx data or contract with a software vendor that complies with this requirement. If applicable, a Business Associate Agreement (BAA) shall be established between the Contractor and the software vendor. The BAA shall state that DHCS is allowed to return the processed CalOMS-Tx data to the vendor that supplied the data to DHCS.

2) Contractor shall conduct information technology (IT) systems testing and pass state certification testing before commencing submission of CalOMS-Tx data. If the Contractor subcontracts with vendor for IT services, Contractor is responsible for ensuring that the subcontracted IT system is tested and certified by the DHCS prior to submitting CalOMS-Tx data. If Contractor changes or

Exhibit A – Attachment 14
REPORTING REQUIREMENTS

modifies the CalOMS-Tx IT system, then Contractor shall re-test and pass state re-certification prior to submitting data from new or modified system.

3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.

4) Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J), all former Department of Alcohol and Drug Programs Bulletins, and all applicable DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements, including BHIN 24-030.

5) Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.

6) Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

7) Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls.

8) Contractor shall implement and maintain a system for collecting and electronically submitting CalOMS-Tx data.

9) Contractor shall meet the requirements as identified in Exhibit F, Business Associate Addendum and Exhibit F, Attachment I – Social Security Administration Agreement.

B. CalOMS-Tx General Information.

1) If the Contractor experiences system or service failure or other extraordinary circumstances that affect its ability to timely submit CalOMS-Tx data, and or meet other CalOMS-Tx compliance requirements, Contractor shall report the problem in writing by secure, encrypted e-mail to DHCS at: ITServiceDesk@dhcs.ca.gov, before the established data submission deadlines. The written notice shall include a remediation plan that is subject to review and approval by DHCS. A grace period of up to 60 days may be

Exhibit A – Attachment 14
REPORTING REQUIREMENTS

granted, at DHCS' sole discretion, for the Contractor to resolve the problem before non-DMC payments are withheld.

2) If DHCS experiences system or service failure, an extension equal to the number of business days of the system or service failure shall be granted for the Contractor's late data submission.

3) Contractor shall comply with the treatment data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding DMC funds.

4) If the Contractor submits data after the established deadlines, due to a delay or problem, the Contractor shall still be responsible for collecting and reporting data from time of delay or problem.

C. Drug and Alcohol Treatment Access Report (DATAR).

1) The Contractor shall be responsible for ensuring that all contracted providers submit a monthly DATAR report in an electronic copy format as provided by DHCS.

2) The Contractor shall ensure that perinatal treatment providers who reach or exceed 90 percent of their dedicated capacity report this information to DHCSPerinatal@dhcs.ca.gov within seven days of reaching capacity.

3) The Contractor shall ensure that all DATAR reports are submitted to DHCS by contracted providers the 10th of the month following the report activity month.

4) The Contractor shall ensure that all contracted providers are enrolled in DHCS' web-based DATAR program for submission of data, accessible on the DHCS website when executing the subcontract.

5) If the Contractor or its subcontractor experiences system or service failure or other extraordinary circumstances that affect its ability to timely submit a monthly DATAR report, and/or to meet data compliance requirements, the Contractor shall report the problem in writing before the established data submission deadlines by writing a secure, encrypted email to SUDDATARSupport@dhcs.ca.gov.

6) If DHCS experiences system or service failure, an extension equal to the number of business days of the system or service failure shall be granted for the Contractor's late data submission.

7) [Reserved]

Exhibit A – Attachment 14
REPORTING REQUIREMENTS

D. [Reserved]

10. Failure to Meet Reporting Requirements

A. Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in Exhibit A or as identified in Document 1F(a), Reporting Requirement Matrix for Counties. (W&I Code § 14197.7(o)(1); BHIN 22-045.)

B. Upon identifying a failure to meet required reporting requirements, DHCS shall issue a Notice of Deficiency to Contractor regarding specified providers with a deadline to submit the required data and a request for a Corrective Action Plan (CAP) to ensure timely reporting in the future. DHCS shall approve or reject the CAP or request revisions to the CAP, which shall be resubmitted to DHCS within 30 days.

C. If the Contractor has not ensured compliance with the data submission or CAP request within the designated timeline, then DHCS may withhold funds until all data is submitted. DHCS shall inform the Contractor 30 days in advance of when funds will be withheld. (BHIN 22-045.)

D. The Contractor may appeal the imposition of a temporary withhold pursuant to W&I Code section 14197.7, subdivisions (k) and (m) and BHIN 22-045 or any subsequent Departmental guidance. (W&I Code § 14197.7(o)(2).)

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

1. Medical Assistance Payment Provisions

A. The Department will reimburse the Contractor for Covered Services provided pursuant to the requirements in Exhibit A to this contract, based upon a fee schedule developed by the Department and specified in the approved Medicaid State plan and waivers.

B. Contractor shall submit claims in accordance with Department guidance, including the applicable program billing manual and any superseding guidance, including with respect to verifying Medi-Cal eligibility and Other Health Coverage (OHC). Providers that submit claims to Contractor or DHCS for covered services shall submit claims in accordance with Department guidance, including the applicable program billing manual and any superseding guidance, including with respect to verifying Medi-Cal eligibility and Other Health Coverage (OHC).

2. Budget Contingency Clause

This provision is a supplement to provision number nine (Federal Contract Funds) in Exhibit D which is attached hereto as part of this Contract.

A. Federal Budget

If federal funding for Federal Financial Participation (FFP) reimbursement in relation to this contract is eliminated or substantially reduced by Congress, the Department and the Contractor each shall have the option either to cancel this contract or to propose a contract amendment to address changes to the program required as a result of the elimination or reduction of federal funding.

B. Delayed Federal Funding

The Contractor and the Department agree to consult with each other on interim measures for program operation that may be required to maintain adequate services to members in the event that there is likely to be a delay in the availability of federal funding.

3. Contractor Claims and Federal Financial Participation

A. Nothing in this contract shall limit the Contractor's ability to submit claims for appropriate FFP reimbursement for any covered services, utilization review and quality assurance (UR/QA), Medi-Cal Administrative Activities and/or administrative costs. The Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement for these services and activities, including the requirements in Welfare and Institutions (W&I) Code, section 14184.403.

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

B. Claims for FFP reimbursement shall be submitted by the Contractor to the Department for adjudication throughout the fiscal year.

4. Audits and Recovery of Overpayments

A. In the case of federal audit exceptions, the Department will follow federal audit appeal processes unless the Department, in consultation with the County Behavioral Health Director's Association of California, determines that those appeals are not cost beneficial. The Department will involve the Contractor in developing the response to any draft federal audit reports that directly impact the county.

B. Whenever there is a final state or federal audit exception, the Department may use any recovery methods available under the law, not limited to W&I Code, Sections 14124.24, 14176, 14177, 14707, 14718, and Government Code section 12419.5, to offset the amount of any federal disallowance, audit exception, or overpayment against subsequent claims from the Contractor.

1) Offsets may be done at any time, after the department has invoiced or otherwise notified the Contractor about the audit exception, disallowance, or overpayment. The Department shall determine the amount that may be withheld from each payment to the Contractor.

2) The maximum withheld amount shall be 25 percent of each payment as long as the Department is able to comply with the federal requirements for repayment of FFP pursuant to 42 United States Code (U.S.C.) §1396b(d)(2)). The Department may increase the maximum amount when necessary for compliance with federal laws and regulations.

C. Pursuant to title 42 of the Code of Federal Regulations (C.F.R.) section 438.602, data submitted to the Department are subject to audit in the manner and form prescribed by the Department. Contractor and its subcontractors shall be subject to audits and/or reviews, including client record reviews, by the Department. Any audit of Contractor's data shall occur within three years of the date of receipt by the Department with signed certification by the Contractor's Behavioral Health Director or an individual who has delegated authority to sign for and reports directly to the Contractor's Behavioral Health Director. A signature is required before the data will be considered final. For purposes of this section, the data shall be considered audited once the Department has informed the Contractor in writing of its intent to make adjustments or once the Department has informed the Contractor in writing of its intent to close the audit.

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

D. If the adjustments result in the Department owing payments to the Contractor, the Department shall submit a claim to the federal government for the related FFP within 30 days contingent upon sufficient budget authority.

5. Claims Adjudication Process

A. Pursuant to W&I Code section 14184.403, claims for Medicaid reimbursement shall comply with eligibility and service requirements under applicable federal and state law.

B. The Contractor shall certify that any funds transferred to the Department by the Contractor qualify for FFP pursuant to 42 C.F.R. section 433.51, any other applicable federal Medicaid laws, and the CalAIM Special Terms and Conditions, and are not derived from impermissible sources such as recycled Medicaid payments, Federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include revenue relating to patient care or other revenue received from federal health care programs to the extent that the program revenue is not obligated to the State as the source of funding.

The Contractor shall certify each claim submitted to the Department in accordance with 42 C.F.R. sections 438.604, 438.606, 438.608, and 455.18, as applicable, and any additional claiming parameters specified in Department guidance. The Contractor's Behavioral Health Director or an individual with authority delegated by the Behavioral Health Director shall sign the certification, declaring under penalty of perjury that, to the best of their knowledge and belief, the claim in all respects is true, correct, and in accordance with the law and meets the requirements of 42 C.F.R. sections 438.604 and 438.606. The Contractor shall have mechanisms that support the Behavioral Health Director's certification, including the certification that the services for which claims were submitted were provided to the member. If the Department requires additional information from the Contractor that will be used to establish Department payments to the Contractor, the Contractor shall certify that the additional information provided is in accordance with 42 C.F.R., section 438.604.

C. Claims not meeting federal and/or state requirements shall be returned to Contractor as not approved for payment, along with a reason for denial. Claims meeting all Health Insurance Portability and Accountability Act (HIPAA) transaction requirements and any other applicable federal or state privacy laws or regulations and certified by the Contractor in accordance with 42 C.F.R., Section 438.604, 438.606, and 455.18 shall be processed for adjudication.

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

D. If the Department or the Contractor determines that changes must be made relating to either the Department's or the Contractor's claims submission and adjudication systems due to federal or state law changes or business requirements, both the Department and the Contractor agree to provide notice to the other party as soon as practicable prior to implementation. This notice shall include information and comments regarding the anticipated requirements and impacts of the projected changes. The Department and the Contractor agree to meet and discuss the design, development, and costs of the anticipated changes prior to implementation.

6. Payment Data Certification

The Contractor shall certify the data it provides to the Department to be used in determining payment to the Contractor, in accordance with 42 C.F.R. sections 438.604 and 438.606.

7. System Changes

In the event changes in federal or state law or regulations, including court decisions and interpretations, necessitate a change in either the fiscal or program obligations or operations of the Contractor or the Department, or a change in obligation for payment of covered services, the Contract may be amended as needed to address the changes in accordance with Exhibit E.

8. Administrative Reimbursement

A. Contractor may submit claims for administrative expenditures under the following subsections, as applicable. For any given administrative expenditure, Contractor may submit a claim under only one of the following subsections.

B. {SMHS only} Mental Health Medi-Cal Administrative Activities

1) The Contractor may submit claims for reimbursement of Mental Health Medi-Cal Administrative Activities (MHMAA) pursuant to W&I Code section 14132.47 and the MHMAA Implementation Plan. The Contractor shall not submit claims for MHMAA unless it has submitted a claiming plan to the Department which was approved by the Department and is effective during the quarter in which the costs being claimed were incurred. In addition, the Contractor shall not submit claims for reimbursements of MHMAA that are not consistent with the Contractor's approved Medi-Cal Administrative Activities claiming plan. The Contractor shall not use the relative value methodology to report its MHMAA costs on the final annual MHMAA claim.

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

2) Claims for reimbursement of MHMAA may be submitted to the Department on a quarterly basis. The Contractor shall submit a final annual claim for costs incurred in a state fiscal year to the Department by December 31st following the close of that fiscal year. The Department shall reconcile all quarterly payments with the final annual claim. If the total quarterly payments are greater than the total payments due to the Contractor based upon the final annual claim, the Department shall recoup the difference from the Contractor and return the overpayment to the Federal government pursuant to 42 C.F.R. 433.316. If the total quarterly payments are less than the total payments due to the Contractor based upon the final annual claim, the Department shall make an adjusting payment to the Contractor. The Contractor may e-mail DHCS at MHMAA@dhcs.ca.gov to request the MHMAA invoice template.

C. {DMC and DMC-ODS only} County-Based Medi-Cal Administrative Activities

Certain administrative activities may qualify for reimbursement as County-Based Medi-Cal Administrative Activities (CMAA) pursuant to W & I Code section 14132.47 and applicable Department guidance.

D. Administrative Costs and Utilization Review /Quality Assurance

1) Administrative costs that are not claimed under subsection B or C above shall be claimed separately in a manner consistent with federal Medicaid requirements and the approved Medical Assistance Program Cost Allocation Plan and shall be limited to:

i. 10 percent of the total approved and paid claims to the Contractor for Medicaid Children's Health Insurance Program (MCHIP) services; and

ii. 15 percent of the total approved and paid claims to the Contractor for other medical assistance.

The cost of performing UR/QA activities shall be reimbursed separately and shall not be included in administrative costs.

2) The Contractor may submit claims for reimbursement of Administrative Costs and UR/QA costs to the Department on a quarterly basis. The Contractor shall submit a final annual claim for administrative costs and UR/QA costs incurred in a state fiscal year to the Department by December 31st following the close of that fiscal year. The Department shall reconcile all quarterly payments for administrative costs and UR/QA costs with the final annual

Exhibit B
BUDGET DETAIL AND PAYMENT PROVISIONS

claims. If the total quarterly payments are greater than the total payments due to the Contractor based upon the final annual claims, the Department shall recoup the difference from the Contractor and return the overpayment to the Federal government pursuant to 42 C.F.R. Part 433, Subpart F. If the total quarterly payments are less than the total payments due to the Contractor based upon the final annual claims, the Department shall make an adjusting payment to the Contractor.

3) The Contractor shall use the appropriate claiming forms for this Contract:

   i. {Integrated Contracts (DMC-ODS and DMC counties)} MC 1982 B-1 for administrative costs and the MC 1982 C-1 for UR/QA costs. The Contractor may claim administrative and UR/QA costs for SMHS and SUD services on a single form.

   ii. {Standalone SMHS Contracts} MC 1982 B for administrative costs and MC 1982 C for UR/QA costs.

   iii. {Standalone DMC and DMC-ODS Contracts (incl. PHC Model)} MC 5312 for administrative costs and DHCS 5311 for UR/QA costs.

4) {DMC only} If, while completing the UR/QA requirements under this Contract, any of the Contractor's skilled professional medical personnel and directly supporting staff meet the criteria set forth in 42 C.F.R. 432.50(d)(1), then the Contractor shall submit a written request that specifically demonstrates how the skilled professional medical personnel and directly supporting staff meet all of the applicable criteria set forth in 42 C.F.R. 432.50(d)(1) and outline the duties they will perform to assist DHCS, or DHCS' skilled professional medical personnel, in activities that are directly related to the administration of the DMC Program. DHCS shall respond to the Contractor's written request within 20 days with either a written agreement pursuant to 42 C.F.R. 432.50(d)(2) approving the request, or a written explanation as to why DHCS does not agree that the Contractor's skilled professional medical personnel and directly supporting staff meet the criteria set forth in 42 C.F.R. 432.50(d)(1).

9. [Reserved]

10. [Reserved]

General Terms and Conditions (GTC 02/2025)

EXHIBIT C

1. APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Contractor may not commence performance until such approval has been obtained.

2. AMENDMENT: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

3. ASSIGNMENT: This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.

4. AUDIT: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).

5. INDEMNIFICATION: Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.

6. DISPUTES: Contractor shall continue with the responsibilities under this Agreement during any dispute.

7. TERMINATION FOR CAUSE: The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

8. INDEPENDENT CONTRACTOR*:* Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

9. RECYCLING CERTIFICATION: The Contractor shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).

10. NON-DISCRIMINATION CLAUSE: During the performance of this Agreement, Contractor and its subcontractor*s* shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provision*s* of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractor*s* shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

    Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. CERTIFICATION CLAUSES: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

12. TIMELINESS: Time is of the essence in this Agreement.

13. COMPENSATION: The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

14. GOVERNING LAW: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

15. ANTITRUST CLAIMS: The Contractor by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Contractor shall comply with the requirements of the Government Codes Sections set out below.

    a. The Government Code Chapter on Antitrust claims contains the following definitions:

        1) "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

        2) "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.

    b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.

    c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.

    d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

16. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of $100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:

    a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

    b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

17. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

18. PRIORITY HIRING CONSIDERATIONS: If this Contract includes services in excess of $200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.

19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS**:**

    a. If for this Contract Contractor made a commitment to achieve small business participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)

    b. If for this Contract Contractor made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Contractor received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)

20. LOSS LEADER: If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a “loss leader” as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)

21. GENERATIVE AI DISCLOSURE OBLIGATIONS:

a. The following terms are in addition to the defined terms and shall apply to the Contract:

1) “Generative AI (GenAI)” means an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system's training data. (Gov. Code § 11549.64.)

b. Contractor shall immediately notify the State in writing if it: (1) intends to provide GenAI as a deliverable to the State; or (2), intends to utilize GenAI, including GenAI from third parties, to complete all or a portion of any deliverable that materially impacts: (i) functionality of a State system, (ii) risk to the State, or (iii) Contract performance. For avoidance of doubt, the term “materially impacts” shall have the meaning set forth in State Administrative Manual (SAM) § 4986.2 Definitions for GenAI.

c. Notification shall be provided to the State designee identified in this Contract.

d. At the direction of the State, Contractor shall discontinue the provision to the State of any previously unreported GenAI that results in a material impact to the functionality of the System, risk to the State, or Contract performance, as determined by the State.

e. If the use of previously undisclosed GenAI is approved by the State, then Contractor will update the Deliverable description, and the Parties will amend the Contract accordingly, which may include incorporating the GenAI Special Provisions into the Contract, at no additional cost to the State.

f. The State, at its sole discretion, may consider Contractor’s failure to disclose or discontinue the provision or use of GenAI as described above, to constitute a material breach of Contract when such failure results in a material impact to the functionality of the System, risk to the State, or Contract performance. The State is entitled to seek any and all remedies available to it under law as a result of such breach, including but not limited to termination of the contract.

Exhibit D
Special Terms and Conditions

The provisions herein apply to this Agreement **unless** the applicable conditions do not exist, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the provisions are removed by reference on the face of this Agreement.

The use of headings or titles throughout this exhibit is for convenience only and will not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" will also mean, “agreement”, "grant", “grant agreement”, "Grantee" and "Subgrantee" respectively.

The terms “California Department of Health Care Services”, “California Department of Health Services”, ‘Department of Health Care Services”, “Department of Health Services”, “CDHCS”, “DHCS”, “CDHS”, and “DHS” will all have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount; agreement is federally funded, etc.).

Index of Special Terms and Conditions

1. Federal Equal Employment Opportunity Requirements
2. Travel and Per Diem Reimbursement
3. Procurement Rules
4. Equipment / Property Ownership / Inventory / Disposition
5. Subcontract Requirements
6. Income Restrictions
7. Audit and Record Retention
8. Site Inspection
9. Federal Contract Funds
10. Termination
11. Intellectual Property Rights
12. Air or Water Pollution Requirements
13. Prior Approval of Training Seminars, Workshops or Conferences
14. Confidentiality of Information
15. Documents, Publications, and Written Reports
16. Dispute Resolution Process
17. Subrecipient Compliance
18. Human Subjects Use Requirements
19. Debarment and Suspension Certification
20. Smoke-Free Workplace Certification
21. Drug Free Workplace Act of 1988
22. Covenant Against Contingent Fees
23. Payment Withholds
24. Progress Reports or Meetings
25. Performance Evaluation
26. Officials Not to Benefit
27. Prohibited Use of State Funds for Software
28. Use of Disabled Veteran's Business Enterprises (DVBE)
29. Use of Small, Minority Owned and Women's Businesses
30. Use of Small Business Subcontractors
31. Alien Ineligibility Certification
32. Union Organizing
33. Contract Uniformity (Fringe Benefit Allowability)
34. Suspension or Stop Work Notification
35. Public Communications
36. Legal Services Contract Requirements
37. Compliance with Statutes and Regulations
38. Lobbying Restrictions and Disclosure Certification

1. Federal Equal Opportunity Requirements

(Applicable to all federally funded agreements entered into by the Department of Health Care Services)

a. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action will include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. § 4212). Such notices will state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

b. The Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

c. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and will post copies of the notice in conspicuous places available to employees and applicants for employment.

d. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. § 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, ‘Amending Executive Order 11246 Relating to Equal Employment Opportunity,‘ and as supplemented by regulation at 41 Code of Federal Regulations (C.F.R.) Part 60, “Office of the Federal Contract Compliance

Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

e. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 C.F.R. Part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

f. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be canceled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 C.F.R. Part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

g. The Contractor will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 C.F.R. Part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. § 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

2. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with agreement funds.)

Reimbursement for travel and per diem expenses from DHCS under this Agreement will, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (CalHR), for non-represented state employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates will apply upon their effective date and no amendment to this Agreement will be necessary. Exceptions to CalHR rates may be approved by DHCS upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California will be reimbursed without prior authorization from DHCS. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

3. Procurement Rules

(Applicable to agreements in which equipment/property, commodities and/or supplies are furnished by DHCS or expenses for said items are reimbursed by DHCS with state or federal funds provided under the Agreement.)

a. **Equipment/Property definitions**

Wherever the term equipment and/or property is used, the following definitions will apply:

1) **Major equipment/property**: A tangible or intangible item having a base unit cost of **$5,000 or more** with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

2) **Minor equipment/property:** A tangible item having a base unit cost of less than $5,000 with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement.

b. **Government and public entities (including state colleges/universities and auxiliary organizations),** whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 will also apply, if equipment/property purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

c. **Nonprofit organizations and commercial businesses,** whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment/property and services related to such purchases for performance under this Agreement.

1) Equipment/property purchases must not exceed $50,000 annually.

   To secure equipment/property above the annual maximum limit of $50,000, the Contractor must make arrangements through the appropriate DHCS Program Contract Manager, to have all remaining equipment/property purchased through DHCS' Purchasing Unit. The cost of equipment/property purchased by or through DHCS will be deducted from the funds available in this Agreement. Contractor will submit to the DHCS Program Contract Manager a list of equipment/property specifications for those items that the State must procure. DHCS may pay the vendor directly for such arranged equipment/property purchases and title to the equipment/property will remain with DHCS. The equipment/property will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the DHCS Program Contract Manager, in writing, of an alternate delivery address.

2) All equipment/property purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 will also apply, if equipment/property purchases are delegated to subcontractors that are either a government or public entity.

3) Nonprofit organizations and commercial businesses must use a procurement system that meets the following standards:

   a) Maintain a code or standard of conduct that will govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent will participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.

   b) Procurements must be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

   c) Procurements must be conducted in a manner that provides for all of the following:

      i. Avoid purchasing unnecessary or duplicate items.

      ii. Equipment/property solicitations must be based upon a clear and accurate description of the technical requirements of the goods to be procured.

      iii. Take positive steps to utilize small and veteran owned businesses.

d. Unless waived or otherwise stipulated in writing by DHCS, prior written authorization from the appropriate DHCS Program Contract Manager will be required before the Contractor will be reimbursed for any purchase of $5,000 or more for commodities, supplies, equipment/property, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by DHCS, for evaluating the necessity or

desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.

e. In special circumstances, determined by DHCS (e.g., when DHCS has a need to monitor certain purchases, etc.), DHCS may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of dollar amount. DHCS reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that DHCS determines to be unnecessary in carrying out performance under this Agreement.

f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.

g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) must also be maintained on file by the Contractor and/or subcontractor for inspection or audit.

h. DHCS may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.

4. Equipment / Property Ownership / Inventory / Disposition

(Applicable to agreements in which equipment/property is furnished by DHCS and/or when said items are purchased or reimbursed by DHCS with state or federal funds provided under the Agreement.)

a. Wherever the term equipment and/or property is used in Provision 4, the definitions in Paragraph a of Provision 3 will apply.

Unless otherwise stipulated in this Agreement, all equipment and/or property that is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement will be considered state equipment and the property of DHCS.

1) **Reporting of Equipment/Property Receipt**

DHCS requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by DHCS or purchased/reimbursed with funds provided through this Agreement.

Upon receipt of equipment and/or property, the Contractor must report the

receipt to the DHCS Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor must use a form or format designated by DHCS' Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with DHCS Funds) does not accompany this Agreement, Contractor must request a copy from the DHCS Program Contract Manager.

2) **Annual Equipment/Property Inventory**

If the Contractor enters into an agreement with a term of more than twelve months, the Contractor must submit an annual inventory of state equipment and/or property to the DHCS Program Contract Manager using a form or format designated by DHCS' Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of DHCS-Funded Equipment) does not accompany this Agreement, Contractor must request a copy from the DHCS Program Contract Manager. Contractor must:

a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).

b) Submit the inventory report to DHCS according to the instructions appearing on the inventory form or issued by the DHCS Program Contract Manager.

c) Contact the DHCS Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by either the DHCS Program Contract Manager or DHCS' Asset Management Unit.

b. Title to State equipment and/or property will not be affected by its incorporation or attachment to any property not owned by the State.

c. Unless otherwise stipulated, DHCS will be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.

d. The Contractor and/or Subcontractor must maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.

1) In administering this provision, DHCS may require the Contractor and/or Subcontractor to repair or replace, to DHCS' satisfaction, any damaged, lost or stolen state equipment and/or property. In the event of state equipment and/or miscellaneous property theft, Contractor and/or Subcontractor must immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor must promptly submit one copy of the theft report to the DHCS Program Contract Manager.

e. Unless otherwise stipulated by the Program funding this Agreement, equipment

and/or property purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, must only be used for performance of this Agreement or another DHCS agreement.

f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor must provide a final inventory report of equipment and/or property to the DHCS Program Contract Manager and must, at that time, query DHCS as to the requirements, including the manner and method, of returning state equipment and/or property to DHCS. Final disposition of equipment and/or property will be at DHCS expense and according to DHCS instructions. Equipment and/or property disposition instructions will be issued by DHCS immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, DHCS may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different DHCS agreement.

g. **Motor Vehicles**

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under this Agreement.)

1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor and/or Subcontractor must return such vehicles to DHCS and must deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to DHCS.

2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the State of California will be the legal owner of said motor vehicles and the Contractor will be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this Agreement.

3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, must hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator must also hold a State of California Class B driver's license.

4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, the Contractor and/or Subcontractor, as applicable, must provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

Automobile Liability Insurance

a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by DHCS under the terms of this Agreement, to the Contractor and/or Subcontractor.

b) The Contractor and/or Subcontractor must, as soon as practical, furnish a copy of the certificate of insurance to the DHCS Program Contract Manager. The certificate of insurance must identify the DHCS contract or agreement number for which the insurance applies.

c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, will remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to DHCS.

d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:

I. The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State (California Department of Health Care Services).

II. The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.

III. The insurance carrier must notify the California Department of Health Care Services (DHCS), in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices will contain a reference to each agreement number for which the insurance was obtained.

f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance

Management. The Contractor will be notified by DHCS, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services will be performed prior to obtaining said approval.

g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, DHCS may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing $5,000 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services exceeding $5,000, the Contractor must obtain at least three bids or justify a sole source award.

1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.

2) DHCS may identify the information needed to fulfill this requirement.

3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:

a) A local governmental entity or the federal government,

b) A State college or State university from any State,

c) A Joint Powers Authority,

d) An auxiliary organization of a California State University or a California community college,

e) A foundation organized to support the Board of Governors of the California Community Colleges,

f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522,

g) Firms or individuals proposed for use and approved by DHCS' funding program via acceptance of an application or proposal for funding or pre/post contract award negotiations,

h) Entities and/or service types identified as exempt from advertising and competitive bidding in State Contracting Manual Volume 1 Chapter 5 Section 5.80 Subsection B.

i) Entities whose name and budgeted costs have been submitted to DHCS in response to a competitive Invitation for Bid or Request for Proposal.

b. Agreements with governmental or public entities and their auxiliaries, or a Joint Powers Authority

1) If the total amount of all subcontracts exceeds twenty-five percent (25%) of the total agreement amount or $50,000, whichever is less and each subcontract is not with an entity or of a service type described in paragraph a(3) herein, DHCS will:

a) Obtain approval from DGS to use said subcontracts, or

b) If applicable, obtain a certification from the prime Contractor indicating that each subcontractor was selected pursuant to a competitive bidding process requiring at least three bids from responsible bidders, or

c) Obtain attestation from the Secretary of the California Health and Human Services Agency attesting that the selection of the particular subcontractor(s) without competitive bidding was necessary to promote DHCS' program needs and was not done for the purpose of circumventing competitive bidding requirements.

2) When the conditions of b(1) apply, each subcontract that is not with a type of entity or of a service type described in paragraph a(3) herein, must not commence work before DHCS has obtained applicable prior approval to use said subcontractor. DHCS will inform the Contractor when DHCS has obtained appropriate approval to use said subcontractors.

c. DHCS reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.

1) Upon receipt of a written notice from DHCS requiring the substitution and/or termination of a subcontract, the Contractor must take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by DHCS.

2) The requirements specified in Provision 28 entitled, "Use of Disabled Veteran Business Enterprises (DVBEs)" will apply to the use and substitution of DVBE subcontractors.

3) The requirements specified in Provision 30 entitled, "Use of Small Business Subcontractors" will apply to the use and substitution of small business subcontractors.

d. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of $5,000 or more are subject to the prior review and written approval of DHCS. DHCS may, at its discretion, elect to waive this right. All such waivers must be confirmed in writing by DHCS.

e. Contractor must maintain a copy of each subcontract entered into in support of this Agreement and must, upon request by DHCS, make copies available for approval, inspection, or audit.

f. DHCS assumes no responsibility for the payment of subcontractors used in the performance of this Agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this Agreement.

g. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.

h. When entering into a consulting agreement with DHCS, the contract must include detailed criteria and a mandatory progress schedule for the performance of the contract, and must require Contractor to provide a detailed analysis of the costs of performing the contract.

i. The Contractor must ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.

j. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

"(Subcontractor Name) agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from DHCS to the Contractor, to permit DHCS or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

k. Unless otherwise stipulated in writing by DHCS, the Contractor will be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.

l. Contractor must, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this Exhibit: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 17, 18, 19, 20, 32, 37, 38 and/or other numbered provisions herein that are deemed applicable.

6. Income Restrictions

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement must be paid by the Contractor to DHCS, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by DHCS under this Agreement.

7. Audit and Record Retention

(Applicable to agreements in excess of $10,000.)

a. The Contractor and/or Subcontractor must maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.

b. The Contractor's and/or Subcontractor's facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records must be subject at all reasonable times to inspection, audit, and reproduction.

c. Contractor agrees that DHCS, DGS, the California State Auditor, or their designated representatives including, but not limited to, the Comptroller General of the United States will have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Government Code (Gov. Code) § 8546.7, Title 2 Code of California Regulations (C.C.R.), § 1896.77 and other applicable State laws.) The Contractor must comply with the above and be aware of the penalties for violations of fraud and for obstruction of an investigation under applicable State laws.

d. The Contractor and/or Subcontractor must preserve and make available his/her records (1) for a period of six years for all records related to Disabled Veteran Business Enterprise (DVBE) participation (Military and Veterans Code (Mil. & Vet. Code) § 999.55), if this Agreement involves DVBE participation, and three years for all other contract records from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (1) or (2) below.

   1) If this Agreement is completely or partially terminated, the records relating to the work terminated must be preserved and made available for a period of three years from the date of any resulting final settlement.

   2) If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.

e. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other

data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

f. For agreements with non-profit entities funded in part or whole with federal funds in the amount of $750,000 or more, the Contractor must, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 et seq.

g. For Direct Service Contracts as defined in Health & Saf. Code § 38040 in the amount of $25,000 or more, the Contract must comply with the audit requirements set forth in Health & Saf. Code § 38040.

8. Site Inspection

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor must provide and must require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations will be performed in such a manner as will not unduly delay the work.

9. Federal Contract Funds

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

a. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.

b. This Agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.

c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

d. DHCS has the option to invalidate or cancel the Agreement with 30-days

advance written notice or to amend the Agreement to reflect any reduction in funds.

10. Termination

a. **For Cause**

The State may terminate this Agreement, in whole or in part, and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination, the State may proceed with the work in any manner deemed proper by the State. All costs to the State will be deducted from any sum due the Contractor under this Agreement and the balance, if any, will be paid to the Contractor upon demand. If this Agreement is terminated, in whole or in part, the State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials, related to the terminated portion of the Contract, including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The State will pay contract price for completed deliverables delivered and accepted and items the State requires the Contractor to transfer as described in this paragraph above.

b. **For Convenience**

The State retains the option to terminate this Agreement, in whole or in part, without cause, at the State's convenience, without penalty, provided that written notice has been delivered to the Contractor at least thirty (30) calendar days prior to such termination date. In the event of termination, in whole or in part, under this paragraph, the State may require the Contractor to transfer title, or in the case of licensed software, license, and deliver to the State any completed deliverables, partially completed deliverables, and any other materials related to the terminated portion of the Contract including but not limited to, computer programs, data files, user and operations manuals, system and program documentation, training programs related to the operation and maintenance of the system, and all information necessary for the reimbursement of any outstanding Medicaid claims. The Contractor will be entitled to compensation upon submission of an invoice and proper proof of claim for the services and products satisfactorily rendered, subject to all payment provisions of the Agreement. Payment is limited to expenses necessarily incurred pursuant to this Agreement up to the date of termination.

11. Intellectual Property Rights

(Applicable to all agreements that may be fund, in whole or part, the creation and development Intellectual Property.)

a. The State will be the owner of all rights, title, and interest in any and all intellectual property or other products or materials created or developed pursuant to this Agreement, whether or not published, produced, manufactured or distributed. The copyright, patent and/or other intellectual property rights to any and all products created, provided or developed, in whole or part, under this Agreement, whether or not published, produced, manufactured or distributed belongs to the State from the moment of creation.

b. The State retains all rights to use, reproduce, distribute, or display any products or materials created, provided, developed, or produced under this Agreement and any derivative products based on Agreement products or materials, as well as all other rights, privileges, and remedies granted or reserved to a copyright, patent, service mark or trademark owner under statutory and common law.

c. Contractor agrees to cooperate with State and to execute any document(s) that may be necessary to give the foregoing provisions full force and effect, including but not limited to, an assignment of trademark, copyright or patent rights. Contractor, subject to reasonable availability, agrees to give testimony and take all further acts necessary to acquire, transfer, maintain, and enforce the State's intellectual property rights and interest.

d. Contractor agrees to cooperate with the State in assuring the State's sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor must require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to the State all rights, title and interest in Intellectual Property conceived, developed, derived from, or reduced to practice by the subcontractor, Contractor or the State and which result from this Agreement or any subcontract.

e. Contractor agrees not to incorporate into or make the works developed, dependent upon any original works of authorship or Intellectual Property Rights of third parties without first (a) obtaining State's prior written permission, and (b) granting to or obtaining for State, without additional compensation, a nonexclusive, royalty-free, paid-up, irrevocable, perpetual, world-wide license, to use, reproduce, sell, modify, publicly and privately display and distribute, for any purpose whatsoever, any such prior works.

f. Contractor will retain title to all of its Intellectual Property to the extent such intellectual Property is in existence prior to the effective date of this Agreement. **Unless otherwise specified in the Statement of Work in contracts other than those funded, in part or whole, by federal funds (see paragraph k below)**, Contractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in

the Intellectual Property resulting from this Agreement. Proprietary software packages that are provided at established catalog or market prices and sold or leased to the general public will not be subject to this license provision.

g. In the case of copyrighted materials, all materials distributed under the terms of this Agreement, and any reproductions or derivative works thereof, must include a notice of copyright in a place that can be visually perceived at the direction of the State. This notice must be placed prominently on products or materials and set apart from other matter on the page or medium where it appears. The notice "Copyright" or "©", the year in which the work was first created, and the Department of Health Care Services DHCS", or other appropriate mark as directed by DHCS, must be included on any such products or materials.

h. Contractor represents and warrants that:

1) It is free to enter into and fully perform this Agreement.

2) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.

3) Neither Contractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or the State and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any State, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

4) Neither Contractor's performance nor any part of its performance will violate the right of privacy of or constitute a libel or slander against any person or entity.

5) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real property, sites, locations, property or props that may be used or shown.

6) It has not granted and will not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to the State in this Agreement.

7) It has appropriate systems and controls in place to ensure that State funds will not be used in the performance of this Agreement for the acquisition,

operation or maintenance of computer software in violation of copyright laws.

8) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.

i. THE STATE MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

j. INTELLECTUAL PROPERTY INDEMNITY

1) Contractor must indemnify, defend and hold harmless the State and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of the State's use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or the State and which result directly or indirectly from this Agreement. This indemnity obligation will apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this Agreement. The State reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against the State.

2) Should any Intellectual Property licensed by the Contractor to the State under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve the State's right to use the licensed Intellectual Property in accordance with this Agreement at no expense to the State. The State will have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for the State to continue using the licensed Intellectual Property; or replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, the State will be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in

equity.

3) Contractor agrees that damages alone would be inadequate to compensate the State for breach of any term of this Intellectual Property attachment by Contractor. Contractor acknowledges the State would suffer irreparable harm in the event of such breach and agrees the State will be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

k. If this Agreement is funded in whole or part by federal funds, the State will retain all Intellectual Property rights, title, and ownership, which result directly or indirectly from the Agreement pursuant to applicable federal law including, but not limited to, 45 C.F.R. § 75.322 and 45 C.F.R. § 95.617, except as provided in 37 C.F.R. Part 401.14. However, the federal government will have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

l. The provisions set forth herein will survive any termination or expiration of this Agreement.

12. Air or Water Pollution Requirements

Any federally funded agreement and/or subcontract in excess of $100,000 must comply with the following provisions unless said agreement is exempt by law.

a. Government contractors agree to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. § 7606), Section 508 of the Clean Water Act (33 U.S.C. § 1368), Executive Order 11738, and Environmental Protection Agency regulations.

b. Institutions of higher education, hospitals, nonprofit organizations and commercial businesses agree to comply with all applicable standards, orders, or requirements issued under the Clean Air Act (42 U.S.C. § 7401 et seq.), as amended, and the Clean Water Act (33 U.S.C. § 1251 et seq.), as amended.

13. Prior Approval of Training Seminars, Workshops or Conferences

Contractor must obtain prior DHCS approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor must acknowledge the support of the State whenever publicizing the work under this Agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor or Subcontractor to conduct routine business matters.

14. Confidentiality of Information

a. The Contractor and its employees, agents, or subcontractors must protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.

b. The Contractor and its employees, agents, or subcontractors must not use such identifying information for any purpose other than carrying out the Contractor's obligations under this Agreement.

c. The Contractor and its employees, agents, or subcontractors must promptly transmit to the DHCS Program Contract Manager all requests for disclosure of such identifying information not emanating from the client or person.

d. The Contractor must not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than DHCS without prior written authorization from the DHCS Program Contract Manager, except if disclosure is required by State or Federal law.

e. For purposes of this provision, identity will include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

f. As deemed applicable by DHCS, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

15. Documents, Publications and Written Reports

(Applicable to agreements over $5,000 under which publications, written reports and documents are developed or produced. Gov. Code § 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement must contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts or agreements and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

16. Dispute Resolution Process

a. A Contractor grievance exists whenever there is a dispute arising from DHCS' action in the administration of an agreement. If there is a dispute or grievance

between the Contractor and DHCS, the Contractor must seek resolution using the procedure outlined below.

1) The Contractor should first informally discuss the problem with the DHCS Program Contract Manager. If the problem cannot be resolved informally, the Contractor must direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance must state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief will render a decision within ten (10) working days after receipt of the written grievance from the Contractor. The Branch Chief will respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.

2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor must include with the appeal a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal must be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee will meet with the Contractor to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee will be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal. The decision rendered by the Deputy Director or his/her designee will be the final administrative determination by the Department.

b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor shall follow the procedures set forth in Health and Safety Code (Health & Saf. Code) § 100171.

c. Unless otherwise stipulated in writing by DHCS, all dispute, grievance and/or appeal correspondence will be directed to the DHCS Program Contract Manager.

d. There are organizational differences within DHCS' funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Contractor will be notified in writing by the DHCS Program Contract Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

e. Notwithstanding any dispute, the Contractor shall diligently continue performance of the Contract (including matters subject to dispute to the maximum extent possible).

17. Subrecipient Compliance

(Applicable to agreements in which a Subrecipient receives federal funding. This does not apply to Medi-Cal programs.)

Per 2 C.F.R. § 200.93, a Subrecipient is a non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal award. Subrecipients must comply with certain requirements, including without limitation, audit requirements, as set forth in 2 C.F.R. Part 200, as applicable to Subrecipients. Subrecipients may be subject to applicable monitoring activities by DHCS as required in 2 C.F.R. § 200.332.

18. Human Subjects Use Requirements

(Applicable only to federally funded agreements/grants in which performance, directly or through a subcontract/subaward, includes any tests or examination of materials derived from the human body.)

By signing this Agreement, Contractor agrees that if any performance under this Agreement or any subcontract includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. § 263a (CLIA) and the regulations thereunder.

19. Debarment and Suspension Certification

(Applicable to all agreements funded in part or whole with federal funds.)

a. By signing this Agreement, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 2 C.F.R. Part 180, 2 C.F.R. Part 376.

b. By signing this Agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:

   1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;

   2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) violation of Federal or State antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, obstruction of justice, or the commission of any other offense indicating a lack of business integrity or business honesty that seriously affects its business honesty;

   3) Are not presently indicted for or otherwise criminally or civilly charged by a

governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and

4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

5) Have not, within a three-year period preceding this application/proposal/agreement, engaged in any of the violations listed under 2 C.F.R. Part 180, Subpart C as supplemented by 2 C.F.R. Part 376.

6) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 C.F.R .part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.

7) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

c. If the Contractor is unable to certify to any of the statements in this certification, the Contractor must submit an explanation to the DHCS Program Contract Manager.

d. The terms and definitions herein have the meanings set out in 2 C.F.R. Part 180 as supplemented by 2 C.F.R. Part 376.

e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the DHCS may terminate this Agreement for cause or default.

20. Smoke-Free Workplace Certification

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

c. By signing this Agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

21. Drug Free Workplace Act of 1988

The Federal government implemented the Drug Free Workplace Act of 1988 in an attempt to address the problems of drug abuse on the job. It is a fact that employees who use drugs have less productivity, a lower quality of work, and a higher absenteeism, and are more likely to misappropriate funds or services. From this perspective, the drug abuser may endanger other employees, the public at large, or themselves. Damage to property, whether owned by this entity or not, could result from drug abuse on the job. All these actions might undermine public confidence in the services this entity provides. Therefore, in order to remain a responsible source for government contracts, the following guidelines have been adopted:

a. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace.

b. Violators may be terminated or requested to seek counseling from an approved rehabilitation service.

c. Employees must notify their employer of any conviction of a criminal drug statue no later than five days after such conviction.

d. Although alcohol is not a controlled substance, it is nonetheless a drug. It is the policy that abuse of this drug will also not be tolerated in the workplace.

e. Contractors of federal agencies are required to certify that they will provide drug-free workplaces for their employees.

22. Covenant Against Contingent Fees

(Applicable only to federally funded agreements.)

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Contractor for the purpose of securing business. For breach or violation of this warranty, DHCS

will have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

23. Payment Withholds

(Applicable only if a final report is required by this Agreement. Not applicable to government entities.)

Unless waived or otherwise stipulated in this Agreement, DHCS may, at its discretion, withhold 10 percent (10%) of the face amount of the Agreement, 50 percent (50%) of the final invoice, or $3,000 whichever is greater, until DHCS receives a final report that meets the terms, conditions and/or scope of work requirements of this Agreement.

24. Progress Reports or Meetings

(Applicable to consultant service agreements and, at DHCS' option, other agreements.)

a. Contractor shall submit progress reports or attend meetings with state personnel at intervals determined by DHCS to determine if the Contractor is on the right track, whether the project is on schedule, provide communication of interim findings, and afford occasions for airing difficulties or special problems encountered so that remedies can be developed quickly.

b. At the conclusion of this Agreement and if applicable, Contractor shall hold a final meeting at which Contractor shall present any findings, conclusions, and recommendations. If required by this Agreement, Contractor shall submit a comprehensive final report.

25. Performance Evaluation

a. For all consultant service agreements of $5000 or more:

   1) The Contractor's performance under this Agreement will be evaluated at the conclusion of the term of this Agreement. The evaluation will include, but not be limited to:

      a) Whether the contracted work or services were completed as specified in the Agreement and reasons for and amount of any cost overruns.

      b) Whether the contracted work or services met the quality standards specified in the Agreement.

      c) Whether the Contractor fulfilled all requirements of the Agreement and if not, in what ways the Contractor did not fulfill the contract.

      d) Factors outside the control of the Contractor, which caused difficulties in Contractor performance. Factors outside the control of the Contractor will not include a Subcontractor's poor performance.

      e) Other information the awarding agency may require.

f) How the Contract results and findings will be utilized to meet the agency goals.

2) The evaluation of the Contractor will not be a public record.

b. For all other agreements except grant agreements:

DHCS may, at its discretion, evaluate the performance of the Contractor at the conclusion of this Agreement. If performance is evaluated, the evaluation will not be a public record and will remain on file with DHCS. Negative performance evaluations may be considered by DHCS prior to making future contract awards.

26. Officials Not to Benefit

No members of or delegate of Congress or the State Legislature will be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision will not be construed to extend to this Agreement if made with a corporation for its general benefits.

27. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

28. Use of Disabled Veteran's Business Enterprises (DVBE)

(Applicable to agreements over $10,000 in which the Contractor committed to achieve DVBE participation. Not applicable to agreements and amendments specifically exempted from DVBE requirements by DHCS.)

a. The State Legislature has declared that a fair portion of the total purchases and contracts or subcontracts for property and services for the State be placed with disabled veteran business enterprises.

b. All DVBE participation attachments, however labeled, completed as a condition of bidding, contracting, or amending a subject agreement, are incorporated herein and made a part of this Agreement by this reference.

c. Contractor agrees to use the proposed DVBEs, as identified in previously submitted DVBE participation attachments. Contractor understands and agrees to comply with the requirements set forth in Mil. & Vet. Code § 999 et seq. in that should award of this Contract be based on part on its commitment to use the DVBE subcontractor(s) identified in its bid or offer, per Mil. & Vet. Code § 999.5(g), a DVBE subcontractor may only be replaced by another DVBE subcontractor and must be approved by both DHCS and the DGS prior to the commencement of any work by the proposed subcontractor. Changes to the

scope of work that impact the DVBE subcontractor(s) identified in the bid or offer and approved DVBE substitutions will be documented by contract amendment.

d. Requests for DVBE subcontractor substitution must include:

   1) A written explanation of the reason for the DVBE substitution.

   2) A written description of the business enterprise that will be substituted, including its DVBE certification status and contact information.

   3) A written description of the work to be performed by the substituted DVBE subcontractor and an identification of the percentage share/dollar amount of the overall contract that the substituted subcontractor will perform.

   4) One or more of the permissible justifications for substituting a DVBE subcontractor as found in 2 C.C.R. § 1896.73(g).

e. Failure of the Contractor to seek substitution and adhere to the DVBE participation level identified in the bid or offer may be cause for contract termination, recovery of damages under rights and remedies due to the State, and penalties as outlined in Mil. & Vet. Code§ 999.9 and other applicable State laws.

f. Upon completion of this Contract, DHCS requires the Contractor to certify using the Prime Contractor's Certification – DVBE Subcontracting Report (STD 817), all of the following:

   1) The total amount the prime Contractor received under the Agreement;

   2) The name, address, Contract number and certification ID Number of the DVBE(s) that participated in the performance of this Contract;

   3) The amount and percentage of work the prime Contractor committed to provide to one or more DVBE(s) under the requirements of the Contract and the total payment each DVBE received from the prime Contractor;

   4) That all payments under the Contract have been made to the DVBE(s); and

   5) The actual percentage of DVBE participation that was achieved. Upon request, the prime Contractor must provide proof of payment for the work.

g. If for this Contract the Contractor made a commitment to achieve the DVBE participation goal, the Department will withhold $10,000 from the final payment, or the full payment if less than $10,000, until the Contractor complies with the certification requirements above. A Contractor that fails to comply with the certification requirement must, after written notice, be allowed to cure the defect. Notwithstanding any other law, if, after at least 15 calendar days but not more than 30 calendar days from the date of written notice, the prime Contractor refuses to comply with the certification requirements, DHCS will permanently deduct $10,000 from the final payment, or the full payment if less than $10,000. (Mil. & Vet. Code § 999.7.)

h. A person or entity that knowingly provides false information will be subject to a civil penalty for each violation. (Mil. & Vet. Code § 999.5(d); Govt. Code § 14841.)

i. Contractor agrees to comply with the rules, regulations, ordinances, and statutes that apply to the DVBE program as defined in § 999 of the Mil. & Vet. Code, including, but not limited to, the requirements of § 999.5(d).

29. Use of Small, Minority Owned and Women's Businesses

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts must be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors must take all of the following steps to further this goal.

a. Ensure that small businesses, minority-owned firms and women's business enterprises are used to the fullest extent practicable.

b. Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms and women's business enterprises.

c. Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

d. Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

e. Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

30. Use of Small Business Subcontractors

(Only applicable to agreements awarded in part due to the granting of small business preference where the Contractor committed to use small business subcontractors for at least 25% of the initial contract cost or amount bid.)

a. All Small Business Preference Request attachments and Small Business Subcontractor/Supplier Acknowledgment attachments, however labeled, completed as a condition of bidding, are incorporated herein, and made a part of this Agreement by this reference.

b. Contractor agrees to use each small business subcontractor/supplier, as

identified in previously submitted Small Business Preference Request attachments, unless the Contractor submits a written request for substitution of a like or alternate subcontractor. All requests for substitution must be approved by DHCS, in writing (including email or fax), prior to using a proposed substitute subcontractor.

c. Requests for substitution must be approved by the funding program and must include, at a minimum:

   1) An explanation of the reason for the substitution.

   2) A written description of the business enterprise that will be substituted, including its small business certification status and contact information.

   3) If substitution of an alternate small business does not occur, include a written justification and description of the steps taken to try to acquire a new small business and how that portion of the Contract will be fulfilled.

   4) A written description of the work to be performed by the substituted subcontractor identified by both task (if applicable) and dollar amount or percentage of the overall Contract that the substituted subcontractor will perform. The substituted business, if approved, must perform a commercially useful function in the Contract pursuant to 2 C.C.R. § 1896.15.

d. DHCS may consent to the substitution if allowed by applicable State laws.

e. Prior to the approval of the prime contractor's request for the substitution, the funding program will give notice in writing to the listed subcontractor of the prime contractor's request to substitute and the reasons for the request to substitute. The notice will be served by certified or registered mail to the last known address of the subcontractor. The listed subcontractor that has been so notified will have five (5) working days after the receipt of the notice to submit written objections to the substitution to the funding program. Failure to file these written objections will constitute the listed subcontractor's consent to the substitution. If written objections are filed, DHCS will give notice in writing of at least five (5) working days to the listed subcontractor of a hearing by DHCS on the prime contractor's request for substitution.

f. Failure of the Contractor to subcontract with the small businesses listed in its bid or proposal to DHCS, or failure to follow applicable substitution rules and regulations will be grounds for DGS to impose sanctions pursuant to Gov. Code § 14842.5 and 2 C.C.R. § 1896.92. In the event such sanction are to be imposed, the Contractor be notified in writing and entitled to a hearing pursuant to Gov. Code § 14842. and 2 C.C.R. § 1896.18 and § 1896.20.

g. If requested by DHCS, Contractor agrees to provide documentation/verification, in a form agreed to by DHCS, that small business subcontractor usage under this Agreement complies with the commitments specified during the contractor selection process.

31. Alien Ineligibility Certification

(Applicable to sole proprietors entering into federally funded agreements.)

By signing this Agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. § 1601, et seq.)

32. Union Organizing

(Applicable only to grant agreements.)

Grantee, by signing this Agreement, hereby acknowledges the applicability of Gov. Code §§ 16645 through 16649 to this Agreement. Furthermore, Grantee, by signing this Agreement, hereby certifies that:

a. No state funds disbursed by this grant will be used to assist, promote or deter union organizing.

b. Grantee shall account for state funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.

c. Grantee must, where state funds are not designated as described in b herein, allocate, on a pro-rata basis, all disbursements that support the grant program.

d. If Grantee makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no state funds were used for those expenditures, and that Grantee must provide those records to the Attorney General upon request.

33. Contract Uniformity (Fringe Benefit Allowability)

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with § 100525) of Chapter 3 of Part 1 of Division 101 of the Health & Saf. Code, DHCS sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

b. As used herein, fringe benefits do not include:

   1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.

   2) Director's and executive committee member's fees.

3) Incentive awards and/or bonus incentive pay.

4) Allowances for off-site pay.

5) Location allowances.

6) Hardship pay.

7) Cost-of-living differentials.

c. Specific allowable fringe benefits include:

1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.

d. To be an allowable fringe benefit, the cost must meet the following criteria:

1) Be necessary and reasonable for the performance of the Agreement.

2) Be determined in accordance with generally accepted accounting principles.

3) Be consistent with policies that apply uniformly to all activities of the Contractor.

e. Contractor agrees that all fringe benefits must be at actual cost.

f. Earned/Accrued Compensation

1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.

2) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Provision f (3)(b) for an example.

3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.

a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.

b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

c) **Example No. 3:**

If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to DHCS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

34. Suspension or Stop Work Notification

a. DHCS may, at any time, issue a notice to suspend performance or stop work under this Agreement. The initial notification may be a verbal or written directive issued by the funding Program's Contract Manager. Upon receipt of said notice, the Contractor is to suspend and/or stop all, or any part, of the work called for by this Agreement.

b. Written confirmation of the suspension or stop work notification with directions as to what work (if not all) is to be suspended and how to proceed will be provided within 30 working days of the verbal notification. The suspension or stop work notification will remain in effect until further written notice is received from DHCS. The resumption of work (in whole or part) will be at DHCS' discretion and upon receipt of written confirmation.

1) Upon receipt of a suspension or stop work notification, the Contractor must immediately comply with its terms and take all reasonable steps to minimize or halt the incurrence of costs allocable to the performance covered by the notification during the period of work suspension or stoppage.

2) Within 90 days of the issuance of a suspension or stop work notification, DHCS will either:

a) Cancel, extend, or modify the suspension or stop work notification; or

b) Terminate the Agreement as provided for in the Cancellation / Termination clause of the Agreement.

c. If a suspension or stop work notification issued under this clause is canceled or the period of suspension or any extension thereof is modified or expires, the Contractor may resume work only upon written concurrence of funding Program's Contract Manager.

d. If the suspension or stop work notification is canceled and the Agreement resumes, changes to the services, deliverables, performance dates, and/or contract terms resulting from the suspension or stop work notification will require an amendment to the Agreement.

e. If a suspension or stop work notification is not canceled and the Agreement is canceled or terminated pursuant to the provision entitled Cancellation / Termination, DHCS will allow reasonable costs resulting from the suspension or stop work notification in arriving at the settlement costs.

f. DHCS will not be liable to the Contractor for loss of profits because of any suspension or stop work notification issued under this clause.

35. Public Communications

"Electronic and printed documents developed and produced, for public communications must follow the following requirements to comply with Section 508 of the Rehabilitation Act and the American with Disabilities Act:

a. Ensure visual-impaired, hearing-impaired and other special needs audiences are provided material information in formats that provide the most assistance in making informed choices."

36. Legal Services Contract Requirements

(Applicable only to agreements involving the performance of legal services.)

The Contractor must:

a. Adhere to legal cost and billing guidelines designated by DHCS.

b. Adhere to litigation plans designated by DHCS.

c. Adhere to case phasing of activities designated by DHCS.

d. Submit and adhere to legal budgets as designated by DHCS.

e. Maintain legal malpractice insurance in an amount not less than the amount designated by DHCS. Said amount must be indicated in a separate letter to the Contractor.

f. Submit to legal bill audits and law firm audits if requested by DHCS. Such audits may be conducted by State employees or its designees or by any legal cost control providers retained by DHCS for such purpose.

g. Applicable only to legal agreements of $50,000 or more:

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

37. Compliance with Statutes and Regulations

a. The Contractor must comply with all California and federal law, regulations, and published guidelines, to the extent that these authorities contain requirements applicable to Contractor's performance under the Agreement. This includes any changes to the applicable laws, regulations, and/or published guidelines that arise after the execution of this Agreement.

b. For federally funded agreements, these authorities include, but are not limited to, 2 C.F.R. Part 200, subpart F, Appendix II; 42 C.F.R. Part 431, subpart F; 42 C.F.R. Part 433, subpart D; 42 C.F.R. Part 434; 45 C.F.R. Part 75, subpart D; and 45 C.F.R. Part 95, subpart F. To the extent applicable under federal law, this Agreement will incorporate the contractual provisions in these federal regulations and they will supersede any conflicting provisions in this Agreement.

38. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded agreements in excess of $100,000 per Section 1352 of the 31, U.S.C.)

a. Certification and Disclosure Requirements

1) Each person (or recipient) who requests or receives a contract or agreement, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds $100,000 at any tier, must file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.

2) Each recipient must file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using non-appropriated funds (to include profits from any covered federal action) in connection with a contract, or grant or any extension or amendment of that

contract, or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

3) Each recipient must file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:

   a) A cumulative increase of $25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;

   b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or

   c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

4) Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract or agreement, subcontract, grant or subgrant exceeding $100,000 at any tier under a contract or agreement, or grant must file a certification, and a disclosure form, if required, to the next tier above.

5) All disclosure forms (but not certifications) must be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person must forward all disclosure forms to DHCS Program Contract Manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement.

Attachment 1
CERTIFICATION REGARDING LOBBYING

The recipient certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned must complete and submit Standard Form LLL, “Disclosure of Lobbying Activities" (Attachment 2) in accordance with its instructions.

3. The recipient must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of $100,000 or more, and that all subrecipients must certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification will be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By signing or otherwise accepting the Agreement, the recipient certifies and files this Attachment 1. **CERTIFICATION REGARDING LOBBYING,** as required by Section 1352, Title 31, U.S.C., unless the conditions stated in paragraph 2 above exist. In such case, the awardee/contractor must complete and sign Attachment 2. **CERTIFICATION REGARDING LOBBYING and returning it to the Department of Health Care Services.**

Attachment 2
CERTIFICATION REGARDING LOBBYING

Approved by OMB (0348-0046)
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
_ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	_ a. bid/offer/application b. initial award c. post-award	_ a. initial filing b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier ___, if known: Congressional District, If known:	Congressional District, If known:
6. Federal Department/Agency	7. Federal Program Name/Description:
	CDFA Number, if applicable: _____
8. Federal Action Number, if known:	9. Award Amount, if known:
10.a. Name and Address of Lobbying Registrant *(If individual, last name, first name, MI)*:	b. Individuals Performing Services *(including address if different from 10a.* *(Last name, First name, MI):*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person that fails to file the required disclosure shall be subject to a not more than $100,000 for each such failure.

Signature:	
Print Name:	
Title:	
Telephone Number:	
Date:	

Federal Use Only	Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if itis, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grant.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001”.

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Exhibit E
ADDITIONAL PROVISIONS

1. Contract Amendment Process

A. If, during the term of this Contract, a party wishes to amend the Contract, that party may notify the other party so that the parties can engage in informal discussions and consultations preceding the formal amendment process, as set forth below.

B. All amendments proposed by one party shall be provided in writing to the other party.

1) Any such proposal shall set forth a detailed explanation of the reason and basis for the proposed amendment, a complete statement of costs and benefits of the proposed amendment and the text of the desired amendment.

2) Timing of proposed amendments,

i. {Integrated Contracts (DMC and DMC-ODS)} Any proposed amendments requested by the Contractor must be submitted to DHCS by October 1 of each calendar year in order for the amendment to be effective for the following calendar year, beginning on January 1.

ii. {Standalone Contracts (SMHS, DMC, and DMC-ODS)} Any proposed amendments requested by the Contractor must be submitted to DHCS by May 1 of each state fiscal year in order for the amendment to be effective for the following state fiscal year, beginning on July 1.

3) These proposed amendments shall be duly approved by the County Board of Supervisors or its authorized designee and signed by a duly authorized representative.

C. The other party shall acknowledge receipt of the proposal in writing within 10 calendar days and shall have 60 calendar days (or such different period as the parties mutually may set) after receipt of such proposal to review and consider the proposal, to consult and negotiate with the proposing party, and to accept or reject the proposal. Acceptance or rejection may be made orally within the 60-day period and shall be confirmed in writing within five days thereafter. The party proposing an amendment shall have the right to withdraw the proposal at any time prior to acceptance or rejection by the other party.

D. If the parties agree on an amendment to the Contract, the agreed upon changes shall be made through the State's official agreement amendment process.

Exhibit E
ADDITIONAL PROVISIONS

1) No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services (DGS), if DGS approval is required. If DGS approval is not required, the amendment will be binding on both parties on the date executed by both parties.

2. Contract Renewal; Contract Cancellation/Termination

A. Contract Renewal

This Contract may be renewed if the Contractor continues to meet the requirements under this Contract and applicable law. Failure to meet these requirements shall be cause for nonrenewal of the Contract. (42 C.F.R. § 438.708; W&I Code § 14714(b)(1).) The Department may base the decision to renew on timely completion of a mutually agreed-upon plan of correction of any deficiencies, submissions of required information in a timely manner, and/or other conditions of the Contract. (W&I Code § 14714(b)(1).)

B. Contract Termination or Nonrenewal by Contractor

1) The Contractor may, at its discretion, terminate or not renew this Contract with respect to SMHS, DMC, and/or DMC-ODS services (as applicable).

2) If, with respect to SMHS, DMC, and/or DMC-ODS services (as applicable), the Contractor terminates or does not renew its Contract, or is unable to meet the standards set by the Department, the Contractor shall deliver written notice of the termination, nonrenewal or failure to meet standards to the Department at least 180 calendar days prior to the effective date of termination or Contract expiration. (9 C.C.R. § 1810.323(a).)

C. Contract Termination or Nonrenewal by the Department

1) The Department may terminate this Contract in accordance with the timelines specified in Welfare and Institutions Code sections 14197.7, 14714 (hereafter W&I) and Cal. Code Regs., tit. 9, section 1810.323. Specifically:

i. The Department will immediately terminate this Contract if the Department finds that there is an immediate threat to the health and safety of Medi-Cal members. (W.&I. Code §§ 14714(d); 14197.7.)

ii. Upon at least 60 calendar days' written notice, DHCS shall terminate this Contract if the United States Secretary of Health and Human Services has determined the Contractor

does not meet the federal requirements for participation in the Medicaid program. (W&I Code § 14197.7(i))

iii. Upon at least 90 calendar days' written notice, DHCS may cancel or terminate this Contract if DHCS finds that Contractor fails to comply with Contract requirements, state or federal law or regulations, or the state plan or approved waivers, or for other good cause. (W.&I. Code § 14197.7(a).) Good cause includes, but is not limited to:

a. A finding of deficiency that results in improper denial or delay in the delivery of health care services, potential endangerment to patient care, disruption in the Contractor's provider network, failure to approve continuity of care, that claims accrued or to accrue have not or will not be recompensed, or a delay in required Contractor reporting to the department. (W&I Code § 14197.7(a))

b. A failure of the Contractor, or its subcontractors or contracted providers, to comply with W&I Code sections 14124.24 or 14184.100 et seq., or BHIN 24-001.

iv. Upon at least 180 calendar days' written notice, DHCS may terminate this Contract for any reason.

2) Contract termination or cancellation shall be effective as of the date indicated in DHCS' notification to the Contractor, unless Contractor appeals the termination, or termination is immediate pursuant to Exhibit E, Section 2.C.1.i. The notice shall identify any final performance, invoicing, or payment requirements.

3) Contractor may appeal Contract termination pursuant to W&I Code section 14197.7(c)(1) or for termination of Contracts for SMHS, section 14714(d).

D. Termination of Contractor's Obligations Following Contract Non-Renewal or Termination

1) The provisions of subsection D apply regardless of whether the Contract is terminated or not renewed, and regardless of whether the termination or non-renewal is initiated by Contractor or by the Department.

i. {All Integrated Contracts (DMC and DMC-ODS)} Prior to January 1, 2027, in lieu of pursuing the termination

procedures in this section, the Department may permit Contractor to transition from an integrated Medi-Cal behavioral health contract to separate contracts for SMHS and/or DMC/DMC-ODS services (as applicable), only if the Department concludes that Contractor meets all applicable requirements for those contracts.

2) All obligations to provide covered services under this Contract shall automatically terminate on the effective date of any termination of this Contract. The Contractor shall be responsible for providing covered services to members until the termination or expiration of the Contract and shall remain liable for the processing and payment of invoices and statements for covered services provided to members prior to such expiration or termination.

3) If this Contract is terminated or not renewed , the Department shall ensure that SMHS and/or DMC services are provided to Medi-Cal members, in accordance with Welf. & Inst. Code sections 14712 (SMHS) and/or 14124.21 (DMC). The Department shall divert county funds pursuant to W& I Code sections 14712(d), 14714(b), and 14124.21(c), as applicable, and Government Code section 30027.10, as necessary to provide SMHS and/or DMC services (as applicable) in the Contractor's services area.

   i. {DMC-ODS Only} Subsection 3 above does not apply if the Contractor opts to provide DMC services following the termination of its DMC-ODS Contract.

4) Transfer of Records; Continuity of Care

   i. In the event this Contract is nullified, terminated, or not renewed, the Contractor shall deliver its entire fiscal and program records pertaining to the performance of this Contract to DHCS, which will retain the records for the required retention period.

   ii. Prior to the termination of this Contract and upon request by the Department, Contractor shall assist the State in the orderly transfer of members' health care. In doing this, the Contractor shall make available to the Department copies of medical records, patient files, and any other pertinent information, including information maintained by any subcontractor or contracted provider, necessary for efficient member case management, as determined by the Department.

iii. The preceding sections i and ii shall not apply with respect to the Contractor's behavioral health program operations if:

a. The Contractor will continue providing covered services or arrange for provision of covered services under a new agreement with the Department with substantially similar requirements, as determined by the Department;

b. {DMC-ODS only} Or, the Contractor immediately begins providing DMC services to members in accordance with the State Plan upon termination of this Contract; provided, however, that subsections i and ii above shall apply if the Contractor or the Department, in accordance with W&I Code section 14124.21, decide that the Contractor shall not provide DMC services.

5) The Department shall notify members of their Medi-Cal behavioral health benefits and options available upon termination or expiration of this Contract.

3. Contract Disputes

Should a dispute arise between the Contractor and the Department relating to performance under this Contract, the Contractor shall follow the Dispute Resolution Processes for compliance reviews and sanctions outlined in W&I Code section 14197.7, BHIN 23-006, BHIN 23-044, and any subsequent guidance issued by the Department, except for disputes governed by a different dispute resolution process under applicable law.

4. Fulfillment of Obligation

A. All Attachments and Sections within Exhibit E apply to the delivery of all covered services under this contract. The presence of a citation that applies to only one delivery system does not limit application of the corresponding requirements to only that delivery system, except as expressly otherwise indicated in this Exhibit.

B. No covenant, condition, duty, obligation, or undertaking continued or made a part of this Contract shall be waived except by written agreement of the parties hereto, and forbearance or indulgence in any other form or manner by either party in any regard whatsoever will not constitute a waiver of the covenant, condition, duty, obligation, or undertaking to be kept, performed or discharged by the party to which the same may apply. Until performance or satisfaction of all covenants, conditions, duties, obligations, and undertakings is complete, the other party shall have the

right to invoke any remedy available under this Contract, or under law, notwithstanding such forbearance or indulgence.

C. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of this Contract.

5. Additional Provisions

A. Inspection Rights/Record Keeping Requirements

1) Exhibit D(F), Provision 7 (Audit and Record Retention), which is attached hereto as part of this Contract, supplements the following requirements.

2) The following obligations apply for 10 years from the term end date of this Contract, or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. The Contractor, and subcontractors and contracted providers, shall:

i. Allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this Contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. (See 42 C.F.R. §§ 438.3(h) and 438.230(c)(3)(i-iii)).

ii. Retain all records and documents originated or prepared pursuant to the Contractor's or subcontractor's performance under this Contract, including member grievance and appeal records identified in Exhibit A, Attachment 12, Section 2 and the data, information and documentation specified in (or that demonstrates compliance with) 42 C.F.R. §§ 438.604, 438.606, 438.608, and 438.610, as applicable. (42 C.F.R. § 438.3(u); see also § 438.3(h)).

3) "Records and documents" include but are not limited to all physical and electronic records and documents originated or prepared

Exhibit E
ADDITIONAL PROVISIONS

pursuant to the Contractor's or subcontractor's performance under this Contract including working papers, reports, financial records and documents of account, member records, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for members.

B. Notices

Unless otherwise specified in this Contract, all notices to be given under this Contract shall be in writing and shall be deemed to have been given when mailed, to the Department or the Contractor at the following addresses, unless the Contract explicitly requires notice to another individual or organizational unit:

Department of Health Care Services Medi-Cal Behavioral Health Division 1501 Capitol Avenue, MS 2702 Sacramento, CA 95814	County of Tehama P.O. Box 400 Red Bluff, CA 96080

C. Nondiscrimination

1) Consistent with the requirements of applicable federal law, such as 42 C.F.R. § 438.3(d)(3) and (4), and state law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of members, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on any ground protected under federal or state law, including sex, race, color, gender, gender identity, religion, marital status, national origin, ethnic group identification, ancestry, age, sexual orientation, medical condition, genetic information, or mental or physical handicap or disability. (42 U.S.C. § 18116; 42 C.F.R. § 438.3(d)(3-4); 45 C.F.R. § 92.2; Government Code § 11135(a); W&I Code § 14727(a)(3)).

2) The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), prohibiting exclusion, denial of benefits, and discrimination against qualified individuals with a disability in any federally assisted programs or activities, and shall comply with the implementing regulations in 45 C.F.R. Parts 84 and 85, as applicable.

3) The Contractor shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts and provider contracts to perform work under this Contract.

Exhibit E
ADDITIONAL PROVISIONS

4) Noncompliance with the nondiscrimination requirements in this subsection C shall constitute grounds for state to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

D. Relationship of the Parties

The Department and the Contractor are, and shall at all times be deemed to be, independent agencies. Each party to this Contract shall be wholly responsible for the manner in which it performs the obligations and services required of it by the terms of this Contract. Nothing herein contained shall be construed as creating the relationship of employer and employee, or principal and agent, between the parties or any of their agents or employees. Each party assumes exclusively the responsibility for the acts of its employees or agents as they relate to the services to be provided during the course and scope of their employment. The Department and its agents and employees shall not be entitled to any rights or privileges of the Contractor's employees and shall not be considered in any manner to be Contractor employees. The Contractor and its agents and employees shall not be entitled to any rights or privileges of state employees and shall not be considered in any manner to be state employees.

E. [Reserved]

F. Freeze Exemptions

1) If Contractor adopts a hiring freeze during the term of this Contract, such hiring freeze shall not be applied to the positions funded, in whole or in part, by this Contract.

2) Contractor shall not implement any personnel policy, which may adversely affect the performance of this Contract, or the positions funded, in whole or in part, by this Contract.

3) If Contractor adopts a travel freeze or travel limitation policy during the term of this Contract, such policy shall not restrict travel funded, in whole or in part, by this Contract.

4) If Contractor adopts a purchasing freeze or purchase limitation policy during the term of this Contract, such policy shall not restrict or limit purchases funded, in whole or in part, by this Contract.

G. Force Majeure

Neither party shall be responsible for delays or failures in performance resulting from acts beyond the control of either party. Such acts shall include but not be limited to acts of God, fire, flood, earthquake, other

natural disaster, nuclear accident, strike, lockout, riot, freight-embargo, related-utility, or governmental statutes or regulations super-imposed after the fact. If a delay or failure in performance by the Contractor arises out of a default of its subcontractor or contracted provider, and if such default arises out of causes beyond the control of both the Contractor and subcontractor or contracted provider, and without the fault or negligence of either of them, the Department shall not sanction the Contractor because of such delay or failure. In the event of such acts, the Contractor shall take reasonable steps to perform under this Contract.

H. Participation in the County Behavioral Health Director's Association of California

1) The Contractor's County Administrator or designee shall participate and represent the county in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for SUD services.

2) The Contractor's County Administrator or designee shall attend any special meetings called by the Director of DHCS.

6. Duties of the State

In discharging its obligations under this Contract, and in addition to the obligations set forth in other parts of this Contract, the Department shall perform the following duties:

A. Payment for Services

The Department shall make the appropriate payments set forth in Exhibit B and take all appropriate steps to secure and pay FFP to the Contractor, once the Department receives FFP, for claims submitted by the Contractor.

B. Reviews

1) The Department shall conduct compliance reviews including but not limited to reviews of access and quality of care in the Contractor's county, at least once every three years. (9 C.C.R. § 1810.380, subdivision (a); W&I Code § 14197.7; 42 C.F.R. § 438.66; BHIN 23-044.)

2) {SMHS and DMC-ODS only} The Department shall also arrange for an annual external quality review of the Contractor. (42 C.F.R. § 438.350; and 9 C.C.R. section 1810.380, subd. (a)(7).)

Exhibit E
ADDITIONAL PROVISIONS

C. Monitoring for Compliance; Corrective Action; Sanctions

1) Monitoring criteria shall include, but not be limited to:

i. Whether the quality of work or services being performed conforms to Exhibit A.

ii. Whether the Contractor has established and is monitoring appropriate quality standards.

iii. Whether the Contractor is abiding by all the terms and requirements of this Contract.

2) During the review, the Department shall review the status of the Quality Improvement Plan, as described in Exhibit A, Attachment 5 and the Contractor's monitoring activities.

i. This review shall include the Contractor's service delivery system, member protections, access to services, authorization for services, compliance with regulatory and contractual requirements of the waiver, and a member records review.

ii. This review shall provide DHCS with information as to whether the Contractor is complying with its responsibility to monitor service delivery capacity.

3) When monitoring activities identify areas of non-compliance, the Department shall issue a report to the Contractor detailing findings of the review and recommendations. (9 C.C.R. § 1810.380, subd. (a); W&I Code § 14197.7; 42 C.F.R. § 438.66; BHIN 23-044; BHIN 23-006).

i. If the Department determines that the Contractor has failed to comply with any applicable requirements, the Department may:

a. Engage the Contractor to determine if there are challenges that can be addressed with facilitation and technical assistance; and/or

b. Request a corrective action plan (CAP) from the Contractor to address those deficiencies within 60 days or such other timeframe as may be specified by the Department. The Contractor shall submit a CAP to the Department within the timeframe required by the Department.

Exhibit E
ADDITIONAL PROVISIONS

ii. The Contractor's CAP shall:

a. Be documented on the DHCS CAP template.

b. Provide a specific description of how the deficiency shall be corrected.

c. Identify the title of the individual(s) responsible for:

d. Correcting the deficiency; and

e. Ensuring on-going compliance.

f. Provide a specific description of how the provider will ensure on-going compliance.

g. Specify the target date of implementation of the corrective action.

iii. The Department shall provide written acknowledgement of the CAP to the Contractor. If the Contractor does not address all of the deficiencies in the CAP submitted by the Contractor, the Department shall provide guidance on the deficient areas in the CAP acknowledgement letter and request an updated CAP from the Contractor.

iv. If the Contractor fails to submit a CAP or if the Contractor does not implement the approved CAP provisions within the designated timeline, then the Department may withhold funds or issue monetary sanctions until the Contractor is in compliance, terminate this Contract for cause, remove the Contractor from the DMC-ODS Waiver (if applicable), or take any other actions it deems necessary to resolve the Contractor's deficiencies. The Department shall inform the Contractor 30 calendar days in advance of when funds will be withheld.

4) The Department may impose administrative and monetary sanctions, including the temporary withhold of federal financial participation and realignment payments, on the Contractor for any of the following in accordance with W&I Code section 14197.7; BHINs 22-045, 23-006, and 24-044; and other guidance issued by the Department pursuant to W&I Code section 14197.7, subdivision (r):

i. violations of the terms of this Contract, applicable federal and state law and regulations, the Medi-Cal state plan, or approved waivers;

Exhibit E
ADDITIONAL PROVISIONS

ii. failure to comply with the requirements of a CAP; or

iii. for other good cause.

5) The Contractor shall prepare and submit a report to the Department that provides information for the areas set forth in 42 C.F.R. section 438.66(b) and (c) as outlined in Exhibit A, Attachment 14, Section 7, in the manner specified by the Department.

D. {SMHS only} Certification of Organizational Provider Sites Owned or Operated by the Contractor

1) The Department shall certify the organizational provider sites that are owned, leased or operated by the Contractor, in accordance with 9 C.C.R. section 1810.435, and the requirements specified in Exhibit A, Attachment 8, Section 8. This certification shall be performed prior to the date on which the Contractor begins to deliver services under this Contract at these sites and once every three years after that date, unless the Department determines an earlier date is necessary. The on-site review required by 9 C.C.R. section 1810.435, subdivision (e), shall be conducted of any site owned, leased, or operated by the Contractor and used to deliver covered services to members, except that on-site review is not required for public school or satellite sites.

2) The Department may allow the Contractor to begin delivering covered services to members at a site subject to on-site review by the Department prior to the date of the on-site review, provided the site is operational and has all required fire clearances. The earliest date the Contractor may begin delivering covered services at a site subject to on site review by the Department is the date the Contractor requested certification of the site in accordance with procedures established by the Department, the date the site was operational, or the date a required fire clearance was obtained, whichever date is latest.

3) The Department may allow the Contractor to continue delivering covered services to members at a site subject to on-site review by the Department as part of the recertification process prior to the date of the on-site review, provided the site is operational and has all required fire clearances.

4) Nothing in this section precludes the Department from establishing procedures for issuance of separate provider identification numbers for each of the organizational provider sites operated by the

Exhibit E
ADDITIONAL PROVISIONS

Contractor to facilitate the claiming of FFP by the Contractor and the Department's tracking of that information.

E. Excluded Providers

1) The Department shall review the ownership and control disclosures submitted by the Contractor, and any subcontractors as required in 42 C.F.R. section 438.608(c).

2) Consistent with the requirements in 42 C.F.R. section 455.436, the Department shall confirm the identity and determine the exclusion status of the Contractor, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the Contractor through routine checks of Federal databases.

3) If the Department finds a party that is excluded, it shall promptly notify the Contractor and take action consistent with 42 C.F.R. section 438.610(d).

F. Performance Measurement

The Department shall measure the Contractor's performance based on Medi-Cal approved claims and other data submitted by the Contractor to the Department using standard measures established by the Department in consultation with stakeholders.

G. Website Transparency

The Department shall post on its website the documents and reports described in 42 C.F.R. sections 438.10(c)(3) and 438.602(g).

H. Member Support System (42 C.F.R. § 438.71(a) & (b)(1)(ii).)

The Department shall develop and implement a member support system, which must perform outreach to members and/or authorized representatives and be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.

7. State and Federal Law Governing this Contract

A. The Contractor/Subrecipient Designation: the Contractor is considered a contractor subject to 2 C.F.R part 200 (45 C.F.R. part 75).

B. The Contractor agrees to comply with all applicable federal and state law, including but not limited to the statutes and regulations incorporated by reference below, any applicable federal and state laws that pertain to member rights, and applicable sections of the State Plan, applicable

Exhibit E
ADDITIONAL PROVISIONS

federal waivers, and applicable Behavioral Health Information Notices (BHINs) in its provision of covered services.

1) The Contractor agrees to comply with any changes to these statutes and regulations, State Plan, federal waivers, and BHINs that occur during the Contract period. The Contractor shall also comply with any newly applicable statutes, regulations, State Plan Amendments, federal waivers, and BHINs that become effective during the Contract period. These obligations shall apply without the need for a Contract amendment(s). If the parties amend the affected provisions to conform to the changes in law, the amendment shall be retroactive to the effective date of such changes in law.

2) To the extent there is a conflict between the terms of this Contract and any federal or state statute or regulation, the State Plan, federal waivers, or BHIN, the Contractor shall comply with the federal or state statute or regulation, the State Plan, federal waiver, or BHIN and the conflicting Contract provision shall no longer be in effect.

3) The parties agree that the terms of this Contract are severable and in the event that changes in law render provisions of the Contract void, the unaffected provisions and obligations of this Contract will remain in full force and effect.

C. The Contractor agrees to comply with all existing policy letters issued by the Department. All policy letters issued by the Department subsequent to the effective date of this Contract shall provide clarification of the Contractor's obligations pursuant to this Contract, and may include instructions to the Contractor regarding implementation of mandated obligations pursuant to state or federal statutes or regulations, or pursuant to judicial interpretation.

D. Federal Laws Governing this Contract. This section reminds Contractor of the need to comply with federal laws to the extent they are applicable, including but not limited to:

1) Title 42 United States Code;

2) Title 42 of the Code of Federal Regulations, including:

i. 42 C.F.R. Part 438, Medicaid Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHPs), except for the provisions that are inapplicable to this Contract pursuant to the current CalAIM 1915(b) Waiver Approved Application (see Section A, Part I.A).

Exhibit E
ADDITIONAL PROVISIONS

ii. 42 C.F.R. § 455.

iii. 42 C.F.R. §§ 8.1 through 8.6, regarding MAT.

iv. 42 C.F.R. Part 2.

3) [Reserved];

4) 21 C.F.R. §§ 1301.01 through 1301.93, Department of Justice, Controlled Substances;

5) Title VI of the Civil Rights Act of 1964;

6) Title VII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

7) Title IX of the Education Amendments of 1972;

8) Age Discrimination Act of 1975;

9) Age Discrimination in Employment Act (29 CFR Part 1625).

10) Rehabilitation Act of 1973;

11) Americans with Disabilities Act;

12) Section 1557 of the Patient Protection and Affordable Care Act, including the implementing regulations at 45 C.F.R. Part 92;

13) Deficit Reduction Act of 2005;

14) Balanced Budget Act of 1997;

15) Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim.

16) The provisions of the Hatch Act (Title 5 USC, sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

17) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.

Exhibit E
ADDITIONAL PROVISIONS

18) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

19) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

20) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

21) The Copeland Anti-Kickback Act, which requires that all contracts and subcontracts in excess of $2000 for construction or repair awarded by the Contractor and its subcontractors shall include a provision for compliance with the Copeland Anti-Kickback Act.

22) The Davis-Bacon Act, as amended, which provides that, when required by Federal Medicaid program legislation, all construction contracts awarded by the Contractor and its subcontractors of more than $2,000 shall include a provision for compliance with the Davis-Bacon Act as supplemented by Department of Labor regulations.

23) The Contract Work Hours and Safety Standards Act, as applicable, which requires that all subcontracts awarded by the Contractor in excess of $2,000 for construction and in excess of $2,500 for other subcontracts that involve the employment of mechanics or laborers shall include a provision for compliance with the Contract Work Hours and Safety Standards Act.

E. Pursuant to W&I Code section 14704, a regulation or order concerning Medi-Cal SMHS adopted by the State Department of Mental Health pursuant to W&I Code, division 5 (commencing with Section 5000), as in effect preceding the effective date of section 14704, shall remain in effect and shall be fully enforceable, unless and until the readoption, amendment, or repeal of the regulation or order by the Department, or until it expires by its own terms. Such a regulation or order may also be superseded by information notice.

F. State Laws Governing this Contract. This section reminds Contractor of the need to comply with state laws to the extent they are applicable, including but not limited to:

1) W&I Code, division 5

2) W&I Code section 14000 et seq., including:

i. Sections 14021, 14021.5, 14021.6

Exhibit E
ADDITIONAL PROVISIONS

ii. Sections 14043 et seq.

iii. Sections 14059.5, 14184.402, and 14184.403

iv. Section 14100.2

v. Sections 14680-14685.1

vi. Sections 14700-14727

3) Chapter 7, Part 3, Division 9, W&I Code, division 9, part 3, chapter 7

4) Health and Safety Code, division 10.5, part 2, commencing with section 11760.

5) Government Code section 16367.8.

6) Title 2, Division 3, Article 9.5 of the Gov. Code, commencing with Section 11135.

7) Cal. Code Regs., tit. 9, including:

i. Division 4, chapter 6, commencing with section 10800.

ii. Division 4, chapter 8, commencing with § 13000 (Certification of Alcohol and Other Drug Counselors).

iii. Sections 1810.100 et. seq. – Medi-Cal Specialty Mental Health Services, except for those regulations that are superseded by BHINs.

iv. Sections 9000-14240

8) Cal. Code Regs., tit. 22, including:

i. Sections 50951 and 50953

ii. Sections 51014.1 and 51014

iii. Sections 51341.1, 51490.1 and 51516.1 (with the exception of the provisions superseded by W&I Code, division 9, part 3, chapter 7, article 5.51, as set forth in this contract and/or BHINs related to medical necessity, documentation requirements, and payment reform)

9) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).

Exhibit E
ADDITIONAL PROVISIONS

10) Fair Employment and Housing Act (Gov. Code section 12900 et seq.) and the applicable regulations promulgated thereunder (Cal. Code Regs., tit. 2, Div. 4 § 7285.0 et seq.).

G. No state funds, Federal funds, or mental health or substance use disorder realignment funds (e.g., Behavioral Health Subaccount of the Local Revenue Fund 2011, Mental Health Subaccount of the Local Revenue Fund) shall be used by the Contractor, or its subcontractors or contracted providers, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor, or its subcontractors or contracted providers, to provide direct, immediate, or substantial support to any religious activity.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

Exhibit E defines the terms used in this Contract. The following definitions shall apply, but, in the event of a conflict: Exhibit E shall take precedence over state regulations; and the Medi-Cal state plan and Department guidance shall take precedence over both Exhibit E and state regulations. 42 C.F.R. Part 438, Cal. Code Regs., tit. 9, sections 1810.100-1850.535 and 9000 *et seq.,* Cal. Code Regs., tit. 22, sections 51341, 51490.1 & 51516.1; and H&S Code section 11750 *et seq.*

1. "Advance Directives" means a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of the health care when the individual is incapacitated.
2. "Abuse" means provider practices that are inconsistent with sound, fiscal, business, or medical practices, and result in an unnecessary cost to the Medi-Cal program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medi-Cal program. (See 42 C.F.R. §§ 438.2, 455.2)
3. "Adolescents" means members under age 21.
4. "Adult" means members 21 years of age or over.
5. "Alcohol or other Drug (AOD) Counselor" means: 1) either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA); and 2) meets all California State education, training, and work experience requirements set forth in the Counselor Certification Regulations, 9 C.C.R., division 4, chapter 8.
6. "American Indian/Alaska Native (AI/AN)" means any person defined in Title 25 United States Code sections 1603(13), 1603(28), or section 1679(a), or who has been determined eligible as an Indian under 42 C.F.R. section 136.12.
7. "Ancillary Service" means to include individualized connection, referral, and linkages to community-based services and supports.
8. "Appeal" means a review by the Contractor of an adverse benefit determination or a denial to expedite an authorization decision.
9. "Available Capacity" means the total number of units of service (bed days, hours, slots, etc.) that a Contractor actually makes available in the current fiscal year.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

10. “ASAM Criteria” means the comprehensive set of guidelines developed by the American Society of Addiction Medicine for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

11. “Calendar Week” means the seven-day period from Sunday through Saturday.

12. “Complaint” means requesting to have a problem solved or have a decision changed because the individual is not satisfied. Depending on the circumstances, a complaint may also qualify as a grievance or an appeal.

13. "Contractor" means the Contractor named in this Intergovernmental Agreement.

14. "Contracted Provider” means:

    A. For SMHS and DMC-ODS programs (if applicable to Contractor): All network providers (including providers owned or operated by Contractor), and any out-of-network providers with whom Contractor contracts for the delivery of covered services to members.

    B. For DMC programs (if applicable to Contractor): A DMC-certified provider (including a provider owned or operated by Contractor) that has entered into an agreement with the Contractor to be a provider of covered services.

15. “Corrective Action Plan (CAP)” means the written plan of action which the Contractor or its contracted provider develops and submits to DHCS to address or correct a deficiency or process that is non-compliant with applicable standards.

16. “County of Responsibility” means the county that is financially responsible for the behavioral health needs and services of a given member.

17. "Covered Services" refer to:

    A. SMHS, as enumerated in Exhibit A, Attachment 2A and further defined in Exhibit E, Attachment 2; and either

    B. DMC-ODS services, as enumerated in Exhibit A, Attachment 2C and further defined in Exhibit E, Attachment 3, as applicable to this Contract; or

    C. DMC services, as enumerated in Exhibit A, Attachment 2E and further defined in Exhibit E, Attachment 3, as applicable to this Contract.

18. “Days” means calendar days, unless otherwise specified.

19. “Dedicated Capacity” means the historically calculated service capacity, by modality, adjusted for the projected expansion or reduction in services, which the

Exhibit E – Attachment 1
GENERAL DEFINITIONS

Contractor agrees to make available to provide SUD services to persons eligible for Contractor services.

20. "Department" means the California Department of Health Care Services (DHCS).

21. “Direct Provider Contract” means a contract established between DHCS and a DMC enrolled provider entered into pursuant to this Contract for the provision of DMC services.

22. “Director” means the Director of DHCS.

23. “Discrimination Grievance” means a complaint concerning the unlawful discrimination on the basis of any characteristic protected under federal or state law, including sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

24. “DMC-Certified Provider” means a substance use disorder clinic location that has received certification to be reimbursed as a DMC clinic by the state to provide services as described in 22 C.C.R. section 51341.1.

25. “DMC Re-certification” means the process by which the DMC-certified clinic is required to submit an application and specified documentation, as determined by DHCS, to remain eligible to participate in and be reimbursed through the DMC program. Re-certification shall occur no less than every five years from the date of previous DMC certification or re-certification.

26. “DMC Termination of Certification” means the provider is no longer certified to participate in the Drug Medi-Cal program upon the state’s issuance of a DMC certification termination notice.

27. “DMC Temporary Suspension” means the provider is temporarily suspended from participating in the DMC program pursuant to W&I Code section 14043.36, subdivision (a). The provider cannot bill for DMC services from the effective date of the temporary suspension.

28. “Drug Medi-Cal Organized Delivery System (DMC-ODS)” is a Medi-Cal SUD delivery system to provide SUD treatment services to members in counties that choose to opt into and implement the program.

29. “Drug Medi-Cal (DMC) Program” means the state system wherein members receive covered services from DMC-certified substance use disorder treatment providers.

30. “Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)” means the federal mandate under Section 1905(r) of the Act, which requires the Contractor to ensure that all members under age 21 receive all applicable mental health or

Exhibit E – Attachment 1
GENERAL DEFINITIONS

SUD services needed to correct or ameliorate health conditions that are coverable under Section 1905(a) of the Act. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a health condition. Services that sustain, support, improve, or make more tolerable a health condition are considered to ameliorate the condition and are thus covered as EPSDT services.

31. "Education and Job Skills" means linkages to life skills, employment services, job training, and education services.

32. "Emergency" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

    A. Placing the health of the individual (or, for a pregnant member, the health of the member or their unborn child) in serious jeopardy;

    B. Serious impairment to bodily functions;

    C. Serious dysfunction of any bodily organ or part; or

    D. Death.

33. "Excluded Services" means services that are not covered under this Contract.

34. "Expanded Substance Use Disorder Treatment Services" means services listed in Supplement 3 to Attachment 3.1-A of the California Medi-Cal State Plan.

35. "Face-to-Face" means a service occurring in person.

36. "Federal Financial Participation (FFP)" means the share of federal Medicaid funds for reimbursement of covered services.

37. "Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to self or some other person. It includes an act that constitutes fraud under applicable State and Federal law. (42 C.F.R. §§ 438.2, 455.2)

38. "Grievance" means an expression of dissatisfaction about any matter other than an adverse benefit determination or an appeal of a denial to expedite an authorization decision. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. (42 C.F.R. § 438.400)

39. "Grievance and Appeal System" means the processes the Contractor implements to handle appeals of an adverse benefit determination and grievances, as well as

Exhibit E – Attachment 1
GENERAL DEFINITIONS

the processes to collect and track information about them, as described in Exhibit A, Attachment 12.

40. "Hospitalization" means a supervised recovery period in a facility that provides hospital inpatient care.

41. "Habilitative services and devices" help a person keep, learn, or improve skills and functioning for daily living. (45 C.F.R. § 156.115(a)(5)(i))

42. "Homelessness" means the member meets the definition established in section 11434a of the federal McKinney-Vento Homeless Assistance Act. Specifically, this includes (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and (B) includes: (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

43. Indian Health Care Provider (IHCP) means a health care program operated by the IHS ("IHS facility"), an Indian Tribe, a Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act. (25 U.S.C. § 1603; 42 C.F.R. § 438.14(a)).

44. "Indian Health Service (IHS) facilities" means facilities and/or health care programs administered and staffed by the federal Indian Health Service.

45. "Involvement in child welfare" means the member has an open child welfare services case, or the member is determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or the member is a child whose adoption or guardianship occurred through the child welfare system. A child has an open child welfare services case if: a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary

Exhibit E – Attachment 1
GENERAL DEFINITIONS

agreement. A child can have involvement in child welfare whether the child remains in the home or is placed out of the home.

46. "Juvenile justice involvement" means the member (1) has ever been detained or committed to a juvenile justice facility, or (2) is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency. Members who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the "juvenile justice involvement" definition. Members on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the "juvenile justice involvement" criteria.

47. "Licensed Practitioners of the Healing Arts (LPHA)" includes any of the following: licensed physicians, licensed psychologists (including waivered psychologists), licensed clinical social workers (including waivered or registered clinical social workers), licensed professional clinical counselors (including waivered or registered professional clinical counselors), licensed marriage and family therapists (including waivered or registered marriage and family therapists), registered nurses (including certified nurse specialists and nurse practitioners), licensed vocational nurses, licensed psychiatric technicians, and licensed occupational therapists.

48. "Managed Care Program" means a managed care delivery system operated by a state as authorized under sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Social Security Act.

49. "Medically necessary" or "medical necessity" has the same meaning as set forth in W&I Code sections 14059.5 and 14184.402 and any related guidance issued by the Department.

    A. For members 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

    B. For members under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the EPSDT standard set forth in Section 1396d(r)(5) of Title 42 of the United States Code, including if the service is necessary to correct or ameliorate mental health conditions and SUDs, as described above under the definition of ESPDT.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

50. “Member” means a Medi-Cal recipient who is eligible to receive services from the Contractor.

51. “Modality" means those necessary overall general service activities to provide substance use disorder services as described in Health and Safety Code, division 10.5.

52. A “Network Provider” means a provider or group of providers, including a provider owned or operated by Contractor, that has a network provider agreement with Contractor or a subcontractor, and receives Medicaid funding directly or indirectly to order, refer or render covered SMHS and/or DMC-ODS services under this Contract (as applicable to Contractor). A network provider is not a subcontractor by virtue of the network provider agreement. (42 C.F.R. § 438.2) (The term “network provider” is not applicable to DMC programs.)

53. “Out-of-network provider” means, for purposes of SMHS and DMC-ODS programs, a provider or group of providers that does not have a network provider agreement with Contractor or with a subcontractor. A provider may be “out of network” for one behavioral health managed care program, but in the network of another behavioral health managed care program. (The term “out-of-network provider” is not applicable to DMC programs.)

54. “Out-of-plan provider” has the same meaning as out-of-network provider.

55. “Overpayment” means any payment made by Contractor to a subcontractor or contracted provider to which the subcontractor or contracted provider is not entitled under Title XIX of the Act, or any payment to Contractor by the Department to which Contractor is not entitled under Title XIX of the Act. (42 C.F.R. § 438.2)

56. “Payment Suspension” means a DMC-certified provider has been issued a notice pursuant to W&I Code section 14107.11 and is not authorized to receive payments after the payment suspension date for DMC services, regardless of when the service was provided.

57. “Peer Support Specialist” means an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification who meets ongoing education requirements and provides services under the direction of a Behavioral Health Professional. (State Plan, Supplement 3 to Attachment 3.1-A, page 2j [TN 22-0026].)

58. “Performance” means providing the dedicated capacity for covered services, and more generally, abiding by the terms of Exhibit A and all applicable state and federal statutes, regulations, and standards in expending funds for the provision of covered services under this Contract.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

59. "Physician Incentive Plans" mean any compensation arrangement to pay a physician or physician group that may directly or indirectly have the effect of reducing or limiting the services provided to any plan enrollee.

60. "Physician services" means services provided by an individual licensed under state law to practice medicine.

61. "PIHP" means Prepaid Inpatient Health Plan. A Prepaid Inpatient Health Plan is an entity that:

    A. Provides medical services to members under contract with the Department, and on the basis of prepaid capitation payments, or other payment arrangement that does not use state plan rates;

    B. Provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its members; and

    C. Does not have a comprehensive risk contract. (42 C.F.R. § 438.2)

62. "Postpartum" as defined for DMC purposes, means the 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 60th day occurs.

63. "Postservice Postpayment (PSPP) Utilization Review" means the review for DMC/DMC-ODS program compliance conducted by the state after service was rendered and paid. The Department may recover prior payments of Federal and state funds if such a review determines that the services did not comply with the applicable statutes, regulations, or terms as specified in this Contract.

64. "Postservice Prepayment Utilization Review" means the review for DMC/DMC-ODS program compliance and or integrity conducted by DHCS. DHCS will provide technical assistance for areas identified that did not comply with the applicable statutes, regulations, or standards (Cal. Code Regs., tit. 22, § 51159(b)).

65. "Prior authorization" means a formal process requiring a provider to obtain advance approval for the amount, duration, and scope of covered services.

66. "Primary Care" means all health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the State Medicaid program, to the extent the furnishing of those services is legally authorized in the state in which the practitioner furnishes them.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

67. “Primary care provider” means a person responsible for supervising, coordinating, and providing initial and primary care to patients, for initiating referrals, and for maintaining the continuity of patient care. A primary care provider may be a primary care physician or non-physician medical practitioner.

68. “Prescription drugs” means simple substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are:

    A. Prescribed by a physician or other licensed practitioner of the healing arts within the scope of professional practice as defined and limited by Federal and State law;

    B. Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and

    C. Dispensed by the licensed pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

69. “Provider” means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so, including providers employed, owned, or operated by the Contractor. (42 C.F.R. 438.2)

70. “Utilization Review/Quality Assessment (UR/QA)” activities are reviews of physicians, health care practitioners and providers of health care services in the provision of health care services and items for which payment may be made to determine whether:

    A. Such services are or were reasonable and medically necessary and whether such services and items are allowable; and

    B. The quality of such services meets professionally recognized standards of health care.

71. “Rehabilitation Services” includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a member to their best possible functional level.

72. “Relapse” means a single instance of a member's substance use or a member's return to a pattern of substance use.

73. “Relapse Trigger” means an event, circumstance, place or person that puts a member at risk of relapse.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

74. “Revenue" means Contractor’s income from sources other than the state allocation.

75. “Safeguarding medications” means facilities will store all resident medication and facility staff members may assist with resident’s self-administration of medication.

76. “Satellite site” means a site owned, leased or operated by an organizational provider at which SMHS are delivered to members fewer than 20 hours per week, or, if located at a multiagency site at which SMHS are delivered by no more than two employees or contractors of the provider.

77. “Service Area" means the geographical area under the Contractor’s jurisdiction.

78. “Service Authorization Request” means a member’s request for the provision of a service.

79. “Service Element” is the specific type of service performed within the more general service modalities.

80. “Short-Term Resident” means any member receiving residential SUD services; regardless of the length of stay. The member is considered a “short-term resident” of the residential facility in which they are receiving the services.

81. “Significant Change" means a change in the scope of covered services under this Contract, an increase or decrease in the amount or types of services that are available, an increase or decrease in the number of network providers, or any other change that would impact the benefits available through this Contract.

82. “State Hearing” means a hearing provided by the State to members pursuant to Cal. Code Regs., tit. 22, § 50951 and 50953 and Cal. Code Regs., tit. 9, § 1810.216.6. State Hearings shall comply with all applicable 42 CFR requirements.

83. “Subcontractor” means an individual or entity that has a contract with Contractor that relates directly or indirectly to the performance of the Contractor’s obligations under this Contract. (42 C.F.R. § 438.2.) A contracted provider is not a subcontractor by virtue of its provider agreement to deliver covered services. Notwithstanding the foregoing, for purposes of Exhibit D(F) the term “subcontractor” shall include contracted providers.

84. “Substance Use Disorder Diagnoses” are those set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.

85. “Substance Use Disorder Medical Director” has the same meaning as in 22 C.C.R. section 51000.24.4.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

86. "Support Groups" means linkages to self-help and support, spiritual and faith-based support.

87. "Support Plan" means a list of individuals and/or organizations that can provide support and assistance to a member to maintain sobriety.

88. "Telehealth" means contact with a member via synchronous audio and video by an LPHA, Peer Support Specialist, or registered or certified counselor and may be done in the community or the home.

89. "Telephone" means contact with a member via synchronous, real-time audio-only telecommunications systems.

90. "Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a member in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a member or group of members and may include family therapy directed at improving the member's functioning and at which the member is present. (State Plan, Supplement 3 to Attachment 3.1-A, page 2b [TN 22-0023].)

91. "Threshold Language" means a language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility System (MEDS), of 3,000 members or five percent of the member population, whichever is lower, in an identified geographic area.

92. "Transportation Services" means provision of or arrangement for transportation to and from medically necessary treatment.

93. "Treatment Planning" means a service activity to develop or update a member's course of treatment, documentation of the recommended course of treatment, and monitoring a member's progress. (State Plan, Supplement 3 to Attachment 3.1-A, page 2b [TN 22-0023].)

94. "Tribal 638 Providers" –means Federally recognized Tribes or Tribal organizations that contract or compact with IHS to plan, conduct and administer one or more individual programs, functions, services or activities under Public Law 93-638.

Exhibit E – Attachment 1
GENERAL DEFINITIONS

A. A Tribal 638 provider enrolled in Medi-Cal as an Indian Health Services-Memorandum of Agreement (IHS-MOA) provider must appear on the “List of American Indian Health Program Providers” set forth in APL 17-020, Attachment 1 in order to qualify for reimbursement as a Tribal 638 Provider under BHIN 22-020.

B. A Tribal 638 provider enrolled in Medi-Cal as a Tribal Federally Qualified Health Center (FQHC) provider is governed by and must enroll in Medi-Cal consistent with the Tribal FQHC criteria established in the California State Plan, the Tribal FQHC section of the Medi-Cal provider manual, and APL 21-008. Tribal 638 providers enrolled in Medi-Cal as a Tribal FQHC must appear on the “List of Tribal Federally Qualified Health Center Providers," which is set forth on Attachment 2 to APL 21-008.

95. “Urban Indian Organizations (UIO)” – A Nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of Title 25 of the Code of Federal Regulations.

96. “Urgent care” means a condition perceived by a member as serious, but not life threatening. A condition that disrupts normal activities of daily living and requires assessment by a health care provider and if necessary, treatment within 24-72 hours.

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

1. "Assessment" means a service activity designed to collect information and evaluate the current status of a member's mental, emotional, or behavioral health to determine whether Rehabilitative Mental Health Services are medically necessary and to recommend or update a course of treatment for that member. Assessments shall be conducted and documented in accordance with applicable State and Federal statutes, regulations, and standards. (State Plan, Supplement 3 to Attachment 3.1-A, page 1 [TN 22-0023].)

2. "Adult Residential Treatment Services" are recovery focused rehabilitative services provided in a non-institutional, residential setting for members who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days. Adult residential treatment services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone. Services will not be claimable unless the member has been admitted to the program and there is face-to-face contact between the member and a treatment staff person of the facility on the day of the service. This service includes one or more of the following components: assessment, treatment planning, therapy, and psychosocial rehabilitation. (State Plan, Supplement 3 to Attachment 3.1-A, page 2f [TN 22-0023].)

3. "Community-Based Mobile Crisis Intervention Services (also referred to as "Mobile Crisis Services")" are services that provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile Crisis Services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Mobile Crisis Services include warm handoffs to appropriate settings and providers when the member requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed, and short-term follow-up support to help ensure the crisis is resolved and the member is connected to ongoing care. Mobile Crisis Services are directed toward the member in crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the member in addressing their behavioral health crisis and restoring the member to the highest possible functional level. Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the member is experiencing the behavioral health crisis. Locations may include, but are not limited to, the member's home,

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

school, or workplace, on the street, or where a member socializes. Mobile Crisis Services claimed under this option cannot be provided in hospitals or other facility settings. Mobile crisis services shall be available to members experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.

4. "Crisis Intervention" is an unplanned, expedited service to or on behalf of, a member to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a member to cope with a crisis, while assisting the member in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. It may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member. This service includes one or more of the following service components: assessment, therapy, and referral and linkages. Crisis Intervention services may either be face-to-face or by telephone or telehealth and may be provided in a clinic setting or anywhere in the community. (State Plan, Supplement 3 to Attachment 3.1-A, page 2d [TN 22-0023].)

5. "Crisis Residential Treatment Services" are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term-3 months or less) as an alternative to hospitalization for members experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. This service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days. Crisis residential treatment services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone. Services will not be claimable unless the member has been admitted to the program and there is face-to-face contact between the member and a treatment staff person of the facility on the day of the service. This service includes one or more of the following: assessment, treatment planning, therapy, psychosocial rehabilitation, and crisis intervention. (State Plan, Supplement 3 to Attachment 3.1-A, page 2g [TN 22-0023].)

6. "Crisis Stabilization" is an unplanned, expedited service lasting less than 24 hours, to or on behalf of, a member to address an urgent condition that requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services which, if the condition and symptoms are not treated, present an imminent threat to the member or others, or substantially increase the risk of the member becoming gravely disabled. Crisis stabilization must be provided on site at a licensed 24-hour health care facility, at a hospital based outpatient

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

program (services in a hospital based outpatient program are provided in accordance with 42 CFR 440.20), or at a provider site certified by the Department of Health Care Services to perform crisis stabilization and some service components may be delivered through telehealth or telephone. Crisis stabilization is an all-inclusive program and no other Rehabilitative Mental Health Services are reimbursable during the same time period this service is reimbursed. Crisis stabilization may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member.

Medical backup services must be available either on site or by written contract or agreement with a general acute care hospital. Medical backup means immediate access within reasonable proximity to health care for medical emergencies. Medications must be available on an as needed basis and the staffing pattern must reflect this availability. All members receiving crisis stabilization must receive an assessment of their physical and mental health. This may be accomplished using protocols approved by a physician. If outside services are needed, a referral that corresponds with the member 's needs will be made, to the extent resources are available. This service includes one or more of the following service components: assessment, therapy, crisis intervention, medication support services, referral and linkages. (State Plan, Supplement 3 to Attachment 3.1-A, page 2e [TN 22-0023].)

7. “Day Rehabilitation” is a structured program which provides services to a distinct group of individuals. Day rehabilitation is intended to improve or restore personal independence and functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development. Services are available for at least three hours each day. Day rehabilitation is a program that lasts less than 24 hours each day. Day rehabilitation may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member. This service includes one or more of the following service components: assessment, treatment planning, therapy, and psychosocial rehabilitation. (State Plan, Supplement 3 to Attachment 3.1-A, page 2c [TN 22-0023].)

8. “Day Treatment Intensive” is a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of members who receive services for a at least three hours per day and lasts less than 24 hours each day. This service includes one or more of the following service components: assessment, treatment planning, therapy, and psychosocial rehabilitation. This service may include contact with significant support persons or other collaterals if the purpose

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

of their participation is to focus on the treatment of the member. Day treatment intensive services must have a clearly established site for services although all services need not be delivered at that site and some service components may be delivered through telehealth or telephone. (State Plan, Supplement 3 to Attachment 3.1-A, page 2c [TN 22-0023].)

9. "Intensive Care Coordination (ICC)" is a targeted case management service that facilitates assessment of care planning for and coordination of services to members under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical criteria to access SMHS. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family and involved child-serving systems. The CFT is comprised of – as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child and family in attaining their goals. ICC also provides an ICC coordinator who:

   A. Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/child driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child;

   B. Facilitates a collaborative relationship among the child, their family and systems involved in providing services to the child;

   C. Supports the parent/caregiver in meeting their child's needs;

   D. Helps establish the CFT and provides ongoing support; and

   E. Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

10. "Intensive Home Based Services (IHBS)" are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's functioning and are aimed at helping the child build skills necessary for successful functioning in the home and community and improving the child's family's ability to help the child successfully function in the home and community. IHBS services are provided in accordance with the Integrated Core Practice Model (ICPM) by the Child and Family Team (CFT) in coordination with the family's overall service plan which may include IHBS. Service activities may

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

include, but are not limited to assessment, treatment plan, therapy, rehabilitation and include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member. IHBS is provided to members under 21 who are eligible for the full scope of Medi-Cal services and who meet the access criteria for SMHS.

11. "Medication Support Services" include prescribing, administering, dispensing and monitoring drug interactions and contradictions of psychiatric medications or biologicals that are necessary to alleviate the symptoms behavioral health conditions. This service includes one or more of the following service components: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; medication education including instruction in the use, risks and benefits of, and alternatives for medication; treatment planning. Medication support services may include prescription, dispensing, monitoring, or administration of medication related to substance use disorder services for members with co-occurring mental health conditions and substance use disorder. Medication support services may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the member. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication support services may be provided face-to-face, by telephone or by telehealth, and may be provided anywhere in the community. Medication support services may be delivered as a standalone service or as a component of crisis stabilization.

12. "Mental Health Services" are individual, group, or family-based interventions that are designed to provide a reduction of the member's mental or emotional disability, and restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living, and enhanced self-sufficiency and that are not provided as components of adult residential services, crisis residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Mental health services may include contact with significant support persons or other collateral if the purpose of their participation is to focus on the treatment of the member. This service includes one or more of the following service components: assessment, treatment planning, therapy, and psychosocial rehabilitation. (State Plan, Supplement 3 to Attachment 3.1-A, page 2b [TN 22-0023].)

13. "Peer Support Services" are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower members through strength-based coaching, support linkages to community resources, and to educate members and their families about their conditions and the process of recovery. Peer support services may be provided with the member or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals.

A. Peer support services are based on an approved plan of care and may be delivered as a standalone service. Peer support services include one or more of the following service components:

B. Educational Skill Building Groups, which are groups provided in a supportive environment in which members and their families learn coping mechanisms and problem-solving skills in order to help the members achieve desired outcomes. These groups promote skill building for the members in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

C. Engagement, which means Peer Support Specialist led activities and coaching to encourage and support members to participate in behavioral health treatment. Engagement may include supporting members in their transitions and supporting members in developing their own recovery goals and processes.

D. Therapeutic Activity, which means structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the member's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the member; promotion of self-advocacy; resource navigation; and collaboration with the members and others providing care or support to the member, family members, or significant support persons. (State Plan, Supplement 3 to Attachment 3.1-A, page 2 [TN 22-0023].)

14. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility licensed by DHCS. Psychiatric health facilities are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders. Psychiatric health facility services may include contact with significant support persons or other collaterals if the purpose

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

of their participation is to focus on the treatment of the member. Services are provided in a psychiatric health facility under a multidisciplinary model and some service components may be delivered through telehealth or telephone. Psychiatric health facilities may only admit and treat patients who have no physical illness or injury that would require treatment beyond what ordinarily could be treated on an outpatient basis. Services include the following components: assessment, treatment planning, therapy, psychosocial rehabilitation, and crisis intervention. These services are separate from those categorized as "Psychiatric Inpatient Hospital". (State Plan, Supplement 3 to Attachment 3.1-A, page 2g [TN 22-0023].)

15. "Psychiatric Inpatient Hospital Services" include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to members for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to members who were admitted to the hospital for an acute psychiatric inpatient hospital service and the member's stay at the hospital must be continued beyond the member's need for acute psychiatric inpatient hospital services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the member.

    Psychiatric inpatient hospital services are provided by SD/MC hospitals and FFS/MC hospitals. SMHS programs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. SMHS programs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals and FFS/MC hospitals, the daily rate does not include professional services, which are billed separately from the SD/MC and FFS/MC inpatient hospital services via the SD/MC claiming system.

16. "Psychosocial Rehabilitation" means a recovery or resiliency focused service activity which addresses a mental health need. This service activity provides assistance in restoring, improving, and/or preserving a member's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the member. Psychosocial rehabilitation includes assisting members to develop coping skills by using a group process to provide peer interaction and feedback in developing problem-solving strategies. In addition, psychosocial rehabilitation includes therapeutic interventions that utilize self-expression such as art, recreation, dance or music as a modality to develop or enhance skills.

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

These interventions assist the member in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Psychosocial rehabilitation also includes support resources, and/or medication education. Psychosocial rehabilitation may be provided to a member or a group of members. (State Plan, Supplement 3 to Attachment 3.1-A, page 2a [TN 22-0023].)

17. "Referral and Linkages" are services and supports to connect a member with primary care, specialty medical care, SUD treatment providers, mental health providers, and community-based services and supports. This includes identifying appropriate resources, making appointments, and assisting a member with a warm handoff to obtain ongoing support. (State Plan, Supplement 3 to Attachment 3.1-A, page 2b [TN 22-0023].)

18. "Targeted case management" is a service that assists a member in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure member access to services and the service delivery system; monitoring of the member's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the SMHS program to be qualified to provide the service, consistent with the scope of practice and state law.

19. "Therapeutic Behavioral Services (TBS)" are intensive, individualized, short-term outpatient treatment interventions for members up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services.

20. "Therapeutic Foster Care (TFC) Services" model allows for the provision of short-term, intensive, highly coordinated, trauma informed and individualized specialty mental health services activities (plan development, rehabilitation and collateral) to children up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised and supported TFC parents. The TFC parent serves as a key participant in the therapeutic treatment process of the child. The TFC parent will provide trauma informed interventions that are medically necessary for the child. TFC is intended for children youth who require intensive and frequent mental health support in a family environment. The TFC service model allows for the provision of certain specialty mental health services activities (plan development, rehabilitation and collateral) available under the EPSDT benefit as a home-based alternative to high level care in institutional

Exhibit E – Attachment 2
SMHS: SERVICE DEFINITIONS

settings such as group homes and an alternative to Short Term Residential Therapeutic Programs (STRTPs).

21. “Therapy” means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a member in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a member or group of members and may include family therapy directed at improving the member's functioning and at which the member is present. (State Plan, Supplement 3 to Attachment 3.1-A, page 2b [TN 22-0023].)

Exhibit E – Attachment 3
DMC and DMC-ODS: SERVICE DEFINITIONS

1. "Assessment" means activities to evaluate or monitor the status of a member's behavioral health and determine the appropriate level of care and course of treatment for that member. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic, and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member. Assessment services may include one or more of the following components:

   A. Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.

   B. Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination necessary for treatment and evaluation.

   C. Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the member's needs, planned interventions and to address and monitor a member's progress and restoration of member to their best possible functional level.

2. "Community-Based Mobile Crisis Intervention Services (also referred to as "Mobile Crisis Services")" are services that provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile Crisis Services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Mobile Crisis Services include warm handoffs to appropriate settings and providers when the member requires additional stabilization and/or treatment services; coordination with and referrals to appropriate health, social and other services and supports, as needed, and short-term follow-up support to help ensure the crisis is resolved and the member is connected to ongoing care. Mobile Crisis Services are directed toward the member in crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the member in addressing their behavioral health crisis and restoring the member to the highest possible functional level. Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the member is experiencing the behavioral health crisis. Locations may include, but are not limited to, the member's home, school, or workplace, on the street, or where a member socializes. Mobile Crisis Services claimed under this option cannot be provided in hospitals or other

Exhibit E – Attachment 3
DMC and DMC-ODS: SERVICE DEFINITIONS

facility settings. Mobile crisis services shall be available to members experiencing behavioral health crises 24 hours a day, 7 days a week, and 365 days a year.

3. "Family Therapy" means a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the member's recovery as well as the holistic recovery of the family system. Family members can provide social support to the member and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the member is not present during the delivery of this service, but the service is for the direct benefit of the member.

4. "Group Counseling" consists of contacts with multiple members at the same time. Group Counseling shall focus on the needs of the participants. Group counseling means contacts in which one or more therapists or counselors treat two or more members at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. A member that is 17 years of age or younger shall not participate in group counseling with any participants who are 18 years of age or older. However, a member who is 17 years of age or younger may participate in group counseling with participants who are 18 years of age or older when the counseling is at a provider's certified school site.

5. "Individual Counseling" consists of contacts with a member. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals. Individual counseling also includes preparing the beneficiary to live in the community, and providing linkages to treatment and services available in the community.

6. "Medical psychotherapy" means a counseling service to treat SUDs other than OUD conducted by the medical director of a Narcotic Treatment Program on a one-to-one basis with the member.

7. "Medication Services" means the prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services may include prescription or administration of medication related to mental health services for members with a co-occurring substance use disorder and mental health condition. Medication Services does not include MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and other Non-Opioid Substance Use Disorders. Medication Services includes prescribing, administering, and monitoring medications used in the treatment or management of SUD and/or withdrawal management not included in the definitions of MAT for OUD or MAT for AUD services.

Exhibit E – Attachment 3
DMC and DMC-ODS: SERVICE DEFINITIONS

8. "Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders" includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs involving FDA-approved medications to treat AUD and non-opioid SUDs.

9. "Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD)" includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders.

10. "Narcotic Treatment Program" or "NTP means an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. A member must receive at minimum fifty minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided as medically necessary.

11. "Non-Perinatal Residential Program" services are provided in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. These residential services are provided to the non-perinatal population and do not require the enhanced services found in the perinatal residential programs.

12. "Observation" means the process of monitoring the member's course of withdrawal. The Contractor shall ensure observation be conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the member's health status.

13. "Patient Education" means education for the member on addiction, treatment, recovery and associated health risks.

14. "Peer Support Services" are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower members through strength-based coaching, support linkages to community resources, and to educate members and their families about their conditions and the process of recovery. Peer support services may be provided with the member or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with

Exhibit E – Attachment 3
DMC and DMC-ODS: SERVICE DEFINITIONS

family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the member by supporting the achievement of the member's treatment goals.

A. Peer support services are based on an approved plan of care and may be delivered as a standalone service. Peer support services include one or more of the following service components:

B. Educational Skill Building Groups, which are groups provided in a supportive environment in which members and their families learn coping mechanisms and problem-solving skills in order to help the members achieve desired outcomes. These groups promote skill building for the members in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

C. Engagement, which means Peer Support Specialist led activities and coaching to encourage and support members to participate in behavioral health treatment. Engagement may include supporting members in their transitions and supporting members in developing their own recovery goals and processes.

D. Therapeutic Activity, which means structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the member's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the member; promotion of self-advocacy; resource navigation; and collaboration with the members and others providing care or support to the member, family members, or significant support persons. (State Plan, Supplement 3 to Attachment 3.1-A, page 6h [TN 24-0042].)

15. "Perinatal DMC Services" means covered services as well as parent/child habilitative and rehabilitative services; services access (i.e., provision or arrangement of transportation to and from medically necessary treatment); education to reduce harmful effects of alcohol and drugs on the parent and fetus or infant; and coordination of ancillary services (Cal. Code Regs., tit. 22, § 51341.1(c)(4)).

16. "Recovery monitoring" means recovery coaching, monitoring designed for the maximum reduction of the member's SUD.

17. "Recovery Services" means a DMC-ODS service designed to support recovery and prevent relapse with the objective of restoring the member to their best

Exhibit E – Attachment 3
DMC and DMC-ODS: SERVICE DEFINITIONS

possible functional level. Recovery Services emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.

18. "Substance Use Disorder Crisis Intervention Services" means contacts with a member in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the member an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the member's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

19. "Unit of Service" means:

    A. For care coordination, intensive outpatient treatment, outpatient services, Naltrexone treatment services, and recovery services contact with a member in 15-minute increments on a calendar day.

    B. For additional medication assisted treatment, physician services that includes ordering, prescribing, administering, and monitoring of all medications for SUDs per visit or in 15-minute increments.

    C. For narcotic treatment program services, a calendar month of treatment services provided pursuant to this section and 9 C.C.R., chapter 4, commencing with § 10000.

    D. For clinician consultation services, consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists in 15-minute increments.

    E. For residential services, providing 24-hour daily service, per member, per bed rate.

    F. For withdrawal management per member per visit/daily unit of service.

Exhibit F

Business Associate Addendum

1. This Agreement has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy and security regulations at 45 Code of Federal Regulations, Parts 160 and 164 (collectively, and as used in this Agreement)

2. The term “Agreement” as used in this document refers to and includes both this Business Associate Addendum and the contract to which this Business Associate Agreement is attached as an exhibit, if any.

3. For purposes of this Agreement, the term “Business Associate” shall have the same meaning as set forth in 45 CFR section 160.103.

4. The Department of Health Care Services (DHCS) intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute Protected Health Information (PHI) and/or confidential information protected by Federal and/or state laws.

4.1 As used in this Agreement and unless otherwise stated, the term “PHI” refers to and includes both “PHI” as defined at 45 CFR section 160.103 and Personal Information (PI) as defined in the Information Practices Act (IPA) at California Civil Code section 1798.3(a). PHI includes information in any form, including paper, oral, and electronic.

4.2 As used in this Agreement, the term “confidential information” refers to information not otherwise defined as PHI in Section 4.1 of this Agreement, but to which state and/or federal privacy and/or security protections apply.

5. Contractor (however named elsewhere in this Agreement) is the Business Associate of DHCS acting on DHCS's behalf and provides services or arranges, performs or assists in the performance of functions or activities on behalf of DHCS, and may create, receive, maintain, transmit, aggregate, use or disclose PHI (collectively, “use or disclose PHI”) in order to fulfill Business Associate’s obligations under this Agreement. DHCS and Business Associate are each a party to this Agreement and are collectively referred to as the "parties.”

6. The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms in HIPAA and/or the IPA. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.

7. **Permitted Uses and Disclosures of PHI by Business Associate**. Except as otherwise indicated in this Agreement, Business Associate may use or disclose PHI, inclusive of de-identified data derived from such PHI, only to perform functions, activities or services specified in this Agreement on behalf of DHCS, provided that such use or disclosure would not violate HIPAA or other applicable laws if done by DHCS.

7.1 **Specific Use and Disclosure Provisions**. Except as otherwise indicated in this Agreement, Business Associate may use and disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI for this purpose if the disclosure is required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person. The person shall notify the Business Associate of any instances of which the person is aware that the confidentiality of the information has been breached, unless such person is a treatment provider not acting as a business associate of Business Associate.

7.2 **Nondisclosure.** Business Associate shall not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as required by law.

8. Compliance with Other Applicable Law

8.1 To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, more protective) privacy and/or security protections to PHI or other confidential information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

8.1.1 To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the individuals whose information is concerned; and

8.1.2 To treat any violation of such additional and/or more protective standards as a breach or security incident, as appropriate, pursuant to Section 19. of this Agreement.

8.2 Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or confidential information, as defined in Section 4. of this Agreement, include, but are not limited to the Information Practices Act, California Civil Code sections 1798-1798.78, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Welfare and Institutions Code section 5328, and California Health and Safety Code section 11845.5.

8.3 If Business Associate is a Qualified Service Organization (QSO) as defined in 42 CFR section 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 CFR section 2.11.

9. Additional Responsibilities of Business Associate

9.1 Safeguards and Security.

9.1.1 Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this Agreement. Such safeguards shall be based on applicable Federal Information Processing Standards (FIPS) Publication 199 protection levels.

9.1.2 Business Associate shall, at a minimum, utilize a National Institute of Standards and Technology Special Publication (NIST SP) 800-53 compliant security framework when selecting and implementing its security controls and shall maintain continuous compliance with NIST SP 800-53 as it may be updated from time to time. The current version of NIST SP 800-53, Revision 5, is available online at https://csrc.nist.gov/publications/detail/sp/800-53/rev-5/final; updates will be available online at https://csrc.nist.gov/publications/sp800.

9.1.3 Business Associate shall employ FIPS 140-3 validated encryption of PHI at rest and in motion unless Business Associate determines it is not reasonable and appropriate to do so based upon a risk assessment, and equivalent alternative measures are in place and documented as such. FIPS 140-3 validation can be determined online at https://csrc.nist.gov/projects/cryptographic-module-validation-program/validated-modules/search. In addition, Business Associate shall maintain, at a minimum, the most current industry standards for transmission and storage of PHI and other confidential information.

9.1.4 Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other confidential information may be used.

9.1.5 Business Associate shall ensure that all members of its workforce with access to PHI and/or other confidential information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.

9.1.6 Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 CFR Part 164, Subpart C.

9.1.7 Remote access to PHI from outside the continental United States, inclusive of remote access to PHI by Business Associate's support staff in identified support centers, is prohibited.

9.1.8 Business Associate shall only store PHI in a data center physically located within the continental United States.

9.2 Business Associate's Agent. Business Associate shall ensure that any agents, subcontractors, subawardees, vendors or others (collectively, "agents") that use or disclose PHI and/or confidential information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI and/or confidential information.

10. **Mitigation of Harmful Effects**. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI and other confidential information in violation of the requirements of this Agreement.

11. **Access to PHI.** Business Associate shall make PHI available in accordance with 45 CFR section 164.524.

12. **Amendment of PHI.** Business Associate shall make PHI available for amendment and incorporate any amendments to protected health information in accordance with 45 CFR section 164.526.

13. **Accounting for Disclosures.** Business Associate shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.

14. **Collaboration.** The parties shall collaborate as appropriate and necessary to ensure compliance with this Agreement, including but not limited to Sections 11 – 13 of this Agreement. The parties acknowledge and agree that neither party intends that this Agreement shall create obligations and/or liabilities that do not otherwise exist as appropriate based on the nature of the work performed and applicable law.

15. **Compliance with DHCS Obligations.** To the extent Business Associate is to carry out an obligation of DHCS under 45 CFR Part 164, Subpart E, comply with the requirements of the subpart that apply to DHCS in the performance of such obligation.

16. **Access to Practices, Books and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR Part 164, Subpart E.

17. **Return or Destroy PHI on Termination; Survival.** At termination of this Agreement, if feasible, Business Associate shall return or destroy all PHI and other confidential information received from, or created or received by Business Associate on behalf of, DHCS that Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate shall extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

18. **Special Provision for SSA Data.** If Business Associate receives data from or on behalf of DHCS that was verified by or provided by the Social Security Administration (SSA data) and is subject to an agreement between DHCS and SSA, Business Associate shall provide, upon request by DHCS, a list of all employees and agents and employees who have access to such data, including employees and agents of its agents, to DHCS.

19. Breaches and Security Incidents. Business Associate shall implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:

19.1 Notice to DHCS.

19.1.1 Business Associate shall notify DHCS **immediately** upon the discovery of a suspected breach or security incident that involves SSA data. This notification shall be provided via the DHCS Incident Reporting Portal upon discovery of the breach. If Business Associate is unable to provide notification via the DHCS Incident Reporting Portal, then Business Associate shall provide notice by email or telephone to DHCS.

19.1.2 Business Associate shall notify DHCS **within 24** hours via the online DHCS Incident Reporting Portal (or by email or telephone if Business Associate is unable to use the DHCS Incident Reporting Portal) of the discovery of the following, unless attributable to a treatment provider that is not acting as a business associate of Business Associate:

19.1.2.1 Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

19.1.2.2 Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;

19.1.2.3 Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or

19.1.2.4 Potential loss of confidential information affecting this Agreement.

19.1.3 Notice submitted to the DHCS Incident Reporting Portal will be sent to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office. If providing notice to DHCS via email, use the DHCS contact information at Section 19.6 below (collectively, “DHCS Contacts”).

Notice shall be made using the DHCS Incident Reporting Portal via the link on the DHCS Data Privacy Website online at

https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/default.aspx

Notice via email shall be made using the current DHCS “Privacy Incident Reporting Form” and shall include all information known at the time the incident is reported. The form is available online at

https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Privacy-Incident-Report-PIR.pdf

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

19.1.3.1 Prompt action to mitigate any risks or damages involved with the security incident or breach; and

19.1.3.2 Any action pertaining to such unauthorized disclosure required by applicable Federal and State law.

19.2 Investigation. Business Associate shall immediately investigate such security incident or breach.

19.3 **Complete Report**. Business Associate shall provide a complete report of the investigation to DHCS within ten (10) working days of the discovery of the security incident or breach. This complete report must include any applicable additional information not included in the initial submission. The complete report shall include an assessment of all known factors relevant to a determination of whether a breach occurred under HIPAA and other applicable federal and state laws. The report shall also include a full, detailed corrective action plan, including its implementation date and information on mitigation measures taken to halt and/or contain the improper use or disclosure. If DHCS requests additional information, Business Associate shall make reasonable efforts to provide DHCS with such information. DHCS will review and approve or disapprove Business Associate's determination of whether a breach occurred, whether the security incident or breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective action plan.

19.3.1 If Business Associate does not submit a complete report within the ten (10) working day timeframe, Business Associate shall request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the complete report.

19.4 **Notification of Individuals**. If the cause of a breach is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate shall notify individuals accordingly and shall pay all costs of such notifications, as well as all costs associated with the breach. The notifications shall comply with applicable federal and state law. DHCS shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.

19.5 **Responsibility for Reporting of Breaches to Entities Other than DHCS.** If the cause of a breach of PHI is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate is responsible for all required reporting of the breach as required by applicable federal and state law.

19.6 **DHCS Contact Information**. To contact the above referenced DHCS staff, the Contractor shall initiate contact as indicated here. DHCS reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

DHCS Program Contract Manager	**DHCS Privacy Office**	**DHCS Information Security Office**
See the Scope of Work exhibit for Program Contract Manager information. If this Business Associate Agreement is not attached as an exhibit to a contract, contact the DHCS signatory to this Agreement.	Privacy Office c/o: Data Privacy Unit Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413 Email: incidents@dhcs.ca.gov Telephone: (916) 445-4646	Information Security Office Department of Health Care Services P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413 Email: incidents@dhcs.ca.gov

20. Responsibility of DHCS. DHCS agrees to not request the Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

21. Audits, Inspection and Enforcement

21.1 From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to the DHCS Privacy Officer in writing. Whether or how

DHCS exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.

21.2 If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement, or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify DHCS unless it is legally prohibited from doing so.

22. Termination

22.1 **Termination for Cause**. Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCS may in its discretion:

22.1.1 Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within the time specified by DHCS; or

22.1.2 Terminate this Agreement if Business Associate has violated a material term of this Agreement.

22.2 **Judicial or Administrative Proceedings.** DHCS may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

23. Miscellaneous Provisions

23.1 **Disclaimer**. DHCS makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other confidential information.

23.2. **Amendment**.

23.2.1 Any provision of this Agreement which is in conflict with current or future applicable Federal or State laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.

23.2.2 Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 23.2.1 shall constitute a material violation of this Agreement.

23.3 **Assistance in Litigation or Administrative Proceedings**. Business Associate shall make itself and its employees and agents available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.

23.4 **No Third-Party Beneficiaries**. Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.

23.5 **Interpretation**. The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.

23.6 **No Waiver of Obligations**. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

Contractor Certification Clauses

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
County of Tehama	94-6000543

By (Authorized Signature)

Jayme S Bottke

Printed Name and Title of Person Signing

Jayme S. Bottke, Executive Director

Date Executed	Executed in the County of
6-27-25	Tehama

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

1) the dangers of drug abuse in the workplace;

2) the person's or organization's policy of maintaining a drug-free workplace;

3) any available counseling, rehabilitation and employee assistance programs; and,

4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES $50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be*:* (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Department of Healthcare services

Contract Description: For the purpose of providing Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services

APPROVED AS TO FORM:

Date: 06/09/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1235 **Agenda Date:** 7/15/2025 **Agenda #:** 12.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) OTHER THAN "A" STEP - Request approval to appoint the applicant as a Case Resource Specialist II, Range 26, Step B, effective 7/15/25, or upon successful completion of all pre-employment requirements

Financial Impact:
The funds for this position are in the FY 2025-2026 Budget Unit 40131 (Mental Health), and the salary for the position at Range 26, Step B is $25.58/hour. There is no impact to the general fund.

Background Information:
The candidate has nearly six years of experience in institutional and behavioral health settings working in the field of juvenile detention for a nearby County as a Juvenile Counselor and Probation Officer. Their experience providing direct services to youth with the highest needs provides them with skills that are transferable into the Specialty Mental Health System of Care working with both youth and adults.

If the requested action is not approved, the County will lose the opportunity to hire a qualified applicant in this position.

The Personnel Office has reviewed the Other than A Step request and is in agreement with the Range 26, Step B appointment effective upon completion of all pre-employment requirements.

The Board of Supervisors, on November 13, 1990, asked to receive consistent information from Department Heads who request to hire a new employee at other than "A" step of the classification range. Board policy cites that "A" step is the normal and desired starting point in a classification unless compelling reasons exist to start an individual at a higher step.*

FROM: Health Services Agency/Fiscal Data Division
TO: Board of Supervisors/Personnel
RE: Request to hire in the following classification –
Case Resource Specialist II

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form to Personnel (allowing sufficient time prior to the anticipated hiring date). Requests for "C" step or above will be referred to the Board's Personnel Committee for recommendation to the full Board.

1) Range 26 $ **24.37 /hr** "A" Step Range 26 Request **$ 25.58 /hr** "B" Step

2) Total applications received during the recruitment for this position? 12
Total number of "qualified" applicants? 8

3) Would this individual accept the position at A Step? No

4) Justification for requesting higher than Step A.

a. The candidate has nearly 6 years of experience in institutional and behavioral health settings working in the field of juvenile detention for a nearby County as a Juvenile Counselor and Probation Officer.

b. The candidate's experience providing direct services to youth with the highest needs provides him with skills that are transferable into the Specialty Mental Health System of Care working with both youth and adults.

c. The Department has been actively recruiting for multiple vacancies for this position for over one year.

5) How has the Department budgeted for this additional cost?
Funds are budgeted in the Fiscal Year 2025-2026 proposed budget for this position, as well as salary savings.

I hereby certify that to the best of my knowledge, the information provided above is true and accurate representation of all the material facts which should be considered with this request.

Jayme S. Bottke, Executive Director

Tehama County

Agenda Request Form

File #: 25-1232 **Agenda Date:** 7/15/2025 **Agenda #:** 13.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Northern Valley Catholic Social Service, Inc. for the purpose of providing peer to peer support staff, for a maximum compensation amount not to exceed $650,949, effective 7/1/25 and shall terminate 6/30/28

Financial Impact:
Costs of services will be paid utilizing Mental Health Services Act (MHSA) dollars allocated for these purposes. Budget Unit is 40131 for Mental Health. There is no impact to the general fund.

Background Information:
This is a renewal agreement with the vendor to provide clients with training and supervision for peer-to-peer support staff, who will be employed by Northern Valley Catholic Social Service utilizing the Mental Health Services Act (MHSA) core values. Northern Valley Catholic Social Service has successfully employed, trained and supervised consumer staff for several Northern California Counties. Peer staff can promote and model wellness and recovery as well as show consumers how utilizing County support services can lead to a productive life.

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC.

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Northern Valley Catholic Social Service, Inc., a California Nonprofit Public Benefit corporation ("Contractor") for the purpose of providing peer to peer support staff.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall perform peer to peer support staff services listed in the Scope of Work, Exhibit B, attached hereto and made a part of this agreement as well as the following:

A. Provide necessary supervision of support staff providing services.

B. Provide services at the request of the County.

C. Maintain sufficient records to document time spent by personnel assigned to provide services pursuant to this agreement for the purpose of a payment and financial audit per the guidelines of the Mental Health Services Act program.

D. Shall be responsible for and shall verify that all certified/licensed personnel maintain their certification or licenses throughout the provision of services under this agreement.

E. Maintain confidentiality of information and records pertaining to individuals provided peer to peer support staff services.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3. COMPENSATION

For work satisfactorily performed in accordance with the terms of this Agreement, as determined by County, Contractor shall invoice County at the actual cost incurred pursuant to the Peer Support Tehama County form attached hereto and incorporated herein as Exhibit C, using the

Financial Summary form attached hereto and incorporated herein as Exhibit D, after satisfactorily completing the duties described in this Agreement. The total compensation payable under this agreement shall not exceed $216,983 in any one fiscal year (July – June). The maximum compensation payable under this Agreement shall not exceed $650,949. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 45 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

When, on the basis of retrospective review, it has been determined that Contractor has failed to meet service standards or documentation standards established by the MHP and Title 9, California Code of Regulations, payment will be denied on the basis of audit exception. Payment will not be made on the basis of added, amended, or altered records presented after the date of the retrospective review.

Whenever there is audit exception against the County resulting from a claim for funding for an expenditure by the Contractor that is not allowable, the County may offset reimbursement to the Contractor for the exception.

5. TERM OF AGREEMENT

This agreement shall commence on July 1, 2025 and shall terminate June 30, 2028 unless terminated in accordance with section 6 below.

6. TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

7. ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8. NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9. EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an

employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10. INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.
Contractor shall defend and indemnify Tehama County for any recoupment of funding resulting from periodic audit by the State of California, or United States of America and arising from Contractor's negligent acts, willful acts, or errors or omissions or such acts of Contractor's subcontractors, any person employed under Contractor, or under any subcontractor. Should County become subject to such recoupment Contractor shall reimburse County for recouped funds in proportion to Contractor's share of audit exceptions to the total audit exceptions charged against County.

11. INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12. PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15. COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16. LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions

which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17. AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18. NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

If to County:	Tehama County Health Services Agency Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
If to Contractor:	Northern Valley Catholic Social Service, Inc. 1900 Walnut St. Bldg. J Red Bluff, CA 96080 (530) 241-6457

Notice shall be deemed to be effective two days after mailing.

19. NON-EXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20. STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23. NO THIRD-PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25. HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

27. CODE OF CONDUCT

At all times while providing services under this Agreement, Contractor shall adhere to Code of Conduct. Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. TCHSA and each of its employees and Contractors shall follow an established Code of Conduct.

PURPOSE: The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and Contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA’s dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

The Code of Conduct is intended to provide TCHSA employees and Contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;

- Every TCHSA employee and Contractor is expected to uphold the Code of Conduct;

- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or Contractor to disciplinary action, up to or including termination of employment or contracted status.

CODE OF CONDUCT – All TCHSA employees and Contractors:

- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or Contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or Contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or Contractors;

- Shall not participate in any false billing of patients, governmental entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Compliance Officer any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Compliance Officer any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or Contractors who report or suspect wrongdoing.

28. CULTURAL COMPETENCY

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

A. Services should be delivered in the client's primary language or language of choice as language is the primary "carrier of culture."

B. Services should encourage the active participation of individuals in their own care, protect confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics.

C. Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served.

D. Certain culturally sanctioned behaviors, values, or attitudes of individuals

legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance.

E. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy.

F. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.

G. Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor acknowledges that it is a "health care provider" for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor agrees to use individually identifiable healthcare information obtained from the COUNTY only for purposes of providing diagnostic or treatment services to patients.

CONTRACTOR agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. CONTRACTOR shall make this report by the next business day following discovery of the use, disclosure, or security incident.

30. CONFIDENTIALITY

Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all client, employee, or County information with which the Contractor may come into incidental contact in the process of performing its contracted services. Except as solely required to perform the contracted services hereunder, the Contractor shall not read, retain, copy, use, or disclose this information in any manner for any purpose. Violation of the confidentiality of client, employee, or County information may, at the option of the County, be considered a material breach of this Agreement.

31. MONITORING

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor all records, programs, or procedures, at any time in regard to clients, as well as the overall operation of Contractor's program in order to ensure compliance with the terms and conditions of this agreement.

32. TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104)."

33. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

34. HATCH ACT

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

35. EXHIBITS

Contractor shall comply with all provisions of Exhibits A through D, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 7-1-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

NORTHERN VALLEY CATHOLIC SOCIAL SERVICE INC, a California corporation

Date: 7/1/2025

Erna Friedeberg, MPA

102054
Vendor Number

53230
Budget Account Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

SCOPE OF WORK

Northern Valley Catholic Social Services has available the following service delivery through the initiation of programs and projects in housing, mental health, teen services, family support and community education. These services are not an exhaustive list but examples of the services provided.

- Recruitment, interviewing and hiring of Peer Advocates with lived mental health experience. Selection criteria will be developed in collaboration with County staff.
- Peer Advocates will be issued two (2) polo-style shirts that state "Peer Advocate" at the beginning of employment and a new shirt will be issued each year afterwards during the term of the contract.
- Hired Peer Advocates will be orientated to NVCSS and TCHSA worksites and policies (including confidentiality, HIPPA, policies).
- Six to eight Peer Advocates with lived mental health experience to provide support at the County's designated facility and the clients who receive services.
- Peer Advocates will conduct outreach at County designated areas per contract monitor.
- Peer Advocates will provide outreach services as determined by NVCSS and TCHSA staff (i.e. Farmers Market, Butte College/Shasta College events, etc.)
- Peer Advocates will educate clients about mental health symptoms, how to live well with mental illness, provide encouragement, and role model healthy coping skills and problem solving techniques.
- Peer Advocates will create and encourage mentorship among TCHSA clients working on wellness and recovery daily by those who are farther along in the process.
- Peer Staff will utilize wellness language when interacting.
- Peer Advocates will offer wellness and recovery activities and peer support groups that lead to independence.
- NVCSS and TCHSA will work together to ensure that Peer Advocates are trained in the Wellness Recovery Action Plans (WRAP) model.
- NVCSS will provide training for Peer Advocates to facilitate groups with TCHSA clients.

- A warm line (Talk Line) operating 2 days per week between the hours of 4:15 pm and 8:00 pm at the Contractor's Red Bluff office.
- Talk Line staff will be issued polo-style shirts that state "Talk Line". These shirts will also be worn at the Farmer's Market and other outreach events.
- Contractor will provide supervision and support to Peer Advocates with a qualified supervisor.
- Peer Advocates will provide client support and referrals to other services.
- Data and demographic collection as identified by TCHSA.
- Within the supply budget: 1,000 Talk Line ink pens will be ordered and 2,500 professional Talk Line business cards will be ordered each year of the contract.
- Peer Advocates will provide outreach events to promote Tech Suite/7-Cups application for Innovation program at TCHSA - Mental Health.
- Peer Advocates will provide training in conjunction with TCHSA staff for Innovation program.

Exhibit C

Northern Valley Catholic Social Service
Peer to Peer Tehama County
Annual Cost July 1 - June 30

Revenue	12 Month
TCHSA Mental Health Division - MHSA	$216,983
	-
	$216,983
Expenses	
Salaries and wages	$110,802
Employee benefits	$40,974
Supplies	$2,500
Stigma Reduction Funds	$2,500
Telephone	$8,980
Rents and Leases	$3,600
Fees & Licenses	$500
Insurance	$10,625
Advertising	$1,700
Mileage and Travel	$2,000
Employment Cost/Fees	$1,500
Training & Conference	$3,000
Administrative/Indirect	$28,302
Total Expenses	$216,983
Change In Net Assets	$ (0)

Exhibit D

PROVIDER NAME: Northern Valley Catholic Social Services - MHSA
Financial Summary

Period:

	Program Line Line Item	PEI	CSS	CSS	TOTAL
1.1	**Clinical Salaries & Wages**	**FTE**		**FTE**	**FTE**
	County Director				$ -
	Program Manager				$ -
	Supervisor				$ -
	IT/Regional Support Staff				$ -
	Talk Line/Peer Advocate Staff				$ -
	Peer Coordinator Staff				$ -
	Salaries & Wages				$ -
	Employee Benefits				$ -
	TOTAL SALARIES, WAGES & BENEFITS				$ -
1.2	**Clinical Operating Expense**				
	Office Expense				$ -
	Telephone				$ -
	Rents and Leases - Facilities (list)				$ -
	Utilities				$ -
	Insurance				$ -
	Fees and Licenses				$ -
	Advertising				$ -
	Transportation and Travel				
	Employment Costs				$ -
	Training				$ -
	Sub-Contracts/Professional Fees				$ -
	Maintenance Labor and Supplies				$ -
	Equipment/Office Furniture/Computers				$ -
	Contract Labor				$ -
	TOTAL OPERATING EXPENSE				$ -
1.3	**TOTAL DIRECT EXPENSE**	$ -	$ -	$ -	$ -
1.4	**ADMIN**				$ -
1.5	**GROSS COST**	$ -	$ -	$ -	$ -
2.0	**REVENUES**				
	PEI				
	CSS				
	Innovation				
	TOTAL REVENUES				
3.0	**NET COST (CONTRACT MAXIMUM)**	$ -	$ -	$ -	
4.0	**TOTAL UNITS OF SERVICE**	0	0	0	
5.1	**COST PER MINUTE**	$0.00	$0.00	$0.00	
5.2	**INTERIM RATE**				
5.3	**PUBLISHED CHARGE**				

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: North Valley Catholic Social Services

Contract Description: For the purpose of providing peer to peer support staff

APPROVED AS TO FORM:

Date: 06/09/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1233 **Agenda Date:** 7/15/2025 **Agenda #:** 14.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Northern Valley Catholic Social Service, Inc., for the purpose of providing a consumer workforce temporary work experience program, for a maximum compensation amount not to exceed $530,322, effective 7/1/25 and shall terminate 6/30/28

Financial Impact:
Costs of services will be paid utilizing Mental Health Services Act (MHSA) dollars allocated for these purposes. Budget Unit is 40131 for Mental Health. There is no impact to the general fund.

Background Information:
This is a renewal agreement for the purpose of providing clients with training and supervision for a consumer workforce temporary work experience. The supervisor will be employed by Northern Valley Catholic Social Service. Work experience helps to promote community employment by training participants in universal job skills such as how to follow directions, arrive at work on time, dressing appropriately for work, calling in when unable to come to work, and professional communication skills. Work placements at the Health Services Agency may include job functions such as catering, office front desk experience, and landscaping. Northern Valley Catholic Social Service has successfully employed, trained, and supervised consumer staff for several Northern California Counties. A consumer workforce can promote and model wellness & recovery as well as show consumers how utilizing County support services can lead to a productive life.

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC.

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Northern Valley Catholic Social Service, Inc., a California Nonprofit Public Benefit corporation ("Contractor") for the purpose of providing a consumer workforce temporary work experience program.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide a consumer workforce temporary work experience program listed in the Scope of Work, Exhibit B, attached hereto and made a part of this agreement as well as the following:

A. Provide necessary supervision of support staff providing services.

B. Provide services at the request of the County.

C. Maintain sufficient records to document time spent by personnel assigned to provide services pursuant to this agreement for the purpose of a payment and financial audit per the guidelines of the Mental Health Services Act program.

D. Shall be responsible for and shall verify that all certified/licensed personnel maintain their certification or licenses throughout the provision of services under this agreement.

E. Maintain confidentiality of information and records pertaining to individuals provided peer to peer support staff services.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3. COMPENSATION

For work satisfactorily performed in accordance with the terms of this Agreement, as determined by County, Contractor shall invoice County at the actual cost incurred pursuant to the Tehama

Consumer Workforce Proposal form attached hereto and incorporated herein as Exhibit C, using the Financial Summary form attached hereto and incorporated herein as Exhibit D, after satisfactorily completing the duties described in this Agreement. The total compensation payable under this agreement shall not exceed $176,774 in any one fiscal year (July – June). The maximum compensation payable under this Agreement shall not exceed $530,322.00. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 45 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

When, on the basis of retrospective review, it has been determined that Contractor has failed to meet service standards or documentation standards established by the MHP and Title 9, California Code of Regulations, payment will be denied on the basis of audit exception. Payment will not be made on the basis of added, amended, or altered records presented after the date of the retrospective review.

Whenever there is audit exception against the County resulting from a claim for funding for an expenditure by the Contractor that is not allowable, the County may offset reimbursement to the Contractor for the exception.

5. TERM OF AGREEMENT

This agreement shall commence on July 1, 2025 and shall terminate June 30, 2028 unless terminated in accordance with section 6 below.

6. TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

7. ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8. NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9. EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an

employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10. INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.
Contractor shall defend and indemnify Tehama County for any recoupment of funding resulting from periodic audit by the State of California, or United States of America and arising from Contractor's negligent acts, willful acts, or errors or omissions or such acts of Contractor's subcontractors, any person employed under Contractor, or under any subcontractor. Should County become subject to such recoupment Contractor shall reimburse County for recouped funds in proportion to Contractor's share of audit exceptions to the total audit exceptions charged against County.

11. INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12. PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15. COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16. LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions

which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17. AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18. NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

If to County:	Tehama County Health Services Agency Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
If to Contractor:	Northern Valley Catholic Social Service, Inc. 1900 Walnut St. Bldg. J Red Bluff, CA 96080 (530) 241-6457

Notice shall be deemed to be effective two days after mailing.

19. NON-EXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20. STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23. NO THIRD-PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25. HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

27. CODE OF CONDUCT

At all times while providing services under this Agreement, Contractor shall adhere to Code of Conduct. Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. TCHSA and each of its employees and Contractors shall follow an established Code of Conduct.

PURPOSE: The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and Contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA’s dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

The Code of Conduct is intended to provide TCHSA employees and Contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;

- Every TCHSA employee and Contractor is expected to uphold the Code of Conduct;

- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or Contractor to disciplinary action, up to or including termination of employment or contracted status.

CODE OF CONDUCT – All TCHSA employees and Contractors:

- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or Contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or Contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or Contractors;
- Shall not participate in any false billing of patients, governmental entities, or any other party;

- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Compliance Officer any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Compliance Officer any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or Contractors who report or suspect wrongdoing.

28. CULTURAL COMPETENCY

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

A. Services should be delivered in the client's primary language or language of choice as language is the primary "carrier of culture."

B. Services should encourage the active participation of individuals in their own care, protect confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics.

C. Service delivery staff should reflect the racial, ethnic, and cultural diversity

of the population being served.

D. Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance.

E. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy.

F. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.

G. Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor acknowledges that it is a "health care provider" for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor agrees to use individually identifiable healthcare information obtained from the COUNTY only for purposes of providing diagnostic or treatment services to patients.

CONTRACTOR agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. CONTRACTOR shall make this report by the next business day following discovery of the use, disclosure, or security incident.

30. CONFIDENTIALITY

Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all client, employee, or County information with which the Contractor may come into incidental contact in the process of performing its contracted services. Except as solely required to perform the contracted services hereunder, the Contractor shall not read, retain, copy, use, or disclose this information in any manner for any purpose. Violation of the

confidentiality of client, employee, or County information may, at the option of the County, be considered a material breach of this Agreement.

31. MONITORING

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor all records, programs, or procedures, at any time in regard to clients, as well as the overall operation of Contractor's program in order to ensure compliance with the terms and conditions of this agreement.

32. TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104)."

33. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

34. HATCH ACT

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

35. EXHIBITS

Contractor shall comply with all provisions of Exhibits A through D, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 7-1-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

VICTOR COMMUNITY SUPPORT SERVICES INC.

Date: 6/30/25

Edward Hackett, Chief Financial Officer

129754

Vendor Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

SCOPE OF WORK

Northern Valley Catholic Social Services has available the following service delivery through the initiation of programs and projects in housing, mental health, teen services, family support and community education. These services are not an exhaustive list but examples of the services provided.

- Recruitment, interviewing and hiring of Peer Assistance with lived mental health experience. Selection criteria will be developed in collaboration with County staff.
- Contractor will provide supervision, training and support to Peer Assistants with a qualified supervisor.
- Hired Peer Assistants will be orientated to NVCSS and TCHSA worksites and policies. (including confidentiality, HIPPA, policies)
- Nine to twelve Peer Assistance who currently are receiving TCHSA services will be given training in various job positions at the County's designated facilities.
- The training is considered basic "soft" skills training along with some tasks orientated skills training.
- "Soft" skills training includes, but not limited to: learning to follow directions, showing up to work on time with appropriate clothing and hygiene, and learning professional communication skills.
- Supervisor will work with Peer Assistants to help promote community employment or educational opportunities.
- If needed, Peer Assistants will conduct outreach at County designated locations.
- Peer Assistants will provide outreach services as determined by NVCSS and TCHSA.
- Peer Assistants will be hired for various job functions and placements. Job functions and placements include but are not limited to: catering, front desk assistants, and landscaping (see attachments for specific job duties).
- These positions are temporary (up to 9 months). Consumers must re-apply after nine months if not ready to move into community employment.
- Contractor will provide data and demographic collection as identified by TCHSA.
- Peer Assistants will be issued a T-shirt (uniform) that states "Peer Assistant" at the beginning of employment.

Sample of Job Functions and Placements

Landscaping

Locations:

- Gentry House
- Mental Health Out Patient (Walnut Street)

Duties:

- Mowing – only at Gentry House and Madison House
- Removing cobwebs
- Sweeping
- Pulling weeds
- Raking
- Planting flowers
- Picking up debris

Catering

Locations:

- Creating menus at YES Center (Walnut Street)
- Preparing food at YES Center (Walnut Street)
- Shopping (community stores)
- Catering at various locations (i.e. Red Bluff Community Center, Day Reporting Center, etc.)

Duties:

- Create menus
- Create shopping list
- Work with a budget
- Shopping for food & needed items
- Preparing food
- Packaging food
- Setting up food at various locations
- Learning proper food handling
- Learning proper food/kitchen sanitization
- Cleaning of equipment and kitchen

MHOP Front Desk

Location:

- MHOP (Walnut Street)

Duties:

- Greet people

- Answer telephone
- Take messages or route telephone calls
- Provide resources
- Keep areas clean
- Assist with records requests
- Organize forms and brochures
- Photocopy forms
- Make reminder appointment telephone calls
- Notify staff of appointment cancellations and arrivals
- Set up new client files

End of Exhibit B

Exhibit C

Northern Valley Catholic Social Service (NVCSS)

NVCSS Tehama Consumer Workforce Proposal

June 1 - July 30

Budget Detail

Revenue	TE Workforce	Total
TCHSA Mental Health Division - MHSA	$ 176,501	$ 176,501
Other	-	
	$ 176,501	$ 176,501
Expenses:		
Salaries	$ 88,496	$ 88,496
Fringe	29,742	29,742
Supplies	26,660	26,660
Store/Restaurant Supplies		
Telephone	479	479
Rent		
Utilities		
Insurance	4,119	4,119
Membership		
Subscriptions		
Fees & Licenses		
Postage		
Copies		
Advertising		
Printing		
Mileage and Travel	2,660	2,660
Employment Cost/Fees	1,596	1,596
Training & Conferences		
Subcontracts/Professional Fees		
Maintenance Labor and Supplies		
Equipment Purchased by Funder		
Contract Labor (ADP)		
Accreditation		
Other Expenses		
Direct Subtotal	**$ 153,752**	**$ 153,752**
Administrative/Indirect	23,022	23.022
Total Expenses	$ 176,774	$ 176,774
Change In Net Assets	$ (0)	$ (0)

Exhibit D

PROVIDER NAME: Northern Valley Catholic Social Services - MHSA
Financial Summary

Period:

	Program Line Line Item	PEI		CSS		CSS		**TOTAL**	
1.1	**Clinical Salaries & Wages**	**FTE**				**FTE**		**FTE**	
	County Director								$ -
	Program Manager								$ -
	Supervisor								$ -
	Peer Assistants								$ -
									$ -
									$ -
	Salaries & Wages								$ -
	Employee Benefits								$ -
	TOTAL SALARIES, WAGES & BENEFITS								$ -
1.2	**Clinical Operating Expense**								
	Supplies								**$ -**
	Telephone								**$ -**
	Insurance								**$ -**
	Mileage and Travel								**$ -**
	Employment Cost/Fees								**$ -**
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
	TOTAL OPERATING EXPENSE								**$ -**
1.3	**TOTAL DIRECT EXPENSE**		$ -		$ -		$ -		**$ -**
1.4	**ADMIN**								**$ -**
1.5	**GROSS COST**		**$ -**		**$ -**		**$ -**		**$ -**
2.0	**REVENUES**								
	TOTAL REVENUES								
3.0	**NET COST (CONTRACT MAXIMUM)**		**$ -**		**$ -**		**$ -**		
4.0	**TOTAL UNITS OF SERVICE**		**0**		**0**		**0**		
5.1	**COST PER MINUTE**		**$0.00**		**$0.00**		**$0.00**		
5.2	**INTERIM RATE**								
5.3	**PUBLISHED CHARGE**								

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: North Valley Catholic Social Services

Contract Description: For the purpose of providing consumer workforce temporary work experience program

APPROVED AS TO FORM:

Date: 06/09/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1234 **Agenda Date:** 7/15/2025 **Agenda #:** 15.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Victor Community Support Services, Inc. (VCSS) for the purpose of Medi-Cal Specialty Mental Health Services for eligible children and transitional aged youth (TAY) for rates set forth in Exhibit B of the agreement, with the maximum compensation not to exceed $2,000,000, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
Costs will be paid for with Mental Health Services Act funds and/or Mental Health Realignment funds allocated for medically necessary services. Budget Unit is 40131 for Mental Health. There is no impact to the general fund.

Background Information:
This renewal agreement with Victor Community Support Services provides mental health services to eligible children and transitional aged youth (ages 16-25) in Tehama County that meet medical necessity as defined by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal Specialty Mental Health, as well as case-by-case uninsured or non-Medi-Cal eligible children and youth. This agreement is necessary for meeting Network Adequacy Standards established by the Department of Health Care Services (DHCS). If the agreement is not approved, the Agency would need to look for another vendor to provide specialty mental health services for youth as outlined in the County's contract with the Department of Health Care Services.

AGREEMENT BETWEEN COUNTY OF TEHAMA AND
VICTOR COMMUNITY SUPPORT SERVICES, INC.

This agreement is entered into between County of Tehama, through its Health Services Agency ("County"), and Victor Community Support Services, Inc. ("Contractor") for the provision of Medi-Cal EPSDT/Specialty Mental Health Services for transitional aged youth (TAY).

1. RESPONSIBILITIES OF CONTRACTOR

Contractor agrees to provide Medi-Cal EPSDT/Specialty Mental Health Services that comply with Integrated Core Practice Model (ICPM), Community Care Regulations (CCR), Mental Health Services Act (MHSA), standards Transitional Aged Youth who have Full-Scope Medi-Cal and are eligible for enrollment in the Tehama County (COUNTY 52 Medi-Cal) Mental Health Plan (MHP).

Contractor shall treat youth who meet medical necessity as defined by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal Specialty Mental Health services to children under age 21 and in need of intensive mental health services and those meeting the MHSA definition of Transition Age Youth (16-25). Mild and moderate mental health services will not be reimbursed under this agreement. All referrals to this program will come from TCHSA-BH.

Medically necessary services to uninsured or non-Medi-Cal eligible children or transitional aged youth may be reimbursed under this agreement on a case-by-case basis if the Contractor receives written authorization from County prior to providing such services. Educationally related mental health services are not covered by this contract, and County shall not be obligated to pay for such services under the contract. Further, this contract shall not cover services provided to any transitional aged youth placed in Contractor's facility pursuant to an Individualized Education Plan, and County shall not be obligated to pay for such services under the contract.

Contractor shall perform the following services outlined below in Section 3. COMPENSATION of this agreement for the target population as outlined in the Contractors Request for Proposal (RFP-BH-20-01) response. Contractor shall document all services in the client record in accordance with the MHP documentation requirements.

Contractor shall provide only those services for which a written authorization from the County has been received. Services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.

Contractor understands that court-ordered assessments, written reports, expert witness testimony, case conferences or other forensic or administrative professional activities shall not be considered reimbursable activities under this agreement.

Contractor shall comply with:

A. Applicable Medi-Cal Specialty Mental Health Services regulations, section 14680 of the Welfare and Institutions Code and the California Code of Regulations, Title 9, Division 1, Chapter 11;

B. Applicable sections of the Tehama County Mental Health Plan ("MHP") as approved by the California Department of Mental Health, the Tehama County Mental Health Quality Assurance Plan, the Tehama County Cultural Competency Plan, and the various policies and procedures established by the Tehama County Mental Health Director for the administration of public mental health services within Tehama County, as hereafter amended; and

C. The most current Tehama County Behavioral Health Member Handbook ("Handbook") – Exhibit D.

Contractor shall be liable for State Department of Health Care Services audit exceptions due to inadequate documentation as per medical necessity requirements and shall reimburse County for any recoupments ordered by the State within sixty (60) days of the date of the State or County's notice of such recoupment order. If Contractor fails to reimburse County within such period, County may offset the unpaid amount against any sums due from County to Contractor pursuant to this agreement or any other agreement of obligation.

2. RESPONSIBILITIES OF COUNTY

County shall compensate Contractor as set forth in section 3 of this agreement. Contractor acknowledges Tehama County Health Services Agency Executive Director's ("Director")

responsibility for implementing, operating, managing, and overseeing the Mental Health Plan ("MHP") and compliance with California Welfare and Institutions Code, and Title 9, California Code of Regulations ("Title 9, CCR"). Director retains the right to restrict payment under this agreement to medically necessary services that meet MHP and Title 9, CCR requirements for preauthorization and retrospective review.

County agrees to pay Contractor at the rates listed in section 3 of this agreement for authorized services. In the event that the State of California shall establish a maximum allowance for any service listed in section 1 that is lower than the rate established by this agreement the maximum allowance established by the State of California shall prevail.

County will provide Contractor with the Handbook, attached hereto as Exhibit D, and by this reference made a part hereof.

County will follow the Provider Problem Resolution Process described in the Handbook when Contractor disputes denial of payment. If a Federal or State audit exception is created due to error of omission or commission on the part of the County, the County will be held responsible for the audit exception.

3. COMPENSATION

County shall compensate Contractor for services rendered pursuant to the terms described in the current Handbook, attached as Exhibit D and incorporated herein. County shall pay Contractor the rates set forth in Exhibit B.

A. The rates set forth in Exhibit B are subject to change upon agreement between vendor and County.

B. The compensation payable under this agreement for the period 7/1/25 - 6/30/26 shall be billed rate based according to the chart below in the amount not to exceed $2,000,000.00

C. Billing/Coding Chart

Contractor shall include the Reporting Unit, Sub-Reporting Unit, and Service Activity Code, as well as the duration of each billable service delivered.

Reporting Unit (RU) Name	RU #	Sub-RU #
MHSA Full Service Partnership (FSP) - TAY	3535	322
MHSA Evidence Based Practice - TAY	3536	351
MHSA Parenting	3536	341
MHSA Suicide Prevention (ASSIST, Safetalk)	3536	345
MHSA Teen Risk Screening (Teen Screen)	3536	340
Non-MHSA EPSDT (up to age 21)	3042	NA
Non- MHSA (21 and over)	3031	NA

*Other coding may be added upon mutual agreement of County and Contractor.

D. Cost Reports

Effective July 1, 2022, MHPs, DMCODS/DMC counties will no longer be required to submit an annual Medi-Cal cost report. This policy change will eliminate the need for counties to collect and submit cost reports from subcontracted network providers for purposes of Medi-Cal reimbursement. However, counties may still need to collect cost information from subcontracted network providers for a variety of reasons, including, but not limited to:

- MHPs and DMC-ODS/DMC counties are required to continue to collect cost reports from network providers in compliance with DHCS cost reporting policies for services rendered prior to the date Behavioral Health Payment Reform is implemented on July 1, 2023.
- When cost reporting is required by state or federal law.

4. BILLING AND PAYMENT

Contractor shall submit to County a monthly invoice of direct client rendered services by the thirtieth day following the last day of the month in which the services were delivered. County shall make payment within 30 days of the date the services were approved for payment on the basis of retrospective review described in paragraph 12, PAYMENT AUTHORIZATION, below. County shall not be obligated to pay for services billed later than the thirtieth day following the last day of the month in which the services were delivered except in the case of beneficiaries covered by both Medi-Cal and a third-party payer. If a beneficiary is covered by both Medi-Cal and a third-party

payer, Contractor will bill third party payer and receive an Explanation of Benefits (EOB) from the third party payer prior to billing County. Submission to County shall be considered timely when a billing invoice (accompanied by an EOB indicating payment or denial) is submitted: (1) no later than the thirtieth day following the last day of the month in which Contractor received an EOB for the billed service from the third party payer, and (2) no later than the 120th day following the last day of the month in which services were delivered.

Contractor will be responsible to submit to County monthly invoice for MHSA FSP Services Non Billable to Medi-cal using the invoice attached herein as Exhibit E.

When, on the basis of retrospective review, it has been determined that Contractor has failed to meet service standards or documentation standards established by the MHP and Title 9, California Code of Regulations, payment will be denied on the basis of audit exception. Payment will not be made on the basis of added, amended, or altered records presented after the date of the retrospective review.

Whenever there is audit exception against the County resulting from a claim for funding for an expenditure by the Contractor that is not allowable, the County may offset reimbursement to the Contractor for the exception.

5. TERM OF AGREEMENT

This agreement shall commence on July 1, 2025, and shall terminate June 30, 2026, unless terminated in accordance with section 6 below.

6. TERMINATION OF AGREEMENT

If Contractor fails to perform its duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner its obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should

the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by Health Services Agency Executive Director.

7. ENTIRE AGREEMENT;MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. However, minor changes to the Handbook that do not result in a substantial or functional change to the original intent of the agreement may occur during term of agreement. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8. NONASSIGNMENT OF AGREEMENT

Inasmuch as this Agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate, subcontract, or sublet any obligations under this Agreement, or the Agreement as a whole, without the prior written consent of the County. Notwithstanding the foregoing, Contractor may assign its rights and obligations under this Agreement, in whole but not in part, without the County's permission, in connection with any merger, consolidation, sale of all or substantially all of Contractor's assets or equity, or any other similar transaction; *provided, that* the assignee: (a) provides prompt written notice of such assignment to the non-assigning party; (b) is capable of fully performing the obligations of the Contractor under the Agreement; and (c) agrees to be bound by the terms and conditions of this Agreement. The Agreement is binding on the parties hereto and their respective successors and permitted assigns.

9. EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject

matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10. INDEMNIFICATION

A. Contractor shall defend, hold harmless and indemnify Tehama County, its elected officials, officers, employees, agents and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County Counsel and counsel retained by County, expert fees, litigation costs, and investigation costs), damages, judgments or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged by the negligent acts, willful acts, or errors or omissions of the Contractor, or any of Contractor's subcontractors, or any person employed under Contractor, or under any subcontractor, in any capacity during the progress of the work, except when the injury or loss is caused by the sole negligence or intentional wrongdoing of County. Contractor shall, at its own expense, defend any suit or action founded upon a claim of negligent acts, willful acts, or errors or omissions on the part of Contractor, or any of Contractor's subcontractors, or any person employed under Contractor, or under any subcontractor, in any capacity during the progress of the work. Contractor shall also defend and indemnify County for any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency and shall defend, indemnify and hold harmless County with respect to Contractor's "independent contractor" status that would establish a liability on County for failure to make social security deductions or contributions or income tax withholding payments, or any other legally mandated payment.

B. Contractor shall defend and indemnify Tehama County for any recoupment of funding resulting from periodic audit by the State of California, or United States of America and arising from Contractor's negligent acts, willful acts, or errors or omissions or such acts of Contractor's subcontractors, any person employed under Contractor, or under any subcontractor. Should County become subject to such recoupment Contractor shall reimburse County for recouped funds in proportion to Contractor's share of audit exceptions to the total audit exceptions charged against County.

11. INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12. PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a

public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15. COMPLIANCE WITH LAWS AND REGULATIONS

A. Contractor shall observe and comply with all applicable County, State and Federal laws, ordinances, rules and regulations now in effect or hereafter enacted, each of which are hereby made a part hereof and incorporated herein by reference including, but not limited to, California Code of Regulations, Title 9, section 1810.436(a)(1)-(5), which provides that:

(1) Beneficiaries shall receive the same level of care as provided to all other patients served; and

(2) Medi-Cal beneficiaries shall not be discriminated against in any manner; and

(3) Contractor shall make all records, program compliance, and beneficiary complaints available for authorized review and fiscal audit whenever requested to do so by County, State, or Federal authorities; and

(4) The rate paid is considered to be payment in full, subject to third party liability and beneficiary share-of-cost for the specialty mental health services provided; and contractor shall adhere to Title 19 of the Social Security Act and conform to all other applicable Federal and State statutes and regulations.

B. The rights and duties of the parties to this agreement are additionally governed by the specific, additional terms mutually agreed to and listed in Exhibit D and by this reference made a part hereof.

16. LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17. NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first-class mail to the following addresses:

If to County: Tehama County Health Services Agency
Post Office Box 400
Red Bluff, CA 96080
PH: (530) 527-8491

If to Contractor: Victor Community Support Services, Inc.
Attn: Chief Financial Officer
1360 East Lassen Avenue
Chico, CA 95973
PH: 530-267-1700

Notice shall be deemed to be effective two days after mailing.

18. NON-EXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

19. STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

20. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

21. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

22. NO THIRD-PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

23. SERVICE STANDARDS

Contractor agrees to abide by the same standards of care under which county provides service through programs staffed by County employees. Standards of care are communicated to Contractor via the Handbook, orientation, site certification process, retrospective reviews by the MHP, and training as new standards of care are implemented.

24. AUTHORIZATION

Contractor retains responsibility for obtaining evidence that County has authorized all services delivered under this agreement prior to their delivery. Authorization as used here means that County has provided written evidence to Contractor that it has completed an assessment and has determined that the beneficiary is eligible to receive the services, and that MHP and Title 9, CCR medical necessity criteria have been met.

Contractor will have 60 days from the date of the assessment to render initial counseling services and develop a treatment plan. If, due to extenuating circumstances, Contractor cannot complete the treatment plan within 60 days from the date of assessment, Contractor shall request additional time, specifying the reasons for the extension. County will review the request and notify Contractor of denial or further authorization, with a maximum of an additional 30 days.

The treatment plan shall set forth the specific, observable, and measurable goals of treatment that relate to the beneficiary's diagnosis and that address improvement in functioning, the specific services to be provided, the period of time for the services, the frequency of services and the cumulative total hours of service. The County must provide written authorization of the treatment plan prior to the delivery of ongoing treatment services by the Contractor within one week of receipt of the treatment plan.

25. PAYMENT AUTHORIZATION.

County shall render payment as described in the current Handbook for services provided under this agreement that were authorized and that meet service standards and documentation standards established by the Tehama County MHP and Title 9, CCR. Compliance with MHP and Title 9, CCR service standards and documentation standards shall be established on the basis of retrospective reviews performed by Director or his or her designee. All claims for reimbursement under this agreement shall be submitted together with an Assurance of Compliance and Letter of Transmittal (see Handbook).

26. CODE OF CONDUCT

Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. The TCHSA and each of its employees and contractors shall follow an established Code of Conduct.

PURPOSE

The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA's dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

The Code of Conduct is intended to provide TCHSA employees and contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;

- Every TCHSA employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or contractor to disciplinary action, up to or including termination of employment or contracted status.

CODE OF CONDUCT

All TCHSA employees and contractors:

- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;

- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Division Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or contractors;
- Shall not participate in any false billing of patients, governmental entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or contractors who report or suspect wrongdoing.

27. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

The Contractor acknowledges that it is a "health care provider" for purposes of the Health Insurance

Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor agrees to use individually identifiable healthcare information obtained from the County only for purposes of providing diagnostic or treatment services to patients.

Contractor agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident.

Contractor agrees to provide HIPAA Privacy & Security training to all employees. All new employees, student interns, volunteer workers, and employees returning after an absence of 12 months or longer, are required to complete the training within 30 days of beginning work with Contractor. Additionally, all employees, student interns, and volunteer workers are required to complete an annual refresher training. Trainings shall be a minimum of 60 minutes in length and cover all current HIPAA Privacy & Security requirements. Contractor shall document compliance with training requirements such documentation shall be provided to County upon request.

28. CULTURAL COMPETENCY

Contractor shall ensure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost-effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

A. Services should be delivered in the client's primary language or language of choice since language is the primary "carrier of culture,"

B. Services should encourage the active participation of individuals in their own care, protect confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics,

C. Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served,

D. Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral

deviance,

E. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy,

F. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.

G. Contractor's staff shall receive cultural competency training annually and Contractor shall provide evidence of such training to County upon request.

29. DOCUMENTS AND RECORDS

A. Upon written request, Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.

B. If the California Department of Health Care Services, Center for Medicare and Medicaid Services (CMS), or Office of the Inspector General of the US Department of Health and Human Services determines there is a reasonable possibility of fraud or similar risk, the State, SMC or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

C. Contractor shall preserve all records relating to the services provided pursuant to this agreement until at least ten years from the final date of the contract period or ten years from the date of completion of any audit, whichever is later.

D. At the end of the period required for record retention, Contractor shall destroy all records made pursuant to this agreement in accordance with the California Code of Regulations, the California Welfare and Institutions Code, and Contractor's State licensing requirements.

E. Contractor shall document compliance with all contractual requirements. Such documentation shall be provided to County upon request.

30. CLINICAL RECORDS

Contractor shall maintain adequate records. Patient records must comply with all appropriate State and Federal requirements. Individual records shall contain intake information, interviews, and progress notes. Program records shall contain detail adequate for the evaluation of the service. Contractor agrees that its inability to produce records adequate for evaluation of the service shall constitute ground for audit exception and denial of Contractor's claim for payment for those services. Contractor shall provide monthly reports to the Director in conformance with the Client and Service Information (CSI) System as prescribed by the State Department of Mental Health.

If Contractor maintains an Electronic Health Record (EHR) with Protected Health Information (PHI), and an individual request a copy of such information in an electronic format, Contractor shall provide such information in an electronic format to enable the County to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. Section 17935(e) and the HIPAA regulations.

31. FINANCIAL RECORDS

Contractor shall maintain financial records that clearly reflect the cost of each type of service for which payment is claimed. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of the services rendered. Appropriate service and financial records must be maintained and retained for seven years following the close of the fiscal year to which the records pertain, or settlement of the Short-Doyle Medi-Cal Cost Report with the State of California, whichever is longer.

Contractor shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set for in OMB Circular A-133.

32. CONFIDENTIALITY OF PATIENT INFORMATION

All information and records obtained in the course of providing services under this agreement shall be confidential and Contractor shall comply with State and Federal requirements regarding confidentiality of patient information (including but not limited to section 5328 of the Welfare and Institutions Code, and Title 45, Code of Federal Regulations, section 205.50 for MediCal-eligible patients) including all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All applicable regulations and statutes relating to patients' rights shall be adhered to. This provision shall survive the termination, expiration, or cancellation of this agreement.

33. SEVERABILITY

If any portion of this agreement or application thereof to any person or circumstance is declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal or state statute or regulation or County ordinance, the remaining provisions of this agreement, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of this agreement are severable.

34. PARTICIPATION IN FEDERAL HEALTHCARE PROGRAMS

A. In entering into this agreement, Contractor acknowledges that County intends to seek reimbursement from Federal Healthcare programs for services provided directly by Contractor. Contractor acknowledges County's intent to comply with all rules and regulations pertaining to Federal Healthcare Programs. Contractor agrees to comply, and to require its employees who are considered "Covered Individuals" to comply with all policies and procedures of the Compliance Program. "Covered Individuals" are defined as employees or independent contractors of the Contractor with responsibilities pertaining to the ordering, provision, documentation, coding, or billing of services payable by a Federal Healthcare program for which County seeks reimbursement from the Federal Healthcare programs.

B. Contractor agrees to provide copies of the Code of Conduct to all Covered Individuals and to obtain (subject to review by County and/or Office of Inspector General [OIG]) signed certifications from each individual certifying that they have received, read, and understand the Code of Conduct and agree to abide by all rules and regulations pertaining to participation in Federal Healthcare programs. Contractor will submit the signed certifications to TCHSA's Compliance Officer within thirty (30) days after the effective date of this agreement for all current employees who are "Covered Individuals" and within thirty (30) days after the start date of any newly-hired employees or independent contractors who are "Covered Individuals".

C. Contractor shall neither employ nor enter into an agreement with any provider who is, or at any time has been, excluded from participation in any federally funded healthcare program, including, without limitation, Medicare or Medi-Cal in accordance with Exhibit C.

D. Contractor shall provide assurances of compliance with current State of California and Federal regulations regulating the reimbursement and delivery of healthcare

services. These assurances are in the following forms which are provided in the Handbook:

(1) Statement of Understanding and Compliance – signed by each service provider for every day he/she provides a service to a beneficiary. This Statement shall be attached to or printed on the service provider's daily time sheet, service activity log, or billing record. If Contractor does not use a daily time sheet, service activity log, or billing record, Contractor may, after approval from County (which may be obtained via email), have each service provider sign a monthly Statement of Understanding and Compliance. Contractor shall make signed Statements available to County upon request.

(2) Assurance of Compliance and Letter of Transmittal – signed by an officer of the corporation. This must accompany each claim for reimbursement.

35. AGREEMENT SUPERVISION

A. The Director, or his/her designee, shall be the County employee authorized and assigned to represent the interests of the County and to ensure that the terms and conditions of this agreement are carried out.

B. County shall monitor the kind, quality, and quantity of Contractor's services and criteria for determining the persons to be served and length of treatment for patients covered under the terms of this agreement.

36. PERSONNEL

A. Contractor shall furnish such qualified professional personnel as prescribed in Title 9 of the California Code of Regulations required for the type of services described in Section 1.

B. All Contractor's personnel (including independent contractors) shall have the appropriate current State licensure required for their given profession.

C. Contractor shall be permitted to utilize 1 (one) Master's level student who is completing practicum hours to provide Specialty Mental Health Services (SMHS) to TCHSA clients.

- A maximum of 25% of the billable services rendered to TCHSA clients will be provided by the student.

- Contractor shall ensure that student complies with all applicable TCHSA policies, procedures, and regulations as outlined in this agreement.
- Contractor and student shall comply with timelines and requirements as outlined in Behavioral Health Information Notice (BHIN) 23-008 and Assembly Bill 1860.
- Contractor and student shall abide by Board of Behavioral Health Sciences (BBS) requirements and scope of work.

D. Contractor shall comply with all applicable Federal and/or State laws, rules, and regulations in regard to nondiscrimination in employment on the basis of race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, age, medical condition, or disability (including compliance with the Federal Rehabilitation Act of 1973, section 504.

37. CERTIFICATION & LICENSING REQUIREMENTS

Contractor shall maintain a facility in Tehama County that complies with all city, county and state building standards and is accessible to Tehama County beneficiaries in accordance with the MPH time and distance requirements.

Contractor shall comply with all necessary County or State certification and licensing requirements and must obtain appropriate certification and or licenses and display same in a location that is reasonably conspicuous. Contractor shall abide by the Welfare and Institutions Code, section 5600 et. seq., Title 9 and Title 22 of the California Code of Regulations, the State Cost Reporting/Data Collection Manual (CR/DC), and State Department of Mental Health Policy Letters.

Contractor shall only use licensed, registered, or waivered providers, or appropriate students, acting within their scope of practice for services that require a license, waiver, or registration (Cal. Code Regs., tit. 9, § 1840.314(d), Behavioral Health Information Notice (BHIN) 23-008 and Assembly Bill 1860). The Contractor shall ensure that providers are enrolled with the state as Medi-Cal providers consistent with the requirements of DHCS PAVE system.

38. AGREEMENT PREPARATION

It is agreed and understood by the parties hereto that this agreement has been arrived at through negotiation and that neither party is to be deemed the party which created any uncertainty in this agreement within the meaning of Civil Code section 1654.

39. TAXES

Contractor agrees to file Federal and State tax returns and pay all applicable State and Federal taxes on amounts paid pursuant to this agreement. In case County is audited for compliance regarding withholding or other applicable taxes, Contractor agrees to furnish County with proof of payment of taxes on those earnings.

40. PATIENTS' RIGHTS

Contractor shall give beneficiaries notice of their rights as contained in the Tehama County Mental Health Plan Beneficiary Handbook (available upon request from County in electronic or paper form). In addition, in all facilities providing the services described herein the Contractor shall have prominently posted in the predominant languages of the community a list of the patients' rights.

41. COMPLIANCE AND PROGRAM INTEGRITY

Contractor shall comply with all contractual provisions pursuant to Exhibit C, "COMPLIANCE AND PROGRAM INTEGRITY," attached hereto and incorporated by reference.

42. TELEHEALTH

Telehealth is a modality (live video/store-and-forward) for delivering medically necessary services and shall only be utilized if the services can be properly provided and a client is unable to access in-person services. The standard of care is the same whether the patient is seen in-person or through telehealth. Contractor shall use a HIPAA compliant product to provided telehealth services under this contract.

Contractor shall comply with all applicable state and federal telehealth regulations and utilize the resources provided by DHCS as the standard when providing telehealth services to Tehama County beneficiaries.

Contractor shall inform the patient about the use of telehealth and obtain verbal or written consent from the client for the use of telehealth as an acceptable mode of delivering mental health services. Consent must be documented in the client records.

Contractor shall maintain appropriate documentation to substantiate the telehealth services that were delivered to the client in accordance with the Medi-Cal telehealth standards.

43. AUDITING, MONITORING AND SITE INSPECTIONS

The County, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed.

The County shall conduct reviews of access to and quality of care. When monitoring activities identify areas of non-compliance, the County shall issue reports to the Contractor detailing findings, recommendations, and corrective action.

If any inspection or evaluation is made of the premises of the Contractor, the Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

The Contractor shall prepare and submit a report to the County that provides response to any areas of non-compliance, and plan of correction in accordance with the timelines indicated in the monitoring reports provided to the Contractor by the County.

44. REPORTING REQUIREMENTS

The Contractor shall ensure collection and maintenance of any data, documentation, or information relating to the performance of the services provided under this contract and as required by MHP contract and MHSA state reporting requirements including but not limited to: MHSA Key Event Tracking Form (KET), MHSA Quarterly Assessment Form (3M), and MHSA Individual Services and Supports Plan (ISSP).

The Contractor shall submit data, documentation, or information to the County in a format that is compliant with the State and Federal reporting standards, and at a frequency and level specified by the County.

45. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

46. HARRASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

47. TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104)."

48. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

49. HATCH ACT

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal

employment activities are funded in whole or in part with federal funds.

45. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

46. EXHIBITS

Contractor shall comply with all provisions of Exhibits A through E, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

The following is a list of all the Exhibits to this Agreement, which are hereby incorporated by reference:

Exhibit A – Insurance Requirements for Contractor

Exhibit B – Rates

Exhibit C – Compliance and Program Integrity

Exhibit D – Tehama County Behavioral Health Member Handbook

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 7-1-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

VICTOR COMMUNITY SUPPORT SERVICES INC.

Date: 6/30/25

Edward Hackett, Chief Financial Officer

129754

Vendor Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least

three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best &

Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

Contract Exhibit - Rates
Provider: Victor Community Support Services

State Deleted the code
State Added the Code
State Changed the Time Increment on the Code

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,59,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110		96110	15	Assessment Codes	Developmental Screening, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	59	96110:59	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	59:95	96110:59:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	59:95:HK	96110:59:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	59:HK	96110:59:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	95	96110:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	95:HK	96110:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96110	HK	96110:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96116		96116	60	Assessment Codes	Neurobehavioral Status Exam, First Hour		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	59	96116:59	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	59:95	96116:59:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	59:95:HK	96116:59:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine in Specialized	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	59:HK	96116:59:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	95	96116:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	95:HK	96116:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96116	HK	96116:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96121		96121	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96121	95	96121:95	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96121	95:HK	96121:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96121	HK	96121:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.32	$ 301.32	$ 301.32
96127		96127	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	59	96127:59	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	59:95	96127:59:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	59:95:HK	96127:59:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	59:HK	96127:59:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	95	96127:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	95:HK	96127:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
96127	HK	96127:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
98966	93	98966:93	8	Assessment Codes	Telephone Assessment and Management Service, 5-10 Minutes	Telephone only	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 40.18	$ 40.18	$ 40.18
98967	93	98967:93	16	Assessment Codes	Telephone Assessment and Management Service, 11-20 Minutes	Telephone only	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 80.35	$ 80.35	$ 80.35
98968	93	98968:93	26	Assessment Codes	Telephone Assessment and Management Service, 21-30 Minutes	Telephone only	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 130.57	$ 130.57	$ 130.57
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 301.32
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group Setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 66.96
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group Setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 16.74
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 115.50
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes -		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 225.99
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group Setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 50.22
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 301.32
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes -		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 115.50
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 115.50
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes -		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 225.99
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes - face with multiple sets of caregivers	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 50.22
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
H2000		H2000	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T2024		T2024		Assessment Codes	Assessment substitute, 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 75.33	$ 75.33
90839		90839	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 261.15	$ 301.32	$ 301.32
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 261.15	$ 301.32	$ 301.32
90840		90840	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 150.66	$ 150.66	$ 150.66
90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.66	$ 150.66	$ 150.66
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
99366		99366	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368		99368	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 16.74	$ 16.74
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017	HK:HQ	H2017:HK:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 16.74	$ 16.74
H2021		H2021	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2021	HK	H2021:HK	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 10.82	$ 10.82	$ 10.82
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other	Intern w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
96161		96161	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	59	96161:59	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	59:95	96161:59:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	59:95:HK	96161:59:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96161	59:HK	96161:59:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	95	96161:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	95:HK	96161:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
96161	HK	96161:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T1013		T1013	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 19.67	$ 19.67	$ 19.67
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 19.67	$ 19.67	$ 19.67
H2019		H2019	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2019	HK	H2019:HK	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
90832		90832	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 152.52
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90834		90834	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 227.85
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90837		90837	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 303.18
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90845		90845	15	Therapy Codes	Psychoanalysis, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90845	59	90845:59	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	59:95	90845:59:95	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	59:95:HK	90845:59:95:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	59:HK	90845:59:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	95	90845:95	15	Therapy Codes	Psychoanalysis, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	95:HK	90845:95:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90845	HK	90845:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 225.99	$ 225.99
90847		90847	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90849		90849	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90853		90853	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90880		90880		Therapy Codes	Hypnotherapy		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	59	90880:59		Therapy Codes	Hypnotherapy	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	59:95	90880:59:95		Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	59:95:HK	90880:59:95:HK		Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	59:HK	90880:59:HK		Therapy Codes	Hypnotherapy	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	95	90880:95		Therapy Codes	Hypnotherapy	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	95:HK	90880:95:HK		Therapy Codes	Hypnotherapy	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90880	HK	90880:HK		Therapy Codes	Hypnotherapy	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
G2212		G2212	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33		
G2212	HQ	G2212:HQ	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74		
T2021		T2021		Therapy Codes	Therapy Substitute, 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 75.33	$ 75.33
T2021	22	T2021:22	15	Therapy Codes	Therapy Substitute, 15 minutes	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 77.19
T2021	HQ	T2021		Therapy Codes	Therapy Substitute, 15 minutes,	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 16.74	$ 16.74
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2000		H2000	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0034		HO034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.60	$ 12.60	$ 12.60
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.60	$ 12.60	$ 12.60
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.60	$ 12.60	$ 12.60
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.60	$ 12.60	$ 12.60
H2021		H2021	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2021	HK	H2021:HK	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity		Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Mental Health Rehabilitation Specialist	$ 10.83	$ 10.83	$ 10.83
T1013		T1013	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.73	$ 19.67	$ 19.67
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 19.67	$ 19.67
H2019		H2019	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute		Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H2019	HK	H2019:HK	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.73	$ 56.73	$ 56.73
H0025		H0025		Peer Support Services Codes	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)		Peer Support Specialist	$ 13.12	$ 13.12	$ 13.12
H0025	HK	H0025:HK		Peer Support Services Codes	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Specialized MH program	Peer Support Specialist	$ 13.12	$ 13.12	$ 13.12
H0038		H0038	15	Peer Support Services Codes	Self-help/peer services per 15 minutes		Peer Support Specialist	$ 59.06	$ 59.06	$ 59.06
H0038	HK	H0038:HK	15	Peer Support Services Codes	Self-help/peer services per 15 minutes	Specialized MH program	Peer Support Specialist	$ 59.06	$ 59.06	$ 59.06
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2000		H2000	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Other Qualified Practitioner	$ 56.26	$ 56.26	$ 56.26
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.26	$ 56.26	$ 56.26
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.50	$ 12.50	$ 12.50
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.50	$ 12.50	$ 12.50
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.50	$ 12.50	$ 12.50
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.50	$ 12.50	$ 12.50
H2021		H2021	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2021	HK	H2021:HK	15	Rehabilitation Codes	Community-Based Wrap-Around Services, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity		Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Other Qualified Practitioner	$ 10.74	$ 10.74	$ 10.74
T1013		T1013	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Other Qualified Practitioner	$ 19.52	$ 19.52	$ 19.52
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 19.52	$ 19.52	$ 19.52
H2019		H2019	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute		Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
H2019	HK	H2019:HK	15	Therapeutic Behavioral Services (TBS) Code	Therapeutic Behavioral Services per 15 Minute	Specialized MH program	Other Qualified Practitioner	$ 56.27	$ 56.27	$ 56.27
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	HL,59,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90791	HL,95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96105		96105	60	Assessment Codes	Assessment of Aphasia, per Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96105	95	96105:95	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96105	95:HK	96105:95:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96105	HK	96105:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96110		96110	15	Assessment Codes	Developmental Screening, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	59	96110:59	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	59:95	96110:59:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	59:95:HK	96110:59:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	59:HK	96110:59:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	95	96110:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	95:HK	96110:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96110	HK	96110:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96112		96112	60	Assessment Codes	Developmental Testing, First Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	59	96112:59	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	59:95	96112:59:95	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	59:95:HK	96112:59:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	59:HK	96112:59:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	95	96112:95	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	95:HK	96112:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96112	HK	96112:HK	60	Assessment Codes	Developmental Testing, First Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96113		96113	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes		Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96113	95	96113:95	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96113	95:HK	96113:95:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96113	HK	96113:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96116		96116	60	Assessment Codes	Neurobehavioral Status Exam, First Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	59	96116:59	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	59:95	96116:59:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	59:95:HK	96116:59:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	59:HK	96116:59:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	95	96116:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	95:HK	96116:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96116	HK	96116:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96121		96121	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96121	95	96121:95	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96121	95:HK	96121:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96121	HK	96121:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125		96125	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	59	96125:59	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	59:95	96125:59:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	59:95:HK	96125:59:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	59:HK	96125:59:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	95	96125:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	95:HK	96125:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96125	HK	96125:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96127		96127	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	59	96127:59	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	59:95	96127:59:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	59:95:HK	96127:59:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	59:HK	96127:59:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	95	96127:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	95:HK	96127:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96127	HK	96127:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96130		96130	60	Assessment Codes	Psychological Testing Evaluation, First Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	59	96130:59	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	59:95	96130:59:95	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	59:95:HK	96130:59:95:HK	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	59:HK	96130:59:HK	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Distinct Procedural Service in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96130	95	96130:95	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	95:HK	96130:95:HK	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HK	96130:HK	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL	96130:HL	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL:59	96130:HL:59	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL:93	96130:HL:93	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern and Telephone only	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL:93:59	96130:HL:93:59	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern and Two Procedures w/Telephone only	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL:59	96130:HL:95	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96130	HL:95:59	96130:HL:95:59	60	Assessment Codes	Psychological Testing Evaluation, First Hour	Intern and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131		96131	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	59	96131:59	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	59:95	96131:59:95	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	59:95:HK	96131:59:95:HK	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	59:HK	96131:59:HK	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Distinct Procedural Service in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	95	96131:95	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	95:HK	96131:95:HK	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HK	96131:HK	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL	96131:HL	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL:59	96131:HL:59	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL:93	96131:HL:93	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern and Telephone only	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL:93:59	96131:HL:93:59	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern and Two Procedures w/Telephone only	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL:59	96131:HL:95	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96131	HL:95:59	96131:HL:95:59	60	Assessment Codes	Psychological Testing Evaluation, Each Additional Hour	Intern and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132		96132	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	59	96132:59	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	59:95	96132:59:95	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	59:95:HK	96132:59:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	59:HK	96132:59:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	95	96132:95	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	95:HK	96132:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96132	HK	96132:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96133		96133	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96133	95	96133:95	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96133	95:HK	96133:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96133	HK	96133:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
96136		96136	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes		Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	59	96136:59	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	59:95	96136:59:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	59:95:HK	96136:59:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	59:HK	96136:59:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	95	96136:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	95:HK	96136:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96136	HK	96136:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96137		96137	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes		Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96137	95	96137:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96137	95:HK	96137:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96137	HK	96137:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 213.11	$ 213.11	$ 213.11
96146		96146	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	59	96146:59	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	59:95	96146:59:95	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	59:95:HK	96146:59:95:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	59:HK	96146:59:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	95	96146:95	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	95:HK	96146:95:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
96146	HK	96146:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
98966	93	98966:93	8	Assessment Codes	Telephone Assessment and Management Service, 5-10 Minutes	Telephone only	Psychologist (Licensed or Waivered)	$ 56.83	$ 56.83	$ 56.83
98967	93	98967:93	16	Assessment Codes	Telephone Assessment and Management Service, 11-20 Minutes	Telephone only	Psychologist (Licensed or Waivered)	$ 113.66	$ 113.66	$ 113.66
98968	93	98968:93	26	Assessment Codes	Telephone Assessment and Management Service, 21-30 Minutes	Telephone only	Psychologist (Licensed or Waivered)	$ 184.69	$ 184.69	$ 184.69
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non_Physician, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
H2000		H2000	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
T2024				Assessment Codes	Assessment substitute, 15 minutes		Psychologist (Licensed or Waivered)		$ 116.41	$ 116.41
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Psychologist (Licensed or Waivered)			$ 465.63
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	group setting	Psychologist (Licensed or Waivered)			$ 103.48
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Psychologist (Licensed or Waivered)			$ 116.41
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Psychologist (Licensed or Waivered)			$ 25.87
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Psychologist (Licensed or Waivered)			$ 178.49
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Psychologist (Licensed or Waivered)			$ 116.41
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Psychologist (Licensed or Waivered)			$ 349.23
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Psychologist (Licensed or Waivered)			$ 77.61
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Psychologist (Licensed or Waivered)			$ 465.63
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Psychologist (Licensed or Waivered)			$ 178.49
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Psychologist (Licensed or Waivered)			$ 116.41
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Psychologist (Licensed or Waivered)			$ 178.49
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Psychologist (Licensed or Waivered)			$ 116.41
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Psychologist (Licensed or Waivered)			$ 349.23
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	group setting	Psychologist (Licensed or Waivered)			$ 77.61
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		Psychologist (Licensed or Waivered)			$ 116.41
90839				Crisis	Psychotherapy for crisis; first hour		Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	59			Crisis	Psychotherapy for crisis; first hour	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	59:95			Crisis	Psychotherapy for crisis; first hour	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	59:95:HK			Crisis	Psychotherapy for crisis; first hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	59:HK			Crisis	Psychotherapy for crisis; first hour	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	95			Crisis	Psychotherapy for crisis; first hour	Telemedicine	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	95:HK			Crisis	Psychotherapy for crisis; first hour	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90839	HK			Crisis	Psychotherapy for crisis; first hour	Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90840				Crisis	Psychotherapy for crisis; each additional 30 minutes		Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	59			Crisis	Psychotherapy for crisis; each additional 30 minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	59:95			Crisis	Psychotherapy for crisis; each additional 30 minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	59:95:HK			Crisis	Psychotherapy for crisis; each additional 30 minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	59:HK			Crisis	Psychotherapy for crisis; each additional 30 minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	95			Crisis	Psychotherapy for crisis; each additional 30 minutes	Telemedicine	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	95:HK			Crisis	Psychotherapy for crisis; each additional 30 minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90840	HK			Crisis	Psychotherapy for crisis; each additional 30 minutes	Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
99366		99366	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368		99368	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Psychologist (Licensed or Waivered)	$ 426.21	$ 426.21	$ 426.21
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
H2017				Rehabilitation	Psychosocial rehabilitation, 15 minutes		Psychologist (Licensed or Waivered)		$ 116.41	$ 116.41
H2017	HQ			Rehabilitation	Psychosocial rehabilitation, 15 minutes	Group setting	Psychologist (Licensed or Waivered)		$ 25.87	$ 25.87
H2021				Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes		Psychologist (Licensed or Waivered)		$ 116.41	$ 116.41
T1017				Referral & Linkage	Targeted case management, 15 minutes		Psychologist (Licensed or Waivered)		$ 116.41	$ 116.41
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity		Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Psychologist (Licensed or Waivered)	$ 9.90	$ 9.90	$ 9.90
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15		Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 388.03	$ 388.03
96161		96161	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes		Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	59	96161:59	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	59:95	96161:59:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	59:95:HK	96161:59:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	59:HK	96161:59:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	95	96161:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	95:HK	96161:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
96161	HK	96161:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 106.55	$ 106.55
T1013		T1013	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Psychologist (Licensed or Waivered)	$ 18.00	$ 18.00	$ 18.00
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Psychologist (Licensed or Waivered)	$ 18.00	$ 18.00	$ 18.00
90832		90832	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	Psychologist (Licensed or Waivered)			$ 234.67
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Psychologist (Licensed or Waivered)		$ 232.82	$ 232.82
90834		90834	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	Psychologist (Licensed or Waivered)			$ 351.08
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Psychologist (Licensed or Waivered)		$ 349.22	$ 349.22
90837		90837	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	Psychologist (Licensed or Waivered)			$ 467.49
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Psychologist (Licensed or Waivered)		$ 465.63	$ 465.63
90847				Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes		Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	59			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Two Procedures in a Day	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	59:95			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	59:95:HK			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient	Two Procedures in a Day w/Telemedicine in Specialized	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	59:HK			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	95			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Telemedicine	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	95:HK			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90847	HK			Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	Specialized MH program	Psychologist (Licensed or Waivered)		$ 388.03	$ 388.03
90880	59	90880:59	15	Therapy Codes	Hypnotherapy	Two Procedures in a Day	Psychologist (Licensed or Waivered)	$ 106.55	$ 456.63	$ 456.63
90880	59:95	90880:59:95	15	Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880	59:95:HK	90880:59:95:HK	15	Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880	59:HK	90880:59:HK	15	Therapy Codes	Hypnotherapy	Two Procedures in a Day in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880	95	90880:95	15	Therapy Codes	Hypnotherapy	Telemedicine	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880	95:HK	90880:95:HK	15	Therapy Codes	Hypnotherapy	Telemedicine in Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880	HK	90880:HK	15	Therapy Codes	Hypnotherapy	Specialized MH program	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
90880		90880	15	Therapy Codes	Therapy Codes	Therapy Codes	Psychologist (Licensed or Waivered)	$ 106.55	$ 465.63	$ 465.63
T2021			15	Therapy Codes	Therapy Substitute, 15 minutes		Psychologist (Licensed or Waivered)		$ 116.41	$ 116.41
T2021	22	T2021:22	15	Therapy Codes	Therapy Substitute, 15 minutes	Increased procedural services	Psychologist (Licensed or Waivered)			$ 118.27
T2021	HQ		15	Therapy Codes	Therapy Substitute, 15 minutes	Group setting	Psychologist (Licensed or Waivered)		$ 25.87	$ 25.87

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792		90792	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96105		96105	60	Assessment Codes	Assessment of Aphasia, per Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96105	95	96105:95	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96105	95:HK	96105:95:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96105	HK	96105:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96110		96110	15	Assessment Codes	Developmental Screening, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	59	96110:59	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	59:95	96110:59:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	59:95:HK	96110:59:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	59:HK	96110:59:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	95	96110:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	95:HK	96110:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96110	HK	96110:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96112		96112	60	Assessment Codes	Developmental Testing, First Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	59	96112:59	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	59:95	96112:59:95	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	59:95:HK	96112:59:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	59:HK	96112:59:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	95	96112:95	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	95:HK	96112:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96112	HK	96112:HK	60	Assessment Codes	Developmental Testing, First Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96113		96113	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96113	95	96113:95	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96113	95:HK	96113:95:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96113	HK	96113:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96116		96116	60	Assessment Codes	Neurobehavioral Status Exam, First Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	59	96116:59	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	59:95	96116:59:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	59:95:HK	96116:59:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	59:HK	96116:59:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	95	96116:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96116	95:HK	96116:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96116	HK	96116:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96121		96121	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96121	95	96121:95	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96121	95:HK	96121:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96121	HK	96121:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125		96125	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	59	96125:59	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	59:95	96125:59:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	59:95:HK	96125:59:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine in Specialized	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	59:HK	96125:59:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	95	96125:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	95:HK	96125:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96125	HK	96125:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96127		96127	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	59	96127:59	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	59:95	96127:59:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	59:95:HK	96127:59:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	59:HK	96127:59:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	95	96127:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	95:HK	96127:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96127	HK	96127:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96132		96132	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	59	96132:59	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	59:95	96132:59:95	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	59:95:HK	96132:59:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	59:HK	96132:59:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	95	96132:95	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	95:HK	96132:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96132	HK	96132:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, First Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96133		96133	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96133	95	96133:95	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96133	95:HK	96133:95:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96133	HK	96133:HK	60	Assessment Codes	Neuropsychological Testing Evaluation, Each Additional Hour	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
96136		96136	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	59	96136:59	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	59:95	96136:59:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	59:95:HK	96136:59:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	59:HK	96136:59:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	95	96136:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	95:HK	96136:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96136	HK	96136:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, First 30	Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96137		96137	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96137	95	96137:95	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96137	95:HK	96137:95:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96137	HK	96137:HK	30	Assessment Codes	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
96146		96146	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	59	96146:59	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	59:95	96146:59:95	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	59:95:HK	96146:59:95:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15	Two Procedures in a Day w/Telemedicine in Specialized	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	59:HK	96146:59:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	95	96146:95	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	95:HK	96146:95:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
96146	HK	96146:HK	15	Assessment Codes	Psychological or Neuropsychological Test Administration, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Licensed Physician	$ 144.41	$ 144.41	$ 144.41
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Licensed Physician	$ 288.82	$ 288.82	$ 288.82
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Licensed Physician	$ 469.33	$ 469.33	$ 469.33
H2000		H2000	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Licensed Physician	$ 271.77	$ 271.77	$ 271.77
T2024				Assessment Codes	Assessment substitute, 15 minutes		Licensed Physician		$ 289.45	$ 289.45

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Licensed Physician			$ 1,157.80
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group setting	Licensed Physician			$ 257.29
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Licensed Physician			$ 289.45
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Licensed Physician			$ 64.32
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Licensed Physician			$ 443.83
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Licensed Physician			$ 289.45
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Licensed Physician			$ 868.36
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Licensed Physician			$ 192.97
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Licensed Physician			$ 443.83
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Licensed Physician			$ 289.45
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Licensed Physician			$ 443.83
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Licensed Physician			$ 289.45
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Licensed Physician			$ 868.36
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	Group setting	Licensed Physician			$ 192.97
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		Licensed Physician			$ 289.45
90839		90839	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Licensed Physician	$ 938.65	$ 1,157.80	$ 1,157.80
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.65	$ 1,157.80	$ 1,157.80
90840		90840	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
90865				Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes		Licensed Physician		$ 1,736.70	$ 1,736.70
96365		96365:	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes		Licensed Physician	$ 830.35	$ 830.35	$ 830.35
96365	59	96365:59	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Two Procedures in a Day	Licensed Physician	$ 830.35	$ 830.35	$ 830.35
96366		96366	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365		Licensed Physician	$ 812.30	$ 812.30	$ 812.30
96366	59	96366:59	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Two Procedures in a Day	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
96367		96367	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365		Licensed Physician	$ 559.58	$ 559.58	$ 559.58
96367	59	96367:59	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Two Procedures in a Day	Licensed Physician	$ 559.58	$ 559.58	$ 559.58
96368		96368	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96368	59	96368:59	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96369		96369	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes		Licensed Physician	$ 685.94	$ 685.94	$ 685.94
96369	59	96369:59	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Two Procedures in a Day	Licensed Physician	$ 685.94	$ 685.94	$ 685.94
96370		96370	45	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369		Licensed Physician	$ 812.30	$ 812.30	$ 812.30
96371		96371	15	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96372		96372	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96373		96373	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96373	59	96373:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96374		96374	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96374	59	96374:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96375		96375	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96375	59	96375:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96376		96376	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes		Licensed Physician	$ 144.41	$ 144.41	$ 144.41

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96376	59	96376:59	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Two Procedures in a Day	Licensed Physician	$ 144.41	$ 144.41	$ 144.41
96377		96377	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96377	59	96377:59	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99202		99202	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	27:59:00	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	27:59:95:HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 397.12	$ 397.12	$ 397.12
99203		99203	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	27:59:95:HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Licensed Physician	$ 667.89	$ 667.89	$ 667.89
99204		99204	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	27:59:00	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	27:59:95:HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Licensed Physician	$ 938.65	$ 938.65	$ 938.65
99205		99205	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	27:59:00	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	27:59:95:HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Licensed Physician	$ 1,209.42	$ 1,209.42	$ 1,209.42
99212		99212	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	27:59:00	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	27:59:95:HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
99213		99213	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	27:59:00	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	27:59:95:HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99214		99214	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	27:59:00	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	27:59:95:HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99215		99215	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	27:59:00	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	27:59:95:HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Physician	$ 270.77		
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77		
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Physician	$ 60.17		
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Physician	$ 60.17		
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
H0034	HQ	H0034:HQ		Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
H0034	HQ:HK	H0034::HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
99367		99367	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	27	99367:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	27:59	99367:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	27:59:95	99367:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	27:59:95:HK	99367:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	59	99367:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99367	59:95	99367:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	59:95:HK	99367:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	95	99367:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	95:HK	99367:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99367	HK	99367:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99451		99451	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes		Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	27	99451:27	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	27:59	99451:27:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	27:59:95	99451:27:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	27:59:95:HK	99451:27:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	59	99451:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	59:95	99451:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	59:95:HK	99451:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	95	99451:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	95:HK	99451:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
99451	HK	99451:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Specialized MH program	Licensed Physician	$ 306.87	$ 306.87	$ 306.87
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Licensed Physician	$ 10.12	$ 10.12	$ 10.12
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.77	$ 964.83	$ 964.83

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 964.83	$ 964.83
96161		96161	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	59	96161:59	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	59:95	96161:59:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	59:95:HK	96161:59:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	59:HK	96161:59:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	95	96161:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	95:HK	96161:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
96161	HK	96161:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
T1013		T1013	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Licensed Physician	$ 18.40	$ 18.40	$ 18.40
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Licensed Physician	$ 18.40	$ 18.40	$ 18.40
90832		90832	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	Licensed Physician			$ 580.77
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833		90833	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	22	90833:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 580.77
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	59:95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	59:95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 541.53	$ 541.53	$ 541.53
90834		90834	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	Licensed Physician			$ 870.21
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836		90836	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	22	90836:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 870.21
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 812.30	$ 812.30	$ 812.30
90837		90837	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	Licensed Physician			$ 1,159.67
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838		90838	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	22	90838:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 1,159.67
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90845		90845	15	Therapy Codes	Psychoanalysis, 15 Minutes		Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	59	90845:59	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	59:95	90845:59:95	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	59:95:HK	90845:59:95:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	59:HK	90845:59:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	95	90845:95	15	Therapy Codes	Psychoanalysis, 15 Minutes	Telemedicine	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	95:HK	90845:95:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90845	HK	90845:HK	15	Therapy Codes	Psychoanalysis, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90847		90847	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Licensed Physician	$ 902.55	$ 902.55	$ 902.55
90849		90849	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90853		90853	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90867		90867	Occurance	Therapy Codes	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management		Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90867	59	90867:59	Occurance	Therapy Codes	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90867	59:HK	90867:59:HK	Occurance	Therapy Codes	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90867	HK	90867:HK	Occurance	Therapy Codes	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management	Specialized MH program	Licensed Physician	$ 270.77	$ 1,157.80	$ 1,157.80
90868		90868	Occurance	Therapy Codes	Subsequent Delivery and Management of TMS, per Session		Licensed Physician	$ 270.77	$ 270.77	$ 270.77
90868	59	90868:59	Occurance	Therapy Codes	Subsequent Delivery and Management of TMS, per Session	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
90868	59:HK	90868:59:HK	Occurance	Therapy Codes	Subsequent Delivery and Management of TMS, per Session	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
90868	HK	90868:HK	Occurance	Therapy Codes	Subsequent Delivery and Management of TMS, per Session	Specialized MH program	Licensed Physician	$ 270.77	$ 270.77	$ 270.77
90869		90869	Occurance	Therapy Codes	TMS Treatment Subsequent Motor Threshold Re-Determination		Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90869	59	90869:59	Occurance	Therapy Codes	TMS Treatment Subsequent Motor Threshold Re-Determination with Delivery and Management	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90869	59:HK	90869:59:HK	Occurance	Therapy Codes	TMS Treatment Subsequent Motor Threshold Re-Determination with Delivery and Management	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90869	HK	90869:HK	Occurance	Therapy Codes	TMS Treatment Subsequent Motor Threshold Re-Determination with Delivery and Management	Specialized MH program	Licensed Physician	$ 270.77	$ 868.35	$ 868.35
90870		90870	Occurance	Therapy Codes	Electroconvulsive e Therapy (Includes Necessary Monitoring)		Licensed Physician	$ 270.77	$ 385.93	$ 385.93
90870	59	90870:59	Occurance	Therapy Codes	Electroconvulsive e Therapy (Includes Necessary Monitoring)	Two Procedures in a Day	Licensed Physician	$ 270.77	$ 385.93	$ 385.93
90870	59:HK	90870:59:HK	Occurance	Therapy Codes	Electroconvulsive e Therapy (Includes Necessary Monitoring)	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.77	$ 385.93	$ 385.93
90870	HK	90870:HK	Occurance	Therapy Codes	Electroconvulsive e Therapy (Includes Necessary Monitoring)	Specialized MH program	Licensed Physician	$ 270.77	$ 385.93	$ 385.93
90880		90880	60	Therapy Codes	Hypnotherapy		Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	59	90880:59	60	Therapy Codes	Hypnotherapy	Two Procedures in a Day	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	59:95	90880:59:95	60	Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	59:95:HK	90880:59:95:HK	60	Therapy Codes	Hypnotherapy	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	59:HK	90880:59:HK	60	Therapy Codes	Hypnotherapy	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	95	90880:95	60	Therapy Codes	Hypnotherapy	Telemedicine	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	95:HK	90880:95:HK	60	Therapy Codes	Hypnotherapy	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
90880	HK	90880:HK	60	Therapy Codes	Hypnotherapy	Specialized MH program	Licensed Physician	$ 1,083.06	$ 1,083.06	$ 1,083.06
99242		99242	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes		Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	27	99242:27	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	27:59	99242:27:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	27:59:95	99242:27:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	27:59:95:HK	99242:27:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	27:95	99242:27:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	59	99242:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	59:95	99242:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	59:95:HK	99242:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	95	99242:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	95:HK	99242:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99242	HK	99242:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Specialized MH program	Licensed Physician	$ 451.28	$ 451.28	$ 451.28
99243		99243	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes		Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	27	99243:27	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	27:59	99243:27:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	27:59:95	99243:27:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	27:59:95:HK	99243:27:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	27:95	99243:27:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	59	99243:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	59:95	99243:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	59:95:HK	99243:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	95	99243:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	95:HK	99243:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99243	HK	99243:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Specialized MH program	Licensed Physician	$ 631.79	$ 631.79	$ 631.79
99244		99244	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the		Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	27	99244:27	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M	Licensed Physician	$ 848.40	$ 848.40	$ 848.40

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99244	27:59	99244:27:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	27:59:95	99244:27:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	27:59:95:HK	99244:27:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	27:95	99244:27:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	59	99244:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	59:95	99244:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	59:95:HK	99244:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	95	99244:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	95:HK	99244:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99244	HK	99244:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Specialized MH program	Licensed Physician	$ 848.40	$ 848.40	$ 848.40
99245		99245	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes		Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	27	99245:27	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	27:59	99245:27:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	27:59:95	99245:27:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	27:59:95:HK	99245:27:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	27:95	99245:27:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	59	99245:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	59:95	99245:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	59:95:HK	99245:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	95	99245:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	95:HK	99245:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99245	HK	99245:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Specialized MH program	Licensed Physician	$ 1,119.16	$ 1,119.16	$ 1,119.16
99255		99255:	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes		Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	27	99255:27	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	27:59	99255:27:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	27:59:HK	99255:27:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day in a specialized MH program	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	27:HK	99255:27:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M in Specialized MH program	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99255	59	99255:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	59:HK	99255:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99255	HK	99255:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Specialized MH program	Licensed Physician	$ 1,570.44	$ 1,570.44	$ 1,570.44
99415				Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour		Licensed Physician		$ 1,157.80	$ 1,157.80
99416				Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes		Licensed Physician		$ 578.90	$ 578.90
99417				Therapy Codes	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Licensed Physician		$ 289.45	$ 289.45
99418				Therapy Codes	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Licensed Physician		$ 289.45	$ 289.45
G0316				Therapy Codes	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact		Licensed Physician		$ 289.45	$ 289.45
T2021				Therapy Codes	Therapy Substitute, 15 minutes		Licensed Physician		$ 289.45	$ 289.45
T2021	22	T2021:22	22	Therapy Codes	Therapy Substitute, 15 minutes	Increased procedural services	Licensed Physician			$ 291.31
T2021	HQ			Therapy Codes	Therapy Substitute, 15 minutes	Group Setting	Licensed Physician		$ 64.32	$ 64.32
90791			15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792		90792	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74

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90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96105		96105	60	Assessment Codes	Assessment of Aphasia, per Hour		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96105	95	96105:95	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96105	95:HK	96105:95:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96105	HK	96105:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96110		96110	15	Assessment Codes	Developmental Screening, 15 Minutes		Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	59	96110:59	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	59:95	96110:59:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	59:95:HK	96110:59:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	59:HK	96110:59:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	95	96110:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	95:HK	96110:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96110	HK	96110:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 575.74	$ 575.74
96112		96112	60	Assessment Codes	Developmental Testing, First Hour		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	59	96112:59	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	59:95	96112:59:95	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	59:95:HK	96112:59:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	59:HK	96112:59:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	95	96112:95	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	95:HK	96112:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96112	HK	96112:HK	60	Assessment Codes	Developmental Testing, First Hour	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96113		96113	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes		Nurse Practitioner	$ 269.29	$ 269.29	$ 269.29
96113	95	96113:95	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine	Nurse Practitioner	$ 269.29	$ 269.29	$ 269.29
96113	95:HK	96113:95:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 269.29	$ 269.29	$ 269.29
96113	HK	96113:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Specialized MH program	Nurse Practitioner	$ 269.29	$ 269.29	$ 269.29
96116		96116	60	Assessment Codes	Neurobehavioral Status Exam, First Hour		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	59	96116:59	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	59:95	96116:59:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	59:95:HK	96116:59:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	59:HK	96116:59:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	95	96116:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	95:HK	96116:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96116	HK	96116:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96121		96121	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96121	95	96121:95	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96121	95:HK	96121:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96121	HK	96121:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125		96125	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	59	96125:59	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	59:95	96125:59:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	59:95:HK	96125:59:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	59:HK	96125:59:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	95	96125:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	95:HK	96125:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96125	HK	96125:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
96127		96127	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes		Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	59	96127:59	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	59:95	96127:59:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	59:95:HK	96127:59:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	59:HK	96127:59:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	95	96127:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	95:HK	96127:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
96127	HK	96127:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 538.56	$ 538.56
98966	93	98966:93	8	Assessment Codes	Telephone Assessment and Management Service, 5-10 Minutes	Telephone only	Nurse Practitioner	$ 71.81	$ 71.81	$ 71.81
98967	93	98967:93	16	Assessment Codes	Telephone Assessment and Management Service, 11-20 Minutes	Telephone only	Nurse Practitioner	$ 143.62	$ 143.62	$ 143.62
98968	93	98968:93	26	Assessment Codes	Telephone Assessment and Management Service, 21-30 Minutes	Telephone only	Nurse Practitioner	$ 233.38	$ 233.38	$ 233.38
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Nurse Practitioner	$ 71.81	$ 71.81	$ 71.81
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Nurse Practitioner	$ 143.62	$ 143.62	$ 143.62
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Nurse Practitioner	$ 233.38	$ 233.38	$ 233.38
H0031		H0031:	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H2000		H2000:	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
T1001		T1001:	15	Assessment Codes	Nursing Assessment/Evaluation, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
T2024		T2024	15	Assessment Codes	Assessment substitute, 15 minutes		Nurse Practitioner		$ 143.94	$ 143.94
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Nurse Practitioner			$ 575.75
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes management/modification training; initial 60 minutes	Group setting	Nurse Practitioner			$ 127.95
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Nurse Practitioner			$ 143.94
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Nurse Practitioner			$ 31.98

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Nurse Practitioner			$ 220.71
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Nurse Practitioner			$ 143.94
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Nurse Practitioner			$ 431.82
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Nurse Practitioner			$ 95.96
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Nurse Practitioner			$ 575.75
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes -		Nurse Practitioner			$ 220.71
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Nurse Practitioner			$ 143.94
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Nurse Practitioner			$ 220.71
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Nurse Practitioner			$ 143.94
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Nurse Practitioner			$ 431.82
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	group setting	Nurse Practitioner			$ 95.96
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		Nurse Practitioner			$ 143.94
96365		96365	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes		Nurse Practitioner	$ 412.91	$ 412.91	$ 412.91
96365	59	96365:59	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 412.91	$ 412.91	$ 412.91
96366		96366	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365		Nurse Practitioner	$ 403.93	$ 403.93	$ 403.93
96366	59	96366:59	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Two Procedures in a Day	Nurse Practitioner	$ 403.93	$ 403.93	$ 403.93
96367		96367:	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365		Nurse Practitioner	$ 278.26	$ 278.26	$ 278.26
96367	59	96367::59	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Two Procedures in a Day	Nurse Practitioner	$ 278.26	$ 278.26	$ 278.26
96368		96368:	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96368	59	96368::59	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96369		96369:	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes		Nurse Practitioner	$ 341.10	$ 341.10	$ 341.10
96369	59	96369:59	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 341.10	$ 341.10	$ 341.10
96370		96370:	45	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369		Nurse Practitioner	$ 403.93	$ 403.93	$ 403.93
96371		96371:	15	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96372		96372:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96373		96373:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96373	59	96373:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96374		96374:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96374	59	96374:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96375		96375:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96375	59	96375:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96376		96376:	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes		Nurse Practitioner	$ 71.81	$ 134.64	$ 134.64
96376	59	96376:59	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 71.81	$ 134.64	$ 134.64
96377		96377:	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96377	59	96377:59	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	27:59	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	27:59:95:HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 197.48	$ 197.48	$ 197.48
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	27:59:95:HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 332.12	$ 332.12	$ 332.12
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	27:59	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	27:59:95:HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 466.77	$ 466.77	$ 466.77
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	27:59	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	27:59:95:HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 601.41	$ 601.41	$ 601.41
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	27:59	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	27:59:95:HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
99213		99213:	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	27:59	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	27:59:95:HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99214		99214:	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	27:59	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	27:59:95:HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	27:59	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	27:59:95:HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
G2212		G2212:	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Nurse Practitioner	$ 134.64		
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64		
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Nurse Practitioner	$ 29.92		
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Nurse Practitioner	$ 29.92		
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0034	HQ	H0034:HQ		Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Nurse Practitioner	$ 29.92	$ 29.92	$ 29.92
H0034	HQ:HK	H0034::HQ:HK		Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	$ 29.92	$ 29.92	$ 29.92
99366		99366:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions,	Telemedicine	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Nurse Practitioner	$ 538.58	$ 538.58	$ 538.58
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Nurse Practitioner	$ 10.12	$ 10.12	$ 10.12
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 479.79	$ 479.79
96161			15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes		Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	59	96161:59	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	59:95	96161:59:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	59:95:HK	96161:59:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	59:HK	96161:59:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	95	96161:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	95:HK	96161:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
96161	HK	96161:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 134.64	$ 134.64	$ 134.64
T1013		T1013:	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Nurse Practitioner	$ 18.40	$ 18.40	$ 18.40
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 18.40	$ 18.40	$ 18.40
99242		99242:	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes		Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	27	99242:27	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	27:59	99242:27:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	27:59:95	99242:27:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	27:59:95:HK	99242:27:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	27:95	99242:27:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	59	99242:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	59:95	99242:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	59:95:HK	99242:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	95	99242:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	95:HK	99242:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99242	HK	99242:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Specialized MH program	Nurse Practitioner	$ 224.41	$ 224.41	$ 224.41
99243		99243:	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes		Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	27	99243:27	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	27:59	99243:27:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	27:59:95	99243:27:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	27:59:95:HK	99243:27:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	27:95	99243:27:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	59	99243:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	59:95	99243:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	59:95:HK	99243:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	95	99243:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	95:HK	99243:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99243	HK	99243:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Specialized MH program	Nurse Practitioner	$ 314.17	$ 314.17	$ 314.17
99244		99244:	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes		Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	27	99244:27	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99244	27:59	99244:27:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	27:59:95	99244:27:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	27:59:95:HK	99244:27:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	27:95	99244:27:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	59	99244:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	59:95	99244:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	59:95:HK	99244:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	95	99244:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	95:HK	99244:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99244	HK	99244:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Specialized MH program	Nurse Practitioner	$ 421.88	$ 421.88	$ 421.88
99245		99245:	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes		Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	27	99245:27	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	27:59	99245:27:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	27:59:95	99245:27:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	27:59:95:HK	99245:27:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	27:95	99245:27:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	59	99245:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	59:95	99245:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	59:95:HK	99245:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	95	99245:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	95:HK	99245:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99245	HK	99245:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Specialized MH program	Nurse Practitioner	$ 556.53	$ 556.53	$ 556.53
99252		99252:	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes		Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	27	99252:27	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Multiple E/M	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	27:59	99252:27:59	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	27:59:HK	99252:27:59:HK	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Multiple E/M and Two Procedures in a Day in a specialized MH program	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	27:HK	99252:27:HK	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Multiple E/M in Specialized MH program	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	59	99252:59	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05
99252	59:HK	99252:59:HK	40	Therapy Codes	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 30-49 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 359.05	$ 359.05	$ 359.05

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99255		99255	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes		Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	27	99255:27	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	27:59	99255:27:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	27:59:HK	99255:27:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day in a specialized MH program	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	27:HK	99255:27:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M in Specialized MH program	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	59	99255:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	59:HK	99255:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99255	HK	99255:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Specialized MH program	Nurse Practitioner	$ 780.94	$ 780.94	$ 780.94
99415				Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour		Nurse Practitioner		$ 575.74	$ 575.74
99416				Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes		Nurse Practitioner		$ 287.87	$ 287.87
99417				Therapy Codes	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Nurse Practitioner		$ 143.94	$ 143.94
99418				Therapy Codes	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Nurse Practitioner		$ 143.94	$ 143.94
G0316				Therapy Codes	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact		Nurse Practitioner		$ 143.94	$ 143.94
T2021				Therapy Codes	Therapy substitute, 15 minutes		Nurse Practitioner		$ 143.94	$ 143.94
T2021	22	T2021:22		Therapy Codes	Therapy substitute, 15 minutes	Increased procedural services	Nurse Practitioner			$ 145.80
T2021	HQ			Therapy Codes	Therapy substitute, 15 minutes	Group setting	Nurse Practitioner		$ 31.99	$ 31.99
90791		90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	59	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	59,95	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	59,95,HK	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	59,HK	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	95	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	95,HK	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	HK	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	HL	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	HL,59	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	HL,95	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90791	HL,95,59	90791:	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792		90792:	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885		90885:	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96105		96105:	60	Assessment Codes	Assessment of Aphasia, per Hour		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96105	95	96105:95	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96105	95:HK	96105:95:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96105	HK	96105:HK	60	Assessment Codes	Assessment of Aphasia, per Hour	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96110		96110:	15	Assessment Codes	Developmental Screening, 15 Minutes		Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	59	96110:59	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	59:95	96110:59:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	59:95:HK	96110:59:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	59:HK	96110:59:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	95	96110:95	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	95:HK	96110:95:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96110	HK	96110:HK	15	Assessment Codes	Developmental Screening, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96112		96112	60	Assessment Codes	Developmental Testing, First Hour		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	59	96112:59	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	59:95	96112:59:95	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	59:95:HK	96112:59:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	59:HK	96112:59:HK	60	Assessment Codes	Developmental Testing, First Hour	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	95	96112:95	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	95:HK	96112:95:HK	60	Assessment Codes	Developmental Testing, First Hour	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96112	HK	96112:HK	60	Assessment Codes	Developmental Testing, First Hour	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96113		96113	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes		Physician Assistant	$ 242.87	$ 242.87	$ 242.87
96113	95	96113:95	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine	Physician Assistant	$ 242.87	$ 242.87	$ 242.87
96113	95:HK	96113:95:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 242.87	$ 242.87	$ 242.87
96113	HK	96113:HK	30	Assessment Codes	Developmental Testing, Each Additional 30 Minutes	Specialized MH program	Physician Assistant	$ 242.87	$ 242.87	$ 242.87
96116		96116	60	Assessment Codes	Neurobehavioral Status Exam, First Hour		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	59	96116:59	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	59:95	96116:59:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	59:95:HK	96116:59:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	59:HK	96116:59:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	95	96116:95	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	95:HK	96116:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96116	HK	96116:HK	60	Assessment Codes	Neurobehavioral Status Exam, First Hour	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96121		96121	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96121	95	96121:95	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96121	95:HK	96121:95:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96121	HK	96121:HK	60	Assessment Codes	Neurobehavioral Status Exam, Each Additional Hour	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125		96125	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	59	96125:59	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	59:95	96125:59:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	59:95:HK	96125:59:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	59:HK	96125:59:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	95	96125:95	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	95:HK	96125:95:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96125	HK	96125:HK	60	Assessment Codes	Standardized Cognitive Performance Testing, per Hour	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
96127		96127	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes		Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	59	96127:59	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	59:95	96127:59:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	59:95:HK	96127:59:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	59:HK	96127:59:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	95	96127:95	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	95:HK	96127:95:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
96127	HK	96127:HK	15	Assessment Codes	Brief Emotional/Behavioral Assessment, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 519.27	$ 519.27
98966	93	98966:93	8	Assessment Codes	Telephone Assessment and Management Service, 5-10 Minutes	Telephone only	Physician Assistant	$ 64.76	$ 64.76	$ 64.76
98967	93	98967:93	16	Assessment Codes	Telephone Assessment and Management Service, 11-20 Minutes	Telephone only	Physician Assistant	$ 129.53	$ 129.53	$ 129.53
98968	93	98968:93	26	Assessment Codes	Telephone Assessment and Management Service, 21-30 Minutes	Telephone only	Physician Assistant	$ 210.49	$ 210.49	$ 210.49
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Physician Assistant	$ 64.76	$ 64.76	$ 64.76
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Physician Assistant	$ 129.53	$ 129.53	$ 129.53

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Physician Assistant	$ 210.49	$ 210.49	$ 210.49
H0031		H0031:	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H2000		H2000:	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H2000	HK	H2000:HK	15	Assessment Codes	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
T2024		T2024	15	Assessment Codes	Assessment substitute, 15 minutes		Physician Assistant		$ 129.82	$ 129.82
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes		Physician Assistant			$ 519.27
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group setting	Physician Assistant			$ 115.39
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Physician Assistant			$ 129.82
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Physician Assistant			$ 28.85
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Physician Assistant			$ 199.06
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Physician Assistant			$ 129.82
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Physician Assistant			$ 389.46
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Physician Assistant			$ 86.54
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Physician Assistant			$ 519.27
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Physician Assistant			$ 199.06
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Physician Assistant			$ 129.82
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Physician Assistant			$ 199.06
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Physician Assistant			$ 129.82
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Physician Assistant			$ 389.46
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	Group setting	Physician Assistant			$ 86.54
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		Physician Assistant			$ 129.82
96365		96365:	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes		Physician Assistant	$ 372.40	$ 372.40	$ 372.40
96365	59	96365:59	46	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Two Procedures in a Day	Physician Assistant	$ 372.40	$ 372.40	$ 372.40
96366		96366:	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365		Physician Assistant	$ 364.30	$ 364.30	$ 364.30
96366	59	96366:59	45	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Two Procedures in a Day	Physician Assistant	$ 364.30	$ 364.30	$ 364.30
96367		96367:	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365		Physician Assistant	$ 250.96	$ 250.96	$ 250.96
96367	59	96367::59	31	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Two Procedures in a Day	Physician Assistant	$ 250.96	$ 250.96	$ 250.96
96368		96368:	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96368	59	96368::59	15	Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96369		96369:	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes		Physician Assistant	$ 307.63	$ 307.63	$ 307.63
96369	59	96369:59	38	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Two Procedures in a Day	Physician Assistant	$ 307.63	$ 307.63	$ 307.63
96370		96370:	45	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369		Physician Assistant	$ 364.30	$ 364.30	$ 364.30
96371		96371:	15	Medication Support Codes	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96372		96372:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96373		96373:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96373	59	96373:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intra Arterial, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96374		96374:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96374	59	96374:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96375		96375:	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96375	59	96375:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96376		96376:	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes		Physician Assistant	$ 64.77	$ 129.82	$ 129.82

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
96376	59	96376:59	14	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Two Procedures in a Day	Physician Assistant	$ 64.77	$ 129.82	$ 129.82
96377		96377:	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96377	59	96377:59	15	Medication Support Codes	Application of On body Injector for Timed Subcutaneous Injection, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	27:59	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	27:59:95:HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Physician Assistant	$ 178.10	$ 178.10	$ 178.10
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	27:59:95:HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Physician Assistant	$ 299.54	$ 299.54	$ 299.54
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	27:59	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	27:59:95:HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Physician Assistant	$ 420.97	$ 420.97	$ 420.97
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	27:59	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	27:59:95:HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Physician Assistant	$ 542.41	$ 542.41	$ 542.41

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Physician Assistant	$ 542.41	$ 542.41	$ 542.41
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	27:59	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	27:59:95:HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
99213		99213:	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	27:59	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	27:59:95:HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99214		99214:	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	27:59	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	27:59:95:HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Physician Assistant	$ 283.35	$ 283.35	$ 283.35

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	27:59	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	27:59:95:HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
G2212		G2212:	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Physician Assistant	$ 121.43		
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43		
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Physician Assistant	$ 26.99		
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Physician Assistant	$ 26.99		
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0034	HQ	H0034:HQ		Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Physician Assistant	$ 26.99	$ 26.99	$ 26.99
H0034	HQ:HK	H0034::HQ:HK		Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Physician Assistant	$ 26.99	$ 26.99	$ 26.99
99366		99366:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Physician Assistant	$ 485.74	$ 485.74	$ 485.74
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
90785		90785	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	95	90785:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	95:HK	90785:95:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - Tele Video - High Risk	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	HK	90785:HK	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity - High Risk	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	HL	90785:HL	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	HL:93	90785:HL:93	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Telephone	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90785	HL:95	90785:HL:95	Occurrence	Supplemental Services Codes	Interactive Complexity	Interactive Complexity -Intern-Tele Video	Physician Assistant	$ 10.12	$ 10.12	$ 10.12
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 432.72	$ 432.72

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 432.72	$ 432.72
96161		96161:	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes		Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	59	96161:59	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	59:95	96161:59:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	59:95:HK	96161:59:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	59:HK	96161:59:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	95	96161:95	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	95:HK	96161:95:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
96161	HK	96161:HK	15	Supplemental Services Codes	Caregiver Assessment Administration of Care Giver Focused Risk Assessment, 15 Minutes	Specialized MH program	Physician Assistant	$ 121.43	$ 121.43	$ 121.43
T1013		T1013:	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes		Physician Assistant	$ 18.40	$ 18.40	$ 18.40
T1013	HK	T1013:HK	15	Supplemental Services Codes	Sign Language or Oral Interpretive Services, 15 Minutes	Specialized MH program	Physician Assistant	$ 18.40	$ 18.40	$ 18.40
99242		99242:	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes		Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	27	99242:27	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	27:59	99242:27:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	27:59:95	99242:27:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	27:59:95:HK	99242:27:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	27:95	99242:27:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	59	99242:59	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	59:95	99242:59:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	59:95:HK	99242:59:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	95	99242:95	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	95:HK	99242:95:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99242	HK	99242:HK	25	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 21-34 Minutes	Specialized MH program	Physician Assistant	$ 202.39	$ 202.39	$ 202.39
99243		99243:	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes		Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	27	99243:27	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	27:59	99243:27:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	27:59:95	99243:27:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99243	27:59:95:HK	99243:27:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	27:95	99243:27:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	59	99243:59	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	59:95	99243:59:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	59:95:HK	99243:59:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	95	99243:95	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	95:HK	99243:95:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99243	HK	99243:HK	35	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 35-49 Minutes	Specialized MH program	Physician Assistant	$ 283.35	$ 283.35	$ 283.35
99244		99244:	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes		Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	27	99244:27	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	27:59	99244:27:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	27:59:95	99244:27:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	27:59:95:HK	99244:27:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	27:95	99244:27:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	59	99244:59	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	59:95	99244:59:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	59:95:HK	99244:59:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	95	99244:95	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	95:HK	99244:95:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99244	HK	99244:HK	47	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 50-70 Minutes	Specialized MH program	Physician Assistant	$ 380.49	$ 380.49	$ 380.49
99245		99245:	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes		Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	27	99245:27	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	27:59	99245:27:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	27:59:95	99245:27:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	27:59:95:HK	99245:27:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	27:95	99245:27:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Multiple E/M w/Telemedicine	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	59	99245:59	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	59:95	99245:59:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	59:95:HK	99245:59:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Physician Assistant	$ 501.93	$ 501.93	$ 501.93

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
99245	95	99245:95	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	95:HK	99245:95:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Telemedicine in Specialized MH program	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99245	HK	99245:HK	62	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 71-90 Minutes	Specialized MH program	Physician Assistant	$ 501.93	$ 501.93	$ 501.93
99255		99255:	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes		Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	27	99255:27	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	27:59	99255:27:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	27:59:HK	99255:27:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M and Two Procedures in a Day in a specialized MH program	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	27:HK	99255:27:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Multiple E/M in Specialized MH program	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	59	99255:59	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	59:HK	99255:59:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Two Procedures in a Day in Specialized MH program	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99255	HK	99255:HK	87	Therapy Codes	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 91-130 Minutes	Specialized MH program	Physician Assistant	$ 704.32	$ 704.32	$ 704.32
99415		99415	60	Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour		Physician Assistant		$ 752.94	$ 752.94
99416		99416	30	Therapy Codes	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes		Physician Assistant		$ 259.63	$ 259.63
99417		99417	15	Therapy Codes	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Physician Assistant		$ 129.82	$ 129.82
99418		99418	15	Therapy Codes	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time		Physician Assistant		$ 129.82	$ 129.82
G0316		G0316		Therapy Codes	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact		Physician Assistant		$ 129.82	$ 129.82
T2021				Therapy Codes	Therapy substitute, 15 minutes		Physician Assistant		$ 129.82	$ 129.82
T2021	22	T2021:22	15	Therapy Codes	Therapy substitute, 15 minutes	Increased procedural services	Physician Assistant			$ 131.68
T2021	HQ			Therapy Codes	Therapy substitute, 15 minutes	Group Setting	Physician Assistant		$ 28.85	$ 28.85

Exhibit C

COMPLIANCE AND PROGRAM INTEGRITY

Evidence of Contractual Compliance

Contractor shall document evidence of compliance with all contractual provisions and provide to County upon request.

Exclusions Checks

Consistent with the requirements of 42 Code of Federal Regulations, (C.F.R.) part 455.436, Contractor shall confirm the identity and determine the exclusion status of all providers (employees and subcontractors), as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through monthly checks of Federal and State databases. The databases to be included are:

A. The Social Security Administration's Death Master File
B. The National Plan and Provider Enumeration System (NPPES)
C. The Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
D. The System for Award Management (SAM)
E. The California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List (S & I List)

Contractor shall retain evidence of monthly checks and provide to County upon request. If the Contractor finds a party that is excluded, Contractor shall notify the County within one (1) business day. Contractor shall not permit an excluded provider to render services to a County client.

Ownership Disclosure

Pursuant to the requirements of 42 C.F.R. § 455.104, Contractor must make disclosures regarding any person (individual or corporation) who has an ownership or control interest in the Contractor, whether the person (individual or corporation) is related to another person with an ownership or control interest in the Contractor as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child or sibling.

The term "person with an ownership or control interest" means, with respect to the Contractor, a

person who:

A. Has directly or indirectly an ownership of five percent (5%) or more in the Contractor; or

B. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured in whole (or in part) by the Contractor or any property of or assets thereof, which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets or the entity; or

C. Is an officer or director of the Contractor if the Contractor is organized as a corporation; or

D. Is a partner in the Contractor, if the Contractor is organized as a partnership

Contractor will provide County the following disclosures prior to the execution of this contract (and annually thereafter), prior to its extension or renewal (and annually thereafter), and within thirty five (35) days after any change in Contractor ownership:

A. The name and address of any person (individual or corporation) with an ownership or control interest in the Contractor. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

B. Date of birth and Social Security Number (in the case of an individual);

C. Other tax identification number [in the case of a corporation with an ownership or control interest in the Contractor or in any subcontractor in which the Contractor has a five percent (5%) or more interest];

D. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling;

E. The name of any other disclosing entity in which the Contractor has an ownership or control interest. Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the

programs established under title V, XVIII, or XX of the Act. This includes:

(1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);

(2) Any Medicare intermediary or carrier; and

(3) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

(4) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

Business Transactions Disclosure

Contractor must submit disclosures and updated disclosures to County regarding certain business transactions within thirty five (35) days, upon request. The following must be disclosed:

A. The ownership of any subcontractor with whom Contractor had business transactions totaling more than $25,000 during the 12-month period ending on the date of request; and

B. Any significant business transactions between Contractor and any wholly owned supplier, or between Contractor and any subcontractor, during the 5-year period ending on the date of request.

Persons Convicted of Crimes Disclosure

Contractor shall submit the following disclosures to County regarding Contractor's management prior to execution of this contract and at any time upon County request:

(A) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. [42 C.F.R. § 455.106(a)(1), (2).]

(B) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. § 455.101.

Criminal Background Checks

Contractor must require providers (employees and contracted) to consent to criminal background checks including livescans pursuant to 42 C.F.R. 455.434(a). Upon DHCS' determination that Contractor or a person with a five percent (5%) or more direct or indirect ownership interest in Contractor meets DHCS' criteria for criminal background checks as a high risk to the Medicaid program, Contractor's providers (employees and contracted) must submit livescans pursuant to 42 C.F.R. 455.434(b)(1).

Exhibit C is three pages

Exhibit D

TEHAMA COUNTY Behavioral Health Member Handbook

Specialty Mental Health Services and Drug Medi-Cal

Tehama County Health Services Agency
Mental Health and Substance Use Recovery Division
P.O. Box 400
1860 Walnut Street
Red Bluff, CA 96080
Phone: (530) 527-5631
TCHSA Access Line 1-800-240-3208 is available 24 hours a day, 7 days a week.

Effective Date: January 1, 2025[1]

1 The handbook must be offered at the time the member first accesses services.

English Tagline
ATTENTION: If you need help in your language call 1-800-240-3208 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-240-3208 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-240-3208
(TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-240-3208
(TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-240-3208 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-240-3208 (TTY: 711): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-240-3208 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-240-3208 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-240-3208
(TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-240-3208 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (TTY: 711) 1-800-240-3208 تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-1-[(TTY: 711) 800-240-3208 تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-240-3208
(TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-240-3208 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-240-3208 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-240-3208 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-240-3208 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-240-3208 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-240-3208 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-240-3208 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-240-3208 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-240-3208 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-240-3208
(TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-240-3208 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-240-3208
(TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-240-3208 (TTY: 711).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-240-3208 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-240-3208 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-240-3208 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-240-3208 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-240-3208 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-240-3208 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-240-3208 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-240-3208 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-240-3208 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-240-3208 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-240-3208 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-240-3208 (TTY: 711). Các dịch vụ này đều miễn phí.

TABLE OF CONTENTS

OTHER LANGUAGES AND FORMATS 39

COUNTY CONTACT INFORMATION 41

PURPOSE OF THIS HANDBOOK 42

BEHAVIORAL HEALTH SERVICES INFORMATION 43

ACCESSING BEHAVIORAL HEALTH SERVICES 46

SELECTING A PROVIDER 52

YOUR RIGHT TO ACCESS YOUR MENTAL HEALTH MEDICAL RECORDS AND PROVIDER DIRECTORY INFORMATION USING SMART DEVICES 54

SCOPE OF SERVICES 54

AVAILABLE SERVICES BY TELEPHONE OR TELEHEALTH 67

THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE, APPEAL, OR REQUEST A STATE FAIR HEARING 68

ADVANCE DIRECTIVE 78

RIGHTS AND RESPONSIBILITIES 78

NONDISCRIMINATION NOTICE 88

Other languages

If you need help in your language call 1-800-240-3208 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-240-3208 (TTY: 711). These services are free of charge.

Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call the county telephone number listed on the cover of this handbook (TTY: 711). The call is toll free.

Interpreter Services

The county provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help

or to get this handbook in a different language, call the county telephone number listed on the cover of this handbook (TTY: 711). The call is toll free.

COUNTY CONTACT INFORMATION

We are here to help. The following county contact information will help you get the services you need.

Telephone Number: (530) 527-5631

County 24/7 Access Line: (800) 240-3208

County behavioral health website hyperlink:

https://www.tehamacohealthservices.net/administration/about-us/behavioral-health/

County Provider Directory hyperlink: https://www.tehamacohealthservices.net/behavioral-health-provider-directory/

Tehama County Patient Access Application Programming Interfaces (APIs) are still under development at this time. When they are completed and ready to be accessed, an update will be made to this handbook.

Who Do I Contact If I'm Having Suicidal Thoughts?

If you or someone you know is in crisis, please call the 988 Suicide and Crisis Lifeline at **988** or the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**. Chat is available at https://988lifeline.org/.

To access your local programs, please call the 24/7 Access Line or county telephone number listed above.

PURPOSE OF THIS HANDBOOK

Why is it important to read this handbook?

Your county has a mental health plan that offers mental health services known as “specialty mental health services”. Additionally, your Drug Medi-Cal county provides services for alcohol or drug use, known as “substance use disorder services”. Together these services are known as ”behavioral health services”, and it is important that you have information about these services so that you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to receive behavioral health services through your county.
- What benefits you can access.
- What to do if you have a question or problem.
- Your rights and responsibilities as a member of your county.
- If there is additional information about your county, which may be indicated at the end of this handbook.

If you do not read this handbook now, you should hold on to it so you can read it later. This book is meant to be used along with the book you got when you signed up for your Medi-Cal benefits. If you have any questions about your Medi-Cal benefits, call the county using the phone number on the front of this book.

Where Can I Go for More Information About Medi-Cal?

Visit the Department of Health Care Services website at https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Beneficiaries.aspx for more information about Medi-Cal.

BEHAVIORAL HEALTH SERVICES INFORMATION

How to Tell if You or Someone You Know Needs Help?

Many people go through hard times in life and may experience mental health or substance use conditions. The most important thing to remember is that help is available. If you or your family member are qualified for Medi-Cal and need behavioral health services, you should call the county's 24/7 Access Line or the Drug Medi-Cal county telephone number within the hours of operation listed on the cover of this handbook. Your managed care plan can also help you contact your county if they believe you or a family member need behavioral health services that the managed care plan does not cover. Your county will help you find a provider for the services you may need.

The list below can help you decide if you or a family member needs help. If more than one sign is present or happens for a long time, it may be a sign of a more serious problem that requires professional help. Here are some common signs you might need help with a mental health condition or substance use condition:

Thoughts and Feelings

- Strong mood changes, possibly with no reason, such as:
    - Too much worry, anxiety, or fear
    - Too sad or low
    - Too good, on top of the world
    - Moody or angry for too long
- Thinking about suicide
- Focusing only on getting and using alcohol or drugs
- Problems with focus, memory or logical thought and speech that are hard to explain
- Problems with hearing, seeing, or sensing things that are hard to explain or that most people say don't exist

Physical

- Many physical problems, possibly without obvious causes, such as:
    - Headaches

    - Stomach aches
    - Sleeping too much or too little
    - Eating too much or too little
    - Unable to speak clearly
- Decline in looks or strong concern with looks, such as:
    - Sudden weight loss or gain
    - Red eyes and unusually large pupils
    - Odd smells on breath, body, or clothing

Behavioral

- Having consequences from your behavior because of changes to your mental health or using alcohol or drugs, such as:
    - Having issues at work or school
    - Problems in relationships with other people, family, or friends
    - Forgetting your commitments
    - Not able to carry out usual daily activities
- Avoiding friends, family, or social activities
- Having secretive behavior or secret need for money
- Becoming involved with the legal system because of changes to your mental health or using alcohol or drugs

Members Under the Age of 21

How Do I Know When a Child or Teenager Needs Help?

You may contact your county or managed care plan for a screening and assessment for your child or teenager if you think they are showing signs of a behavioral health condition. If your child or teenager qualifies for Medi-Cal and the screening or assessment shows that behavioral health services are needed, then the county will arrange for your child or teenager to receive behavioral health services. Your managed care plan can also help you contact your county if they believe your child or teenager needs behavioral health

services that the managed care plan does not cover. There are also services available for parents who feel stressed by being a parent.

Minors 12 years of age or older, may not need parental consent to receive outpatient mental health services or residential shelter services if the attending professional person believes the minor is mature enough to participate in the behavioral health services or residential shelter services. Minors 12 years of age or older, may not need parental consent to receive medical care and counseling to treat a substance use disorder related problem. Parental or guardian involvement is required unless the attending professional person determines that their involvement would be inappropriate after consulting with the minor.

The list below can help you decide if your child or teenager needs help. If more than one sign is present or persists for a long time, it may be that your child or teenager has a more serious problem that requires professional help. Here are some signs to look out for:

- A lot of trouble paying attention or staying still, putting them in physical danger or causing school problems
- Strong worries or fears that get in the way of daily activities
- Sudden huge fear without reason, sometimes with racing heart rate or fast breathing
- Feels very sad or stays away from others for two or more weeks, causing problems with daily activities
- Strong mood swings that cause problems in relationships
- Big changes in behavior
- Not eating, throwing up, or using medicine to cause weight loss
- Repeated use of alcohol or drugs
- Severe, out-of-control behavior that can hurt self or others
- Serious plans or tries to harm or kill self
- Repeated fights, use of a weapon, or serious plan to hurt others

ACCESSING BEHAVIORAL HEALTH SERVICES

How Do I Get Behavioral Health Services?

If you think you need behavioral health services such as mental health services and/or substance use disorder services, you can call your county's 24/7 Access Line or the Drug Medi-Cal county telephone number within the hours of operation listed on the cover of this handbook. Once you contact the county, you will receive a screening and be scheduled for an appointment for an assessment.

You can also request behavioral health services from your managed care plan if you are a member. If the managed care plan determines that you meet the access criteria for behavioral health services, the managed care plan will help you to get an assessment to receive behavioral health services through your county. Ultimately, there is no wrong door for getting behavioral health services. You may even be able to receive behavioral health services through your managed care plan in addition to behavioral health services through your county. You can access these services through your behavioral health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative.

In addition, keep the following in mind:

- You may be referred to your county for behavioral health services by another person or organization, including your general practitioner/doctor, school, a family member, guardian, your managed care plan, or other county agencies. Usually, your doctor or the managed care plan will need your consent or the permission of the parent or caregiver of a child, to make the referral directly to the county, unless there is an emergency.
- Your county may not deny a request to do an initial assessment to determine whether you meet the criteria for receiving behavioral health services.
- Behavioral health services can be provided by the county or other providers the county contracts with (such as clinics, treatment centers, community-based organizations, or individual providers).

Where Can I Get Behavioral Health Services?

You can get behavioral health services in the county where you live, and outside of your county if necessary. Each county has behavioral health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for additional coverage and benefits under Early and Periodic Screening, Diagnostic, and Treatment. See the "Early and Periodic Screening, Diagnostic, and Treatment" section of this handbook for more information.

Your county will help you find a provider who can get you the care you need. For mental health services, the county must refer you to the closest provider to your home, or within time or distance standards who will meet your needs.

When Can I Get Behavioral Health Services?

Your county has to meet appointment time standards when scheduling a service for you. For mental health services, the county must offer you an appointment:

- Within 10 business days of your non-urgent request to start services with the mental health plan;
- Within 48 hours if you request services for an urgent condition;
- Within 15 business days of your non-urgent request for an appointment with a psychiatrist; and,
- Within 10 business days from the prior appointment for nonurgent follow up appointments for ongoing conditions.

For substance use disorder services, the Drug Medi-Cal county must offer you an appointment:

- Within 10 business days of your non-urgent request to start services with a substance use disorder provider for outpatient and intensive outpatient services;
- Within 3 business days of your request for Narcotic Treatment Program services;
- A follow-up non-urgent appointment within 10 days if you're undergoing a course of treatment for an ongoing substance use disorder, except for certain cases identified by your treating provider.

However, these times may be longer if your provider has determined that a longer waiting time is medically appropriate and not harmful to your health. If you have been told you

have been placed on a waitlist and feel the length of time is harmful to your health, contact your mental health plan's 24/7 Access Line or the Drug Medi-Cal county telephone number within the hours of operation listed on the cover of this handbook. You have the right to file a grievance if you do not receive timely care. For more information about filing a grievance, see "The Grievance Process" section of this handbook.

What Are Emergency Services?

Emergency services are services for members experiencing an unexpected medical condition, including a psychiatric emergency medical condition. An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could reasonably expect the following might happen at any moment:

- The health of the individual (or the health of an unborn child) could be in serious trouble
- Causes serious harm to the way your body works
- Causes serious damage to any body organ or part

A psychiatric emergency medical condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of a mental health condition or suspected mental health condition.
- Is immediately unable to provide or eat food, or use clothing or shelter because of a mental health condition or suspected mental health condition.

Emergency services are covered 24 hours a day, seven days a week for Medi-Cal members. Prior authorization is not required for emergency services. The Medi-Cal program will cover emergency conditions, whether the condition is due to a physical health or mental health condition (thoughts, feelings, behaviors which are a source of distress and/or dysfunction in relation to oneself or others). If you are enrolled in Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency. If you think you are having an emergency, call **911** or go to any hospital or other setting for help.

Who Decides Which Services I Will Receive?

You, your provider, and the county are all involved in deciding what services you need to receive. A behavioral health professional will talk with you and will help determine what kind of services are needed.

You do not need to know if you have a behavioral health diagnosis or a specific behavioral health condition to ask for help. You will be able to receive some services while your provider completes an assessment.

If you are under the age of 21, you may also be able to access behavioral health services if you have a behavioral health condition due to trauma, involvement in the child welfare system, juvenile justice involvement, or homelessness. Additionally, if you are under age 21, the county must provide medically necessary services to help your behavioral health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered medically necessary.

Some mental health services may require prior authorization from the county. Services that require prior authorization include Intensive Home-Based Services, Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services, and Therapeutic Foster Care. You may ask the county for more information about its prior authorization process. Call your county's 24/7 Access Line using the telephone number on the cover of this handbook to request additional information.

The county's authorization process for mental health services must follow specific timelines.

- For a standard prior mental health authorization, the county must decide based on your provider's request as quickly as your condition requires, but not to exceed five (5) business days from when the county receives the request.
    - For example, if following the standard timeframe could seriously jeopardize your life, health, or ability to attain, maintain, or regain maximum function, your mental health plan must rush an authorization decision and provide notice based on a timeframe related to your health condition that is no later than 72 hours after receipt of the service request. Your county may extend the time for up to 14 additional calendar days after the county receives the request if you or your provider request the extension or the county provides justification for why the extension is in your best interest.

If the county does not make a decision within the listed timelines or denies, delays, reduces, or terminates the services requested, the county must send you a Notice of Adverse Benefit Determination telling you that the services are denied, delayed, reduced or terminated, inform you that you may file an appeal, and give you information on how to file an appeal.

You may ask the county for more information about its authorization process.

If you don't agree with the county's decision on an authorization process, you may file an appeal. For more information, see the "Problem Resolution" section of this handbook.

What Is Medical Necessity?

Services you receive must be medically necessary and clinically appropriate to address your condition. For members 21 years of age and older, a service is medically necessary when it is reasonable and necessary to protect your life, prevent significant illness or disability, or improve severe pain.

For members under the age of 21, a service is considered medically necessary if it corrects, sustains, supports, improves, or makes more tolerable a behavioral health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered medically necessary and covered as Early and Periodic Screening, Diagnostic, and Treatment services.

How Do I Get Other Mental Health Services That Are Not Covered by the County?

If you are enrolled in a managed care plan, you have access to the following outpatient mental health services through your managed care plan:

- Mental health evaluation and treatment, including individual, group and family therapy.
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring prescription drugs.
- Psychiatric consultation.

To get one of the above services, call your managed care plan directly. If you are not in a managed care plan, you may be able to get these services from individual providers and clinics that accept Medi-Cal. The county may be able to help you find a provider or clinic.

Any pharmacy that accepts Medi-Cal can fill prescriptions to treat a mental health condition. Please note that most prescription medication dispensed by a pharmacy, called Medi-Cal Rx, is covered under the Fee-For-Service Medi-Cal program, not your managed care plan.

What Other Substance Use Disorder Services Are Available from Managed Care Plans or the Medi-Cal "Fee for Service" Program?

Managed care plans must provide covered substance use disorder services in primary care settings and tobacco, alcohol, and illegal drug screening. They must also cover substance use disorder services for pregnant members and alcohol and drug use screening, assessment, brief interventions, and referral to the appropriate treatment setting for members ages 11 and older. Managed care plans must provide or arrange services for Medication Assisted Treatment provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings. Managed care plans must also provide emergency services necessary to stabilize the member, including voluntary inpatient detoxification.

How Do I Get Other Medi-Cal Services (Primary Care/Medi-Cal)?

If you are in a managed care plan, the plan is responsible for finding a provider for you. If you are not enrolled in a managed care plan and have "regular" Medi-Cal, also called Fee-For-Service Medi-Cal, then you can go to any provider that accepts Medi-Cal. You must tell your provider that you have Medi-Cal before you begin getting services. Otherwise, you may be billed for those services. You may use a provider outside your managed care plan for family planning services.

Why Might I Need Psychiatric Inpatient Hospital Services?

You may be admitted to a hospital if you have a mental health condition or signs of a mental health condition that can't be safely treated at a lower level of care, and because of the mental health condition or symptoms of mental health condition, you:

- Represent a danger to yourself, others, or property.

- Are unable to care for yourself with food, clothing, or shelter.
- Present a severe risk to your physical health.
- Have a recent, significant deterioration in the ability to function as a result of a mental health condition.
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

SELECTING A PROVIDER

How Do I Find a Provider For The Behavioral Health Services I Need?
Your county is required to post a current provider directory online. You can find the provider directory link in the County Contact section of this handbook. The directory contains information about where providers are located, the services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers.

If you have questions about current providers or would like an updated provider directory, visit your county's website or use the telephone number located on the cover of this handbook. You can get a list of providers in writing or by mail if you ask for one.

Note: The county may put some limits on your choice of providers for mental health services. When you first start receiving mental health services you can request that your county provide you with an initial choice of at least two providers. Your county must also allow you to change providers. If you ask to change providers, the county must allow you to choose between at least two providers when possible and that there are enough providers close to you to make sure that you can get covered mental health services if you need them. Your county is responsible for ensuring that you have timely access to mental health services.

Sometimes the county's contracted providers choose to no longer provide mental health services because they may no longer contract with the county or no longer accept Medi-Cal. When this happens, the county must make a good faith effort to give written notice to each person who was receiving mental health services from the provider. You are

required to get a notice 30 calendar days prior to the effective date of the termination or 15 calendar days after the county knows the provider will stop working. When this happens, your county must allow you to continue receiving services from the provider who left the county, if you and the provider agree. This is called “continuity of care” and is explained below.

Note: American Indian and Alaska Native individuals who are eligible for Medi-cal and reside in Drug Medi-Cal counties, can also receive Drug Medi-Cal services through Indian Health Care Providers that have the necessary Drug Medi-Cal certification.

Can I Continue To Receive Specialty Mental Health Services From My Current Provider?

If you are already receiving mental health services from a managed care plan, you may continue to receive care from that provider even if you receive mental health services from your county, as long as the services are coordinated between the providers and the services are not the same.

In addition, if you are already receiving mental health services from another county, managed care plan, or an individual Medi-Cal provider, you may request “continuity of care” so that you can stay with your current provider, for up to 12 months. You may wish to request continuity of care if you need to stay with your current provider to continue your ongoing treatment or because it would cause serious harm to your mental health condition to change to a new provider. Your continuity of care request may be granted if the following is true:

- You have an ongoing relationship with the provider you are requesting and have seen that provider in the last 12 months;
- You need to stay with your current provider to continue ongoing treatment to prevent serious detriment to the member's health or reduce the risk of hospitalization or institutionalization.
- The provider is qualified and meets Medi-Cal requirements;
- The provider agrees to the county’s requirements for contracting with the mental health plan and payment for services; and
- The provider shares relevant documentation with the county regarding your need for the services.

YOUR RIGHT TO ACCESS YOUR MENTAL HEALTH MEDICAL RECORDS AND PROVIDER DIRECTORY INFORMATION USING SMART DEVICES

You can access your mental health records and/or find a provider using an application downloaded on a computer, smart tablet, or mobile device. Information to think about before choosing an application to get information this way can be found on your mental health plan's website listed in the County Contact section of this handbook.

SCOPE OF SERVICES

If you meet the criteria for accessing behavioral health services, the following services are available to you based on your need. Your provider will work with you to decide which services will work best for you.

Specialty Mental Health Services

Mental Health Services

- Mental health services are individual, group, or family-based treatment services that help people with mental health conditions to develop coping skills for daily living. These services also include work that the provider does to help make the services better for the person receiving care. These kinds of things include assessments to see if you need the service and if the service is working; treatment planning to decide the goals of your mental health treatment and the specific services that will be provided; and "collateral", which means working with family members and important people in your life (if you give permission) to help you improve or maintain your daily living abilities.
- Mental health services can be provided in a clinic or provider's office, your home or other community setting, over the phone, or by telehealth (which includes both audio-only and video interactions). The county and provider will work with you to determine the frequency of your services/appointments.

Medication Support Services

- These services include prescribing, administering, dispensing, and monitoring of psychiatric medicines. Your provider can also provide education on the medication. These services can be provided in a clinic, the doctor's office, your home, a community setting, over the phone, or by telehealth (which includes both audio-only and video interactions).

Targeted Case Management

- This service helps members get medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with a mental health condition to get on their own. Targeted case management includes, but is not limited to:
    - Plan development;
    - Communication, coordination, and referral;

- Monitoring service delivery to ensure the person's access to service and the service delivery system; and
- Monitoring the person's progress.

Crisis Intervention Services

- This service is available to address an urgent condition that needs immediate attention. The goal of crisis intervention is to help people in the community so that they won't need to go to the hospital. Crisis intervention can last up to eight hours and can be provided in a clinic or provider's office, or in your home or other community setting. These services can also be done over the phone or by telehealth.

Crisis Stabilization Services

- This service is available to address an urgent condition that needs immediate attention. Crisis stabilization lasts less than 24 hours and must be provided at a licensed 24-hour health care facility, at a hospital-based outpatient program, or at a provider site certified to provide these services.

Adult Residential Treatment Services

- These services provide mental health treatment to those with a mental health condition living in licensed residential facilities. They help build skills for people and provide residential treatment services for people with a mental health condition. These services are available 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost for staying at these facilities.

Crisis Residential Treatment Services

- These services provide mental health treatment and skill building for people who have a serious mental or emotional crisis. This is not for people who need psychiatric care in a hospital. Services are available at licensed facilities for 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost for these facilities.

Day Treatment Intensive Services

- This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts three hours a day. It includes therapy, psychotherapy and skill-building activities.

Day Rehabilitation

- This program is meant to help people with a mental health condition learn and develop coping and life skills to better manage their symptoms. This program lasts at least three hours per day. It includes therapy and skill-building activities.

Psychiatric Inpatient Hospital Services

- These are services provided in a licensed psychiatric hospital. A licensed mental health professional decides if a person needs intensive around-the-clock treatment for their mental health condition. If the professional decides the member needs around-the-clock treatment, the member must stay in the hospital 24 hours a day.

Psychiatric Health Facility Services

- These services are offered at a licensed psychiatric health facility specializing in 24-hour rehabilitative treatment of serious mental health conditions. Psychiatric health facilities must have an agreement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility. Psychiatric health facilities may only admit and treat patients who have no physical illness or injury that would require treatment beyond what ordinarily could be treated on an outpatient basis.

Therapeutic Behavioral Services

Therapeutic Behavioral Services are intensive short-term outpatient treatment interventions for members up to age 21. These services are designed specifically for each member. Members receiving these services have serious emotional disturbances, are experiencing a stressful change or life crisis, and need additional short-term, specific support services.

These services are a type of specialty mental health service available through the county if you have serious emotional problems. To get Therapeutic Behavioral Services, you

must receive a mental health service, be under the age of 21, and have full-scope Medi-Cal.

- If you are living at home, a Therapeutic Behavioral Services staff person can work one-to-one with you to decrease severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children and young people under the age of 21 with very serious emotional problems.
- If you are living in an out-of-home placement, a Therapeutic Behavioral Services staff person can work with you so you may be able to move back home or to a family-based setting, such as a foster home.

Therapeutic Behavioral Services will help you and your family, caregiver, or guardian learn new ways of addressing problem behavior and increasing the kinds of behavior that will allow you to be successful. You, the Therapeutic Behavioral Services staff person, and your family, caregiver, or guardian will work together as a team to address problematic behaviors for a short period until you no longer need the services. You will have a Therapeutic Behavioral Services plan that will say what you, your family, caregiver, or guardian, and the Therapeutic Behavioral Services staff person will do while receiving these services. The Therapeutic Behavioral Services plan will also include when and where services will occur. The Therapeutic Behavioral Services staff person can work with you in most places where you are likely to need help. This includes your home, foster home, school, day treatment program, and other areas in the community.

Intensive Care Coordination

This is a targeted case management service that facilitates the assessment, care planning for, and coordination of services to beneficiaries under age 21. This service is for those that are qualified for the full-scope of Medi-Cal services and who are referred to the service on basis of medical necessity. This service is provided through the principles of the Integrated Core Practice Model. It includes the establishment of the Child and Family Team to help make sure there is a healthy communicative relationship among a child, their family, and involved child-serving systems.

The Child and Family Team includes professional support (for example: care coordinator, providers, and case managers from child-serving agencies), natural support (for example: family members, neighbors, friends, and clergy), and other people who work together to make and carry out the client plan. This team supports and ensures children and families reach their goals.

This service also has a coordinator that:

- Makes sure that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, culturally and language appropriate manner.
- Makes sure that services and support are based on needs of child.
- Makes a way to have everyone work together for the child, family, providers, etc.
- Supports parent/caregiver in helping meet child's needs.
- Helps establish the Child and Family Team and provides ongoing support.
- Makes sure the child is cared for by other child-serving systems when needed.

Intensive Home-Based Services

- These services are designed specifically for each member. It includes strength-based interventions to improve mental health conditions that may interfere with the child/youth's functioning. These services aim to help the child/youth build necessary skills to function better at home and in the community and improve their family's ability to help them do so.
- Intensive Home-Based Services are provided under the Integrated Core Practice Model by the Child and Family Team. It uses the family's overall service plan. These services are provided to members under the age of 21 who are eligible for full-scope Medi-Cal services. A referral based on medical necessity is needed to receive these services.

Therapeutic Foster Care

- The Therapeutic Foster Care service model provides short-term, intensive, and trauma-informed specialty mental health services for children up to the age of 21 who have complex emotional and behavioral needs. These services are designed specifically for each member. In Therapeutic Foster Care, children are placed with trained, supervised, and supported Therapeutic Foster Care parents.

Justice-Involved Reentry

- Providing health services to justice-involved members up to 90 days prior to their incarceration release. The types of services available include reentry case management, behavioral health clinical consultation services, peer supports, behavioral health counseling, therapy, patient education, medication services, post-release and discharge planning, laboratory and radiology services, medication information, and support services. To receive these services, individuals must be a Medi-Cal or CHIP member, and:
    - If under the age of 21 in custody at a Youth Correctional Facility.
    - If an adult, be in custody and meet one of the health care needs of the program.
- Contact your county using the telephone number on the cover of this handbook for more information on this service.

Medi-Cal Peer Support Services (varies by county)

- Medi-Cal Peer Support Services promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other mental health services. The Peer Support Specialist in Medi-Cal Peer Support Services is an individual who has lived experience with behavioral health or substance use conditions and is in recovery, who has completed the requirements of a county's State-approved certification program, who is certified by the county, and who provides these services under the direction of a Behavioral Health Professional who is licensed, waivered, or registered with the State.

- Medi-Cal Peer Support Services include individual and group coaching, educational skill-building groups, resource navigation, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.
- Members under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of which county they live in.
- Providing Medi-Cal Peer Support Services is optional for participating counties. At this time TCHSA does not cover Peer Support Services for the Specialty Mental Health Services System.

Mobile Crisis Services

- Mobile Crisis Services are available if you are having a mental health crisis.
- Mobile Crisis Services are provided by health providers at the location where you are experiencing a crisis, including at your home, work, school, or other community locations, excluding a hospital or other facility setting. Mobile Crisis Services are available 24 hours a day, 7 days a week, and 365 days a year.
- Mobile Crisis Services include rapid response, individual assessment, and community-based stabilization. If you need further care, the mobile crisis providers will also provide warm handoffs or referrals to other services.

Substance Use Disorder Services

What are Drug Medi-Cal County Services?

Drug Medi-Cal County services are for people who have a substance use condition, meaning they may be misusing alcohol or other drugs, or people who may be at risk of developing a substance use condition that a pediatrician or general practitioner may not be able to treat. These services also include work that the provider does to help make the services better for the person receiving care. These kinds of things include assessments to see if you need the service and if the service is working.

Drug Medi-Cal services can be provided in a clinic or provider's office, or your home or other community setting, over the phone, or by telehealth (which includes both audio-only and video interactions). The county and provider will work with you to determine the frequency of your services/appointments.

American Society of Addiction Medicine (ASAM)

Some of the Drug Medi-Cal services you may receive are based on the American Society of Addiction Medicine standards. The county or provider will use the American Society of Addiction Medicine tool to find the right type of services for you – if needed. These types of services are described as "levels of care," and are defined below.

Screening, Assessment, Brief Intervention, and Referral to Treatment (American Society of Addiction Medicine Level 0.5)

Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) is not a Drug Medi-Cal benefit. It is a benefit in Medi-Cal Fee-for-Service and Medi-Cal managed care delivery system for members that are aged 11 years and older. Managed care plans must provide covered substance use disorder services, including this service for members ages 11 years and older.

Early Intervention Services

Early intervention services are a covered Drug Medi-Cal service for members under age 21. Any member under age 21 who is screened and determined to be at risk of developing a substance use disorder may receive any service covered under the outpatient level of service as early intervention services. A substance use disorder diagnosis is not required for early intervention services for members under age 21.

Early Periodic Screening, Diagnosis, and Treatment

Members under age 21 can get the services described earlier in this handbook as well as additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.

To be able to get Early and Periodic Screening, Diagnostic, and Treatment services, a member must be under age 21 and have full-scope Medi-Cal. This benefit covers services that are medically necessary to correct or help physical and behavioral health conditions. Services that sustain, support, improve, or make a condition more tolerable are considered to help the condition and are covered as Early and Periodic Screening, Diagnostic, and Treatment services. The access criteria for members under 21 are different and more flexible than the access criteria for adults accessing Drug Medi-Cal services, to meet the Early and Periodic Screening, Diagnostic, and Treatment

requirement and the intent for prevention and early intervention of substance use disorder conditions.

If you have questions about these services, please call your Drug Medi-Cal county or visit the DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage.

Outpatient Treatment Services (American Society of Addiction Medicine Level 1)

- Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for members under age 21 when medically necessary. You might get more hours based on your needs. Services can be provided by someone licensed, like a counselor, in person, by telephone, or by telehealth.
- Outpatient Services include assessment, individual counseling, group counseling, patient education, medication services, Medication Assisted Treatment for opioid use disorders, and substance use disorder crisis intervention services.

Intensive Outpatient Services (American Society of Addiction Medicine Level 2.1)

- Intensive Outpatient Services are given to members a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for members under age 21 when medically necessary. Services may exceed the maximum based on individual medical necessity. Services are mostly counseling and education about addiction-related issues. Services can be provided by a licensed professional or a certified counselor in a structured setting. Intensive Outpatient Treatment Services may be provided in person, by telehealth, or by telephone.
- Intensive Outpatient Services include the same things as Outpatient Services. More hours of service is the main difference.

Perinatal Residential Substance Use Disorder Treatment Services

- Providing non-medical rehabilitative substance use disorder treatment services for pregnant and postpartum women. The types of services offered include assessments, counseling, education, and medication assistance.
- For information about these services call the Drug Medi-Cal county telephone number within the hours of operation listed on the cover of this handbook.

Narcotic Treatment Program

- Narcotic Treatment Programs are programs outside of a hospital that provide medications to treat substance use disorders, when ordered by a doctor as medically necessary. Narcotic Treatment Programs are required to give medications to members, including methadone, buprenorphine, naloxone, and disulfiram.
- A member must be offered, at a minimum, 50 minutes of counseling sessions per calendar month. These counseling services can be provided in person, by telehealth, or by telephone. Narcotic Treatment Services include assessment, individual counseling, group counseling, patient education, medical psychotherapy, medication services, care management Medication Assisted Treatment for opioid use disorders, and substance use disorder crisis intervention services.

Medication Assisted Treatment

- Medication Assisted Treatment is available in clinical and non-clinical settings. Medication Assisted Treatment includes all FDA-approved medications and biological products to treat opioid use disorders. Members have a right to be offered Medication Assisted Treatment on-site or through a referral outside of the facility. A list of approved medications include:
    - Acamprosate Calcium
    - Buprenorphine Hydrochloride
    - Buprenorphine Extended-Release Injectable (Sublocade)
    - Buprenorphine/Naloxone Hydrochloride
    - Naloxone Hydrochloride
    - Naltrexone (oral)
    - Naltrexone Microsphere Injectable Suspension (Vivitrol)
    - Lofexidine Hydrochloride (Lucemyra)
    - Disulfiram (Antabuse)
    - Methadone (delivered by Narcotic Treatment Programs)
- Medication Assisted Treatment may be provided with the following services: assessment, individual counseling, group counseling, patient education, medical psychotherapy, medication services, substance use disorder crisis intervention services, and prescribing and monitoring of Medication Assisted Treatment.

Medication Assisted Treatment may be provided as part of all Drug Medi-Cal services, including Outpatient Treatment Services, Intensive Outpatient Services, and Residential Treatment, for example.

- Members may access Medication Assisted Treatment outside of the Drug Medi-Cal county as well. For instance, Medication Assisted Treatment, such as buprenorphine, can be prescribed by some prescribers in primary care settings that work with your managed care plan and can be dispensed or administered at a pharmacy.

Justice-Involved Reentry

- Providing health services to justice-involved members up to 90 days prior to their incarceration release. The types of services available include reentry case management, behavioral health clinical consultation services, peer supports, behavioral health counseling, therapy, patient education, medication services, post-release and discharge planning, laboratory and radiology services, medication information, and support services. To receive these services, individuals must be a Medi-Cal or CHIP member, and:
    - If under the age of 21 in custody at a Youth Correctional Facility.
    - If an adult, be in custody and meet one of the health care needs of the program.
- Contact your county using the telephone number on the cover of this handbook for more information on this service.

Medi-Cal Peer Support Services (varies by county)

- Medi-Cal Peer Support Services promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other Drug Medi-Cal county services. The Peer Support Specialist in Medi-Cal Peer Support Services is an individual who has lived experience with behavioral health or substance use conditions and is in recovery, who has completed the requirements of a county's State-approved certification program, who is certified by the counties, and who provides these

services under the direction of a Behavioral Health Professional who is licensed, waivered, or registered with the State.

- Medi-Cal Peer Support Services include individual and group coaching, educational skill-building groups, resource navigation, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.
- Members under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of which county they live in.
- Providing Medi-Cal Peer Support Services is optional for participating counties. At this time TCHSA does not cover Peer Support Services for the Specialty Mental Health Services System.

Mobile Crisis Services

- Mobile Crisis Services are available if you are having a substance use crisis.
- Mobile Crisis Services are provided by health providers at the location where you are experiencing a crisis, including at your home, work, school, or other community locations, excluding a hospital or other facility setting. Mobile Crisis Services are available 24 hours a day, 7 days a week, and 365 days a year.
- Mobile Crisis Services include rapid response, individual assessment, and community-based stabilization. If you need further care, the mobile crisis providers will also provide warm handoffs or referrals to other services.

AVAILABLE SERVICES BY TELEPHONE OR TELEHEALTH

In-person, face-to-face contact between you and your provider is not always required for you to be able to receive behavioral health services. Depending on your services, you might be able to receive your services through telephone or telehealth. Your provider should explain to you about using telephone or telehealth and make sure you agree before beginning services via telephone or telehealth. Even if you agree to receive your services through telehealth or telephone, you can choose later to receive your services in-person or face-to-face. Some types of behavioral health services cannot be provided only through telehealth or telephone because they require you to be at a specific place for the service, such as residential treatment services or hospital services.

THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE, APPEAL, OR REQUEST A STATE FAIR HEARING

What If I Don't Get the Services I Want From My County?

Your county must have a way for you to work out any problems related to the services you want or are receiving. This is called the problem-resolution process and it could involve the following:

- The Grievance Process: A verbal or written expression of unhappiness about anything regarding your specialty mental health services, substance use disorder services, a provider, or the county. Refer to the Grievance Process section in this handbook for more information.
- The Appeal Process: An appeal is when you don't agree with the county's decision to change your services (e.g., denial, termination, or reduction to services) or to not cover them. Refer to the Appeal Process section in this handbook for more information.
- The State Fair Hearing Process: A State Fair Hearing is a meeting with a judge from the California Department of Social Services (CDSS) if the county denies your appeal. Refer to the State Fair Hearing section in this handbook for more information.

Filing a grievance, appeal, or requesting a State Fair Hearing will not count against you and will not impact the services you are receiving. Filing a grievance or appeal helps to get you the services you need and to solve any problems you have with your behavioral health services. Grievances and appeals also help the county by giving them the information they can use to improve services. Your county will notify you, providers, and parents/guardians of the outcome once your grievance or appeal is complete. The State Fair Hearing Office will notify you and the provider of the outcome once the State Fair Hearing is complete.

Note: Learn more about each problem resolution process below.

Can I Get Help With Filing an Appeal, Grievance, or State Fair Hearing?

Your county will help explain these processes to you and must help you file a grievance, an appeal, or to request a State Fair Hearing. The county can also help you decide if you qualify for what's called an "expedited appeal" process, which means it will be reviewed more quickly because your health, mental health, and/or stability are at risk. You may also authorize another person to act on your behalf, including your provider or advocate.

If you would like help, contact your county using the telephone number listed on the cover of this handbook. Your county must give you reasonable assistance in completing forms and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

If You Need Further Assistance

Contact the Department of Health Care Services, Office of the Ombudsman:

- Phone: # **1-888-452-8609**, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays).

OR

- E-mail: MMCDOmbudsmanOffice@dhcs.ca.gov. **Please note**: E-mail messages are not considered confidential (please do not include personal information in the e-mail message).

You may also get free legal help at your local legal aid office or other groups. To ask about your State Fair Hearing rights, you can contact the California Department of Social Services Public Inquiry and Response Unit at this phone number: **1-800-952-5253** (for TTY, call **1-800-952-8349**).

Grievances

What Is a Grievance?

A grievance is a complaint regarding your unhappiness with any aspect of your behavioral health services or the county that is not covered by the appeal or State Fair Hearing processes.

What Is the Grievance Process?

The grievance process will:

- Involve simple steps to file your grievance orally or in writing.
- Not cause you to lose your rights or services or be held against your provider.
- Allow you to approve another person to act on your behalf. This could be a provider or an advocate. If you agree to have another person act on your behalf, you may be asked to sign an authorization form, which gives your county permission to release information to that person.
- Make sure the approved person deciding on the grievance is qualified to make decisions and has not been a part of any previous level of review or decision-making.
- Determine the duties of your county, provider, and yourself.
- Make sure the results of the grievance are provided within the required timeline.

When Can I File a Grievance?

You can file a grievance at any time if you are unhappy with the care you have received or have another concern regarding your county.

How Can I File a Grievance?

You may call your county's 24/7 toll-free Access Line at any time or call the Drug Medi-Cal county phone number within the hours of operation to receive assistance with a grievance. Oral or written grievances can be filed. Oral grievances do not have to be followed up in writing. If you file your grievance in writing, please note the following: Your county supplies self-addressed envelopes at all provider sites. If you do not have a self-addressed envelope, mail your written grievances to the address provided on the front of this handbook.

How Do I Know If the County Received My Grievance?

Your county is required to provide you with a written letter to let you know your grievance has been received within five calendar days of receipt. A grievance received over the

phone or in person, that you agree is resolved by the end of the next business day, is exempt and you may not get a letter.

When Will My Grievance Be Decided?

A decision about your grievance must be made by your county within 30 calendar days from the date your grievance was filed.

How Do I Know If the County Has Made a Decision About My Grievance?

When a decision has been made about your grievance, the county will:

- Send you or your approved person a written notice of the decision;
- Send you or your approved person a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing if the county does not notify you of the grievance decision on time;
- Advise you of your right to request a State Fair Hearing.

You may not get a written notice of the decision if your grievance was filed by phone or in person and you agree your issue has been resolved by the end of the next business day from the date of filing.

Note: Your county is required to provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires. You may call the county for more information if you do not receive a Notice of Adverse Benefit Determination.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

Appeals

You may file an appeal when you do not agree with the county's decision for the behavioral health services you are currently receiving or would like to receive. You may request a review of the county’s decision by using:

- The Standard Appeal Process.

OR

- The Expedited Appeal Process.

Note: The two types of appeals are similar; however, there are specific requirements to qualify for an expedited appeal (see below for the requirements).

The county shall assist you in completing forms and taking other procedural steps to file an appeal, including preparing a written appeal, notifying you of the location of the form on their website or providing you with the form upon your request. The county shall also advise and assist you in requesting continuation of benefits during an appeal of the adverse benefit determination in accordance with federal regulations.

What Does the Standard Appeal Process Do?

The Standard Appeal Process will:

- Allow you to file an appeal orally or in writing.
- Make sure filing an appeal will not cause you to lose your rights or services or be held against your provider in any way.
- Allow you to authorize another person (including a provider or advocate) to act on your behalf. Please note: If you authorize another person to act on your behalf, the county might ask you to sign a form authorizing the county to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe. Please note: This is 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you.
- Make sure you do not pay for continued services while the appeal is pending and if the final decision of the appeal is in favor of the county's adverse benefit determination.
- Make sure the decision-makers for your appeal are qualified and not involved in any previous level of review or decision-making.
- Allow you or your approved person to review your case file, including medical records and other relevant documents.
- Allow you to have a reasonable opportunity to present evidence, testimony, and arguments in person or in writing.
- Allow you, your approved person, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- Give you written confirmation from your county that your appeal is under review.

- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File an Appeal?

You can file an appeal with your county when:

- The county or the contracted provider determines that you do not meet the access criteria for behavioral health services.
- Your healthcare provider recommends a behavioral health service for you and requests approval from your county, but the county denies the request or alters the type or frequency of service.
- Your provider requests approval from the county, but the county requires more information and does not complete the approval process on time.
- Your county does not provide services based on its predetermined timelines.
- You feel that the county is not meeting your needs on time.
- Your grievance, appeal, or expedited appeal was not resolved in time.
- You and your provider disagree on the necessary behavioral health services.

How Can I File an Appeal?

- You may file an appeal via one of the following three methods:
    - Call your county's toll-free phone number or Drug Medi-Cal county's phone number within the hours of operation listed on the cover of this handbook. After calling, you will have to file a subsequent written appeal as well; or
    - Mail your appeal (The county will provide self-addressed envelopes at all provider sites for you to mail in your appeal). Note: If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook; or
    - Submit your appeal by e-mail or fax. Refer to the "Additional Information About Your County" section located at the end of this handbook for more information.

How Do I Know If My Appeal Has Been Decided?

You or your approved person will receive written notification from your county of the decision on your appeal. The notification will include the following information:

- The results of the appeal resolution process.

- The date the appeal decision was made.
- If the appeal is not resolved in your favor, the notice will provide information regarding your right to a State Fair Hearing and how to request a State Fair Hearing.

Is There a Deadline to File an Appeal?

You must file an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination, so you may file this type of appeal at any time.

When Will a Decision Be Made About My Appeal?

The county must decide on your appeal within 30 calendar days of receiving your request.

What If I Can't Wait 30 Days for My Appeal Decision?

If the appeal meets the criteria for the expedited appeal process, it may be completed more quickly.

What Is an Expedited Appeal?

An expedited appeal follows a similar process to the standard appeal but is quicker. Here is additional information regarding expedited appeals:

- You must show that waiting for a standard appeal could make your behavioral health condition worse.
- The expedited appeal process follows different deadlines than the standard appeal.
- The county has 72 hours to review expedited appeals.
- You can make a verbal request for an expedited appeal.
- You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If waiting up to 30 days for a standard appeal decision will jeopardize your life, health, or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal.

Additional Information Regarding Expedited Appeals:

- If your appeal meets the requirements for an expedited appeal, the county will resolve it within 72 hours of receiving it.
- If the county determines that your appeal does not meet the criteria for an expedited appeal, they are required to provide you with timely verbal notification and will provide you with written notice within two calendar days, explaining the reason for their decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section.
- If you disagree with the county's decision that your appeal does not meet the criteria for expedited appeal, you may file a grievance.
- After your county resolves your request for an expedited appeal, you and all affected parties will be notified both orally and in writing.

State Fair Hearings

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by an administrative law judge from the California Department of Social Services (CDSS) to ensure you receive the behavioral health services that you are entitled to under the Medi-Cal program.
Please visit the California Department of Social Services website https://www.cdss.ca.gov/hearing-requests for additional resources.

What Are My State Fair Hearing Rights?

You have the right to:

- Request a hearing before an administrative law judge, also known as a State Fair Hearing, to address your case.
- Learn how to request a State Fair Hearing.
- Learn about the regulations that dictate how representation works during the State Fair Hearing.
- Request to have your benefits continue during the State Fair Hearing process if you request for a State Fair Hearing within the required timeframes.
- Not pay for continued services while the State Fair Hearing is pending and if the final decision is in favor of the county’s adverse benefit determination.

When Can I File for a State Fair Hearing?

You can file for a State Fair Hearing if:

- You filed an appeal and received an appeal resolution letter telling you that your county denied your appeal request.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.

How Do I Request a State Fair Hearing?

You can request a State Fair Hearing:

- Online: at the Department of Social Services Appeals Case Management website: https://acms.dss.ca.gov/acms/login.request.do
- In Writing: Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or mail it to:
  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, Mail Station 9-17-37
  Sacramento, CA 94244-2430
- By Fax: 916-651-5210 or 916-651-2789

You can also request a State Fair Hearing or an expedited State Fair Hearing:

- By Phone:
  - *State Hearings Division*, toll-free, at **1-800-743-8525** or **1- 855-795-0634**.
  - *Public Inquiry and Response*, toll-free, at **1- 800-952-5253** or TDD at **1- 800-952-8349**.

Is There a Deadline to Ask for a State Fair Hearing?

You have 120 days from the date of the county's written appeal decision notice to request a State Fair Hearing. If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting for a State Fair Hearing Decision?

Yes, if you are currently receiving authorized services and wish to continue receiving the services while you wait for the State Fair Hearing decision, you must request a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or

delivered to you. Alternatively, you can request the hearing before the date your county says that services will be stopped or reduced.

Note:

- When requesting a State Fair Hearing, you must indicate that you wish to continue receiving services during the State Fair Hearing process.
- If you request to continue receiving services and the final decision of the State Fair Hearing confirms the reduction or discontinuation of the service you are receiving, you are not responsible for paying the cost of services provided while the State Fair Hearing was pending.

When Will a Decision Be Made About My State Fair Hearing Decision?

After requesting a State Fair Hearing, it may take up to 90 days to receive a decision.

Can I Get a State Fair Hearing More Quickly?

If you think waiting that long will be harmful to your health, you might be able to get an answer within three working days. You can request for an Expedited State Fair Hearing by either writing a letter yourself or asking your general practitioner or mental health professional to write a letter for you. The letter must include the following information:

1. Explain in detail how waiting up to 90 days for your case to be decided can seriously harm your life, health, or ability to attain, maintain, or regain maximum function.
2. Ask for an “expedited hearing” and provide the letter with your request for a hearing.

The State Hearings Division of the Department of Social Services will review your request for an expedited State Fair Hearing and determine if it meets the criteria. If your request is approved, a hearing will be scheduled, and a decision will be made within three working days from the date the State Hearings Division receives your request.

ADVANCE DIRECTIVE

What is an Advance Directive?

You have the right to an advance directive. An advance directive is a written document about your health care that is recognized under California law. You may sometimes hear an advance directive described as a living will or durable power of attorney. It includes information about how you would like health care provided or says what decisions you would like to be made, if or when you are unable to speak for yourself. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

- Your appointment of an agent (a person) making decisions about your health care; and
- Your individual health care instructions.

Your county is required to have an advance directive program in place. Your county is required to provide written information on the advance directive policies and explain the state law if asked for the information. If you would like to request the information, you should call the telephone number on the cover of this handbook for more information.

You may get a form for an advance directive from your county or online. In California, you have the right to provide advance directive instructions to all of your healthcare providers. You also have the right to change or cancel your advance directive at any time.

If you have a question about California law regarding advance directive requirements, you may send a letter to:

California Department of Justice
Attn: Public Inquiry Unit
P. O. Box 944255
Sacramento, CA 94244-2550

RIGHTS AND RESPONSIBILITIES

County Responsibilities

What is my County Responsible for?

Your county is responsible for the following:

- Figuring out if you meet the criteria to access behavioral health services from the county or its provider network.
- Providing a screening or an assessment to determine whether you need behavioral health services.
- Providing a toll-free phone number that is answered 24 hours a day, seven days a week, that can tell you how to get mental health services. The telephone number is listed on the cover of this handbook.
- Making sure there are sufficient mental health providers nearby so that you can access the services covered by your county when necessary.
- Informing and educating you about services available from your county.
- Providing services in your language at no cost to you, and if needed, providing an interpreter for you free of charge.
- Providing you with written information about what is available to you in other languages or alternative forms like Braille or large-size print. Refer to the "Additional Information About Your County" section located at the end of this handbook for more information.
- Informing you about any significant changes in the information mentioned in this handbook at least 30 days before the changes take effect. A change is considered significant when there is an increase or decrease in the quantity or types of services offered, if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive from the county.
- Making sure to connect your healthcare with any other plans or systems that may be necessary to help transition your care smoothly. This includes ensuring that any referrals for specialists or other providers are properly followed up on and that the new provider is willing to take care of you. (This responsibility is specific to mental health services only)

- Making sure you can keep seeing your current healthcare provider, even if they are not in your network, for a certain amount of time. This is important if switching providers would harm your health or raise the chance of needing to go to the hospital. (This responsibility is specific to mental health services only)

Is Transportation Available?

If you struggle to attend your medical or behavioral health appointments, the Medi-Cal program helps in arranging transportation for you. Transportation must be provided for Medi-Cal members who are unable to provide transportation on their own and who have a medical necessity to receive Medi-Cal covered services. There are two types of transportation for appointments:

- Non-Medical: transportation by private or public vehicle for people who do not have another way to get to their appointment.
- Non-Emergency Medical: transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.

Transportation is available for trips to the pharmacy or to pick up needed medical supplies, prosthetics, orthotics, and other equipment.

If you have Medi-Cal but are not enrolled in a managed care plan, and you need non-medical transportation to a health-related service, you can contact the non-medical transportation provider directly or your provider for assistance. When you contact the transportation company, they will ask for information about your appointment date and time.

If you need non-emergency medical transportation, your provider can prescribe non-emergency medical transportation and put you in touch with a transportation provider to coordinate your ride to and from your appointment(s).

For more information and assistance regarding transportation, contact your managed care plan.

Member Rights

What Are My Rights as a Recipient of Medi-Cal Behavioral Health Services?

As a Medi-Cal member, you have the right to receive medically necessary behavioral health services from your county. When accessing behavioral health services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Get clear and understandable explanations of available treatment options.
- Participate in decisions related to your behavioral health care. This includes the right to refuse any treatment that you do not wish to receive.
- Get this handbook to learn about county services, county obligations, and your rights.
- Ask for a copy of your medical records and request changes, if necessary.
- Be free from any form of restraint or seclusion that is imposed as a means of coercion, discipline, convenience, or retaliation.
- Receive timely access to care 24/7 for emergency, urgent, or crisis conditions when medically necessary.
- Upon request, receive written materials in alternative formats such as Braille, large-size print, and audio format in a timely manner.
- Receive behavioral health services from the county that follows its state contract for availability, capacity, coordination, coverage, and authorization of care. The county is required to:
    - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible members who qualify for behavioral health services can receive them in a timely manner.
    - Cover medically necessary services for you in a timely manner. In addition, the mental health plan must cover medically necessary services out-of-network for you in a timely manner, if the mental health plan does not have an employee or contract provider who can deliver the services. **Note:** The county must make sure you do not pay anything extra for seeing an out-of-network provider. See below for more information:
        - *Medically necessary behavioral health services* for individuals 21 years of age or older are services that are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Medically necessary behavioral health

services for individuals under 21 years of age are services that sustain, support, improve, or make more tolerable a behavioral health condition.
        - *Out-of-network provider* is a provider who is not on the county's list of providers.
    - Upon your request, provide a second opinion from a qualified health care professional within or outside of the network at no extra cost.
    - Make sure providers are trained to deliver the behavioral health services that the providers agree to cover.
    - Make sure that the county's covered behavioral health services are enough in amount, length of time, and scope to meet the needs of Medi-Cal-eligible members. This includes making sure that the county's method for approving payment for services is based on medical necessity and that the access criteria is fairly used.
    - Make sure that its providers conduct thorough assessments and collaborate with you to establish treatment goals.
    - Coordinate the services it provides with services being provided to you through a managed care plan or with your primary care provider, if necessary. (This requirement is specific to mental health services only)
    - Participate in the state's efforts to provide culturally competent services to all, including those with limited English proficiency and diverse cultural and ethnic backgrounds.
- Express your rights without harmful changes to your treatment.
- Receive treatment and services in accordance with your rights described in this handbook and with all applicable federal and state laws such as:
    - Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
    - The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
    - The Rehabilitation Act of 1973.
    - Title IX of the Education Amendments of 1972 (regarding education programs and activities).
    - Titles II and III of the Americans with Disabilities Act.
    - Section 1557 of the Patient Protection and Affordable Care Act.

- You may have additional rights under state laws regarding behavioral health treatment. To contact your county's Patients' Rights Advocate, please contact your county by using the telephone number listed on the cover of the handbook.

Adverse Benefit Determinations

What Rights Do I Have if the County Denies the Services I Want or Think I Need?

If your county denies, limits, reduces, delays, or ends a service you think you need, you have the right to a written notice from the county. This notice is called a "Notice of Adverse Benefit Determination". You also have a right to disagree with the decision by asking for an appeal. The sections below inform you of the Notice of Adverse Benefit Determination and what to do if you disagree with the county's decision.

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined by any of the following actions taken by the county:

- The denial or limited authorization of a requested service. This includes determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services in a timely manner;
- The failure to act within the required timeframes for standard resolution of grievances and appeals. Required timeframes are as follows:
    - If you file a grievance with the county and the county does not get back to you with a written decision on your grievance within 30 days.
    - If you file an appeal with the county and the county does not get back to you with a written decision on your appeal within 30 days.
    - If you filed an expedited appeal and did not receive a response within 72 hours.
- The denial of a member's request to dispute financial liability.

What Is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination is a written letter that your county will send you if it decides to deny, limit, reduce, delay, or end services you and your provider believe you should get. This includes denial of:

- A payment for a service.
- Claims for services that are not covered.
- Claims for services that are not medically necessary.
- Claims for services from the wrong delivery system.
- A request to dispute financial liability.

Note: A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you did not get services within the county's timeline standards for providing services.

Timing of the Notice

The county must mail the notice:

- To the member at least 10 days before the date of action for termination, suspension, or reduction of a previously authorized behavioral health service.
- To the member within two business days of the decision for denial of payment or decisions resulting in denial, delay, or modification of all or part of the requested behavioral health services.

Will I Always Get A Notice Of Adverse Benefit Determination When I Don't Get The Services I Want?

Yes, you should receive a Notice of Adverse Benefit Determination. If you do not receive a notice, you may file an appeal with the county or if you have completed the appeal process, you can request a State Fair Hearing. When you contact your county, indicate you experienced an adverse benefit determination but did not receive a notice. Information on how to file an appeal or request a State Fair Hearing is included in this handbook and should also be available in your provider's office.

What Will the Notice of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- What your county did that affects you and your ability to get services.
- The date the decision will take effect and the reason for the decision.

- The state or federal rules the decision was based on.
- Your rights to file an appeal if you do not agree with the county's decision.
- How to receive copies of the documents, records, and other information related to the county's decision.
- How to file an appeal with the county.
- How to request a State Fair Hearing if you are not satisfied with the county's decision on your appeal.
- How to request an expedited appeal or an expedited State Fair Hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- Your right to continue to receive services while you wait for an appeal or State Fair Hearing decision, how to request continuation of these services, and whether the costs of these services will be covered by Medi-Cal.
- When you have to file your appeal or State Fair Hearing request by if you want the services to continue.

What Should I Do When I Get a Notice of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination, you should read all the information in the notice carefully. If you don't understand the notice, your county can help you. You may also ask another person to help you.

You can request a continuation of the service that has been discontinued when you submit an appeal or request for a State Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or delivered to you, or before the effective date of the change.

Member Responsibilities

What are my responsibilities as a Medi-Cal member?

It is important that you understand how the county services work so you can get the care you need. It is also important to:

- Attend your treatment as scheduled. You will have the best result if you work with your provider to develop goals for your treatment and follow those goals. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an oral interpreter before your appointment.
- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
- Follow through on the planned action steps you and your provider have agreed upon.
- Contact the county if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the county if you have any changes to your personal information. This includes your address, phone number, and any other medical information that may affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it:
    - The Department of Health Care Services asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.
    - You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

Do I Have To Pay For Medi-Cal?

Most people in Medi-Cal do not have to pay anything for medical or behavioral health services. In some cases, you may have to pay for medical and/or behavioral health services based on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for medical or behavioral health services.

- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or behavioral health services. The amount that you pay is called your ‘share of cost’. Once you have paid your ‘share of cost,’ Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don’t have medical expenses, you don’t have to pay anything.
- You may have to pay a ‘co-payment’ for any treatment under Medi-Cal. This means you pay an out-of-pocket amount each time you get a medical service or go to a hospital emergency room for your regular services.
- Your provider will tell you if you need to make a co-payment.

NONDISCRIMINATION NOTICE

Discrimination is against the law. TCHSA follows State and Federal civil rights laws. *[Partner Entity]* does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

[Partner Entity] provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio or accessible electronic formats)

- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact TCHSA-BH by calling 1-800-240-3208. Or, if you cannot hear or speak well, please call TTY: 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that TCHSA has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Quality Assurance Mananger. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact TCHSA Quality Assurance Manager between 8:00 AM and 5:00 PM by calling *(530) 527-8491.* Or, if you cannot hear or speak well, please call *TTY: 711*.

- In writing: Fill out a complaint form or write a letter and send it to:

Quality Assurance Manager, PO Box 400, Red Bluff, CA 96080.

- In person: Visit your doctor's office or TCHSA *Facility* and say you want to file a grievance.

- Electronically: Visit TCHSA website at:

  https://www.tehamacohealthservices.net/administration/quality-assurance/

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.

- In writing: Fill out a complaint form or send a letter to:

  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at:
  https://www.dhcs.ca.gov/discrimination-grievance-procedures

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call

  TTY/TDD 1-800-537-7697.

- In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

- Complaint forms are available at

  http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

E-Contract Review
Approval as to Form

Department Name: Tehama County Health Services Agency

Contractor Name: Victor Community Support Services, Inc.

Contract Description: Medi-Cal EPSDT/Specialty Mental Health Services for Transitional Aged Youth

APPROVED AS TO FORM:

Date: 07/02/2025

Office of the Tehama County Counsel
Brittany T. Ziegler, Deputy County Counsel

Tehama County

Agenda Request Form

File #: 25-1251 **Agenda Date:** 7/15/2025 **Agenda #:** 16.

APPROVAL OF MINUTES

Requested Action(s)

a) Waive the reading and approve the minutes of the regular meeting held
   1) 6/17/25
   2) 6/24/25
   3) 7/1/25

Financial Impact:

None

Background Information:

Tehama County
Tuesday, June 17, 2025 9:00 AM
Board of Supervisors
Meeting Minutes

727 Oak Street, Red Bluff, CA 96080
(530) 527-4655
http://www.tehama.gov
Board Chambers

Robert Burroughs, District 1
Tom Walker, District 2
Pati Nolen, District 3, Vice Chair
Matt Hansen, District 4, Chairman
Greg Jones, District 5

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

Sean Houghtby
Clerk of the Board
(530) 527-3287

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Present: Supervisor Greg Jones, Supervisor Rob Burroughs, Supervisor Tom Walker, Vice Chair Pati Nolen, and Chairperson Matt Hansen

Chairman Hansen presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long by Deputy Andrew Plett, and Chief Administrator Gabriel Hydrick.

PUBLIC COMMENT

A resident led a prayer and commented on the recent protests.

A resident commented on psychology.

A resident read a statement regarding recent union side letters.

A resident commented on public record act requests and County Counsel.

A resident commented on a book regarding the brain.

A resident suggested that the Board make sure they have all the facts.

A resident commented about well verification and permitting.

A resident commented regarding previous speakers and allowing free speech.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

None.

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Works Committee (Standing) (Hansen, Walker) - Canceled

Veterans Halls Advisory Committee (Standing) (Burroughs, Jones) - Has not met

Public Safety Tax Initiative Working Group (Hansen, Jones) - Scheduled for July 21st

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - Has not met

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Jones - None

Supervisor Burroughs - Bowman Road, Juvenile Detention Center

Supervisor Walker - Flood Control

Supervisor Nolen - First 5, Flood Control

Chairman Hansen - Sierra Sacramento EMS, Community Corrections Partnership, Flood Control

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Sheriff Dave Kain announced that he is sending letters to State and Federal officials regarding the State mutual aid budget and AB 1108 which would change the procedure for investigating in-custody deaths and asked the Board to consider sending letters as well. Mr. Kain also discussed several grant applications his office is submitting and the short timelines on those applications. Mr. Kain also thanked Jennifer Crane for her work as a grant writer for the Sheriff's Department.

CONSENT AGENDA

Approval of the Consent Agenda.

A motion was made by Supervisor Jones, seconded by Supervisor Nolen, to approve the Consent Agenda. The motion was carried by the following vote:

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Greg Jones
SECONDER:	Pati Nolen
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

1. GENERAL WARRANT REGISTER - 5/25/25 - 5/31/25 **25-1013**

2. AUDITOR'S CLAIMS **25-1010**

a) Court Operations, 2026-53221, Benjamin E Magid, $3,264.00.

3. ENVIRONMENTAL HEALTH DEPARTMENT **25-1018**

a) RESOLUTION - Request adoption of a resolution authorizing the Director of Environmental Health to secure Enforcement Assistance Grant funds from Department of Resources Recycling & Recovery to be used to support Solid Waste Facilities permit and inspection programs

Enactment No: RES NO. 2025-048

b) AGREEMENT - Request approval and authorization for the Director of Environmental Health to sign the Grant Agreement Cover Sheet with CalRecycle to receive grant funding in the amount of $16,485 and to sign the Grant Payment Request to secure Enforcement Assistance Grant funds from Department of Resources Recycling and Recovery, for the period of 7/1/25 to 6/30/26

Enactment No: MISC. AGR 2025-175

4. SHERIFF'S OFFICE **25-0964**

a) AGREEMENT - Request approval and authorization for the Chair and Sheriff to sign Agreement with Keefe Commissary Network Inc., for the purpose of providing commissary and inmate banking services at the Tehama County Jail, effective 5/8/25 and shall remain in effect for three (3) years, with the option to extend the agreement term up to two (2) additional one (1) year periods *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-168

5. SHERIFF'S OFFICE **25-0968**

a) TRANSFER OF FUNDS: SHERIFF, B-71 - From Public Safety (106-301900) to Contingency (2002-59000), $23,475.22; and From Contingency (2002-59000) to Maintenance of Structure/Improve Grounds (2032-53180), $23,475.22 **(Requires a 4/5's Vote)**

6. FIRE **25-1016**

a) Request authorization to issue a refund to Red Line Installations in the amount of $501 for cancellation of the project at 23175 Solano Road Corning, CA 96021

7. FIRE **25-1014**

a) AGREEMENT - Request approval and authorization for the Tehama County Fire Finance Representative to sign the Assistance By Hire Agreement with CAL FIRE for rental of County fire equipment for use within the CAL FIRE protection area, and coverage behind State engine commitments at the rates listed, effective 5/1/25 through 6/30/26

Enactment No: MISC. AGR 2025-169

8. SOCIAL SERVICES **25-1001**

a) AGREEMENT - Request approval and authorization for the Social Services Director to sign the Agreement with Shasta County Office of Education for the provision of a Child Care Navigator, Trauma-Informed Care Training Services, and Temporary Emergency Child Care for Foster Caregivers, with maximum compensation not to exceed $92,209, effective 7/1/25 and shall terminate 6/30/26 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-170

9. SOCIAL SERVICES **25-1027**

a) AGREEMENT - Request approval and authorization for the Director of Social

Services to sign the Amendment with Victor Community Support Services Inc. for the purpose of facilitating Child and Family Team meetings for FY 24/25 increasing the total amount not to exceed to $160,000, effective 7/1/24 through 6/30/25 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-171

10. TEHAMA COUNTY COMMUNITY ACTION AGENCY **25-1034**

a) TRANSFER OF FUNDS: COMMUNITY ACTION AGENCY, B-75 - from Salary and Wages (5063-51010), $1,000; to Extra Help (5063-51011) $1,000 **(Requires 4/5's vote)**

11. HEALTH SERVICES AGENCY / MENTAL HEATLH **25-1032**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Ghislaine Ramasar dba Crest Home for the Elderly for the purpose of providing licensed residential care services to certain mentally ill adult residents of Tehama County at the rates set forth in Exhibit "C". The maximum compensation payable under this Agreement shall not exceed $1,350,000, effective 7/1/25 and shall terminate 6/30/28 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-172

12. ASSESSOR **25-1037**

a) TRANSFER OF FUNDS: ASSESSOR, B-72 - From Salary & Wages (1023-51010), $15,000; to Extra Help (1023-51011), $15,000 **(Requires a 4/5's vote)**

RECESS to convene as the Tehama County Air Pollution Control District

CONSENT AGENDA

13. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT **25-0986**

a) AGREEMENT - Request approval and authorization for the Chair and the Air Pollution Control Officer to sign the agreement renewal with TruePoint Solutions for the purpose of implementing a new permit tracking database in an amount not to exceed $160,390, effective upon signing, and will terminate on 2/28/26 *(Subject to receipt of required insurance documentation)*

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

Enactment No: MISC. AGR 2025-173

ADJOURN to reconvene as the Tehama County Board of Supervisors

REGULAR AGENDA

14. ADMINISTRATION - Chief Administrator Gabriel Hydrick & GreenWaste of Tehama District Manager Amanda Garrett **25-0792**

a) INFORMATIONAL PRESENTATION - Regarding GreenWaste's Education Program for 2023 and 2024, and overall program management and goal achievements

related to residential and commercial solid waste management services in the unincorporated areas of Tehama County

Greenwaste of Tehama District Manager Amanda Garrett & Recycling Coordinator Max Bartlett presented GreenWaste diversion efforts for 2023 & 2024.

In response to Supervisor Walker, Mrs. Garrett explained the sorting that happens at the landfill and tracking of items diverted.

b) Board discussion and possible approval that GreenWaste made a good faith effort in attempting to meet its 2023 minimum diversion goals

RESULT: APPOVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

c) Board discussion and possible approval that GreenWaste made a good faith effort in attempting to meet its 2024 minimum diversion goals

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

15. BUILDING & SAFETY DEPARTMENT - Building Official Patrick Ewald **25-1012**

a) INFORMATIONAL PRESENTATION - Regarding Tehama County Building Department providing a streamlined permit process for pre-approved Accessory Dwelling Units (ADU) plans

In response to Supervisor Walker, Building Official Patrick Ewald clarified the requirements to build an Accessory Dwelling Unit and the requirements for solar panels on new construction. Mr. Ewald also explained utility connection requirements.

In response to Supervisor Hansen, Mr. Ewald explained the restrictions on Accessory Dwelling Unit size.

Mr. Ewald further explained that the pre-approved plans can be expanded in the future depending on usage.

16. SHERIFF'S OFFICE - Sheriff Dave Kain **25-0965**

a) AGREEMENT - Request approval and authorization for the Sheriff to sign the Agreement with Express Services Inc. DBA Express Employment Professionals, for the purpose of providing temporary employees, for the rates as set forth in Exhibit "B", with maximum compensation not to exceed $100,000 per year, effective on 7/1/25 and shall terminate 6/30/26

RESULT: APPROVE
MOVER: Tom Walker

SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: MISC. AGR 2025-174

17. DISTRICT ATTORNEY / PERSONNEL - District Attorney Matt Rogers **25-0990**

a) Request approval of revisions to the classification specifications of District Attorney Investigator I/II and District Attorney Investigator III, including a title change to District Attorney Investigator I/II/III, effective 6/17/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

18. PERSONNEL / CHILD SUPPORT SERVICES - Director of Child Support Services Tonya Moore **25-1019**

a) Request approval of a new classification specification of Child Support Specialist IV, within the Joint Council bargaining unit, effective 6/17/25

In response to Supervisor Walker, Child Support Director Tonya Moore explained the typical case load for a Child Support Specialist.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

b) Request approval of revisions to the classification specifications of Child Support Specialist I/II, Child Support Specialist III, including a title change to Child Support Specialist I/II/III, and Child Support Supervisor, within the Memorandum of Understanding between Tehama County and the Joint Council bargaining unit, effective 6/17/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

c) RESOLUTION - Request adoption of a resolution to amend the FY 2024-25 Personnel Allocation List (PAL), (Reso #2024-080), by deleting one (1.00 FTE) Child Support Supervisor allocation at Salary Range 31, deleting six (6.00 FTE) Child Support Specialist I/II allocations, adding six (6.00 FTE) Child Support Specialist I/II/III allocations, deleting one (1.00 FTE) Child Support Specialist III allocation and adding two (2.00 FTE) Child Support Specialist IV allocations at Salary Range 31, and changing the salary range of one (1.00 FTE) Child Support Supervisor allocation from Salary Range 31 to Salary Range 34, effective 6/17/25

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-049

d) Request approval to reclassify one (1.00 FTE) Child Support Specialist III incumbent to Child Support Specialist IV, effective 6/17/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

FUTURE AGENDA ITEMS

Supervisor Burroughs requested a study session regarding cell towers and emergency alert notification options (Consensus received)

CLOSED SESSION

Jessica Clark commented on Closed Session #19 and #21.

Louise Wilkenson commented on Closed Session #19.

Michael Kain commented on Closed Session #19.

Jenny Alexander commented on Closed Session #19 and #21.

Martha Klaykamp commented on Closed Session #19.

Liz Merry commented on Closed Session #19.

19. CLOSED SESSION **25-0896**

a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Chief Administrator

20. CLOSED SESSION **25-0909**

a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Part One of the Librarian Annual Performance Evaluation Process

21. CLOSED SESSION **25-1093**

a) Liability Claims Pursuant to Government code 54956.95
Claimant: Holly Dawley
Agency claimed against: Tehama County

10:57 A.M. RECESS

1:30 P.M. RECONVENE

1:30 P.M.

Chairman Hansen called a recess to allow time for the presenter to arrive.

1:30 P.M. RECESS

1:32 P.M. RECONVENE

22. BOARD OF SUPERVISORS **25-0960**

a)INFORMATIONAL PRESENTATION - Informational presentation to receive information regarding the California State Association of Counties (CSAC)

California State Association of Counties Executive Director Graham Knaus gave a presentation about California State Association of Counties (CSAC) and their activities.

In response to Supervisor Walker, Mr. Knaus discussed realignment dollars and how that process came about.

In response to Supervisor Nolen, Mr. Knaus discussed CSAC's role in finding a solution to homelessness and the roles of the state, cities and counties. Mr. Knaus further discussed the AT HOME pilot project.

Bob Williams commented regarding CSAC's support of Senate Bill 1 and asked what CSAC's policy is on the potential for taxing vehicle mileage and gas taxes.

Mr. Knaus explained CSAC is not in favor of vehicle mileage taxes. Mr. Knaus further discussed clean fleet mandates.

Mr. Williams commented on the classes offered by CSAC for the education of County Supervisors and Executives.

2:13 P.M. RECESS

5:15 P.M. RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

19. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Chief Administrator

Reportable Action: Evaluation held.

Attorney Present: Andrew Plett, Margaret Long

20. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Part One of the Librarian Annual Performance Evaluation Process

Reportable Action: Evaluation held.

Attorney Present: Andrew Plett

21. a) Liability Claims Pursuant to Government code 54956.95
Claimant: Holly Dawley
Agency claimed against: Tehama County

Reportable Action: Direction to Staff

Attorney Present: Andrew Plett

ADJOURN

5:15 P.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: June 20, 2025

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, June 24, 2025 9:00 AM
Board of Supervisors
Meeting Minutes

727 Oak Street, Red Bluff, CA 96080
(530) 527-4655
http://www.tehama.gov
Board Chambers

Robert Burroughs, District 1
Tom Walker, District 2
Pati Nolen, District 3, Vice Chair
Matt Hansen, District 4, Chairman
Greg Jones, District 5

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

Sean Houghtby
Clerk of the Board
(530) 527-3287

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Chairman Hansen presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long, and Chief Administrator Gabriel Hydrick.

PUBLIC COMMENT

A resident lead a prayer and commented on integrity.

A resident commented on community service cleaning up trash.

A resident commented in support of the Library and their services.

A resident commented on subpoenas and integrity.

A resident commented on fireworks and fire danger.

A resident commented on the roles of the Board, Chief Administrator and County Counsel and a press release from the Board.

A resident commented on the right of the public to speak.

A resident commented on the work on Woodson Bridge, River Park and the roundabout project.

A resident commented on a claim against the County and closed session.

A resident commented on the audio at the meeting and the cost of County operations.

A resident commented on time limits of public comment and complimented the custodial services of the County.

Supervisor Hansen commented on consistency.

ANNOUNCEMENT OF AGENDA CORRECTIONS

#26 moved from Consent to Regular.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

19. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Chief Administrator

Reportable Action: Evaluation held.

Attorney Present: Andrew Plett, Margaret Long

20. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section 54957)
Title: Part One of the Librarian Annual Performance Evaluation Process

Reportable Action: Evaluation held.

Attorney Present: Andrew Plett

21. a) Liability Claims Pursuant to Government code 54956.95
Claimant: Holly Dawley
Agency claimed against: Tehama County

Reportable Action: Direction to Staff

Attorney Present: Andrew Plett

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Works Committee (Standing) (Hansen, Walker) – has not met

Veterans Halls Advisory Committee (Standing) (Burroughs, Jones) – has not met

Public Safety Tax Initiative Working Group (Hansen, Jones) – Scheduled July 21st

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) – has not met

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Jones - none

Supervisor Burroughs – Tehama County Transportation Commission

Supervisor Walker - Tehama County Transportation Commission

Supervisor Nolen - Tehama County Transportation Commission

Supervisor Hansen - Tehama County Transportation Commission

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

None

CONSENT AGENDA

A motion was made by Supervisor Walker, seconded by Supervisor Jones, to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

1. GENERAL WARRANT REGISTER - 6/1/25 - 6/7/25 **25-1060**

2. AUDITOR'S CLAIMS **25-1056**

a) Court Operations, 2026-53221, Associated Financial Advisors LTD DBA Forensic Science Services, $250.00

3. PURCHASING **25-1038**

a) BID EXTENSION - Authorization to extend the current County bid for:

1) Bulk Fuel to Hunt & Sons for the period 7/1/25 through 6/30/26 per terms of existing fiscal bid and further authorize the Purchasing Department to issue a Blanket Purchase Order

2) Cardlock Fuel to Hunt & Sons for the period 7/1/25 through 6/30/26 per terms of existing fiscal bid and further authorize the Purchasing Department to issue a Blanket Purchase Order

3) Indigent Burial services to Blair's Direct Cremation & Burial Services for the period 7/1/25 through 6/30/26 per terms of the existing fiscal bid and further authorize the Purchasing Department to issue a Blanket Purchase Order

5. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1066**

a) RESOLUTION - Request adoption of a resolution amending Resolution No. 2022-89, approving an application for funding and the execution of a grant agreement and any amendments thereto for funds allocated to the County of Tehama in the amount of $1,281,039, from the Permanent Local Housing Allocation (PLHA) Program Formula Allocation Program dated 8/17/22

Enactment No: RES NO. 2025-050

6. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-0861**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment No. 4 to the Agreement with Restpadd, Inc. (Misc. Agree. #2021-163

as amended by Misc. Agree. #2021-225, Misc. Agree. #2022-334 and Misc. Agree. #2024-204) for the purpose of providing psychiatric inpatient services, thereby amending the compensation language to an overall total maximum of $2,400,000, effective 7/1/21 through 6/30/25

Enactment No: MISC. AGR 2025-176

7. HEALTH SERVICES AGENCY / PUBLIC HEALTH 25-0979

a) AGREEMENT - Request approval and authorization for the Executive Director and other designated Health Services Agency staff to sign the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Agreement Funding Application (AFA) and related documents for FY 25/26, in an amount not to exceed $199,852.26, effective 7/1/25 through 6/30/26

Enactment No: MISC. AGR 2025-177

8. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1065

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Roy Mitchell and Carl Mitchell for the purpose of leasing property located at 2135 Gentry Way, Red Bluff, in the amount not to exceed $2,000 per month effective 7/1/25 and shall terminate 6/30/28

Enactment No: MISC. AGR 2025-178

9. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1083

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment No. 1 to the Agreement with Maxim Healthcare Staffing, Inc. (Misc. Agree #2022-151) for the purpose of locating and arranging for locum tenens psychiatrist(s), nurse practitioner(s), physician's assistant(s), Registered Nurse(s), Licensed Vocational Nurse(s), Licensed Marriage & Family Therapist(s), Licensed Clinical Social Worker(s), Licensed Professional Clinical Counselor(s), Medical Assistant(s), or Mental Health Worker/ Sitter/Certified Nurse Assistant(s) Case Resource Specialist(s), Mental Health Rehabilitation Specialist(s), to provide mental health services, thereby changing all references to Maxim Health Care Staffing, Inc. and/or Contractor in Misc. Agree #2022-151, to hereafter be deemed to refer to Amergis Healthcare Staffing, Inc. *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-179

10. HEALTH SERVICES AGENCY / PUBLIC HEALTH 25-1106

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment #2 with Chico State Enterprises (Misc. Agree. #2023-342), as amended by (Misc. Agree. #2024-171) for the provision of assisting with SNAP-ED activities that include, but are not limited to, indirect and direct education to K-12 youth, collaboration with community partners, outreach events, and school wellness policy, thereby amending section 3 to increase the compensation not to exceed amount to $149,538.57 for 10/1/24 through 9/30/25, increasing the total maximum compensation not to exceed $419,011.34; and to add the "FFY 2025 Tehama County 2025 (MYA v2)

Report" to the end of Exhibit B, all other provisions of Exhibit B to remain unchanged *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-180

11. PROBATION DEPARTMENT **25-1057**

a) AGREEMENT - Request approval and authorization for the Chairman to sign the agreement with County of Lake to provide board and care of Lake County youths for specified per-person daily rates, with the maximum amount not to exceed $100,000, effective 7/1/25 and shall terminate 6/30/26

Enactment No: MISC. AGR 2025-181

12. PROBATION DEPARTMENT **25-1084**

a) AGREEMENT - Request approval and authorization for the Chairman to sign the agreement with County of Modoc to provide board and care of Modoc County youths for specified per-person daily rates, effective 7/1/25 and shall terminate 6/30/26

Enactment No: MISC. AGR 2025-182

13. PROBATION DEPARTMENT **25-1081**

a) TRANSFER OF FUNDS: PROBATION, B-80 - From CalAIM (2036-4505724), to Contingency (2002-59000), $6,801.25; and from Contingency (2002-59000) to Professional/Special Services (2036-53230), $6,801.25 **(Requires a 4/5's vote)**

14. SOCIAL SERVICES **25-0989**

a) AGREEMENT - Request approval and authorization for the Social Services Director to sign the Agreement with Northern California Child Development Inc. (NCCDI) for the purpose of providing and operating a Family Visitation Center known as Stepping Stones Visitation Center, with maximum compensation not to exceed $814,533.90, effective 7/1/25 and shall terminate 6/30/27

Enactment No: MISC. AGR 2025-183

15. SOCIAL SERVICES / DISTRICT ATTORNEY **25-1098**

a) AGREEMENT - Request approval and authorization for the Social Services Director and the District Attorney to sign the Interagency MOU for the purpose of investigations of Welfare Fraud and IHSS Fraud through the Special Investigations Unit, for the rates as set forth in Exhibit "C" with maximum compensation not to exceed $512,418, effective 7/1/25 through 6/30/26

Enactment No: MISC. AGR 2025-184

16. DISTRICT ATTORNEY **25-1102**

a) AGREEMENT - Request approval and authorization for the Chairperson and the District Attorney, to sign the Interagency Memorandum of Understanding with the Tehama County Department of Education (TCDE) for the purpose of providing a 0.5 Full Time Equivalent Investigator (FTE) to serve as School Resource Officer for rates set forth in Exhibit "B" with maximum compensation not to exceed $99,326 for FY 25/26; and $100,809 for the FY 26/27 for a total not to exceed $200,135, effective 7/1/25 and shall terminate at midnight on 6/30/27

Enactment No: MISC. AGR 2025-185

17. DISTRICT ATTORNEY **25-1080**

a) TRANSFER OF FUNDS: DISTRICT ATTORNEY, B-82 - From Vehicles (2007-57605), $3,200, to Internal Assets (2007-53800), $3,200 **(Requires 4/5's vote)**

18. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL **25-1116**

SERVICES

a) Request ratification of the grant application that was submitted on 3/5/25 by the Tehama County Division of Animal Services, Animal Care Center, for the McConnell Fund of the Community Foundation of the North State 2025 grant, in an amount up to $50,000

b) AGREEMENT - Request approval and authorization for the Director of Animal Services, or designee, to sign the agreement with The McConnell Fund of the Community Foundation of the North State accepting grant funds to be used for the purchase of an animal transport van, in the amount of $50,000

Enactment No: MISC. AGR 2025-186

19. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-0959**

a) TRANSFER OF FUNDS - ANIMAL SERVICES, B-90 - From Misc. Grants (2078-466081) to Contingency (1109-59000), $17,072.46; and from Contingency (1109-59000) to Medical Expense (2078-53190), $4,091.39; to Professional Services (2078-53230), $9,250 and to Extra Help (2078-51011), $3,731.07 **(Requires 4/5's vote)**

20. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-0963**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-78 - From Donations Revenue (2078-471132) to Contingency (1109-59000), $2,515.93; and from Contingency (1109-59000) to Special Dept. Expense (2078-53280), $2,515.93 **(Requires a 4/5's vote)**

21. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-0966**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-77 - From Medical Donations Revenue (2078-4711207) to Contingency (1109-59000), $19,415.24; and from Contingency (1109-59000) to Animal Medical Services (2078-532807), $19,415.24 **(Requires 4/5's vote)**

22. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-0967**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-79 - From Misc Revenue (2078-471120), $3,500, and from Spay Neuter Revenue (2078-4711206), $1,729.67, to Contingency (1109-59000), $5,229.67; and from Contingency (1109-59000) to Maintenance of Equipment (2078-53170), $2,005.76 and to Medical (2078-53190), $3,223.91 **(Requires a 4/5's vote)**

23. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-0973**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-81 - From Spay/Neuter Revenue (2078-4711206) to Contingency (1109-59000), $4,840: and from Contingency (1109-59000) to Spay/Neuter Expense (2078-532806), $4,840 **(Requires a 4/5's vote)**

24. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-1070**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-83 - From Salary & Wages (2078-51010) to Extra Help (2078-51011), $9,500 **(Requires 4/5's vote)**

25. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-1095**

a) TRANSFER OF FUNDS: ANIMAL SERVICES, B-84 - From Other Gov't Agencies (2078-450740), $6,492; and from Humane Services (2078-460930), $13,500; to Contingency (1109-59000), $19,992; and From Contingency (1109-59000) to Maintenance of Equipment (2078-53170), $1,492; Professional Services (2078-53230), $13,500; and Special Dept. Expense (2078-53280), $5,000 **(Requires 4/5's vote)**

27. SHERIFF'S OFFICE **25-1054**

a) TRANSFER OF FUNDS: SHERIFF/AVIATION- B-73 - From Federal Asset Seizure (2027-471121) to Contingency (2002-59000), $103,574.70; and from Contingency (2002-59000) to Professional/Special Services (2027-53230), $79,304.70; Rent/Lease of Building (2027-53260), $9,270; Transportation Expense (2027-53291), $15,000 **(Requires 4/5's vote)**

28. SHERIFF'S OFFICE **25-1061**

a) AGREEMENT - Request approval and authorization for the Chairman and the Sheriff to sign the Lease and Maintenance agreement with UBEO West, LLC for the lease of 8 multifunction devices (copier/printer/scanner/fax) and 8 printers, for the rates set forth in Exhibit "B", with maximum compensation to not exceed $25,000 per year for 5 years, effective 4/22/25 and shall terminate on 4/21/30

Enactment No: MISC. AGR 2025-187

29. SHERIFF'S OFFICE **25-1055**

a) TRANSFER OF FUNDS: SHERIFF; B-74 - From Public Safety (106-301900), to Contingency (2002-59000), $19,910; and From Contingency (2002-59000) to Professional/Special Services (2027-53230), $19,910 **(Requires 4/5's vote)**

30. SHERIFF'S OFFICE **25-1089**

a) TRANSFER OF FUNDS: SHERIFF, B-85 - From CALAIM (2032-4505723), to Contingency (2002-59000), $10,566.25; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $10,566.25 **(Requires a 4/5's vote)**

31. SHERIFF'S OFFICE **25-1103**

a) TRANSFER OF FUNDS: SHERIFF, B-89 - From Salary & Wages (2027-51010) $55,000 to Overtime Compensation (2027-51012), $55,000 **(Requires 4/5's vote)**

32. SHERIFF'S OFFICE **25-1104**

a) TRANSFER OF FUNDS: SHERIFF, B-88 - From Salary & Wages (2032-51010) $95,000 to Overtime Compensation (2032-51012), $95,000 **(Requires 4/5's vote)**

33. ENVIRONMENTAL HEALTH / PARKS **25-1107**

a) TRANSFER OF FUNDS: PARKS, B-87 - From State Grants (7021-450459), to Contingency (1109-59000), $500,000; and from Contingency (1109-59000) to Improvement of Grounds and Structures (7021-57500), $500,000 **(Requires a 4/5's vote)**

34. APPROVAL OF MINUTES **25-1123**

a) Waive the reading and approve the minutes of the meetings held
   1) 6/2/25 Special Meeting

2) 6/3/25
3) 6/4/25 Special Meeting
4) 6/10/25

REGULAR AGENDA

26. SHERIFF / PERSONNEL **25-1079**

a) OTHER THAN “A” STEP - Request approval to appoint applicant as Sheriff’s Communications Dispatcher, Range 28, Step 5, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

4. COUNTY COUNSEL **25-0847**

a) AGREEMENT - Request approval and authorization for Chairman to sign the Agreement with Liebert, Cassidy, & Whitmore, for the purpose of providing labor relations representation and advice for rates set forth in Exhibit "B" with maximum compensation not to exceed $100,000, effective 7/1/25 and shall terminate 6/30/26

Jessica Clark commented on County Counsel contracts versus in-house attorneys.

Michael Kain commented on County Counsel contracts.

Louise Wilkinson commented on the amount of the contract.

Auditor Krista Peterson commented on the history of the contract and personal jabs at County Counsel.

Jenny Alexander thanked Mrs. Peterson for the clarification on the history of the contract.

In response to Supervisor Burroughs, Personnel Director Coral Ferrin clarified the difference between this contract and Worker’s Compensation.

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
NAYS: Supervisor Burroughs

Enactment No: MISC. AGR 2025-188

35. PERSONNEL / ENVIRONMENTAL HEALTH - Director of Environmental Health Tia Branton **25-1077**

a) Request approval of a new classification specification of Hazardous Materials Specialist I/II/III within the Joint Council Bargaining Unit, effective 6/24/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

36. PERSONNEL / PROBATION - Chief Probation Officer Pam Gonzalez 25-1105

a) RESOLUTION - Request adoption of a resolution to amend the FY 2024-25 Position Allocation List (PAL), (Reso #2024-080), by adding one (1.00 FTE) Deputy Probation Officer IV (Limited Term) allocation with a sunset date of 12/31/25, effective 6/24/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Rob Burroughs

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-051

37. PERSONNEL / ADMINISTRATION - Personnel Director Coral Ferrin 25-1024

a) AGREEMENT- Request approval and authorization for the Chair to sign the Employment Agreement with Gabriel Hydrick, Chief Administrator, effective 2/28/25 through 2/27/28

Personnel Director Coral Ferrin explained the language changes in the contract.

In response to Supervisor Jones, Mrs. Ferrin explained the timing of the compensation study and the right of the Board to terminate the contract. Mrs. Ferrin further clarified the salary range of the Chief Administrator.

In response to Supervisor Hansen, Mrs. Ferrin explained that Chief Administrator salary range is in line with the surrounding counties.

Supervisor Burroughs read a statement regarding the language of the contract and County code.

9:57 A.M. RECESS

10:05 A.M. RECONVENE

Supervisor Burroughs further explained his point of order and his position on the contract.

Supervisor Hansen read the definition of a point of order and opened public comment.

Michael Kain commented on ongoing investigations.

Jessica Clark commented on the ability of the Board to terminate the contract. Ms. Clark further commented on the County Charter and the contract.

Stacy Pearce commented on the County salary structure and the compensation study.

Louise Wilkinson commented that she agrees with the previous commenter.

Scott Camp asked how many other counties have contracts with similar language that is proposed in this agreement. Mr. Camp further commented on the ongoing investigations.

Liz Merry commented on the language in the contract.

Sheriff David Kain commented on the contract language and the ongoing investigations. Mr. Kain further commented that he is not in favor of extending the Chief Administrator's contract.

Bill Moule asked how many of the speakers criticizing the Chief Administrator have discussed the issues with him. Mr. Moule further commented on the Chief Administrator's duties and staffing.

Public Guardian/Public Administrator Melani Kain commented on the process of the compensation study and its effect on her department.

Lois Rogan commented on the spending priorities of the County and City.

A resident commented on the wages of IHSS workers compared to other County positions.

Martha Klaykamp commented on a previous commenter and that she is not in favor of the contract.

Vicki Burgess commented she is not in favor of this contract.

Jenny Alexander commented on the language in the contract and that she is not in favor of this contract.

Sharon Novak commented that she is not in favor of this contract.

A resident commented on the process of employees getting raises.

Chairman Hansen continued this item until 1:30 P.M.

38. PERSONNEL - Personnel Director Coral Ferrin **25-0821**

a) INFORMATIONAL PRESENTATION - Regarding County of Tehama vacancies, recruitment and retention efforts

b) PUBLIC HEARING - Conduct a public hearing in compliance with Assembly Bill (AB 2561), codified in Government Code section 3502.3

Supervisor Walker commented that the State pulls money from the Counties and then passes laws requiring the County to address vacancies.

In response to Supervisor Walker, Personnel Director Coral Ferrin explained that it might be advantageous for the County to consider consolidation or elimination of chronically vacant positions.

In response to Supervisor Hansen, Mrs. Ferrin explained what the law requires if the vacancy rate reaches 20%

Chairman Hansen opened the Public Hearing at 11:07 A.M.

Peace Officers Association President Cade Miller presented information regarding their positions, recruitments, compensation and vacancies.

Sharon Novak commented on using social media to advertise positions and the County benefit package versus what citizens get in private employment.

Jessica Clark commented on using social media to advertise positions and the compensation study.

Louise Wilkinson commented on the difference in pay between positions and the compensation study.

A resident commented on how money is spent and a project's contingency budget.

In response to Chairman Hansen, Mrs. Ferrin explained that some of the County benefits are voluntary and at no cost to the County.

Chairman Hansen closed the Public Hearing at 11:25 AM.

c) Request to accept the status of County of Tehama vacancies, recruitment and retention efforts as presented

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Greg Jones

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

40. SOCIAL SERVICES - Director Bekkie Emery **25-1047**

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Eligibility Specialist II, Range 21 Step C, effective 6/25/25 or upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice

Chair Nolen, and Chairperson Hansen

42. PROBATION DEPARTMENT - Chief Probation Officer Pam Gonzalez **25-1072**

a) AGREEMENT - Request approval and authorization for the Chief Probation Officer to sign the Agreement with Empower Tehama for the purpose of providing Moral Reconation Therapy for the Post Release Community Service (PRCS) population with a maximum amount not to exceed $72,751, effective 7/1/25 and shall terminate 6/30/26 *(Subject to receipt of required insurance documentation)*

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: MISC. AGR 2025-189

43. SHERIFF'S OFFICE / PROBATION DEPARTMENT - Sheriff Dave Kain **25-1111**

a) AGREEMENT- Request approval and authorization for the Sheriff and the Chief Probation Officer to sign the Interagency Memorandum of Understanding (MOU) for the purpose of providing personnel-related investigation to pre-employment applicants, in the amounts set forth in Exhibit A, with maximum compensation not to exceed $25,000 per year, effective 7/1/25 through 6/30/28

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Greg Jones

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: MISC. AGR 2025-190

44. SHERIFF'S OFFICE - Sheriff Dave Kain **25-1091**

a) Request approval and authorization for the Chairman of the Board and the Sheriff to electronically sign the FY25 School Violence Prevention grant application for submittal to the Office of Community Oriented Policing Services, U.S. Department of Justice requesting the amount of $500,000 to implement one of the three emergency radio repeaters

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Pati Nolen

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

b) Request approval and authorization for the Chairman of the Board and the Sheriff to electronically sign the FY25 Safer Outcomes: Enhancing De-Escalation and Crisis Response Training for Law Enforcement - Support for Law Enforcement Agencies grant applications for submittal to the Office of Community Oriented Policing Services,

U.S. Department of Justice requesting the amount of $350,000 for a new Emergency Vehicle Operations Course (EVOC)

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

c) Request approval and authorization for the Chairman of the Board and the Sheriff to electronically sign the FY25 Community Policing Microgrant grant application for submittal to the Office of Community Oriented Policing Services, U.S. Department of Justice for requested amount of $175,000 to hire a full-time Information Technology (IT) Specialist

In response to Supervisor Walker, Sheriff Kain explained the structure of the grant and what it can pay for.

Sheriff Kain thanked Jennifer Crane for her work as a grant writer for the Sheriff's Office.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Rob Burroughs
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

45. PUBLIC WORKS DEPARTMENT / PURCHASING - Interim Director Will Pike **25-1051**

a) Request approval of the following bidders list for the “Transportation Cost-Based Bid for Road Materials”; and further authorize the Purchasing Agent to make purchases from the list pursuant to established procedures, with the approximate combined total of 23,100 tons:

1) J.F. Shea Construction, Inc. for the following products:
   a) Class II Crushed Aggregate Base ¾” in the amount of $15.02 per ton
   b) Class 2 RSP Rock Material in the amount of $37.54 per ton
   c) Cold Mix Asphalt in the amount of $139.43 per ton
   d) Asphalt Concrete ½” PG64-10 in the amount of $80.44 per ton
   e) ¼ Ton Rip Rap in the amount of $37.54 per ton

2) Tehama Asphalt for the following products:
   a) Cold Mix Asphalt in the amount of $131.15 per ton
   b) Asphalt Concrete ½” PG64-10 in the amount of $92.45 per ton

3) Tullis Inc. for the following products:
   a) Class II Crushed Aggregate Base ¾” in the amount of $13.94 per ton
   b) Class 2 RSP Rock Material in the amount of $32.18 per ton
   c) Cold Mix Asphalt in the amount of $134.06 per ton

d) Asphalt Concrete ½" PG64-10 in the amount of $80.44 per ton
e) ¼ Ton Rip Rap in the amount of $32.18 per ton

4) Westside Aggregate for the following products:
a) Class II Crushed Aggregate Base ¾" in the amount of $13.94 per ton

5) Nordic Industries for the following products:
a) Class 2 RSP Rock Material in the amount of $27.39 per ton
b) ¼ Ton Rip Rap in the amount of $29.54 per ton

6) VSS Emultech for the following products:
a) CSS-1h Tack Oil in the amount of $574.86 per ton

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

46. PUBLIC WORKS DEPARTMENT / PURCHASING - Interim Director Will Pike **25-1050**

a) Request approval of the following bidders list for the Alternative Availability Based Bid for Cold Mix - UPM® (Unique Paving Material) or approved equivalent in bulk and further authorize the Purchasing Agent to make purchases from the list pursuant to the established procedures, with the approximate total of 300 tons:

1) Dan Palmer Trucking Inc in the amount of $168.50 per ton
2) Vulcan Materials in the amount of $171.43 per ton

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

47. PUBLIC WORKS - Interim Director Will Pike **25-1127**

a) ORDINANCE NO. 2148 - Request the adoption of an ordinance amending Ordinance No. 1883 authorizing the Director of Public Works to submit reports regarding adjustment for inflation to the amount of parcel charges for each parcel of real property within Tehama County Permanent Road Division 0602 (Bywood Drive)

1) Waive the first reading
2) Accept the Introduction

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: ORDINANCE 2148

48. PUBLIC WORKS - Interim Director Will Pike & Deputy Director Jessica Riske-Gomez **25-0807**

a) TRANSFER OF FUNDS: B-76: From Fund Balance Available (101-301900), to Contingency (1109-59000), $651,225.00; and from Contingency (1109-59000) to Professional Services (2074-53230), $651,225.00 **(Requires 4/5's vote)**

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

b) AGREEMENT - Request approval and authorization for the Chair to sign the agreement with the Resource Conservation District (RCD) of Tehama County in an amount not to exceed $840,000 for Phase II emergency support services and wood management associated with hazard tree removals following the 2024 Park Fire, effective upon execution and terminating 12/31/25

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: MISC. AGR 2025-191

49. PUBLIC WORKS - Finance Manager Danielle Peterson **25-1097**

a) TRANSFER OF FUNDS: PUBLIC WORKS, B-91 - From Road Fund Contingency (3011-59000) to Maintenance of Equipment (3011-23170), $15,000.00, from Contingency (3011-59000) to Interest Apportionment (3011-55413), $177,203.35, totaling $192,203.35 **(Requires 4/5's vote)**

Public Works Finance Manager Danielle Peterson stated that the department number should be 3015 not 3011.

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

RECESS to convene as the Tehama County Sanitation District No. 1

50. TEHAMA COUNTY SANITATION DISTRICT NO.1- Finance Manager Danielle Peterson **25-1023**

a) Request approval of the claims paid January 1, 2025 through March 31, 2025, in the amount of $36,809.30
RESULT: APPROVE

MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

ADJOURN to reconvene as the Tehama County Board of Supervisors

41. ADMINISTRATION / DISTRICT ATTORNEY - District Attorney Matthew Rogers **25-1071**

a) TRANSFER OF FUNDS: DA CHILD ABDUCTI/STATE SB-90, B-86 - From State Grants (20139-450629), $291,475 to Contingency (2002-59000) $291,475 and From Contingency (2002-59000) to Public Safety/Fund Bal Available (106-301900) $291,475 **(Required a 4/5's vote)**

District Attorney Matt Rogers presented information on the grant funding and the State reducing reimbursements. Mr. Rogers further explained the effect of this loss of funding to the Child Abduction program at the District Attorney's Office.

In response to Supervisor Walker, Mr. Rogers explained the effect on prosecution of these cases due to loss of funding and the potential for a class action lawsuit against the State.

In response to chairman Hansen, Mr. Rogers explained the audit and reimbursement process.

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

51. BOARD OF SUPERVISORS **25-1114**

a) Request approval for the Chair to sign a letter notifying the Department of Homeland Security (DHS) that Tehama County is not a sanctuary jurisdiction and any federal listings or references that suggest otherwise be updated accordingly

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

12:03 P.M. RECESS

1:30 P.M. RECONVENE

1:30 P.M.

37. PERSONNEL / ADMINISTRATION - Personnel Director Coral Ferrin **25-1024**

a) AGREEMENT- Request approval and authorization for the Chair to sign the Employment Agreement with Gabriel Hydrick, Chief Administrator, effective 2/28/25 through 2/27/28

Discussion took place on the code sections referenced by Supervisor Burroughs.

Supervisor Jones made a statement regarding the language of the contract and ongoing investigations.

Chairman Hansen explained that Mr. Hydrick is executing the decisions of the Board.

Supervisor Nolen motioned to table the agreement, seconded by Supervisor Burroughs

RESULT: TABLE – Failed 2-3
MOVER: Pati Nolen
SECONDER: Rob Burroughs

AYES: Supervisor Burroughs and Vice Chair Nolen

NAYS: Supervisor Jones, Supervisor Walker, and Chairperson Hansen

Supervisor Walker motioned to approve the contract as written, seconded by Supervisor Hansen.

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Matt Hansen

AYES: Supervisor Jones, Supervisor Walker, and Chairperson Hansen

NAYS: Supervisor Burroughs and Vice Chair Nolen

Enactment No: MISC. AGR 2025-192

52. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-0922**

a) Request that the Board of Supervisors adopt the Administrative Hearing Officer's recommended decision relating to Abatement Costs Lien Hearing Pursuant to Chapter 9.06 (Marijuana) of the Tehama County Code and Government Code section 53069.4 and section 25845:

Owner: Maria M. Hernandez
Site Address: 15875 Apache Trail, Corning, RTR
APN: 062-460-008 ("Premises") District 4

Ms. Hernandez asked for more time to make payments.

Further discussion took place explaining the lien process and potential sale of the property.

RESULT: APPROVE

MOVER: Matt Hansen
SECONDER: Greg Jones

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

61. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1046**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Robert Glenn McClure Jr.
Site Address: 9333 San Benito Ave., Gerber
APN: 064-080-001 District 5
Code Case: CE-24-91

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

Mr. McClure stated that he has not heard from Code Enforcement in some time.

Code Enforcement Officer Ron Robbins explained the timeline and what was communicated to Mr. McClure.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-060

62. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1048**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Belle Umali Revocable Living Trust
Belle Umali, Trustee
Site Address: 24005 Bray Ave., Red Bluff
APN: 043-160-039 District 3
Code Case: CE-24-44

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

Mr. Umali explained that this property floods every year and that he has a lawsuit against the County for the flooding. Mr. Umali further commented that the property is not inhabitable due to the flooding.

Supervisor Nolen commented on the flooding in the Dairyville area.

Supervisor Nolen moved to table this item until 8/26/25 to allow Mr. Umali time to work on the property.

RESULT: TABLE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

53. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-0975**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) CONTINUED HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Estate of Rosemary Ingles, deceased
c/o Bobby J Petty Jr.
Site Address: 24588 South Ave., Corning
APN: 091-260-022 District 5

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

Mr. Petty explained his efforts to abate the nuisance on the property.

In response to Supervisor Walker, Mr. Petty discussed the status of the tenants occupying the property.

Supervisor Walker moved to table this item until 8/26/25.

RESULT: TABLE
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

39. ADMINISTRATION / COUNTY RECOMMENDED BUDGET FISCAL YEAR 2025/26 **25-1059**

a) Presentation of FY 2025-2026 Recommended Budget

b) Public comment period

c) Request approval of the FY 2025-2026 Recommended Budget

d) RESOLUTION - Request adoption of the resolution amending Resolution No. 2024-080, The FY 2025-2026 Position Allocation List (PAL) as detailed in 'Summary - Revision to the Position Allocation List'

Administrative Fiscal Manager Orepa Mamea presented the recommended budget and Administration's recommendations.

Veterans Service Officer Shawn Bonden commented on his request for another position in his office.

In response to Chairman Hansen, Ms. Mamea explained the Veterans Service Office caseload numbers and Administration's recommendation.

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-053

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

Enactment No: RES NO. 2025-053

55. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1028**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Alyssa Kathryn Rypka Successor Trustee
Rypka Family Trust 01/09/2014
Site Address: 4931 Toomes Ave., Corning
APN: 069-150-004 District 4

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Matt Hansen

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

Enactment No: RES NO. 2025-054

56. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1030**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Amy C OHolleran
Site Address: 16752 Stagecoach Rd., Corning, RTR
APN: 062-260-002 District 4

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-055

57. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1041**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Delbert W. Willson
Site Address: San Benito Ave, Gerber
APN: 064-070-014 District 5
Code Case: CE-24-95

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-056

58. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1042**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Delbert W. Willson
Site Address: 9337 San Benito Ave., Gerber
APN: 064-070-013 District 5

Code Case: CE-24-94

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Tom Walker

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-057

59. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1044**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Nicholas McAllister
Site Address: 18455 Phyllis Rd., Cottonwood
APN: 006-150-020 District 1
Code Case: CE-24-72

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones

AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-058

60. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1045**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the

amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: John Kaeding & Barbara R Kaeding
Site Address: 11139 Hwy 99W, Red Bluff
APN: 035-390-011 District 2
Code Case: CE-24-54

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
Enactment No: RES NO. 2025-059

63. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins **25-1049**

a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:

1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:

Owner: Donna Faye Thornhill, David Andrew Mayfield
c/o Lillian A Peterson
Site Address: 117 Dale Ave., Red Bluff
APN: 041-211-001 District 3
Code Case: CE-24-69

2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice

~~**54. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins** **25-1043**~~

~~a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:~~

~~1) HEARING - Conduct Hearing to review the enforcing officer's report of the amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:~~

~~Owner: D A Katrina James~~
~~Site Address: Kopta Rd., Corning~~
~~APN: 075-250-042 District 5~~
~~Code Case: CE-24-92~~

~~2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property~~

Withdrawn by the Department

~~**64. ENVIRONMENTAL HEALTH / CODE ENFORCEMENT - Code Enforcement Officers Clint Weston and Ron Robbins** **25-1052**~~

~~a) Public Nuisance Administrative Penalty Lien Hearing Pursuant to Chapter 10.16 of the Tehama County Code and Government Code section 53069.4:~~

~~1) HEARING - Conduct Hearing to review the enforcing officer's report of the~~

~~amount of administrative penalty and to determine whether, and in what amount, the administrative penalty shall be enforced as a lien against the affected property listed below:~~

~~Owner: Greenville Rancheria~~
~~Site Address: 20875 Woodlawn St., Red Bluff~~
~~APN: 024-040-067 District 2~~
~~Code Case: CE-24-53~~

~~2) RESOLUTION - Request adoption of an Administrative Penalty Lien Resolution making a determination and ordering that the amount of administrative penalty relating to public nuisance be enforced as a lien against the affected property and further ordering recordation of a notice of administrative penalty lien against said property~~

Withdrawn by the Department

FUTURE AGENDA ITEMS

Supervisor Jones - informational presentation on software for PRA requests. consensus

Supervisor Nolen - informational presentation on boat ramp revenue. consensus

CLOSED SESSION

65. CLOSED SESSION **25-0910**

a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code Section 54957)

Title: Part Two of the Librarian Annual Performance Evaluation Process

66. CLOSED SESSION **25-1124**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Director of Public Works

3:12 P.M. RECESS

4:31 P.M. RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

65. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code Section 54957)

Title: Part Two of the Librarian Annual Performance Evaluation Process

Reportable Action: Evaluation Completed

66. a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Director of Public Works

Reportable Action: Direction to staff

ADJOURN

4:32 P.M There being no further business before the Board, the meeting was adjourned.

ATTEST: June 26, 2025

APPROVED

_____

Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, July 1, 2025 9:00 AM
Board of Supervisors
Meeting Minutes

727 Oak Street, Red Bluff, CA 96080
(530) 527-4655
http://www.tehama.gov
Board Chambers

Robert Burroughs, District 1
Tom Walker, District 2
Pati Nolen, District 3, Vice Chair
Matt Hansen, District 4, Chairman
Greg Jones, District 5

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

Sean Houghtby
Clerk of the Board
(530) 527-3287

Present: Supervisor Greg Jones, Supervisor Tom Walker, Vice Chair Pati Nolen, and Chairperson Matt Hansen
ABSENT: Supervisor Rob Burroughs

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Chairman Hansen presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long by Deputy Ben Ramsey, and Chief Administrator Gabriel Hydrick.

PUBLIC COMMENT

A resident commented on human characteristics and integrity.

A resident commented on the supervisors and public comments from citizens.

A resident commented on the Clerk & Recorders office, local staffing agencies and the compensation study.

A resident commented on mental health services and funding.

A resident commented on the Board's role and ordinances.

A resident commented on public officials, that law enforcement should uphold the laws, and abuse of authority.

A resident commented on public comment, supervisors not responding to her, and the Specialized Fibers site.

A resident commented that she agreed with pervious commenters, elected official’s duties and private information in government.

A resident commented on medical marijuana and creating an ordinance in Tehama County.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

65. a) PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code Section 54957)

Title: Part Two of the Librarian Annual Performance Evaluation Process

Reportable Action: Evaluation Completed

66. a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Director of Public Works

Reportable Action: Direction to staff

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Works Committee (Standing) (Hansen, Walker) - Has not met

Veterans Halls Advisory Committee (Standing) (Burroughs, Jones) - Has not met

Public Safety Tax Initiative Working Group (Hansen, Jones) - Has not met

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - Has not met

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Jones - CalFire tour.

Supervisor Walker - none

Supervisor Nolen - PATH Executive Board, Bayou on the Bluff

Supervisor Hansen - Rural County Representatives of California, Black Butte Lake Water Storage

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

None

CONSENT AGENDA

Approval of the Consent Agenda

A motion was made by Supervisor Walker, seconded by Vice Chair Nolen, to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA

MOVER: Tom Walker
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

1. GENERAL WARRANT REGISTER - 6/8/25 - 6/14/25 **25-1131**

2. PERSONNEL / PUBLIC WORKS **25-0939**

a) Request approval to appoint the candidate as an Accounting Technician I at Salary Range 18, Step B, effective 7/1/25 or upon successful completion of all pre-employment requirements

3. PUBLIC WORKS **25-1130**

a) ROAD AGREEMENT - Request approval and authorization for the Interim Director to sign Amendment No. 2 to the Agreement (Road Agreement 2023-3) and as amended by No. 1 (Road Agreement 2025-1) with Consor Engineering or the purpose of providing construction management services related to the Evergreen Road at South Fork Cottonwood Creek Bridge Replacement Project; thereby increasing the Maximum Compensation to $2,846,531.92 for construction management services for the remaining duration of the project *(Subject to receipt of required insurance documentation)*

Enactment No: ROAD AGR 2025-005

4. FIRE **25-1069**

a) AGREEMENT - Request approval and authorization for the Chair to sign the Renewal Lease Agreement between the Tehama County Fire Department and the Rancho Tehama Association for the Fire Station building at 17155 Rancho Tehama Road, Corning, CA 96021, in the amount of $4,500 yearly, effective 7/1/25 through 7/1/26 with annual renewal up to five years

Enactment No: MISC. AGR 2025-193

5. HEALTH SERVICES AGENCY / PUBLIC HEALTH **25-0977**

a) Request confirmation of an application submitted by the Tehama County Health Services Agency (TCHSA) for the California Department of Public Health (CDPH) Women, Infants, and Children (WIC) funding agreement application (AFA) and related documents for Federal Fiscal Years 25 through 28, in a total amount of $2,974,653

Enactment No: MISC. AGR 2025-194

6. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1139**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with LocumTenens.com, LLC, for the purpose of locating and arranging for locum tenens Psychiatrists, Psychiatric Nurse Practitioners, Physician's Assistants, Psychologists, and Licensed Clinical Workers to provide medical services at the amounts set forth on Exhibit “A”, with maximum compensation not to exceed $600,000 in any one fiscal year, effective 7/1/25 and shall terminate 6/30/28 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-195

7. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1140

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Amendment No. 2 to the Misc. Agreement 2024-198 (as amended by Misc. Agree. 2025-040) with Willow Glen Care Center, a California corporation, for the purpose of providing community residential treatment services, thereby amending the rates set forth in Exhibit “E” to include the rates for Fiscal Year 25/26, with a maximum compensation not to exceed $1,600,000 in any fiscal year, effective 7/1/24 and shall terminate 6/30/26 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-196

8. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1141

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Restpadd Inc., for the purpose of providing Psychiatric Inpatient Services for the rates as set forth in Exhibit “B” with maximum compensation not to exceed $2,400,000 effective 7/1/25 and terminate 6/30/29 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-197

9. HEALTH SERVICES AGENCY / SOCIAL SERVICES / PROBATION DEPARTMENT 25-1142

a) AGREEMENT - Request approval and authorization for Executive Director of Health Services, Executive Director of Social Services, Chief Probation Officer and Health Officer to sign the Health Care Program for Children in Foster Care (HCPCFC) interagency memorandum of understanding (MOU) for FY 24/25 and FY 26/27 to assure compliance with Federal and State regulations for the implementation of the Children's Medical Services (CMS) Plan

Enactment No: MISC. AGR 2025-198

10. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1143

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Restpadd Health Corp., for the purpose of providing psychiatric inpatient services for the rates as set forth in Exhibit “B” with maximum compensation not to exceed $3,000,000 effective 7/1/25 and shall terminate 6/30/27 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-199

11. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1146

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Kings View, for the purpose of providing telemedicine outpatient psychiatry services and conservator evaluations, for the rate amounts set forth in Exhibit “B”, with compensation amount not to exceed $200,000 during any fiscal year, for a total maximum amount not to exceed $600,000, effective 7/1/25 and shall terminate 6/30/28 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-200

12. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-1147

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Native American Mental Health Services, dba North American

Mental Health Services, Inc., for the purpose of providing outpatient psychiatry services and conservatorship evaluations for the rates as stated in Exhibit “B” with maximum compensation not to exceed $400,000, effective 7/1/25 and shall terminate 6/30/29 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2025-201

13. SHERIFF’S OFFICE **25-1151**

a) AGREEMENT - Request ratification and authorization for the Chair and Sheriff to sign Amendment #5 with Inmate Calling Solutions, LLC dba ICSolutions (Misc. Agree. #2019-123) as amended by Misc. Agree #2022-130, #2022-201, #2023-105 and #2024 -274, thereby extending the term effective 5/8/25 and shall terminate 5/7/26

Enactment No: MISC. AGR 2025-202

REGULAR AGENDA

14. HEALTH SERVICES AGENCY / MENTAL HEALTH - Executive Director Jayme Bottke **25-1144**

a) AGREEMENT- Request approval and authorization for the Executive Director to sign the agreement with Prime Health Care Services - Shasta, LLC dba Shasta Regional Medical Center for the purpose of providing psychiatric inpatient services, for a maximum compensation not to exceed $2,100,000, effective 7/1/24 and shall terminate 6/30/27 *(Subject to receipt of required insurance documentation)*

In response to Supervisor Hansen, Health Services Agency Executive Director Jayme Bottke explained increases in inpatient placements and the mobile crisis unit.

In response to John Prinz, Mrs. Bottke explained utilization statistics of the crisis unit.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

Enactment No: MISC. AGR 2025-203

15. PROBATION DEPARTMENT - Chief Probation Officer Pam Gonzalez / Superintendent Todd Hansen **25-1118**

a) INFORMATIONAL PRESENTATION - Regarding the Tehama County Juvenile Detention Facility’s programs and services provided to in-custody youths

Chief Probation Officer Pam Gonzalez and Juvenile Detention Facility Superintendent Todd Hansen presented information on the operations of the Juvenile Detention Facility.

In response to Supervisor Walker, Ms. Gonzalez explained the ages allowed to be detained in the Juvenile Detention Facility and recidivism rate information.

In response to Supervisor Jones, Mr. Hansen explained the classification system of the

youth and the educational services offered at the facility.

In response to Supervisor Walker, Ms. Gonzales explained the rates charged to other counties for their youth housed in Tehama County.

In response to Supervisor Hansen, Ms. Gonzales explained how the population in the facility is managed and the average length of stay.

In response to a resident, Mr. Hansen explained how male and female detainees are handled compared to adult institutions.

In response to John Prinz, Ms. Gonzalez explained that Probation is not involved in sting operations.

Empower Tehama Executive Director Daniel Buchanan complimented the work done in the Juvenile Detention Facility.

Ms. Gonzalez explained t there are very few female detainees and that staffing is a challenge to separate the males and females.

Social Services Director Bekkie Emery commented in support of the work done by Probation and the partnership with Social Services programs.

16. SHERIFF'S OFFICE - Sheriff Dave Kain **25-1149**

a) AGREEMENT - Request approval and authorization for the Chair and the Sheriff to sign Agreement with Ronald L. Clark, DDS, for the purpose of providing dental and medical services to inmates of the Tehama County Jail for the rates set forth in Exhibit "B" with a not to exceed amount of $100,000.00, effective 7/1/25, and shall remain in effect until 6/30/26.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

Enactment No: MISC. AGR 2025-204

18. PERSONNEL / PUBLIC WORKS - Interim Director Will Pike **25-1115**

a) Request approval to appoint the candidate as a Senior Civil Engineer EH at Salary Range 54, Step E, effective 7/13/25 or upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Tom Walker
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

19. BOARD OF SUPERVISORS **25-1167**

a) Appoint Al Cathey as Interim Road Commissioner, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

17. PUBLIC WORKS - Interim-Director Will Pike **25-1136**

a) ORDINANCE NO. 2148 - Request to adopt an Ordinance to amend Ordinance No. 1883 authorizing the Director of Public Works thus replacing the Road Commissioner as the authority to submit the department reports regarding adjustment for inflation to the amount of parcel charges for each parcel of real property within Tehama County Permanent Road Division 0602 (Bywood Drive)

1) Waive the second reading
2) Adopt the Ordinance

RESULT: TABLE
MOVER: Greg Jones
SECONDER: Pati Nolen
AYES: Supervisor Jones, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen
ABSENT: Supervisor Burroughs

FUTURE AGENDA ITEMS

Supervisor Hansen - Geothermal energy bill AB 531 letter of opposition (consensus)

ADJOURN

10:21 A.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: July 2, 2025

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County

Agenda Request Form

File #: 25-1162 **Agenda Date:** 7/15/2025 **Agenda #:** 17.

COMMITTEES & COMMISSIONS / SPECIAL DISTRICT

Requested Action(s)
a) AIR POLLUTION CONTROL DISTRICT INDIRECT SOURCE RULE REVIEW - One (1) appointment to filled the vacancy of Vicky Dawley for no set term (Interested Person: Brin Greer)

Financial Impact:
There is no financial impact.

Background Information:
On May 14, 2025, Vicky Dawley resigned from the Indirect Source Rule (ISR) Review Committee after 12 years of dedicated service. She served as the committee's member-at-large representing the public and played a key role in evaluating mitigation proposals and advancing clean air objectives throughout her tenure.

Brin Greer, a project manager at the Resource Conservation District of Tehama County (RCDTC), has expressed interest in filling the vacant member-at-large seat. This position is appointed by the District Board of Directors and is intended to represent public interests in the ISR Review Committee's work.

The ISR Review Committee is responsible for evaluating, reviewing, and recommending proposed mitigation projects submitted under the Indirect Source Rule. Recommendations are based on the cost-effectiveness of each project, with final selections made by the District Board of Directors.

If appointed, Brin would participate in future committee meetings and contribute to the review of projects aimed at offsetting emissions from indirect sources of air pollution.

Tehama County

Agenda Request Form

File #: 25-1075 **Agenda Date:** 7/15/2025 **Agenda #:** 18.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign a FARMER Incentive Program Agreement with Crain Orchards Inc, in the amount up to $55,000, effective upon execution by both parties and terminates three years from the date of installation

Financial Impact:
FARMER funding and associated agreements are budgeted annually by the District.

Background Information:
The Tehama County Air Pollution Control District (District) administers multiple programs designed to reduce air pollution by incentivizing the purchase or retrofit of cleaner heavy-duty engines, including the Carl Moyer Low-Emission Equipment Incentive Program, the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) program, and the local AB 923 program. Under this Agreement, the District will provide up to $55,000 to Crain Orchards Inc to replace an older, higher-emission Nelson Super 80 sprayer with a new, lower-emission Nelson Super 80 Sprayer.

These incentive programs help local equipment owners modernize their equipment while also improving air quality in Tehama County. The Agreement outlines requirements and timelines for project completion, reporting, and the continued operation of the new equipment to ensure the emissions reduction benefits are achieved and maintained.

E-Contract Review
Approval as to Form

Department Name: Tehama County Air Pollution Control

Vendor Name: Crain Orchards Inc.

Contract Description: For the purpose of FARMER Incentive Program agreement

APPROVED AS TO FORM:

Date: 4/15/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Agreement Number _____

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

FARMER EQUIPMENT INCENTIVE PROGRAM

AGREEMENT

This Agreement (Agreement) is between the Tehama County Air Pollution Control District (District), a public agency of the State of California, and Crain Orchards Inc., (Participant) the original applicant to the FARMER Program:

WHEREAS, Pursuant to California Health and Safety Code section 44275 et seq., the District may undertake programs that include, but are not limited to, financial assistance or other incentives to fleet operators and individuals for the purchase, conversion, or operation of low-emission motor vehicles and for the purchase and/or retrofit of heavy-duty engines; and

WHEREAS, on December 10, 2019 the Tehama County Air Pollution Control District Board of Directors approved Resolution 2019-129 authorizing the FARMER Program; and

WHEREAS, the FARMER Program provides incentives to fleet operators and individuals for the purchase and/or retrofit of heavy-duty engines, equipment operating at low-emission levels and zero emission UTV's; and

WHEREAS, Participant represents that the purchase described herein is NOT required by any local, state, and/or federal rule or regulation. For public agencies, controlling board policy does NOT require the purchase; and

WHEREAS, the California Air Resources Board (CARB), as an intended third party beneficiary, shall have the right to audit and enforce the terms of the Agreement at any time during the Agreement term to ensure emissions reductions are obtained;

NOW THEREFORE, the parties agree as follows:

1. Participant agrees to accept in full satisfaction thereof, an amount up to $55,000.00 for the purchase of a new Nelson Super 80 sprayer, equipped with a 225-horsepower diesel-fired engine, subject to the terms of this Agreement.
2. This Agreement shall begin upon the execution of the Agreement by both parties and terminates three (3) years from the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection conducted in accordance with the FARMER Program and Carl Moyer Air Quality Standards Attainment Program guidelines, rules, regulations, policies and procedures. The foregoing term of the Agreement shall be divided into two timelines. The "project completion" timeline shall begin upon the execution of the Agreement and shall terminate on the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection. This timeline shall be completed no later than 180 days after execution of the Agreement unless extended by the Air Pollution Control

Officer. The "project implementation" timeline shall begin upon the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection and shall terminate upon termination of this Agreement as set forth above.

3. All payments shall be made directly to the Participant. Payments shall be made only when Participant has previously paid for the purchase and the payment to Participant is a reimbursement. Participant also agrees that any work done prior to execution is at the Participants own cost and will not be reimbursed under this Agreement. Additionally, before any payment is made hereunder, an eligible invoice must be received by the District, and the District's post-inspection must be successfully completed to document the completion of the work specified in the invoice. The equipment/engines(s) must be operational before the payment is issued. Participant must submit an itemized invoice from the engine supplier (for repowers or retrofits) or paid invoices from the equipment owner (for new equipment) to receive final payment.

4. The Participant must submit copies of invoices that confirm installation of a digital odometer/hour meter. Each invoice must include an identification number, new engine and equipment serial numbers, odometer reading, and date service was provided. The Participant must also provide copies of any financing documents for the equipment described in Exhibit A.

5. The low-emission technology of the engine(s) shall be certified for sale or under experimental permit for operation in California and show at least a 30% reduction of NOx emissions compared to the applicable standard for that engine year and application in one of three ways:

   - California Air Resource Board (CARB) certification testing.
   - U.S. Environmental Protection Agency certification testing.
   - Emission testing at a laboratory approved by the U.S. Environmental Protection Agency, CARB, and or the District. The testing must be performed in a manner acceptable to the Air Pollution Control Officer.

6. Participant agrees that engine(s)/equipment covered under this Agreement meet all the eligibility requirements and shall be operated in a manner consistent with those eligibility requirements as described in the FARMER Program guidelines, rules, regulations, policies and procedures.

7. Participant shall cooperate with the District and CARB in implementation, monitoring, enforcement, and other efforts to assure the emission benefits from the project are real, quantifiable, surplus, and enforceable.

8. _____ (Initial) The Participant agrees to the following motor vehicle title and or lien requirements:

   - If the vehicle type is issued a title by the Department of Motor Vehicles (DMV), the Participant will provide a copy of the replacement vehicle's title to the District. If the vehicle is not financed, the District shall be named as a lien holder for the vehicle. If the vehicle type is not issued

a title by the DMV, a Uniform Commercial Code (UCC) filing will be required.

- The Participant must be the legal owner of the replacement vehicle described in Exhibit A through the length of this Agreement.
- If the replacement vehicle is financed, and the loan is repaid before the termination of this Agreement, the Participant must add the District as lien holder and ensure that the District remains a lien holder on the replacement vehicle through the remainder of the Agreement's project implementation timeline.
- If the replacement vehicle is repossessed by the finance company, the Participant must reimburse the District in accordance with the reimbursement formula described in Exhibit A.
- If the equipment described in Exhibit A is repossessed by another lienholder, or otherwise levied upon, attached, seized, or removed from the Participant's possession through legal process, the Participant must reimburse the District in accordance with the Section 18 of this Agreement.

9. If either of the events listed in this paragraph occur, the Participant must notify the District within 30 days of the date Participant knows, or reasonably suspects, that the event has occurred or is likely to occur:

   - The Participant suffers a catastrophic financial loss that impairs the Participant's ability to perform the conditions of this Agreement; or
   - The Participant files for bankruptcy; or
   - Any other event has occurred or is likely to occur that could impair the Participant's ability to perform the conditions of this Agreement.

10. Participant shall complete and return all requested information and surveys sent from the Tehama County Air Pollution Control District, yearly, for at least three (3) years from the commencement of operation. Noncompliance with the reporting requirements shall require on-site monitoring or inspection by the District. Participant shall also maintain records related to this project and retain those records for at least three years after expiration of the term of this Agreement or three years after final payment hereunder, whichever is later. The District, CARB, or their designee may conduct a fiscal audit of the project and/or otherwise examine Participant's records at any time.

11. The Participant shall keep the following records from the beginning of operation of the equipment described in Exhibit A:

    Hours and location (s) of operation and Type of maintenance performed.

12. Participant shall maintain the equipment/engine(s) according to the manufacturer's specifications for the life of the project, and shall not tamper with the equipment/engine(s) in any manner. Participant agrees to maintain a working engine hours meter and/or an approved usage-measuring device on all engines for the duration of the contract and allow the District access

to the meter. If the hour meter fails, Participant shall immediately notify the District, and remains responsible for validating any hours not recorded by the hour meter. Participant must either repair or replace the non-operating meter or provide other documentation of equipment operating hours acceptable to the District.

13. Participant agrees that the District, CARB, or their designee will have access to project site to perform necessary monitoring and enforcement during the term of this Agreement.

14. The District and CARB shall have the authority to fine Participant and/or seek any other remedies available under the law for noncompliance with FARMER Program requirements or failure to fully perform under this Agreement.

15. Participant agrees that the replacement equipment/engine(s), authorized under this agreement by the Tehama County Air Pollution Control District FARMER Program, will be operated and maintained at least 75% of the time within the boundaries of the State of California throughout the life of the contract.

16. Participant agrees that the original equipment/engine(s) to be replaced by this program is the same as the equipment/engine(s) stated in Participant's application and restated in "Exhibit A" hereto. Said equipment/engine(s) will be destroyed immediately or otherwise rendered unusable immediately after new equipment/engine installation. The equipment/engine must be destroyed at a District approved dismantler and proof of destruction or usability shall be submitted to the District within 30 days of new equipment/engine installation.

17. Participant shall defend, indemnify, and hold harmless the District, its officers, agents, employees, and volunteers from any and all losses, costs, damages, fines, or expenses (including attorney fees, court costs, and expert fees) or liability of any kind or character to any person or property arising from, or alleged to arise from, any act or omission of Participant related to this Agreement, or which are related in any way to the engine(s) for which financial assistance or other incentives are received from the District by Participant.

18. EB (Initial) Participant agrees that each engine will operate a minimum amount of usage as shown in Exhibit "A"- Performance Requirements during the term of this Agreement. Upon termination of this Agreement, if the engine fails to fulfill the minimum required operation, Participant shall return to the Tehama County Air Pollution Control District an amount based on the difference between the required operation amount and the actual amount operated, times the payback factor shown in Exhibit "A". The District reserves the right, in its sole discretion, to extend the duration of the contract if the engine fails to fulfill the minimum required operation.

Agreement Number _____

19. Participant acknowledges that receipt of this incentive prohibits application for any form of emission reduction credits for this project including: Emission Reduction Credit (ERC), Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from Tehama County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.

20. _____ (Initial) Participant agrees, by signing this contract for this project, the owner (or designee) shall not submit another application or sign another contract for the same specific equipment/engine(s) with any other source of FARMER or Carl Moyer funds, including but not limited to, other Districts or the Air Resources Board for a multi-District solicitation. Participant further certifies that Participant has not received any other incentive funding for the equipment/engine(s) covered under this Agreement. Any owner or owner's designee who is found to have submitted multiple applications or signed multiple contracts for the same equipment/engine(s) shall, at a minimum, be disqualified from funding for that equipment/engine(s) from all sources and may also be banned from submitting future applications to any and all FARMER or Carl Moyer Program solicitations. In addition, the District or CARB may levy fines and/or pursue other civil or criminal remedies for such conduct.

21. Participant agrees that if funds are not available from CARB, or the Tehama County Air Pollution Control District Board of Directors otherwise declines to appropriate funding for this Agreement, the District shall have the right to cancel this Agreement immediately without cost or penalty to the District or CARB.

22. Participant agrees that the District shall have the right to cancel this contract or withhold payment for non-compliance if the Participant does not meet the obligations of the contract.

23. Participant agrees to be responsible for all applicable taxes on all equipment/engine(s) purchased.

24. Participant hereby asserts that the purchase of low NOx emission engine(s) is a completely voluntary act; and the District has made no representations or guarantees to the Participant regarding the quality, condition, or proposed use of the low NOx emission engine purchased by Participant.

25. This Agreement and any payments to Participant for compensation and expenses are subject to the provisions and limitations imposed by the California Health and Safety Code. District shall have no liability for payment of any compensation and expenses that are found to be in contravention to the California Health and Safety Code. Participant shall reimburse District for any compensation and expenses paid by District to Participant and later determined to be in contravention to the Health and Safety Code.

Agreement Number _____

26. The representative of Participant signing this Agreement on behalf of Participant (authorized signature) affirmatively states that he or she has legal authority to bind Participant to the terms of this Agreement.

27. Correspondence between the District and Participant should be addressed to the following:

To District	To Participant
Tehama County Air Pollution Control District Attn: FARMER Program P.O. Box 1169 Red Bluff, CA 96080 Phone: (530) 527-3717	Elvin Bentz Crain Orchards Inc. 10695 Decker Avenue Los Molinos, CA 96055 Phone: (530) 529-1585

The address and/or contacts may be changed by written notice to the other party. Nothing shall preclude the giving of this information by personal service.

28. Participant shall maintain in force at all times during the term of this Agreement and extensions or modifications thereto, insurance in accordance with Exhibit "B". In the event Participant does not have the required certificate of insurance, or if the required insurance lapses, this Agreement shall be terminated immediately.

29. This agreement supersedes all previous agreements and constitutes the entire understanding of the parties hereto. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by both parties.

30. No performance to be rendered or payment due under this Agreement may be delegated or assigned.

31. This Agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of, the State of California (excepting any conflict of laws or provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

Approved: _____ Date 3-14-25
Elvin Bentz, Farm Manager
Crain Orchards, Inc.

Approved: _____ Date 6-9-25
Joseph H. Tona, Air Pollution Control Officer
Tehama County Air Pollution Control District

Agreement Number _____

EXHIBIT "A"
PERFORMANCE REQUIREMENTS

PROJECT ID 26-020

The below listed equipment/engine(s) must meet the minimum performance requirements shown to avoid reimbursement according to Section 18 of this Agreement.

Equipment/Engine Make and Model	Serial Number*	Minimum Yearly Usage (hours)	Project Life (years)	Recapture Amount (Payback Factor) ($/hr/yr)	Maximum Incentive Amount
New Nelson Super 80 sprayer, equipped with a 225-horsepower diesel-fired engine	TBD	450	3	$40.74	$55,000.00

*Serial Number will be filled in by the Tehama County Air Pollution Control District upon verification of project completion.

EXISTING ENGINE SPECIFICATIONS

The below listed equipment/engine(s) specifications must match the specifications turned in with the application, and be running at the time of pre-inspection.

Equipment/Engine Make, Model, and Year	Serial Number
Nelson Super 80-C225 equipped with a diesel-fired, 225-horsepower engine	Equipment: S80N1072 Engine: SE60682005548

Agreement Number _____

EXHIBIT "B"

INSURANCE REQUIREMENTS

1. During the "project completion timeline," or for one year from the execution of this Agreement, whichever is longer, Participant shall, at its sole expense, obtain and maintain in full force and effect the type and limits of liability requirements as follows:

   COMMERCIAL/GENERAL LIABILITY: Bodily Injury and Property Damage for premises and operations; Personal Injury and Advertising for premises and operations; Independent Contractors (if any basis); Incidental Contracts; Contractual Liability; and Products and Completed Operations.

   "Claims made" policies are unacceptable.

   Minimum Limits: $1,000,000 combined single limit, on an occurrence policy form.

   WORKERS COMPENSATION: If Participant has employees, he/she shall obtain and maintain continuously workers' compensation insurance as required by California law to cover Participant and Participant's employees and partners.

2. Participant shall maintain in force at all times during the term of this Agreement property insurance in an amount of not less than the replacement value of the equipment/engine(s) subject to this Agreement, and covering all risks of loss, damage or destruction of such equipment/engine(s). The policy shall list the Tehama County Air Pollution Control District as loss payee.

3. With regard to all insurance provided as required hereunder:

   Notice of Cancellation: Each insurance policy shall be endorsed, and evidence of such endorsement shall be provided to the DISTRICT, that coverage not be suspended, voided, canceled, reduced in coverage or in limits, or material change in coverage, except after thirty (30) days prior written notice has been given to the DISTRICT. Ten (10) days prior written notice of cancellation for non-payment of Participant's insurance premium is permissible.

   Supplementary Payments: The above-stated limits of liability coverage for Commercial/ General Liability assumes that the standard "supplementary payments" clause will pay in addition to the applicable limits of liability and that these supplementary payments are not included as part of the insurance limits of liability. If any of the policies indicate that defense costs are included in the general aggregate limit, then the general aggregate limits must be a multiple of the per occurrence limits.

   Participant's Insurance Primary: The Participant's insurance coverage shall be primary insurance. Any insurance or self-insurance maintained by the DISTRICT,

it officials, trustees, agents, employees or volunteers shall be excess to the Participants insurance and shall not contribute with it.

Acceptability of Insurer: Insurance is to be placed with admitted State of California insurers which have an A.M. Best's rating of no less than A:VII, or be an equivalent program of self-insurance.

Exceptions: Any exceptions to the above insurance requirements are subject to the concurrence of the DISTRICT.

4. Verification of Coverage:

Participant shall furnish the DISTRICT with insurance or self-insurance and/or original endorsement(s) and/or binder(s) affecting coverage required herein, as directed by the DISTRICT. The certificates, endorsements, and/or binders for each insurance policy are to be signed by a person authorized by the insurer to effect coverage on its behalf. The certificates, endorsements, and/or binders are to be received and approved by the DISTRICT before work commences. The DISTRICT reserves the right to require complete, certified copies of all required insurance policies, at any time. If Participant provides self-insurance, it shall, on intervals specified by the APCO, provide financial statements sufficiently detailed so as to allow the APCO to assess Participant's capability of providing such self-insurance. The APCO may reject self-insurance coverage where he finds that sufficient coverage will not be afforded to the DISTRICT.

Tehama County

Agenda Request Form

File #: 25-1219 **Agenda Date:** 7/15/2025 **Agenda #:** 19.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign the Woodsmoke Reduction Program Retailer Agreement with Allianz Heating and Air which allows them to participate in the Woodsmoke Reduction Program as a participating Retailer in amounts not to exceed the predesignated amount for each voucher issued, effective upon execution by both parties and to terminate on 6/30/26

Financial Impact:
There is no financial impact to the General Fund associated with this item.

Background Information:
The Wood Smoke Reduction Program (Program) is a statewide initiative that employs cap-and-trade funds to mitigate greenhouse gas emissions. This Program also offers the added benefits of reducing black carbon and fine particulate (PM2.5) emissions. Its goal is to assist households in replacing uncertified wood stoves or inserts, currently used as their primary heat source, with cleaner-burning, more efficient devices. Enhanced incentives are specifically available for disadvantaged communities, low-income communities, and low-income households. According to the California Air Resources Board Woodsmoke Reduction Program guidelines, the replacement device must be installed by a professional, appropriately licensed stove installer (Installer) and meet local fire and building codes. Installers interested in participating in this Program must agree to the Program's terms and conditions by signing an agreement with the District. The retailer agreement ensures that the retailers are eligible to participate, in order to participate in the Program, the Installer will be required to agree to the following: Abide by the terms and conditions of the Program; Unless verified by the District, verify that the old device and the replacement device qualify for the Program; Conduct professional installation of the qualified device in compliance with all applicable State, county, city, or tribal codes/ordinances; Provide residents with training on device operation and maintenance and, if applicable, for wood burning devices, best practices in wood storage and woodburning; and Render the old device inoperable and recycle it, if recycling is available in the area.

WOODSMOKE REDUCTION PROGRAM
VOUCHER TRACKING FORM

This form is to be completed by the Participating Retailers and sent to:
Alicia Helfrick, Air Pollution Control Specialist II
Tehama County Air Pollution Control District
PO Box 1169 | 1834 Walnut Street
Red Bluff, CA 96080

Date:_____ Voucher #: _____ Building Permit #:_____

Customer's Name:_____ HUD Permit? ☐Yes ☐No

New Device

Manufacturer:_____ Emissions Rate (g/h):_____

Model:_____ Heating Efficiency (%):_____

New Stove Type: ☐Wood (catalytic) ☐Wood (non-catalytic*) ☐Pellet

☐Electric Stove ☐Electric Heat Pump

*Non-catalytic stove must be allowed in Table 1 of the State Program Guidelines.

Retailer Name: _____ Phone_____

Installation

Name of Licensed Installer:_____ License #:_____

Date Work Completed:_____ License Class: _____

Old Non-EPA Certified Wood Stove

Manufacturer:_____

Model:_____

Year Manufactured / Approximate Age (years):_____

Please initial the following statement:

I certify that the old device was **not** EPA-certified. ____Yes

I certify that the old device was in working condition prior to replacement. ____Yes

I certify that the installed device was new and EPA-certified (if wood). ____Yes

I certify that the applicant received training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance. ____Yes

Recycling (for Replacement Projects):

Residence where stove was removed from:
Customer: _____

Address: _____

Name of person delivering old stove to recycler: _____

Please initial the following statements as proof of completion:

I certify that the old wood stove has been removed from the residence. ____Yes ____ N/A

I certify that the old wood stove's doors have been removed and hinges destroyed prior to the stove's release to a recycling facility: ____Yes ____ N/A

I certify that the old wood stove has been released to a recycling facility and that the stove is to be destroyed (recycler to sign Recycler Certification Form): ____Yes ____ N/A

****

I certify that the information contained on this tracking form is accurate and the form is completely filled out. I am a Participating Retailer and agree that I must meet the program requirements in order to receive reimbursement from the Tehama County Air Pollution Control District in Red Bluff, California. This form must be submitted with **ALL** sections completed along with the completed voucher, a copy of the in-home estimate and final invoice, recycler certification form, acknowledgement of training form, building permit with proof of final inspection, and photograph of stove **prior** to removing it **AND** of newly installed hearth appliance in order to receive reimbursement.

Name of Participating Retailer Representative: _____

Signature: _____ **Date:**_____

To ensure quick processing, please make sure you send all items listed.

Checklist:

- ☐ Voucher signed and enclosed
- ☐ Pre and post installation photos
- ☐ Copy of in-home estimate
- ☐ Copy of final invoice
- ☐ Recycler Certification Form
- ☐ Acknowledgement of Training Form
- ☐ Your signature (on this form)
- ☐ Building Permit w/ Proof of Final Inspection
- ☐ Retention of Existing Wood-Burning Device Certification (heat pump projects only)

Mail or drop off original documents to:
Alicia Helfrick, Air Pollution Control Specialist II
Tehama County Air Pollution Control District
PO Box 1169 | 1834 Walnut Street
Red Bluff, CA 96080

WOODSMOKE REDUCTION PROGRAM
RECYCLER CERTIFICATION FORM

Voucher Number: _____

Name of Homeowner: _____

Home Address: _____

For Completion by Recycler:

Date: _____

Make and Model # of Stove delivered for recycling:

I certify that this stove was delivered to:

Name of Recycler

and will be destroyed, rendered usable only as scrap and recycled.

Printed Name:_____ Signature: _____

WOODSMOKE REDUCTION PROGRAM
ACKNOWLEDGEMENT OF TRAINING

The Program requires an educational component to ensure that the new home heating devices, particularly wood stoves, are properly operated and maintained to maximize energy efficiency and achieve the lowest possible emission rates. With proper burning techniques and properly seasoned wood, the amount of wood used could be significantly reduced. While a new wood stove typically pollutes less than an older one, user operation is important for achieving emission reductions. Districts are required to obtain verification of training.

Homeowner's or Tenant's name:_____

Address where new device was installed:_____

_____

****

I certify that I received the owner's manual for my new device (please initial). _____Yes

I certify that I received training from the Retailer/Installer on the operation of my new device per manufacturer instructions (please initial) _____Yes

I certify that I received training from the Retailer/Installer on proper wood storage and wood burning practices (if applicable) (please initial) _____Yes

Signature (Homeowner/Tenant):_____Date:_____

Print Name:_____

Title (Homeowner/Tenant):_____

Woodsmoke Reduction Program - Retailer Provisions

1. Inform the Customer about Program requirements and timelines.
2. Verify the old device is eligible for the Program.
3. Conduct an in—home estimate for the installation of a basic model that will be safe, clean-burning, and efficient, note upgrades above base estimates on the estimate, and provide to the customer. Eligible costs include:
    a. Cost of the new basic model device including sales tax.
    b. Installation of the new device including any parts, materials, or labor required for the safe and legal installation of the new device.
    c. Removal and disposal of the old stove or insert (if applicable). The old stove should still be operational prior to the in-home estimate (no retroactive projects allowed).
    d. If residence does not have a functional smoke and carbon monoxide detectors, the purchase and installation of new detectors.
    e. If the existing fireplace is structurally sound, the purchase and installation of a fireplace insert utilizing wood, pellets, natural gas, propane, or electricity. If fireplace lacks structural integrity, the purchase of a free-standing home heating device.
    f. Designer upgrades and work not necessary for the safe operation of the new device will not be considered.
4. Accept the voucher from the customer and apply the voucher value as a discount towards the purchase price of the device.
    a. Standard Vouchers are valued at $2,500 for new pellet, wood-burning, and electric stove devices or $5,000 for new electric heat pump installations .
    b. Enhanced Vouchers are valued up to $5,000 for new pellet, wood-burning, and electric stove devices or $10,000 for new electric heat pump installations.
5. Notify the District no later than the expiration date on the voucher once the customer has signed a contract or entered into a binding agreement to purchase a new appliance. Do not take a voucher from a customer if the customer does not sign a contract or enter into a binding agreement to purchase a new appliance.
6. Ensure that all new wood-burning devices are EPA-certified. After May 15, 2020, new EPA certified wood and pellet stoves / inserts must meet Step 2 standards with a 2.0 grams per hour emission rate. New non-catalytic wood stoves must be listed in Table 1 of the most current State Woodsmoke Reduction Program Guidelines.
7. Consider providing an additional discount at the time of sale to the purchase price of the EPA-certified device.
8. Complete and sign the Woodsmoke Reduction Program voucher provided by the customer for each replaced device (i.e. uncertified wood stove/insert). Make sure to include the manufacturer, model and serial number for each wood stove/insert removed or replaced and also for the new replacement device.
9. Remove the uncertified wood stove/insert from the residence and properly dispose of it by delivering it to a recycling facility. If present, make sure to remove the refractory material from the wood device before delivering it to the recycler. If the replacement device is an electric heat pump, the household may be allowed to retain the old wood burning device to serve as emergency heat in case of a power outage.
10. Complete and submit to the District a Recycler Certification form for each uncertified stove/insert. The Recycler Certification form must be signed indicating that the stove will be destroyed and recycled.
11. Provide information to homeowner or tenant on new device operation and maintenance, and proper wood burning practices. Please have the homeowner or tenant sign an Acknowledgement of Training form.

12. Submit to the District completed paperwork with an original invoice for reimbursement. Invoices submitted to the District without the required paperwork are not payable (No Exceptions). All paperwork must be submitted to the District within thirty (30) days of completing the installation of the device. The following paperwork must be submitted with invoice:
    a. Original Voucher completely filled out and signed with all required information showing that the work has been completed. Copies of the voucher will not be accepted.
    b. Copy of in-home estimate provided to homeowner.
    c. Copy of purchase invoice – The purchase invoice shall show the voucher, retailer, and manufacturer's discounts as line items. The purchase invoice must be signed by the customer and list the manufacturer and the type of device purchased.
    d. Voucher Tracking Form & Acknowledgement of Training Form.
    e. Building Permit and proof of final building permit inspection.
    f. Recycler Certification form, if replacing or removing a wood stove/insert.
    g. Two photos, one showing the replaced or removed device and one showing the installed device.
13. As a Participating Retailer, I understand that the District will not reimburse me for expired vouchers.
14. As a Participating Retailer, I understand that it is my responsibility to ensure that all installations are done in accordance with any applicable city, town or county codes and/ordinances including but not limited to, ensuring that all necessary building permits are obtained as required.
15. As a Participating Retailer, I understand that installers must be properly licensed with an active C-61 (D34 Prefabricated Equipment Contractor) license or C-20 license issued by the California Contractors State Licensing Board to install the new device. A B-license contractor is allowed to install listed heating equipment if the installation was part of a larger project that included at least two unrelated trades. Framing and carpentry does not count towards the count of unrelated trades. Without performing additional trades or holding additional license, a B-contractor would be required to subcontract with an individual holding a C-61/D34 or C-20 license. I also understand that Installers must have a minimum of three (3) years of experience installing home heating devices to manufacturer specifications.
16. As a Participating Retailer, I understand that the District assumes no responsibility or liability for the removal of appliances, the purchase and installation of replacement appliances or any other element of the replacement process. I agree to indemnify, defend, and hold harmless District and its employees, agents, and representatives against any and all liability, loss, and expense, including reasonable attorneys' fees, from any and all claims for injury or damages arising out of my performance under this Agreement, the removal of appliances, the purchase and installation of replacement appliances, and any other element of the replacement process.
17. As a Participating Retailer, I understand the insurance requirements necessary to participate in the Program. The insurance requirements are incorporated herein as an attachment to this Retailer Provisions document.
18. As a Participating Retailer, I agree to address and resolve unanticipated issues expeditiously with the District.
19. As a Participating Retailer, I understand that all installations must be completed no later than ninety (90) days after a voucher has been redeemed. If work cannot be completed due to unforeseen circumstances such as construction delays, I must obtain a written authorization from the District for an extension to complete the installation. Any vouchers submitted after this date for refunds without prior authorization from the District will not be accepted by the District.
20. As a Participating Retailer, I agree to provide the District, the California Air Pollution Control Officer's Association (CAPCOA), and the State of California access to my facility and records to inspect for compliance with program requirements, if requested. I understand that the District will provide not less than two (2) calendar days notice prior to this inspection.
21. As a Participating Retailer, I understand the following: This Program involves funding from the state and, as a consequence, retailers, installers, and any subcontractors shall comply with all applicable nondiscrimination statutes and regulations during the performance of this Program including but not limited

to the following: Retailers and their employees, representatives, and Subcontractors shall not unlawfully discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status; Retailers and Installers shall, unless exempt, comply with the applicable provisions of the Fair Employment and Housing Act (Government Code, Sections 12900 et seq.) and applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Sections 7285.0 et seq.); and the applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations incorporated into this Program by reference and made a part hereof as if set forth in full. Retailers, by signing the Retailer Agreement, provide written notice of their obligations under this clause as required by law.

22. As a Participating Retailer, I fully understand that I will be removed from the program for not complying with the conditions and requirements of this Agreement.

Woodsmoke Reduction Program – Insurance Requirements

1. General Provisions

a. Coverage Term: Installer/contractor insurance coverage shall be in force for the complete term of the project agreement. If insurance expires during the term of the project agreement, a new certificate must be received by the State at least ten (10) days prior to the expiration of this insurance. Any new insurance must still comply with the original terms of the project agreement

b. Policy Cancellation or Termination and Notice of Non-Renewal: Installer/contractor is responsible to notify the State within five (5) business days before the effective date of any cancellation, non-renewal, or material change that affects required insurance coverage. In the event installer/contractor fails to keep in effect at all times the specified insurance coverage, the State may, in addition to any other remedies it may have, terminate the project agreement upon the occurrence of such event, subject to the provisions of this Grant Agreement.

c. Deductible: Installer/contractor is responsible for any deductible or self-insured retention contained within their insurance program.

d. Primary Clause: Any required insurance contained in the project agreement shall be primary, and not excess or contributory to any other insurance carried by the State.

e. Insurance Carrier Required Rating: All insurance companies must carry a rating acceptable to the Office of Risk and Insurance Management. If the installer/contractor is self insured for a portion or all of its insurance, review of financial information including a letter of credit may be required.

f. Endorsements: Any required endorsement must be physically attached to all requested certificates of insurance and not substituted by referring to such coverage on the certificate of insurance.

g. Inadequate Insurance: Inadequate or lack of insurance does not negate the installer/contractor's obligations under the Agreement.

h. Satisfying an SIR: All insurance required by this Grant Agreement or the project agreements must allow the State to pay and/or act as the installer/contractor's agent in satisfying any self-insured retention (SIR). The choice to pay and/or act as the installer/contractor's agent in satisfying any SIR is at the State's discretion.

i. Available Coverages/Limits: All coverage and limits available to the installer/contractor shall also be available and applicable to the State.

j. Subcontractors/Manufacturers: In the case of installer/contractor's utilization of subcontractors/manufacturers to completed the contracted scope of work, installer/contractor shall include all subcontractors/manufacturers as insured under installer/contractor's insurance or supply evidence of insurance to the State equal to policies, coverages, and limits required of installer/contractor.

2. Commercial General Liability

Installer/contractor shall maintain general liability on an occurrence form with limits not less than $1,000,000 per and $2,000,000 aggregate for bodily injury and property damage liability. The policy shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured project agreement. This insurance shall apply separately to each insured against which claim is made, or suit is brought subject to the installer/contractor's limit of liability. The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract. If requested by individual Air Districts, the policy shall also name the District, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract

3. Automobile Liability

Installer/contractor shall maintain motor vehicle liability with limits not less than $1,000,000 combined single limit per accident. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned motor vehicles. The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract. If requested by individual Air Districts, the policy shall also name the District, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract

In the event that the installer/contractor does not have any commercially owned motor vehicles, a no-owned autos waiver must be completed and retained in district files. A sample waiver form is available upon request.

4. Workers' Compensation and Employers' Liability

Installer/contractor must furnish to the State a certificate of insurance to remain in effect at all times during the term of this Agreement. Installer/contractor shall maintain statutory workers' compensation and employers' liability for all its employees who will be engaged in the performance of the Agreement. Employers' liability limits of $1,000,000 are required. A sample form is available upon request. The policy must include:

"When work is performed on State owned or controlled property the Workers' Compensation policy shall contain a waiver of subrogation in favor of the State. The waiver of subrogation endorsement shall be provided."

In the event that the installer/contractor does not have any employees, a worker's compensation statement of exemption form must be completed and submitted to the District.

E-Contract Review
Approval as to Form

Department Name: Air Pollution Control District

Vendor Name: Allianz Heating and Air

Contract Description: For the purpose of Woodsmoke Reduction Program

APPROVED AS TO FORM:

Date: 06/17/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

WOODSMOKE REDUCTION PROGRAM
RETAILER AGREEMENT

Parties: This Retailer Agreement ("Agreement") is between Air Quality Management Districts and Air Pollution Control Districts as listed below ("DISTRICTS"), and

_____

("Subrecipient"), effective as of the date of the District signature. below.

Subject Matter: The subject matter of this Agreement is the Woodsmoke Reduction Program. Detailed services to be provided by the Subrecipient pursuant to this Agreement are described in the Woodsmoke Reduction Program ("Program") Retailer Provisions ("Retailer Provisions"), attached hereto and incorporated herein by this reference.

Maximum Amount: In consideration of the services to be performed, DISTRICTS agree to pay Subrecipient a sum not to exceed the amount specified in the Retailer Provisions.

Agreement Term: The period of Subrecipient's performance begins upon date of execution, signified by the latest date of signature by DISTRICTS, and ends on June 30, 2026 or earlier if the parties agree that all project dollars have been spent, whichever occurs first.

Amendment: No changes, modifications, or amendments in the terms and conditions of this Agreement will be effective unless reduced to writing, numbered, and signed by the duly authorized representative of DISTRICTS and Subrecipient.

Termination: This Agreement may be terminated with at least 30 days advanced written notice to the other parties; provided however that individual DISTRICTS may separately terminate this Agreement within the jurisdiction of their District immediately for reasons stated in the Retailer Provisions.

Contact persons:

Subrecipient (Retailer) Name: Allianz Heating And Air

Subrecipient Program Contact:	**Subrecipient Fiscal Contact:**
Name: Michelle `Shelly' Beemudez	Name: Kerri Tool
Phone: 530 221-2642	Phone: 530 221 2642
E-mail Michelle @ ATshop.org	E-mail: Kerri @ homecomfort.org
Fax: —	Fax: N/A
Address: 2585 Ellis St	Address: 2585 Ellis St
City/St/Zip: Redding CA 96001	City/St/Zip: Redding CA 96001

Attachments:
This agreement also consists of the following attachment(s) that are incorporated herein:
- ☐ Woodsmoke Reduction Program Retailer Provisions
- ☐ Voucher Tracking Form
- ☐ Recycler Certification Form
- ☐ Acknowledgement of Training Form

_____ Date:_____
Signature Northern Sierra Air Quality Management District

_____ Date:_____
Signature Feather River Air Quality Management District

_____ Date:_____
Signature Colusa County Air Pollution Control District

_____ Date:_____
Signature Glenn County Air Pollution Control District

_____ Date: 6-18-25
Signature Tehama County Air Pollution Control District

_____ Date:_____
Signature Butte County Air Quality Management District

_____ Date:_____
Signature Shasta County Air Quality Management District

_____ Date:_____
Signature Placer County Air Pollution Control District

_____ Date:_____
Signature Yolo-Solano Air Quality Management District

I hereby certify that I understand the conditions and requirements for participation in the Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this Agreement that I am entering into with the DISTRICTS.

_____ Date:_____
Signature Subrecipient

Tehama County

Agenda Request Form

File #: 25-1220 **Agenda Date:** 7/15/2025 **Agenda #:** 20.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign Amendment No. 1 to Misc. Agreement 2020-331, FARMER Incentive Program, dated November 10, 2020 with Merkley Ranch thereby extending the termination of the agreement to seven years and decreasing the minimum yearly usage from 400 to 89 hrs/yr

Financial Impact:
FARMER funding and associated agreements are budgeted annually by the District.

Background Information:
The Tehama County Air Pollution Control District (District) administers multiple programs designed to reduce air pollution by incentivizing the purchase or retrofit of cleaner heavy-duty engines, including the Carl Moyer Low-Emission Equipment Incentive Program, the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) program, and the local AB 923 program. This amendment would extend the termination of the agreement from five years to seven years and decrease the minimum yearly usage from 400 hrs/yr to 89 hrs/yr. This would decrease minimum total usage from 2000 hrs to 623 hrs.

These incentive programs help local equipment owners modernize their equipment while also improving air quality in Tehama County. The Agreement outlines requirements and timelines for project completion, reporting, and the continued operation of the new equipment to ensure the emissions reduction benefits are achieved and maintained.
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1st AMENDMENT

TO THE AGREEMENT BETWEEN TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT AND MERKLEY RANCH.

This Amendment to Agreement Number 2020-331, dated November 10, 2020, by and between the Tehama County Air Pollution Control District (District) and Merkley Ranch (Participant) to replace an agricultural tractor shall be amended as follows:

From Item 2:

A. The termination of the Agreement will be extended from five (5) years to seven (7) years from the date that the engine or parts were installed or delivered.

From Item 10:

A. The time in which the participant is required to complete and return all requested information, and surveys will be extended from five (5) years to seven (7) years.

From Exhibit "A":

A. The minimum yearly usage will decrease from 400 hrs/yr to 89 hrs/yr decreasing the minimum usage total from 2,000 to 623.

It is mutually agreed that all other terms and conditions of Agreement Number 2020-331 shall remain in full force and effect.

IN WITNESS WHEREOF, District and Participant have executed this agreement on the day and year set forth below.

TEHAMA COUNTY APCD

Date: 1-22-25

Joseph H. Tona, Air Pollution Control Officer

MERKLEY RANCH

Date: 1/16/25

Jessica Merkley, Merkley Ranch

E-Contract Review
Approval as to Form

Department Name: Tehama County Air Pollution Control

Vendor Name: Merkley Ranch

Contract Description: For the purpose of FARMER Incentive Program agreement

APPROVED AS TO FORM:

Date: 4/15/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Agreement Number 2020-331

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

FARMER EQUIPMENT INCENTIVE PROGRAM

AGREEMENT

This Agreement (Agreement) is between the Tehama County Air Pollution Control District (District), a public agency of the State of California, and Jessica Merkley (Participant) the original applicant to the FARMER Program:

WHEREAS, Pursuant to California Health and Safety Code section 44275 et seq., the District may undertake programs that include, but are not limited to, financial assistance or other incentives to fleet operators and individuals for the purchase, conversion, or operation of low-emission motor vehicles and for the purchase and/or retrofit of heavy-duty engines; and

WHEREAS, on March 26, 2019 the Tehama County Air Pollution Control District Board of Directors approved Resolution 2019-48 authorizing the FARMER Program; and

WHEREAS, the FARMER Program provides incentives to fleet operators and individuals for the purchase and/or retrofit of heavy-duty engines, equipment operating at low-emission levels and zero emission UTV's; and

WHEREAS, Participant represents that the purchase described herein is NOT required by any local, state, and/or federal rule or regulation. For public agencies, controlling board policy does NOT require the purchase; and

WHEREAS, the California Air Resources Board (CARB), as an intended third party beneficiary, shall have the right to audit and enforce the terms of the Agreement at any time during the Agreement term to ensure emissions reductions are obtained;

NOW THEREFORE, the parties agree as follows:

1. Participant agrees to accept in full satisfaction thereof, an amount up to $29,080.00 for the purchase of a new Mahindra 6075, front loader tractor equipped with a 75-horsepower diesel motor subject to the terms of this Agreement.

2. This Agreement shall begin upon the execution of the Agreement by both parties and terminates 5 years from the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection conducted in accordance with the Carl Moyer Air Quality Standards Attainment Program guidelines, rules, regulations, policies and procedures. The foregoing term of the Agreement shall be divided into two timelines. The "project completion" timeline shall begin upon the execution of the Agreement and shall terminate on the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection. This timeline shall be completed no later than 180 days after execution of the Agreement unless extended by the Air Pollution Control Officer. The "project implementation" timeline shall begin

upon the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection and shall terminate upon termination of this Agreement as set forth above.

3. All payments shall be made directly to the Participant. Payments shall be made only when Participant has previously paid for the purchase and the payment to Participant is a reimbursement. Participant also agrees that any work done prior to execution is at the Participants own cost and will not be reimbursed under this Agreement. Additionally, before any payment is made hereunder, an eligible invoice must be received by the District, and the District's post-inspection must be successfully completed to document the completion of the work specified in the invoice. The equipment/engines(s) must be operational before the payment is issued. Participant must submit an itemized invoice from the engine supplier (for repowers or retrofits) or paid invoices from the equipment owner (for new equipment) to receive final payment.

4. The Participant must submit copies of invoices that confirm installation of a digital odometer/hour meter. Each invoice must include an identification number, new engine and equipment serial numbers, odometer reading, and date service was provided. The Participant must also provide copies of any financing documents for the equipment described in Exhibit A.

5. The low-emission technology of the engine(s) shall be certified for sale or under experimental permit for operation in California and show at least a 30% reduction of NOx emissions compared to the applicable standard for that engine year and application in one of three ways:

   - California Air Resource Board (CARB) certification testing.
   - U.S. Environmental Protection Agency certification testing.
   - Emission testing at a laboratory approved by the U.S. Environmental Protection Agency, CARB, and or the District. The testing must be performed in a manner acceptable to the Air Pollution Control Officer.

6. Participant agrees that engine(s)/equipment covered under this Agreement meet all the eligibility requirements and shall be operated in a manner consistent with those eligibility requirements as described in the FARMER Program guidelines, rules, regulations, policies and procedures.

7. Participant shall cooperate with the District and CARB in implementation, monitoring, enforcement, and other efforts to assure the emission benefits from the project are real, quantifiable, surplus, and enforceable.

8. ___ (Initial) The Participant agrees to the following equipment title requirements:

   - The Participant shall provide a copy of the replacement equipment's title document(s) to the District, demonstrating that the District is named as the senior lien holder for the equipment described in Exhibit A. for the duration of this Agreement. The Participant shall promptly take all necessary steps and file all necessary documents (including, but not

limited to, Uniform Commercial Code financing statements) to perfect District's senior security interest in the equipment described in Exhibit A. The Participant shall provide copies of all such documents to District.

- The Participant must be the legal owner of the equipment described in Exhibit A through the length of this Agreement.
- If the equipment described in Exhibit A is repossessed by another lienholder, or otherwise levied upon, attached, seized, or removed from the Participant's possession through legal process, the Participant must reimburse the District in accordance with the Section 18 of this Agreement.
- Any changes to the title of the equipment described in Exhibit A must be approved by the District in advance and in writing.

9. If either of the events listed in this paragraph occur, the Participant must notify the District within 30 days of the date Participant knows, or reasonably suspects, that the event has occurred or is likely to occur:

   - The Participant suffers a catastrophic financial loss that impairs the Participant's ability to perform the conditions of this Agreement; or
   - The Participant files for bankruptcy; or
   - Any other event has occurred or is likely to occur that could impair the Participant's ability to perform the conditions of this Agreement.

10. Participant shall complete and return all requested information and surveys sent from the Tehama County Air Pollution Control District, yearly, for at least 5 years from the commencement of operation. Noncompliance with the reporting requirements shall require on-site monitoring or inspection by the District. Participant shall also maintain records related to this project and retain those records for at least three years after expiration of the term of this Agreement or three years after final payment hereunder, whichever is later. The District, CARB, or their designee may conduct a fiscal audit of the project and/or otherwise examine Participant's records at any time.

11. The Participant shall keep the following records from the beginning of operation of the equipment described in Exhibit A:

    Hours and location (s) of operation and Type of maintenance performed.

12. Participant shall maintain the equipment/engine(s) according to the manufacturer's specifications for the life of the project, and shall not tamper with the equipment/engine(s) in any manner. Participant agrees to maintain a working engine hours meter and/or an approved usage-measuring device on all engines for the duration of the contract and allow the District access to the meter. If the hour meter fails, Participant shall immediately notify the District, and remains responsible for validating any hours not recorded by the hour meter. Participant must either repair or replace the non-operating meter or provide other documentation of equipment operating hours acceptable to the District.

Agreement Number 2020-331

13. Participant agrees that the District, CARB, or their designee will have access to project site to perform necessary monitoring and enforcement during the term of this Agreement.

14. The District and CARB shall have the authority to fine Participant and/or seek any other remedies available under the law for noncompliance with FARMER Program requirements or failure to fully perform under this Agreement.

15. Participant agrees that the replacement equipment/engine(s), authorized under this agreement by the Tehama County Air Pollution Control District FARMER Program, will be operated and maintained at least 75% of the time within the boundaries of the State of California throughout the life of the contract.

16. Participant agrees that the original equipment/engine(s) to be replaced by this program is the same as the equipment/engine(s) stated in Participant's application and restated in "Exhibit A" hereto. Said equipment/engine(s) will be destroyed immediately or otherwise rendered unusable immediately after new equipment/engine installation. The District can personally observe the Participants destruction of the equipment/engine block or proof of destruction or usability shall be submitted to the Tehama County Air Pollution Control District office within 30 days of new equipment/engine installation. Equipment/engine destruction may include, but is not limited to: salvage receipt (with serial number), putting a hole (at least three inches in diameter and irregular in shape) in the engine block AND oil pan (with accompanying photos with serial numbers visible in photo), welding the cylinder(s) to prevent re-use AND hole in the oil pan, or any other means acceptable to the Tehama County Air Pollution Control District.

17. Participant shall defend, indemnify, and hold harmless District, its officers, agents, employees, and volunteers from any and all losses, costs, damages, fines, or expenses (including attorney fees, court costs, and expert fees) or liability of any kind or character to any person or property arising from, or alleged to arise from, any act or omission of Participant related to this Agreement, or which are related in any way to the engine(s) for which financial assistance or other incentives are received from the District by Participant.

18. JY (Initial) Participant agrees that each engine will operate a minimum amount of usage as shown in Exhibit "A"- Performance Requirements during the term of this Agreement. Upon termination of this Agreement, if the engine fails to fulfill the minimum required operation, Participant shall return to the Tehama County Air Pollution Control District an amount based on the difference between the required operation amount and the actual amount operated, times the payback factor shown in Exhibit "A". The District reserves the right, in its sole discretion, to extend the duration of the contract if the engine fails to fulfill the minimum required operation.

Agreement Number 2020-331

19. Participant acknowledges that receipt of this incentive prohibits application for any form of emission reduction credits for this project including: Emission Reduction Credit (ERC), Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from Tehama County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.

20. JH (Initial) Participant agrees, by signing this contract for this project, the owner (or designee) shall not submit another application or sign another contract for the same specific equipment/engine(s) with any other source of Carl Moyer funds, including but not limited to, other Districts or the Air Resources Board for a multi-District solicitation. Participant further certifies that Participant has not received any other incentive funding for the equipment/engine(s) covered under this Agreement. Any owner or owner's designee who is found to have submitted multiple applications or signed multiple contracts for the same equipment/engine(s) shall, at a minimum, be disqualified from funding for that equipment/engine(s) from all sources and may also be banned from submitting future applications to any and all Carl Moyer Program solicitations. In addition, the District or CARB may levy fines and/or pursue other civil or criminal remedies for such conduct.

21. Participant agrees that if funds are not available from CARB, or the Tehama County Air Pollution Control District Board of Directors otherwise declines to appropriate funding for this Agreement, the District shall have the right to cancel this Agreement immediately without cost or penalty to the District or CARB.

22. Participant agrees that the District shall have the right to cancel this contract or withhold payment for non-compliance if the Participant does not meet the obligations of the contract.

23. Participant agrees to be responsible for all applicable taxes on all equipment/engine(s) purchased.

24. Participant hereby asserts that the purchase of low NOx emission engine(s) is a completely voluntary act; and the District has made no representations or guarantees to the Participant regarding the quality, condition, or proposed use of the low NOx emission engine purchased by Participant.

25. This Agreement and any payments to Participant for compensation and expenses are subject to the provisions and limitations imposed by the California Health and Safety Code. District shall have no liability for payment of any compensation and expenses that are found to be in contravention to the California Health and Safety Code. Participant shall reimburse District for any compensation and expenses paid by District to Participant and later determined to be in contravention to the Health and Safety Code.

26. The representative of Participant signing this Agreement on behalf of Participant (authorized signature) affirmatively states that he or she has legal authority to bind Participant to the terms of this Agreement.

Agreement Number 2020-331

27. Correspondence between the District and Participant should be addressed to the following:

To District	To Participant
Lisa Mann Tehama County Air Pollution Control District P.O. Box 1169 Red Bluff, CA 96080 Phone: (530) 527-3717	Jessica Merkley 18300 Paskenta Road Corning, CA 96021 Phone: (775) 771-6817

The address and/or contacts may be changed by written notice to the other party. Nothing shall preclude the giving of this information by personal service.

28. Participant shall maintain in force at all times during the term of this Agreement and extensions or modifications thereto, insurance in accordance with Exhibit "B". In the event Participant does not have the required certificate of insurance, or if the required insurance lapses, this Agreement shall be terminated immediately.

29. This agreement supersedes all previous agreements and constitutes the entire understanding of the parties hereto. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by both parties.

30. No performance to be rendered or payment due under this Agreement may be delegated or assigned.

31. This Agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of, the State of California (excepting any conflict of laws or provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

Approved: Jessica Merkley Date 10/13/20
Jessica Merkley, Owner

Approved: Date 10-28-2020
Joseph H. Tona
Air Pollution Control Officer

Agreement Number 2020-331

EXHIBIT "A"
PERFORMANCE REQUIREMENTS

PROJECT ID 21-009

The below listed equipment/engine(s) must meet the minimum performance requirements shown to avoid reimbursement according to Section 18 of this Agreement.

Equipment/Engine Make and Model	Serial Number*	Minimum Yearly Usage (miles, hours, or gallons)	Project Life (years)	Reimbursement Amount (Payback Factor)	Maximum Incentive Amount
Mahindra 6075, front loader tractor equipped with a 75-horsepower diesel motor	TBD	400	5	$14.54	$29,080.00

*Serial Number will be filled in by the Tehama County Air Pollution Control District upon verification of project completion.

EXISTING ENGINE SPECIFICATIONS

The below listed equipment/engine(s) specifications must match the specifications turned in with the application, and be running at the time of pre-inspection.

Equipment/Engine Make, Model, and Year	Serial Number
1975 International, 574, tractor w/ front loader & a 75-horsepower diesel engine	399847-R3

Agreement Number 2020-331

EXHIBIT "B"

INSURANCE REQUIREMENTS

1. During the "project completion timeline," or for one year from the execution of this Agreement, whichever is longer, Participant shall, at its sole expense, obtain and maintain in full force and effect the type and limits of liability requirements as follows:

   COMMERCIAL/GENERAL LIABILITY: Bodily Injury and Property Damage for premises and operations; Personal Injury and Advertising for premises and operations; Independent Contractors (if any basis); Incidental Contracts; Contractual Liability; and Products and Completed Operations.

   "Claims made" policies are unacceptable.

   Minimum Limits: $1,000,000 combined single limit, on an occurrence policy form.

   WORKERS COMPENSATION: If Participant has employees, he/she shall obtain and maintain continuously workers' compensation insurance as required by California law to cover Participant and Participant's employees and partners.

2. Participant shall maintain in force at all times during the term of this Agreement property insurance in an amount of not less than the replacement value of the equipment/engine(s) subject to this Agreement, and covering all risks of loss, damage or destruction of such equipment/engine(s). The policy shall list the Tehama County Air Pollution Control District as loss payee.

3. With regard to all insurance provided as required hereunder:

   Notice of Cancellation: Each insurance policy shall be endorsed, and evidence of such endorsement shall be provided to the DISTRICT, that coverage not be suspended, voided, canceled, reduced in coverage or in limits, or material change in coverage, except after thirty (30) days prior written notice has been given to the DISTRICT. Ten (10) days prior written notice of cancellation for non-payment of Participant's insurance premium is permissible.

   Supplementary Payments: The above-stated limits of liability coverage for Commercial/ General Liability assumes that the standard "supplementary payments" clause will pay in addition to the applicable limits of liability and that these supplementary payments are not included as part of the insurance limits of liability. If any of the policies indicate that defense costs are included in the general aggregate limit, then the general aggregate limits must be a multiple of the per occurrence limits.

   Participant's Insurance Primary: The Participant's insurance coverage shall be primary insurance. Any insurance or self-insurance maintained by the DISTRICT,

it officials, trustees, agents, employees or volunteers shall be excess to the Participants insurance and shall not contribute with it.

Acceptability of Insurer: Insurance is to be placed with admitted State of California insurers which have an A.M. Best's rating of no less than A:VII, or be an equivalent program of self-insurance.

Exceptions: Any exceptions to the above insurance requirements are subject to the concurrence of the DISTRICT.

4. Verification of Coverage:

Participant shall furnish the DISTRICT with insurance or self-insurance and/or original endorsement(s) and/or binder(s) affecting coverage required herein, as directed by the DISTRICT. The certificates, endorsements, and/or binders for each insurance policy are to be signed by a person authorized by the insurer to effect coverage on its behalf. The certificates, endorsements, and/or binders are to be received and approved by the DISTRICT before work commences. The DISTRICT reserves the right to require complete, certified copies of all required insurance policies, at any time. If Participant provides self-insurance, it shall, on intervals specified by the APCO, provide financial statements sufficiently detailed so as to allow the APCO to assess Participant's capability of providing such self-insurance. The APCO may reject self-insurance coverage where he finds that sufficient coverage will not be afforded to the DISTRICT.

E-Contract Review
Approval as to Form

Department Name: Air Pollution Control

Vendor Name: Jessica Merkley

Contract Description: FARMER Low-Emission Equipment Incentive Program Agreement.

APPROVED AS TO FORM:

Date: 10/23/2020

Office of the Tehama County Counsel
Richard Stout, County Counsel

Tehama County

Agenda Request Form

File #: 25-1221 **Agenda Date:** 7/15/2025 **Agenda #:** 21.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign Amendment No.1 to Misc. Agreement 2019-13, to FARMER Incentive Program dated January 15, 2019 with Alderson Dairy thereby extending the expiration of the agreement to seven years and decreasing the minimum yearly usage from 450 to 150 hrs/yr

Financial Impact:
FARMER funding and associated agreements are budgeted annually by the District.

Background Information:
The Tehama County Air Pollution Control District (District) administers multiple programs designed to reduce air pollution by incentivizing the purchase or retrofit of cleaner heavy-duty engines, including the Carl Moyer Low-Emission Equipment Incentive Program, the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) program, and the local AB 923 program. This amendment would extend the termination of the agreement from five years to seven years and decrease the minimum yearly usage from 450 hrs/yr to 150 hrs/yr. This would decrease minimum total usage from 2250 hrs to 750 hrs.

These incentive programs help local equipment owners modernize their equipment while also improving air quality in Tehama County. The Agreement outlines requirements and timelines for project completion, reporting, and the continued operation of the new equipment to ensure the emissions reduction benefits are achieved and maintained.
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1st AMENDMENT

TO THE AGREEMENT BETWEEN TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT AND ALDERSON DAIRY.

This Amendment to Agreement Number 2019-13, dated January 15th, 2019, by and between the Tehama County Air Pollution Control District (District) and Alderson Dairy (Participant) to replace an agricultural tractor shall be amended as follows:

From Item 2:

A. The termination of the Agreement will be extended from five (5) years to seven (7) years from the date that the engine or parts were installed or delivered.

From Item 10:

A. The time in which the participant is required to complete and return all requested information, and surveys will be extended from five (5) years to seven (7) years.

From Exhibit "A":

A. The minimum yearly usage will decrease from 450 hrs/yr to 150 hrs/yr decreasing the minimum usage total from 2,250 to 750.

It is mutually agreed that all other terms and conditions of Agreement Number 2019-13 shall remain in full force and effect.

IN WITNESS WHEREOF, District and Participant have executed this agreement on the day and year set forth below.

TEHAMA COUNTY APCD

Date: 1-27-25

Joseph H. Tona, Air Pollution Control Officer

ALDERSON DAIRY

Date: 1-16-25

Brenda Alderson, Alderson Dairy

E-Contract Review
Approval as to Form

Department Name: Tehama County Air Pollution Control

Vendor Name: Alderson Dairy

Contract Description: For the purpose of FARMER Incentive Program agreement

APPROVED AS TO FORM:

Date: 4/15/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Agreement Number 2019-13

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

CARL MOYER LOW-EMISSION EQUIPMENT INCENTIVE PROGRAM

AGREEMENT

This Agreement (Agreement) is between the Tehama County Air Pollution Control District (District), a public agency of the State of California, and Alderson Dairy (Participant) the original applicant to the Carl Moyer Program:

WHEREAS, Pursuant to California Health and Safety Code section 44275 et seq., the District may undertake programs that include, but are not limited to, financial assistance or other incentives to fleet operators and individuals for the purchase, conversion, or operation of low-emission motor vehicles and for the purchase and/or retrofit of heavy-duty engines; and

WHEREAS, on February 27, 2018 the Tehama County Air Pollution Control District Board of Directors approved Resolution 2018-23 authorizing the "Low-Emission Engine/Vehicle Program;" and

WHEREAS, the "Low-Emission Engine/Equipment Program" provides incentives to fleet operators and individuals for the purchase and/or retrofit of heavy-duty engines and equipment operating at low-emission levels; and

WHEREAS, Participant represents that the purchase described herein is NOT required by any local, state, and/or federal rule or regulation. For public agencies, controlling board policy does NOT require the purchase; and

WHEREAS, the California Air Resources Board (CARB), as an intended third party beneficiary, shall have the right to audit and enforce the terms of the Agreement at any time during the Agreement term to ensure emissions reductions are obtained;

NOW THEREFORE, the parties agree as follows:

1. Participant agrees to accept in full satisfaction thereof, an amount up to $45,000.00 for the purchase of a 2018 John Deere, 5090M, utility tractor, equipped with a 90 horsepower diesel engine subject to the terms of this Agreement.
2. This Agreement shall begin upon the execution of the Agreement by both parties and terminates 5 years from the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection conducted in accordance with the Carl Moyer Air Quality Standards Attainment Program guidelines, rules, regulations, policies and procedures. The foregoing term of the Agreement shall be divided into two timelines. The "project completion" timeline shall begin upon the execution of the Agreement and shall terminate on the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection. This timeline shall be completed no later than 180 days after execution of the Agreement unless extended by the Air Pollution Control Officer. The "project implementation" timeline shall begin

Agreement Number 2019-13

upon the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection and shall terminate upon termination of this Agreement as set forth above.

3. All payments shall be made directly to the Participant. Payments shall be made only when Participant has previously paid for the purchase and the payment to Participant is a reimbursement. Participant also agrees that any work done prior to execution is at the Participants own cost and will not be reimbursed under this Agreement. Additionally, before any payment is made hereunder, an eligible invoice must be received by the District, and the District's post-inspection must be successfully completed to document the completion of the work specified in the invoice. The equipment/engines(s) must be operational before the payment is issued. Participant must submit an itemized invoice from the engine supplier (for repowers or retrofits) or paid invoices from the equipment owner (for new equipment) to receive final payment.

4. The Participant must submit copies of invoices that confirm installation of a digital odometer/hour meter. Each invoice must include an identification number, new engine and equipment serial numbers, odometer reading, and date service was provided. The Participant must also provide copies of any financing documents for the equipment described in Exhibit A.

5. The low-emission technology of the engine(s) shall be certified for sale or under experimental permit for operation in California and show at least a 30% reduction of NOx emissions compared to the applicable standard for that engine year and application in one of three ways:

   - California Air Resource Board (CARB) certification testing.
   - U.S. Environmental Protection Agency certification testing.
   - Emission testing at a laboratory approved by the U.S. Environmental Protection Agency, CARB, and or the District. The testing must be performed in a manner acceptable to the Air Pollution Control Officer.

6. Participant agrees that engine(s)/equipment covered under this Agreement meet all the eligibility requirements and shall be operated in a manner consistent with those eligibility requirements as described in the Carl Moyer Air Quality Standards Attainment Program guidelines, rules, regulations, policies and procedures.

7. Participant shall cooperate with the District and CARB in implementation, monitoring, enforcement, and other efforts to assure the emission benefits from the project are real, quantifiable, surplus, and enforceable.

8. The Participant agrees to the following equipment title requirements:

   - The Participant shall provide a copy of the replacement equipment's title document(s) to the District, demonstrating that the District is named as the senior lien holder for the equipment described in Exhibit A. for the duration of this Agreement. The Participant shall promptly take all necessary steps and file all necessary documents (including, but not

limited to, Uniform Commercial Code financing statements) to perfect District's senior security interest in the equipment described in Exhibit A. The Participant shall provide copies of all such documents to District.

- The Participant must be the legal owner of the equipment described in Exhibit A through the length of this Agreement.
- If the equipment described in Exhibit A is repossessed by another lienholder, or otherwise levied upon, attached, seized, or removed from the Participant's possession through legal process, the Participant must reimburse the District in accordance with the Section 18 of this Agreement.
- Any changes to the title of the equipment described in Exhibit A must be approved by the District in advance and in writing.

9. If either of the events listed in this paragraph occur, the Participant must notify the District within 30 days of the date Participant knows, or reasonably suspects, that the event has occurred or is likely to occur:

   - The Participant suffers a catastrophic financial loss that impairs the Participant's ability to perform the conditions of this Agreement; or
   - The Participant files for bankruptcy; or
   - Any other event has occurred or is likely to occur that could impair the Participant's ability to perform the conditions of this Agreement.

10. Participant shall complete and return all requested information and surveys sent from the Tehama County Air Pollution Control District, yearly, on November 15th of each year, for at least 5 years from the commencement of operation. Noncompliance with the reporting requirements shall require on-site monitoring or inspection by the District. Participant shall also maintain records related to this project and retain those records for at least three years after expiration of the term of this Agreement or three years after final payment hereunder, whichever is later. The District, CARB, or their designee may conduct a fiscal audit of the project and/or otherwise examine Participant's records at any time.

11. The Participant shall keep the following records from the beginning of operation of the equipment described in Exhibit A:

    Hours and location (s) of operation and Type of maintenance performed.

12. Participant shall maintain the equipment/engine(s) according to the manufacturer's specifications for the life of the project, and shall not tamper with the equipment/engine(s) in any manner. Participant agrees to maintain a working engine hours meter and/or an approved usage-measuring device on all engines for the duration of the contract and allow the District access to the meter. If the hour meter fails, Participant shall immediately notify the District, and remains responsible for validating any hours not recorded by the hour meter. Participant must either repair or replace the non-operating meter or provide other documentation of equipment operating hours acceptable to the District.

Agreement Number 2019-13

13. Participant agrees that the District, CARB, or their designee will have access to project site to perform necessary monitoring and enforcement during the term of this Agreement.

14. The District and CARB shall have the authority to fine Participant and/or seek any other remedies available under the law for noncompliance with Carl Moyer Program requirements or failure to fully perform under this Agreement.

15. Participant agrees that the replacement equipment/engine(s), authorized under this agreement by the Tehama County Air Pollution Control District Carl Moyer Program, will be operated and maintained at least 75% of the time within the boundaries of the State of California throughout the life of the contract.

16. Participant agrees that the original equipment/engine(s) to be replaced by this program is the same as the equipment/engine(s) stated in Participant's application and restated in "Exhibit A" hereto. Said equipment/engine(s) will be destroyed immediately or otherwise rendered unusable immediately after new equipment/engine installation. The District can personally observe the Participants destruction of the equipment/engine block or proof of destruction or usability shall be submitted to the Tehama County Air Pollution Control District office within 30 days of new equipment/engine installation. Equipment/engine destruction may include, but is not limited to: salvage receipt (with serial number), putting a hole (at least five inches in diameter) in the engine block (with accompanying photos with serial numbers visible in photo), welding the cylinder(s) to prevent re-use, or any other means acceptable to the Tehama County Air Pollution Control District.

17. Participant shall defend, indemnify, and hold harmless District, its officers, agents, employees, and volunteers from any and all losses, costs, damages, fines, or expenses (including attorney fees, court costs, and expert fees) or liability of any kind or character to any person or property arising from, or alleged to arise from, any act or omission of Participant related to this Agreement, or which are related in any way to the engine(s) for which financial assistance or other incentives are received from the District by Participant.

18. BA (Initial) Participant agrees that each engine will operate a minimum amount of usage as shown in Exhibit "A"- Performance Requirements during the term of this Agreement. Upon termination of this Agreement, if the engine fails to fulfill the minimum required operation, Participant shall return to the Tehama County Air Pollution Control District an amount based on the difference between the required operation amount and the actual amount operated, times the payback factor shown in Exhibit "A". The District reserves the right, in its sole discretion, to extend the duration of the contract if the engine fails to fulfill the minimum required operation.

19. Participant acknowledges that receipt of this incentive prohibits application for any form of emission reduction credits for this project including: Emission

Agreement Number 2019-13

Reduction Credit (ERC), Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from Tehama County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.

20. BA (Initial) Participant agrees, by signing this contract for this project, the owner (or designee) shall not submit another application or sign another contract for the same specific equipment/engine(s) with any other source of Carl Moyer funds, including but not limited to, other Districts or the Air Resources Board for a multi-District solicitation. Participant further certifies that Participant has not received any other incentive funding for the equipment/engine(s) covered under this Agreement. Any owner or owner's designee who is found to have submitted multiple applications or signed multiple contracts for the same equipment/engine(s) shall, at a minimum, be disqualified from funding for that equipment/engine(s) from all sources and may also be banned from submitting future applications to any and all Carl Moyer Program solicitations. In addition, the District or CARB may levy fines and/or pursue other civil or criminal remedies for such conduct.
21. Participant agrees that if funds are not available from CARB, or the Tehama County Air Pollution Control District Board of Directors otherwise declines to appropriate funding for this Agreement, the District shall have the right to cancel this Agreement immediately without cost or penalty to the District or CARB.
22. Participant agrees that the District shall have the right to cancel this contract or withhold payment for non-compliance if the Participant does not meet the obligations of the contract.
23. Participant agrees to be responsible for all applicable taxes on all equipment/engine(s) purchased.
24. Participant hereby asserts that the purchase of low NOx emission engine(s) is a completely voluntary act; and the District has made no representations or guarantees to the Participant regarding the quality, condition, or proposed use of the low NOx emission engine purchased by Participant.
25. This Agreement and any payments to Participant for compensation and expenses are subject to the provisions and limitations imposed by the California Health and Safety Code. District shall have no liability for payment of any compensation and expenses that are found to be in contravention to the California Health and Safety Code. Participant shall reimburse District for any compensation and expenses paid by District to Participant and later determined to be in contravention to the Health and Safety Code.
26. The representative of Participant signing this Agreement on behalf of Participant (authorized signature) affirmatively states that he or she has legal authority to bind Participant to the terms of this Agreement.
27. Correspondence between the District and Participant should be addressed to the following:

Agreement Number 2019-13

To District	To Participant
Lisa Mann Tehama County Air Pollution Control District P.O. Box 1169 Red Bluff, CA 96080 Phone: (530) 527-3717	Alderson Dairy Brenda Alderson 22495 Thomes Ave. Gerber, CA 96035 Phone: (530) 385-1262

The address and/or contacts may be changed by written notice to the other party. Nothing shall preclude the giving of this information by personal service.

28. Participant shall maintain in force at all times during the term of this Agreement and extensions or modifications thereto, insurance in accordance with Exhibit "B". In the event Participant does not have the required certificate of insurance, or if the required insurance lapses, this Agreement shall be terminated immediately.

29. This agreement supersedes all previous agreements and constitutes the entire understanding of the parties hereto. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by both parties.

30. No performance to be rendered or payment due under this Agreement may be delegated or assigned.

31. This Agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of, the State of California (excepting any conflict of laws or provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

Approved: Brenda Alderson Date 12-6-18
Brenda Alderson
Alderson Dairy

Approved: _____ Date 12-21-18
Joseph H. Tona
Air Pollution Control Officer

E-Contract Review
Approval as to Form

Department Name: Air Pollution Control

Vendor Name: Alderson Dairy

Contract Description: Carl Moyer Low-Emission Equipment Incentive Program based Agreement.

APPROVED AS TO FORM:

Date: 12/10/2018

Office of the Tehama County Counsel
Richard Stout, County Counsel

Agreement Number 2019-13

EXHIBIT "A"
PERFORMANCE REQUIREMENTS

PROJECT ID 20-006

The below listed equipment/engine(s) must meet the minimum performance requirements shown to avoid reimbursement according to Section 18 of this Agreement.

Equipment/Engine Make and Model	Serial Number*	Minimum Yearly Usage (miles, hours, or gallons)	Project Life (years)	Reimbursement Amount (Payback Factor)	Maximum Incentive Amount
2018 John Deere, 5090M, utility tractor with a 90hp engine	TBD	450 hrs	5	$20.00	$45,000.00

*Serial Number will be filled in by the Tehama County Air Pollution Control District upon verification of project completion.

EXISTING ENGINE SPECIFICATIONS

The below listed equipment/engine(s) specifications must match the specifications turned in with the application, and be running at the time of pre-inspection.

Equipment/Engine Make, Model, and Year	Serial Number
1976 John Deere, 2640, 82hp diesel tractor	2640B244630T

Agreement Number 2019-13

EXHIBIT "B"

INSURANCE REQUIREMENTS

1. During the "project completion timeline," or for one year from the execution of this Agreement, whichever is longer, Participant shall, at its sole expense, obtain and maintain in full force and effect the type and limits of liability requirements as follows:

   COMMERCIAL/GENERAL LIABILITY: Bodily Injury and Property Damage for premises and operations; Personal Injury and Advertising for premises and operations; Independent Contractors (if any basis); Incidental Contracts; Contractual Liability; and Products and Completed Operations.

   "Claims made" policies are unacceptable.

   Minimum Limits: $1,000,000 combined single limit, on an occurrence policy form.

   WORKERS COMPENSATION: If Participant has employees, he/she shall obtain and maintain continuously workers' compensation insurance as required by California law to cover Participant and Participant's employees and partners.

2. Participant shall maintain in force at all times during the term of this Agreement property insurance in an amount of not less than the replacement value of the equipment/engine(s) subject to this Agreement, and covering all risks of loss, damage or destruction of such equipment/engine(s). The policy shall list the Tehama County Air Pollution Control District as loss payee.

3. With regard to all insurance provided as required hereunder:

   Notice of Cancellation: Each insurance policy shall be endorsed, and evidence of such endorsement shall be provided to the DISTRICT, that coverage not be suspended, voided, canceled, reduced in coverage or in limits, or material change in coverage, except after thirty (30) days prior written notice has been given to the DISTRICT. Ten (10) days prior written notice of cancellation for non-payment of Participant's insurance premium is permissible.

   Supplementary Payments: The above-stated limits of liability coverage for Commercial/ General Liability assumes that the standard "supplementary payments" clause will pay in addition to the applicable limits of liability and that these supplementary payments are not included as part of the insurance limits of liability. If any of the policies indicate that defense costs are included in the general aggregate limit, then the general aggregate limits must be a multiple of the per occurrence limits.

   Participant's Insurance Primary: The Participant's insurance coverage shall be primary insurance. Any insurance or self-insurance maintained by the DISTRICT,

it officials, trustees, agents, employees or volunteers shall be excess to the Participants insurance and shall not contribute with it.

Acceptability of Insurer: Insurance is to be placed with admitted State of California insurers which have an A.M. Best's rating of no less than A:VII, or be an equivalent program of self-insurance.

Exceptions: Any exceptions to the above insurance requirements are subject to the concurrence of the DISTRICT.

4. Verification of Coverage:

Participant shall furnish the DISTRICT with insurance or self-insurance and/or original endorsement(s) and/or binder(s) affecting coverage required herein, as directed by the DISTRICT. The certificates, endorsements, and/or binders for each insurance policy are to be signed by a person authorized by the insurer to effect coverage on its behalf. The certificates, endorsements, and/or binders are to be received and approved by the DISTRICT before work commences. The DISTRICT reserves the right to require complete, certified copies of all required insurance policies, at any time. If Participant provides self-insurance, it shall, on intervals specified by the APCO, provide financial statements sufficiently detailed so as to allow the APCO to assess Participant's capability of providing such self-insurance. The APCO may reject self-insurance coverage where he finds that sufficient coverage will not be afforded to the DISTRICT.

Tehama County

Agenda Request Form

File #: 25-1223 **Agenda Date:** 7/15/2025 **Agenda #:** 22.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to sign Amendment No. 1 to Misc. Agreement 2025-108, FARMER Incentive Program with Curiel Farms to decrease the maximum incentive amount from $46,937 to $46,381, update to one John Deere 5105ML 105-horsepower diesel engine and to decrease the payback factor from $11.73/hr to $11.59/hr

Financial Impact:
FARMER funding and associated agreements are budgeted annually by the District.

Background Information:
The Tehama County Air Pollution Control District (District) administers multiple programs designed to reduce air pollution by incentivizing the purchase or retrofit of cleaner heavy-duty engines, including the Carl Moyer Low-Emission Equipment Incentive Program, the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) program, and the local AB 923 program. Under this Agreement, the District will provide funding to Curiel Farms to replace an older, higher-emission 2008 New Holland T4030F tractor with a new, lower-emission John Deere tractor.

These incentive programs help local equipment owners modernize their equipment while also improving air quality in Tehama County. The Agreement outlines requirements and timelines for project completion, reporting, and the continued operation of the new equipment to ensure the emissions reduction benefits are achieved and maintained.

Agreement Number _____

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT

AB617 COMMUNITY AIR PROTECTION INCENTIVE PROGRAM

AGREEMENT

This Agreement (Agreement) is between the Tehama County Air Pollution Control District (District), a public agency of the State of California, and Curiel Farms (Participant) the original applicant to the AB617 Community Air Protection Incentives Program:

WHEREAS, Pursuant to California Health and Safety Code section 44275 et seq., the District may undertake programs that include, but are not limited to, financial assistance or other incentives to fleet operators and individuals for the purchase, conversion, or operation of low-emission motor vehicles and for the purchase and/or retrofit of heavy-duty engines; and

WHEREAS, on July 30, 2024, the Tehama County Air Pollution Control District Board of Directors approved Resolution 2024-067 authorizing the "Low-Emission Engine/Vehicle Program;" and

WHEREAS, the "Low-Emission Engine/Equipment Program" provides incentives to fleet operators and individuals for the purchase and/or retrofit of heavy-duty engines and equipment operating at low-emission levels; and

WHEREAS, Participant represents that the purchase described herein is NOT required by any local, state, and/or federal rule or regulation. For public agencies, controlling board policy does NOT require the purchase; and

WHEREAS, the California Air Resources Board (CARB), as an intended third party beneficiary, shall have the right to audit and enforce the terms of the Agreement at any time during the Agreement term to ensure emissions reductions are obtained;

NOW THEREFORE, the parties agree as follows:

1. Participant agrees to accept in full satisfaction thereof, an amount up to $46,937.00 for the purchase of a New John Deere model 5090E cab tractor, equipped with a 90-horsepower diesel engine subject to the terms of this Agreement.
2. This Agreement shall begin upon the execution of the Agreement by both parties and terminates ten (10) years from the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection conducted in accordance with the AB617 Community Air Protection Incentives Program guidelines, rules, regulations, policies and procedures. The foregoing term of the Agreement shall be divided into two timelines. The "project completion" timeline shall begin upon the execution of the Agreement and shall terminate on the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection. This timeline shall be completed no later than 180 days after execution of the Agreement unless extended by the Air

Pollution Control Officer. The "project implementation" timeline shall begin upon the date that the engine(s) or parts have been installed as confirmed by the District's post-inspection and shall terminate upon termination of this Agreement as set forth above.

3. All payments shall be made directly to the Participant. Payments shall be made only when Participant has previously paid for the purchase and the payment to Participant is a reimbursement. Participant also agrees that any work done prior to execution is at the Participants own cost and will not be reimbursed under this Agreement. Additionally, before any payment is made hereunder, an eligible invoice must be received by the District, and the District's post-inspection must be successfully completed to document the completion of the work specified in the invoice. The equipment/engines(s) must be operational before the payment is issued. Participant must submit an itemized invoice from the engine supplier (for repowers or retrofits) or paid invoices from the equipment owner (for new equipment) to receive final payment.

4. The Participant must submit copies of invoices that confirm installation of a digital odometer/hour meter. Each invoice must include an identification number, new engine and equipment serial numbers, odometer reading, and date service was provided. The Participant must also provide copies of any financing documents for the equipment described in Exhibit A.

5. The low-emission technology of the engine(s) shall be certified for sale or under experimental permit for operation in California and show at least a 30% reduction of NOx emissions compared to the applicable standard for that engine year and application in one of three ways:

   - California Air Resource Board (CARB) certification testing.
   - U.S. Environmental Protection Agency certification testing.
   - Emission testing at a laboratory approved by the U.S. Environmental Protection Agency, CARB, and or the District. The testing must be performed in a manner acceptable to the Air Pollution Control Officer.

6. Participant agrees that engine(s)/equipment covered under this Agreement meet all the eligibility requirements and shall be operated in a manner consistent with those eligibility requirements as described in the Community Air Protection Program guidelines, rules, regulations, policies and procedures.

7. Participant shall cooperate with the District and CARB in implementation, monitoring, enforcement, and other efforts to assure the emission benefits from the project are real, quantifiable, surplus, and enforceable.

8. RC (Initial) The Participant agrees to the following motor vehicle title and or lien requirements:

   - If the vehicle type is issued a title by the Department of Motor Vehicles (DMV), the Participant will provide a copy of the replacement vehicle's title to the District. If the vehicle is not financed, the District shall be

named as a lien holder for the vehicle. If the vehicle type is not issued a title by the DMV, a Uniform Commercial Code (UCC) filing will be required.

- The Participant must be the legal owner of the replacement vehicle described in Exhibit A through the length of this Agreement.
- If the replacement vehicle is financed, and the loan is repaid before the termination of this Agreement, the Participant must add the District as lien holder and ensure that the District remains a lien holder on the replacement vehicle through the remainder of the Agreement's project implementation timeline.
- If the replacement vehicle is repossessed by the finance company, the Participant must reimburse the District in accordance with the reimbursement formula described in Exhibit A.
- If the equipment described in Exhibit A is repossessed by another lienholder, or otherwise levied upon, attached, seized, or removed from the Participant's possession through legal process, the Participant must reimburse the District in accordance with the Section 18 of this Agreement.

9. If either of the events listed in this paragraph occur, the Participant must notify the District within 30 days of the date Participant knows, or reasonably suspects, that the event has occurred or is likely to occur:

   - The Participant suffers a catastrophic financial loss that impairs the Participant's ability to perform the conditions of this Agreement; or
   - The Participant files for bankruptcy; or
   - Any other event has occurred or is likely to occur that could impair the Participant's ability to perform the conditions of this Agreement.

10. Participant shall complete and return all requested information and surveys sent from the Tehama County Air Pollution Control District, yearly, for at least ten (10) years from the commencement of operation. Noncompliance with the reporting requirements shall require on-site monitoring or inspection by the District. Participant shall also maintain records related to this project and retain those records for at least three years after expiration of the term of this Agreement or three years after final payment hereunder, whichever is later. The District, CARB, or their designee may conduct a fiscal audit of the project and/or otherwise examine Participant's records at any time.

11. The Participant shall keep the following records from the beginning of operation of the equipment described in Exhibit A:

    Hours and location(s) of operation and Type of maintenance performed.

12. Participant shall maintain the equipment/engine(s) according to the manufacturer's specifications for the life of the project, and shall not tamper with the equipment/engine(s) in any manner. Participant agrees to maintain a working engine hours meter and/or an approved usage-measuring device

on all engines for the duration of the contract and allow the District access to the meter. If the hour meter fails, Participant shall immediately notify the District, and remains responsible for validating any hours not recorded by the hour meter. Participant must either repair or replace the non-operating meter or provide other documentation of equipment operating hours acceptable to the District.

13. Participant agrees that the District, CARB, or their designee will have access to project site to perform necessary monitoring and enforcement during the term of this Agreement.

14. The District and CARB shall have the authority to fine Participant and/or seek any other remedies available under the law for noncompliance with Community Air Protection Program requirements or failure to fully perform under this Agreement.

15. Participant agrees that the replacement equipment/engine(s), authorized under this agreement by the Tehama County Air Pollution Control District Community Air Protection Program, will be operated and maintained at least 75% of the time within the boundaries of the State of California throughout the life of the contract.

16. Participant agrees that the original equipment/engine(s) to be replaced by this program is the same as the equipment/engine(s) stated in Participant's application and restated in "Exhibit A" hereto. Said equipment/engine(s) will be destroyed immediately or otherwise rendered unusable immediately after new equipment/engine installation. The equipment/engine must be destroyed at a District approved dismantler and proof of destruction or usability shall be submitted to the District within 30 days of new equipment/engine installation.

17. Participant shall defend, indemnify, and hold harmless District, its officers, agents, employees, and volunteers from any and all losses, costs, damages, fines, or expenses (including attorney fees, court costs, and expert fees) or liability of any kind or character to any person or property arising from, or alleged to arise from, any act or omission of Participant related to this Agreement, or which are related in any way to the engine(s) for which financial assistance or other incentives are received from the District by Participant.

18. RC (Initial) Participant agrees that each engine will operate a minimum amount of usage as shown in Exhibit "A"- Performance Requirements during the term of this Agreement. Upon termination of this Agreement, if the engine fails to fulfill the minimum required operation, Participant shall return to the Tehama County Air Pollution Control District an amount based on the difference between the required operation amount and the actual amount operated, times the payback factor shown in Exhibit "A". The District reserves the right, in its sole discretion, to extend the duration of the contract if the engine fails to fulfill the minimum required operation.

19. Participant acknowledges that receipt of this incentive prohibits application for any form of emission reduction credits for this project including: Emission Reduction Credit (ERC), Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from Tehama County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.

20. RC (Initial) Participant agrees, by signing this contract for this project, the owner (or designee) shall not submit another application or sign another contract for the same specific equipment/engine(s) with any other source of Community Air Protection Incentives Program funds, including but not limited to, other Districts or the Air Resources Board for a multi-District solicitation. Participant further certifies that Participant has not received any other incentive funding for the equipment/engine(s) covered under this Agreement. Any owner or owner's designee who is found to have submitted multiple applications or signed multiple contracts for the same equipment/engine(s) shall, at a minimum, be disqualified from funding for that equipment/engine(s) from all sources and may also be banned from submitting future applications to any and all Community Air Protection Program solicitations. In addition, the District or CARB may levy fines and/or pursue other civil or criminal remedies for such conduct.

21. Participant agrees that if funds are not available from CARB, or the Tehama County Air Pollution Control District Board of Directors otherwise declines to appropriate funding for this Agreement, the District shall have the right to cancel this Agreement immediately without cost or penalty to the District or CARB.

22. Participant agrees that the District shall have the right to cancel this contract or withhold payment for non-compliance if the Participant does not meet the obligations of the contract.

23. Participant agrees to be responsible for all applicable taxes on all equipment/engine(s) purchased.

24. Participant hereby asserts that the purchase of low NOx emission engine(s) is a completely voluntary act; and the District has made no representations or guarantees to the Participant regarding the quality, condition, or proposed use of the low NOx emission engine purchased by Participant.

25. This Agreement and any payments to Participant for compensation and expenses are subject to the provisions and limitations imposed by the California Health and Safety Code. District shall have no liability for payment of any compensation and expenses that are found to be in contravention to the California Health and Safety Code. Participant shall reimburse District for any compensation and expenses paid by District to Participant and later determined to be in contravention to the Health and Safety Code.

Agreement Number _____

26. The representative of Participant signing this Agreement on behalf of Participant (authorized signature) affirmatively states that he or she has legal authority to bind Participant to the terms of this Agreement.

27. Correspondence between the District and Participant should be addressed to the following:

To District	To Participant
Tehama County Air Pollution Control District Attn: CAPP Program P.O. Box 1169 Red Bluff, CA 96080 Phone: (530) 527-3717	Rosalio Curiel Curiel Farms 23286 Loleta Ave Corning, CA 96021 Phone: (530) 680-1830

The address and/or contacts may be changed by written notice to the other party. Nothing shall preclude the giving of this information by personal service.

28. Participant shall maintain in force at all times during the term of this Agreement and extensions or modifications thereto, insurance in accordance with Exhibit "B". In the event Participant does not have the required certificate of insurance, or if the required insurance lapses, this Agreement shall be terminated immediately.

29. This agreement supersedes all previous agreements and constitutes the entire understanding of the parties hereto. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by both parties.

30. No performance to be rendered or payment due under this Agreement may be delegated or assigned.

31. This Agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of, the State of California (excepting any conflict of laws or provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

Approved: _____ Date 3-13-25
Rosalio Curiel, Owner
Curiel Farms

Approved: _____ Date 3-21-25
Joseph H. Tona
Air Pollution Control Officer

Agreement Number _____

EXHIBIT "A"
PERFORMANCE REQUIREMENTS

PROJECT ID 26-002

The below listed equipment/engine(s) must meet the minimum performance requirements shown to avoid reimbursement according to Section 18 of this Agreement.

Equipment/Engine Make and Model	Serial Number*	Minimum Yearly Usage (miles, hours, or gallons)	Project Life (years)	Reimbursement Amount (Payback Factor)	Maximum Incentive Amount
New John Deere model 5090E cab tractor, equipped with a 90-horsepower diesel engine	TBD	400 hrs	10	$11.73	$46,937.00

*Serial Number will be filled in by the Tehama County Air Pollution Control District upon verification of project completion.

EXISTING ENGINE SPECIFICATIONS

The below listed equipment/engine(s) specifications must match the specifications turned in with the application, and be running at the time of pre-inspection.

Equipment/Engine Make, Model, and Year	Serial Number
2008 New Holland T4030F tractor equipped with a 75-horsepower diesel engine	160216000

Agreement Number _____

EXHIBIT "B"

INSURANCE REQUIREMENTS

1. During the "project completion timeline," or for one year from the execution of this Agreement, whichever is longer, Participant shall, at its sole expense, obtain and maintain in full force and effect the type and limits of liability requirements as follows:

   COMMERCIAL/GENERAL LIABILITY: Bodily Injury and Property Damage for premises and operations; Personal Injury and Advertising for premises and operations; Independent Contractors (if any basis); Incidental Contracts; Contractual Liability; and Products and Completed Operations.

   "Claims made" policies are unacceptable.

   Minimum Limits: $1,000,000 combined single limit, on an occurrence policy form.

   WORKERS COMPENSATION: If Participant has employees, he/she shall obtain and maintain continuously workers' compensation insurance as required by California law to cover Participant and Participant's employees and partners.

2. Participant shall maintain in force at all times during the term of this Agreement property insurance in an amount of not less than the replacement value of the equipment/engine(s) subject to this Agreement, and covering all risks of loss, damage or destruction of such equipment/engine(s). The policy shall list the Tehama County Air Pollution Control District as loss payee.

3. With regard to all insurance provided as required hereunder:

   Notice of Cancellation: Each insurance policy shall be endorsed, and evidence of such endorsement shall be provided to the DISTRICT, that coverage not be suspended, voided, canceled, reduced in coverage or in limits, or material change in coverage, except after thirty (30) days prior written notice has been given to the DISTRICT. Ten (10) days prior written notice of cancellation for non-payment of Participant's insurance premium is permissible.

   Supplementary Payments: The above-stated limits of liability coverage for Commercial/ General Liability assumes that the standard "supplementary payments" clause will pay in addition to the applicable limits of liability and that these supplementary payments are not included as part of the insurance limits of liability. If any of the policies indicate that defense costs are included in the general aggregate limit, then the general aggregate limits must be a multiple of the per occurrence limits.

   Participant's Insurance Primary: The Participant's insurance coverage shall be primary insurance. Any insurance or self-insurance maintained by the DISTRICT,

it officials, trustees, agents, employees or volunteers shall be excess to the Participants insurance and shall not contribute with it.

Acceptability of Insurer: Insurance is to be placed with admitted State of California insurers which have an A.M. Best's rating of no less than A:VII, or be an equivalent program of self-insurance.

Exceptions: Any exceptions to the above insurance requirements are subject to the concurrence of the DISTRICT.

4. Verification of Coverage:

Participant shall furnish the DISTRICT with insurance or self-insurance and/or original endorsement(s) and/or binder(s) affecting coverage required herein, as directed by the DISTRICT. The certificates, endorsements, and/or binders for each insurance policy are to be signed by a person authorized by the insurer to effect coverage on its behalf. The certificates, endorsements, and/or binders are to be received and approved by the DISTRICT before work commences. The DISTRICT reserves the right to require complete, certified copies of all required insurance policies, at any time. If Participant provides self-insurance, it shall, on intervals specified by the APCO, provide financial statements sufficiently detailed so as to allow the APCO to assess Participant's capability of providing such self-insurance. The APCO may reject self-insurance coverage where he finds that sufficient coverage will not be afforded to the DISTRICT.

1st AMENDMENT

TO THE AGREEMENT BETWEEN TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT AND CURIEL FARMS

This 1st Amendment to Agreement Number 2025-108, dated April 29, 2025, by and between the Tehama County Air Pollution Control District (District) and Curiel Farms to replace an agricultural tractor shall be amended as follows:

From Item 1:

A. Decrease the maximum grant incentive amount from $46,937 to $46,381.

B. Remove one "John Deere model 5090E cab tractor, equipped with a 90-horsepower diesel engine" and add one "John Deere model 5105ML cab low-profile utility tractor equipped with a 105-horsepower diesel engine".

From Exhibit "A":

A. Remove one "John Deere model 5090E cab tractor, equipped with a 90-horsepower diesel engine" and add one "John Deere model 5105ML cab low-profile utility tractor equipped with a 105-horsepower diesel engine".

B. Decrease the Reimbursement Amount from $11.73 to $11.59/hr.

C. Decrease the maximum grant incentive amount from $46,937 to $46,381.

It is mutually agreed that all other terms and conditions of Agreement Number 2025-108 shall remain in full force and effect.

IN WITNESS WHEREOF, District and Participant have executed this agreement on the day and year set forth below.

TEHAMA COUNTY APCD

Date: 5-20-25

Joseph H. Tona, Air Pollution Control Officer

CURIEL FARMS

Date: 5-27-25

Rosalio Curiel, Owner

E-Contract Review
Approval as to Form

Department Name: Air Pollution Control District

Vendor Name: Curiel Farms

Contract Description: For the purpose of FARMER incentive Program

APPROVED AS TO FORM:

Date: 06/16/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1202 **Agenda Date:** 7/15/2025 **Agenda #:** 23.

TEHAMA COUNTY CONTINUUM OF CARE - Continuum of Care Coordinator, Andrea C. Curry

Requested Action(s)
a) INFORMATIONAL PRESENTATION - Regarding the 2025 Point-in-Time (PIT) Count collaborative efforts with community partners

Financial Impact:
There is no financial impact.

Background Information:
Every other year, in January, the Tehama County Continuum of Care conducts a count and voluntary survey of people experiencing homelessness. The 2025 Tehama County Point-in-Time (PIT) count is an aggregate count of sheltered and unsheltered people experiencing homelessness in Tehama County within a single 24-hour period in January 2025.

The count provides our community with information on the number and circumstances of the population of people experiencing homelessness in Tehama County to inform decisions about how to best to address homelessness locally. Collection of this data also contributes to the eligibility of local agencies to apply for and receive state and federal funds to support these local efforts. Additionally, the U.S. Department of Housing and Urban Development (HUD) combines data from Point-in-Time Counts conducted in communities across the nation to create an overall report that is presented to the U.S. Congress to inform policy decisions and budget appropriations at the federal level. The State of California uses California-wide Point-in-Time Count data in much the same way. This year's local count was organized by the Tehama County Continuum of Care, a collaboration of stakeholders whose goal is to solve homelessness in Tehama County, and was carried out with the help of community volunteers, staff from local non-profits and county departments, and members of the faith community. Data analysis and reporting was conducted by Tehama County Continuum of Care.

Tehama County

Agenda Request Form

File #: 25-1180 **Agenda Date:** 7/15/2025 **Agenda #:** 24.

PROBATION DEPARTMENT - Chief Probation Officer Pam Gonzalez

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Chief Probation Officer to sign the agreement with Ronald L. Clark, DDS, with the maximum amount not to exceed $25,000, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
There is no additional financial impact to the General Fund. FY 25/26 appropriated funds will cover expenses related to this agreement.

Background Information:
Dr. Clark has delivered dental care to the youth at the Tehama County Juvenile Detention Facility for over a decade. Renewing our partnership with Dr. Clark is essential to maintaining quality care and supporting the overall well-being of the youths detained at our facility. There is a deviation in the insurance requirements presented in Exhibit A that requires Board review and approval.

E-Contract Review
Approval as to Form

Department Name: Probation

Vendor Name: Ronald L Clark, DDS

Contract Description: For the purpose of Dental Care for the youth of Tehama County Juvenile Detention Facility

APPROVED AS TO FORM:

Date: 06/25/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less

than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND RONALD CLARK, DDS

This agreement is entered into between the County of Tehama, through its department of Probation, ("County") and Ronald L. Clark, DDS, ("Contractor") for the purpose of providing medical/dental services to youth detained at the Tehama County Juvenile Detention Facility.

1) RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide services as specified in Exhibit "B".

2) RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3) COMPENSATION

Contractor shall be paid in accordance with the rates set forth in the Fee Schedule, attached hereto as Exhibit "B", after satisfactorily completing the duties described in this Agreement. The Maximum Compensation payable under this Agreement shall not exceed $25,000.00. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4) BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

5) TERM OF AGREEMENT

This agreement shall commence on July 1st, 2025, and shall terminate on June 30th, 2026, unless terminated in accordance with section 6 below.

6) TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Chief of Probation.

7) ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8) NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9) EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan, nor shall Contractor be eligible for any other County benefit.

10) INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

11) INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements for Contractor," attached hereto and incorporated by reference.

12) PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees, and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13) NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14) GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15) COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16) LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of law's provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17) AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18) NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

a. If to County: Pam Gonzalez, Chief Probation Officer
Tehama County Probation
1840 Walnut St.
Red Bluff, CA 96080

b. If to Contractor: Ronald L. Clark, DDS
727 Washington St.
Red Bluff, CA 96080
(530)527-4311

Notice shall be deemed to be effective two days after mailing.

19) NON-EXCLUSIVE AGREEMENT:

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20) STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21) LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22) RESOLUTION OF AMBIGUITIES:

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23) NO THIRD-PARTY BENEFICIARIES:

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24) HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25) HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26) COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

27) SEXUAL HARASSMENT

Contractor shall not employ sexual harassment or discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Contractor shall provide services in accordance with Exhibit B Nondiscrimination Clause, attached hereto, and the Tehama County Sexual Harassment Policy, available upon request; both made part of this agreement.

28) CONFIDENTIALITY

The intent of this agreement is for the Contractor to provide medical/dental services to youth under the supervision of Probation. However, should specific information regarding the County’s clients become known to Contractor, the following confidentiality rules shall apply:

a. Contractor shall require all employees, volunteers, agents, and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedures (MPP) Division 19, which provide that:

1.) All applications and records concerning any individual made or kept by Contractor shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.

2.) No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.

3.) No person shall publish, disclose, use, permit or cause to be published, disclosed, or used any confidential information pertaining to an applicant or recipient, except as provided by law.

b. Contractor shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such provisions is guilty of a misdemeanor.

c. During the term of this agreement, both parties may have access to information that is confidential or proprietary in nature. Both parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.

d. Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be viewed in the process of doing his/her/its contracted services. The Contractor understands that he/she/its is subject to all the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations; and Confidentiality of Medical Information Act [Part 2.6 (commencing with Section 56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

29) LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Date: _____

_____

PAM GONZALEZ, CHIEF PROBATION OFFICER

RONALD L. CLARK, DDS

Date: _____

_____

RONALD L. CLARK, DDS

100382
Vendor Number

2036-53190
Budget Account Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A: VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Tehama County

Agenda Request Form

File #: 25-1196 **Agenda Date:** 7/15/2025 **Agenda #:** 25.

ENVIRONMENTAL HEALTH - Director Tia Branton

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Director of Environmental Health to sign the agreement with HS GovTech, for the purpose of providing web-based permit, financial, and inspection software application including data management services. Maximum compensation per rates set forth in Appendix C for the initial term of the agreement will be $145,972, effective upon signing through 7/15/30 with automatic one year renewals thereafter unless terminated

Financial Impact:
Funding for the implementation and first year of license $56,100 is available from a non-general fund account 524-10100. The remainder of the term will be budgeted annually within the 4011 budget unit.

Background Information:
Tehama County Environmental Health's current software that is compatible with required CERS (California Environmental Reporting System) integration capabilities will no longer be supported as of December 2025. This new software will be used to replace it.

HS GovTech

Contract for HSCloud Suite

Between:
"Customer"
Tia Branton, Director
Tehama County Environmental Health/
Code Enforcement
633 Washington Street RM 36
Red Bluff, Ca 96080
530-527-8020
Submitted

And

"HS GovTech"
HS GovTech USA
436 East 36th Street, Suite 55
Charlotte, NC 28205
www.HSGovtech.com
Contact: Cameron Garrison, Executive Director of Growth and Operations
Phone: 980-309-1749
Cameron@hscloudsuite.com

HS GOVTECH

TABLE OF CONTENTS

1. Definitions 3
2. Scope of Services 4
3. Right to Use HSCloud Suite 4
4. Ownership of Software and Data 5
5. Obligations of Customer 6
6. Software System Upgrades and Changes 7
7. Intellectual Property 7
8. Term 7
9. Termination 8
10. Decommissioning 8
11. Confidentiality 9
12. Protected Health Information 10
13. Indemnification 11
14. Limitations of Liability 12
15. Notice 13
16. General 13

Appendix A – HSCloud Suite Functionality 16
Appendix A-1 Go Live Criteria 23
Appendix A-2 Included Support 24
Appendix A-3 - Service Level Agreement (SLA) 25
Appendix C - Contract Fees and Payment Schedule: 28
Appendix D - UAT 29
Appendix E - Change Order Form 31
Appendix F - Training 32

HS GOVTECH

This **HS GOVTECH CONTRACT FOR HSCLOUD SUITE** (the "**Agreement**") is made and entered into as of May 19, 2025 (the "**Effective Date**") by and between HS GovTech and the Customer identified on the cover page to which this Agreement is attached. Each of Customer and HS GovTech shall be referred to herein individually as a "**Party**" and together as the "**Parties**."

WHEREAS, HS GovTech is the provider of a web-based permit, financial, and inspection software application (as further defined herein, "**HSCloud Suite**");

WHEREAS, Customer desires to purchase access to all or a portion of the functionality of HSCloud Suite for data management services, including performing inspections in the field using HSCloud Suite, in accordance with the terms and conditions set forth herein.

NOW THEREFORE, the Parties hereto, each in consideration of the mutual promises and obligations assumed herein by the other, agree as follows:

1. Definitions

a) "**Confidential Information**" means any and all data or information in any form or medium (whether oral, written, electronic, or other) that the disclosing Party considers confidential or proprietary or that is otherwise not generally available to the public, or that, by its nature or the circumstances of its disclosure, the receiving Party should reasonably understand to be confidential or proprietary information of the disclosing Party, and includes, but is not limited to, business information, specifications, research, software, trade secrets, know-how, designs, drawings, data, computer programs, customer names and other technical, financial and business information concerning a Party, or any such information of clients or customers of a Party, which is disclosed by or on behalf of such Party to the other Party.

b) "**Custom Configuration**" means alterations to the Standard Application, requested by Customer, to meet specific needs of Customer.

c) "**Customer Data**" means all information, processes, documentation, and data provided or produced by Customer in connection with HSCloud Suite that is not Public Data.

d) "**Decommissioning**" means the process of transitioning Customer away from using HSCloud Suite following termination or expiration of this Agreement, as more particularly set out in Section 9.

e) "**HSCloud Suite**" means HS GovTech's web-based application for permitting, inspections, complaints, and reporting and the associated mobile applications that interface with the web-based application, as more specifically described on Appendix A hereto.

f) "**HSCloud Suite Services Agreement**" means a professional services agreement entered into by and between the Parties pursuant to which HS GovTech provides

Customer with implementation, training, consulting, and other professional services in connection with HSCloud Suite.

g) "**HS GovTech Servers**" means servers operated and maintained by HS GovTech or co-located on which Customer Data and Public Data may be stored and accessible by Customer.

h) "**MyHealthDepartment"** means the citizen portal that allows Customer to interact online with its constituents. This includes the ability to post inspections results online, as well as to apply for permits, renew permits, and pay invoices and fees due to Customer securely online.

i) "**Public Data**" means any and all information entered into or stored in the cloud by Customer, or by HS GovTech on behalf of Customer, that is published and made available to the general public via MyHealthDepartment at the request of Customer, or which is otherwise subject to freedom of information disclosure under any law or regulation applicable to Customer.

j) "**Service Add-Ons**" means features or functionality of HSCloud Suite that are part of the Standard Application but that must be purchased as additional features.

k) "**SOW**" means a Statement of Work entered into by the Parties pursuant to an HSCloud Suite Services Agreement.

l) "**Standard Application**" means application functionality for the HSCloud Suite that is available out-of-the box including the standard configurability options in the system.

m) "**Super User"** means a Customer user that has been delegated – by Customer – authority to perform all administrative functions in HSCloud Suite, including but not limited to; adding Users and managing their permissions, the ability to manage documentation and interact with, and speak for Customer, with support, and to have access to the configuration and system editing tools of HSCloud Suite.

n) "**UAT**" means user acceptance testing.

o) "**User**" is defined as anyone who Customer authorizes to access HSCloud Suite on its behalf, whether or not employed by Customer.

2. Scope of Services

a) HS GovTech will provide Customer with the features and functionality for HSCloud Suite as set out in Appendix A.

b) HS GovTech will provide Customer with training, implementation, and other professional services relating to HSCloud Suite that are not specifically provided hereunder pursuant to an HSCloud Suite Services Agreement which shall set forth the terms and conditions that will apply to such services. In addition, if Customer desires that HS GovTech develops any Custom Configurations for Customer, such development services will be subject to the HSCloud Suite Services Agreement.

3. Right to Use HSCloud Suite

a) Subject to the terms and conditions specified in this Agreement, HS GovTech grants Customer a limited, non-exclusive, non-sublicensable, revocable right during the

Term to use HSCloud Suite as specified in Appendix A, subject to Customer paying the Fee according to the terms set out in Appendix C. The foregoing rights specifically exclude any right of reproduction, sale, lease, sub-license or any other transfer or disposition of HSCloud Suite, or any portion thereof, by Customer; provided, that Customer's Users shall be entitled to access HSCloud Suite on Customer's behalf.

b) The Fee is calculated based on the specifications set forth in Appendix A as of the Effective Date. Upon mutual agreement of the Parties with respect to the addition of any new modules, functionality, or expansion of use of HSCloud Suite by Customer following the Effective Date, Appendix A will be amended to reflect the changes, and Appendix C will be amended to reflect any adjustments to the Fee to reflect the changes.

c) HS GovTech will provide sufficient software access rights and upgrades of the supporting software required for the number of Users and scope as defined in Appendix A, subject to Customer's payment of the associated Fee.

d) Customer is responsible for and agrees to abide by all the provisions of this Agreement, and will ensure that all Customer personnel with access to HSCloud Suite comply with the terms of this Agreement.

e) Customer acknowledges and agrees that its access to, and accordingly its use of, HSCloud Suite is at all times subject to the following limitations:

    i. No Modification or Reverse Engineering—Customer will not directly or indirectly modify, or in any way alter (excluding configuration expressly permitted by the documentation) the whole or any part of HSCloud Suite, nor will Customer translate, decompile, disassemble, reconstruct, decrypt, or reverse engineer the whole or any part of HSCloud Suite.

    ii. No Demonstration with Intent to Replicate—Customer shall not demonstrate HSCloud Suite to a competitor in whole or in part, or any other company or person with the intent to create a similar or like product.

    iii. No Rental or Timeshare Use—Except as permitted herein, Customer will not directly or indirectly license, sublicense, sell, resell, transfer, assign, distribute, rent, lease, or otherwise commercially exploit HSCloud Suite in any way, nor will Customer use HSCloud Suite in a computer service business, service bureau, hosting or time-sharing arrangement.

    iv. Unauthorized Equipment—Customer will only use HSCloud Suite on computing devices which are supported by HS GovTech and which meet the minimum system requirements specified by HS GovTech.

    v. Proprietary Notices—Customer will not directly or indirectly remove any proprietary notices, labels or marks from HSCloud Suite or other materials, including those indicating any intellectual property rights of HS GovTech or any third party unless otherwise agreed between the Parties in writing.

4. Ownership of Software and Data

a) HS GovTech warrants to Customer that HS GovTech has all necessary rights and licenses with respect to the HSCloud Suite as required for HS GovTech to provide HSCloud Suite to Customer in accordance with the terms set forth herein.

b) All Customer Data and Public Data, whether entered into or stored in the system by Customer or by HS GovTech on behalf of Customer, is and will remain the sole property of Customer. Customer represents, warrants, and covenants that Customer owns or otherwise has and will have the necessary rights and consents in and relating to the Customer Data so that, as provided in accordance with this Agreement, the Customer Data does not and will not infringe, misappropriate, or otherwise violate any intellectual property rights, or any privacy or other rights of any third party or violate any applicable law.

c) Customer hereby grants HS GovTech the irrevocable, royalty-free license during the Term of this Agreement to use, copy and otherwise exploit the Customer Data and the Public Data for the express purpose of exercising its rights and performing its obligations pursuant to this Agreement or the HSCloud Suite Services Agreement, including to extract, derive, compile, and publish the Public Data, and for any other purpose permitted hereunder or pursuant to the HSCloud Suite Services Agreement. Customer acknowledges that whether HSCloud Suite uses HS GovTech Servers or third-party servers, the supporting software will transmit data to HS GovTech Servers for the purpose of performing functions on the data required by this Agreement and to collect the Public Data.

d) EXCEPT FOR THE EXPRESS WARRANTIES SET FORTH HEREIN, HSCLOUD SUITE IS PROVIDED "AS IS" AND "AS AVAILABLE." HS GOVTECH SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT, AND ALL WARRANTIES ARISING FROM COURSE OF DEALING, USAGE, OR TRADE PRACTICE. WITHOUT LIMITING THE FOREGOING, HS GOVTECH MAKES NO WARRANTY OF ANY KIND THAT HSCLOUD SUITE, OR ANY PRODUCTS OR RESULTS OF THE USE THEREOF, WILL MEET CUSTOMER'S OR ANY USERS' OTHER PERSON'S REQUIREMENTS, OPERATE WITHOUT INTERRUPTION, ACHIEVE ANY INTENDED RESULT, BE COMPATIBLE OR WORK WITH ANY SOFTWARE, SYSTEM, OR OTHER SERVICES, OR BE SECURE, ACCURATE, COMPLETE, FREE OF HARMFUL CODE, OR ERROR FREE. ALL THIRD PARTY MATERIALS ARE PROVIDED "AS IS" AND ANY REPRESENTATION OR WARRANTY OF OR CONCERNING ANY THIRD PARTY MATERIALS IS STRICTLY BETWEEN CUSTOMER AND THE THIRD PARTY OWNER OR DISTRIBUTOR OF THE THIRD PARTY MATERIALS.

5. Obligations of Customer

Customer will designate staff members to provide the following functions under this Agreement:

a) Customer Administrator: This individual is responsible for Administrator functions within the system, for Customer.

b) Customer agrees to designate a replacement Administrator within thirty (30) days if the primary is unable to serve in that capacity or leaves Customer's organization.

c) Customer will provide access to HS GovTech's online learning material for all Users using HSCloud Suite.

d) If Customer supplies the computing devices to operate the supporting software, Customer is responsible, with support from HS GovTech, to install HSCloud Suite on Customer's computing devices. If HS GovTech supplies the necessary computing devices, HS GovTech will pre-install and configure the supporting software on such devices.

e) Customer will pay the Fees set out in Appendix C on the terms and conditions provided therein.

6. Software System Upgrades and Changes

a) The Fee includes all subsequent core system configurations and changes instituted by HS GovTech after deployment in conjunction with Customer's specific needs and requirements. It does not include any custom development, such as design changes to modules deployed for Customer that are outside the normal configuration options of HSCloud Suite. Phone number, office address, Customer logo changes, print forms (i.e., permits, inspections, etc.) are modifiable for no additional fee (if mandated by state or local ordinance changes). Changes that are discretion designed in nature, but not regulatory, are only covered once per year. Non regulatory changes greater than once per year, will be billed as a change fee. A year is defined by a rolling twelve-month basis.

b) HS GovTech will use commercially reasonable efforts to minimize any changes to minimum system requirements for the HSCloud Suite resulting from system upgrades and changes.

7. Intellectual Property

a) HSCloud Suite and all intellectual property and other rights therein will, at all times, remain the property of HS GovTech. Subject only to the use rights granted herein, nothing in this Agreement grants any right, title, or interest in or to (including any license under) any intellectual property rights in or relating to, HSCloud Suite, whether expressly, by implication, estoppel, or otherwise. All right, title, and interest in and to HSCloud Suite are and will remain with HS GovTech and its licensors.

b) If Customer provides any input, feedback, suggestions, ideas or proposals regarding HSCloud Suite ("**Feedback**"), and such Feedback is not provided in connection with the development of a Custom Configuration or otherwise specifically on a confidential basis, Customer grants HS GovTech a non-exclusive, perpetual, and royalty-free license to use all such Feedback without restriction, provided, that such Feedback is given to HS GovTech on an "as is" basis and Customer does not provide any warranty regarding the Feedback.

8. Term

a) The term of this Agreement will be five years from the Effective Date (the "**Initial Term**").

b) This Agreement will automatically renew under the same terms and conditions for consecutive one year periods (each, a "**Renewal Term**" and together with the Initial Term, the "**Term**") at the expiration of the Initial Term and each subsequent Renewal Term unless:

   i. Customer and HS GovTech enter into a new written agreement which replaces this Agreement, or;

   ii. Customer or HS GovTech provides the other Party with written notice of termination of this Agreement at least sixty (60) days prior to the end of the Initial Term or the applicable Renewal Term, as the case may be.

9. Termination

a) Should either Party materially breach any provision contained in this Agreement and not correct or substantially cure such breach within sixty (60) days after receipt of written notice by the other Party of such breach, then in addition to any other remedies set forth herein, or available in law or in equity, this Agreement may be terminated by the non-breaching Party. Notwithstanding the foregoing, with respect to Customer's payment obligations hereunder, if Customer fails to make a payment within thirty (30) days of the applicable due date, such failure shall constitute a material breach, and Customer shall only have an additional thirty (30) days to cure such breach following notice from HS GovTech.

b) In the event either Party ceases its business operations, makes a general assignment for the benefit of creditors, is adjudged bankrupt, or becomes insolvent, then the other Party may, at its sole discretion, terminate the Agreement upon thirty (30) days notice to the other Party and the provisions set out in Section 9 for Decommissioning will not apply.

c) In addition, HS GovTech may, directly or indirectly, and by use of a disabling device or any other lawful means, suspend, terminate, or otherwise deny Customer's, or any User's, access to or use of all or any part of HSCloud Suite, without incurring any resulting obligation or liability, if: (i) HS GovTech receives a judicial or other governmental demand or order, subpoena, or law enforcement request that expressly or by reasonable implication requires Provider to do so; or (ii) HS GovTech believes, in its good faith discretion, that: (A) Customer or any User has failed to comply with any material term of this Agreement, or accessed or used HSCloud Suite beyond the scope of the rights granted or for a purpose not authorized under this Agreement or in any manner that does not comply with any instruction or requirement provided by HS GovTech; (B) Customer or any User is, has been, or is likely to be involved in any fraudulent, misleading, or unlawful activities relating to or in connection with HSCloud Suite; or (C) this Agreement expires or is terminated. This Section 8(c) does not limit any of HS GovTech's other rights or remedies, whether at law, in equity, or under this Agreement.

10. Decommissioning

a) Upon termination of this Agreement, or its expiration without replacement, (i) Customer will immediately cease using HSCloud Suite, and (ii) HS GovTech will transmit all Customer Data stored on HSCloud Suite to Customer and securely erase such Customer Data from HSCloud Suite within thirty (30) business days of the effective date of termination or expiration, as the case may be. Customer Data will be provided in a SQL backup file (.bak file), or comma delimited if requested by Customer. For Decommissioning to occur, all outstanding monies owed to HS GovTech by Customer must be paid in full at the time of Decommissioning. If Customer is in arrears at the time of termination or expiration of the Agreement, Customer will begin its thirty (30) day Decommission cycle upon full payment of all outstanding amounts owed to HS GovTech. HS GovTech will permanently delete all Customer Data after Decommissioning within ninety (90) days of the date of termination or expiration of this Agreement.

11. Confidentiality

a) Each Party agrees to protect the Confidential Information of the other Party in the same manner that it protects the confidentiality of its own proprietary and confidential information of a like kind, but in no case less than reasonable care, and will not use the Confidential Information of the other Party, except in connection with the performance of its obligations under this Agreement or as permitted by this Agreement. The confidentiality provisions set forth in this Agreement will remain in full force and effect in perpetuity.

b) Upon termination or expiration of this Agreement or upon the written instruction of the Party owning Confidential Information, the other Party will return or destroy the requesting Party's Confidential Information. For purposes of the foregoing, a Party will be deemed to have destroyed electronic Confidential Information when it executes an application - or operating system-level, commercially reasonable delete function on it, provided that thereafter it does not conduct or permit any recovery or restoration of the same.

c) Each Party will be responsible to the other for any disclosure of Confidential Information that is not permitted by this Agreement to the extent caused by such Party and for any failure by such Party to comply with the terms hereof. Each Party will indemnify and hold harmless the other, from and against any and all claims arising out of any breach by it of this Section 11(c).

d) The obligations of confidentiality set out in this Section 11 will not apply in respect of uses or disclosures of Confidential Information where:

   i. The Party disclosing such Confidential Information consents in advance in writing,

   ii. Disclosure is required to comply with any applicable law, judicial order or stock exchange rules, provided that the Party proposing to disclose the Confidential Information gives the other Party reasonable, sufficient notice as may be practicable in the circumstances to contest or protect the required disclosure, or

iii. The Party proposing to use or disclose the Confidential Information can establish with documentary evidence that, other than as a result of a breach of this Agreement, The Confidential Information:

A. is available in the public domain or is Public Data,
B. was disclosed to it by a third party without violating confidentiality obligations, or
C. was already known by it or was subsequently developed by it without any use of Confidential Information of the other Party.

12. Protected Health Information

a) HS GovTech will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic protected health information (PHI) included in the Customer Data in accordance with the NIST 800-53 Security Guide should Customer require that HS GovTech, subcontractor(s) or agent(s) create, receive, maintain, or transmit PHI data on behalf of Customer. PHI data shall be protected against unauthorized access, disclosure or modification, theft, or destruction.

b) HS GovTech will use encryption that is in accordance with NIST Special Publication 800-111 Guide to Storage Encryption, including the use of standards-based encryption format using triple-DES (3DES), or the Advanced Encryption Standard (AES), or their successors.

c) Backups of PHI will be encrypted in accordance with secure methods as listed in NIST Special Publication 800-111 Guide to Storage Encryption, including off-site storage in a physically secure location with secure access controls to authorized personnel. Backup schedules shall be maintained to ensure timely availability and integrity of data.

d) HS GovTech will implement technical security measures including mechanisms to encrypt and decrypt electronic PHI "at rest" and "during transmission" over an electronic communications network, including the internet, consistent with NIST Special Publications 800-52, 800-77 and Guidelines as appropriate to comply with Federal Information Processing Standards in the protection of PHI.

e) HS GovTech will perform an independent audit of its data centers at least annually at its expense and provide a redacted version of the audit report to Customer upon request. HS GovTech may remove its proprietary information from the redacted version. A Service Organization Control (SOC) 2 audit report or approved equivalent sets the minimum level of a third party audit.

f) HS GovTech will provide reports or additional information upon request of Customer and access by Customer or designated staff to HS GovTech's facilities and/or any location involved with providing services to Customer or involved with processing or storing Customer Data, and HS GovTech shall reasonably cooperate with Customer staff and audit requests submitted under this Section. Any Confidential Information of either Party accessed or disclosed during the course of the security audit shall be treated as set forth under this Agreement or applicable laws or regulations. Each Party shall bear its own expenses incurred in the course of conducting this security

audit. HS GovTech shall at its own expense promptly rectify any non-compliance identified by the security audit and provide proof to Customer thereof.

g) HS GovTech will report any security incident to the appropriate Customer identified contact immediately. If HS GovTech has actual knowledge of a confirmed data breach that affects the security of any Customer Data that is subject to applicable data breach notification law, HS GovTech shall:

   i. Promptly notify the appropriate Customer identified contact within 24 hours or sooner, unless a shorter time is required by applicable law,

   ii. Take commercially reasonable measures to report perceived security incidents to address the data breach in a timely manner,

   iii. Cooperate with Customer as reasonably requested by Customer to investigate and resolve the data breach,

   iv. Promptly implement necessary remedial measures, if necessary, and

h) Document responsive actions taken related to the data breach, including any post-incident review of events and actions taken to make changes in business practices in providing the services, if necessary.

i) Access to Customer Data will be restricted to authorized personnel. Security measures will be enforced to ensure the integrity, security and availability of the system and data resources. HS GovTech will be subject to HIPAA/HITECH Breach Notification requirements of unsecured Protected Health Information. All HS GovTech personnel assigned to this task order will be subject to appropriate security clearances granted in accordance with their assigned duties and responsibilities. All HS GovTech personnel will be informed of their security responsibilities and be subject to security monitoring and audits to ensure compliance to security clearances.

j) HS GovTech will deliver to Customer its annual SOC2 Type 2 audit within thirty (30) days of request, if formally requested.

13. Indemnification

a) HS GovTech shall defend, indemnify and hold harmless Customer and its officers, directors, employees, agents, successors, and assigns from and against any and all liabilities, claims or demands arising out of any third party claim that HSCloud Suite infringes or misappropriates such third party's United States patents, copyrights, or trade secrets. The foregoing obligation does not apply to the extent the alleged infringement arises from (i) third party materials or Customer Data, (ii) access to or use of HSCloud Suite by Customer in combination with any hardware, system, software, network, or other materials or service not specified by HS GovTech for use with HSCloud Suite, (iii) Customer's failure to comply with its obligations pursuant to Section 4(d), or (iv) any acts or omissions of Customer or its personnel. Customer will immediately provide notice to HS GovTech in the event of any such claim, and HS GovTech will have the right to defend and settle any such claims.

b) Customer shall defend, indemnify and hold harmless HS GovTech and its officers, directors, employees, agents, successors, and assigns from and against any and all

liabilities, claims or demands arising out of any third party claim based on Customer Data, including any processing of Customer Data in accordance with this Agreement, and any other materials or information (including any documents, data, specifications, software, content, or technology) provided by or on behalf of Customer or any User, including HS GovTech's compliance with any specifications or directions provided by or on behalf of Customer or any User to the extent prepared without any contribution by HS GovTech.

c) Each Party shall promptly notify the other Party in writing of any claim for which such Party believes it is entitled to be indemnified pursuant to Section 13(a) or Section 13(b), as the case may be. The Party seeking indemnification (the "**Indemnitee**") shall cooperate with the other Party (the "**Indemnitor**") at the Indemnitor's sole cost and expense. The Indemnitor shall promptly assume control of the defense at the Indemnitor's sole cost and expense. The Indemnitee may participate in and observe the proceedings at its own cost and expense with counsel of its own choosing. The Indemnitor shall not settle any claim without the Indemnitee's prior written consent, which shall not be unreasonably withheld or delayed. If the Indemnitor fails or refuses to assume control of the defense of such claim, the Indemnitee shall have the right, but no obligation, to defend against such claim, including settling such claim after giving notice to the Indemnitor, in each case in such manner and on such terms as the Indemnitee may deem appropriate. The Indemnitee's failure to perform any obligations under this Section 13(c) will not relieve the Indemnitor of its obligations under this Section 13, except to the extent that the Indemnitor can demonstrate that it has been materially prejudiced as a result of such failure.

d) Customer acknowledges that HSCloud Suite provided by HS GovTech constitutes part of an information system to be used by Customer, its staff, employees, and authorized agents in the performance of their professional responsibilities and is in no way intended to replace their professional skill and judgment.

e) THIS SECTION 13 SETS FORTH CUSTOMER'S SOLE REMEDIES AND HS GOVTECH'S SOLE LIABILITY AND OBLIGATION FOR ANY ACTUAL, THREATENED, OR ALLEGED CLAIMS THAT HSCLOUD SUITE OR ANY SUBJECT MATTER OF THIS AGREEMENT INFRINGES, MISAPPROPRIATES, OR OTHERWISE VIOLATES ANY INTELLECTUAL PROPERTY RIGHTS OF ANY THIRD PARTY.

14. Limitations of Liability

a) IN NO EVENT WILL HS GOVTECH OR ANY OF ITS LICENSORS, SERVICE PROVIDERS, OR SUPPLIERS BE LIABLE UNDER OR IN CONNECTION WITH THIS AGREEMENT OR ITS SUBJECT MATTER UNDER ANY LEGAL OR EQUITABLE THEORY, INCLUDING BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, AND OTHERWISE, FOR ANY: (I) LOSS OF PRODUCTION, USE, BUSINESS, REVENUE, OR PROFIT OR DIMINUTION IN VALUE; (II) IMPAIRMENT, INABILITY TO USE OR LOSS, INTERRUPTION, OR DELAY OF THE SERVICES, OTHER THAN FOR THE ISSUANCE OF ANY APPLICABLE SERVICE CREDITS PURSUANT TO THE SERVICE LEVEL

AGREEMENT; (III) LOSS, DAMAGE, CORRUPTION, OR RECOVERY OF DATA, OR BREACH OF DATA OR SYSTEM SECURITY; (IV) COST OF REPLACEMENT GOODS OR SERVICES; (V) LOSS OF GOODWILL OR REPUTATION; OR (VI) CONSEQUENTIAL, INCIDENTAL, INDIRECT, EXEMPLARY, SPECIAL, ENHANCED, OR PUNITIVE DAMAGES, REGARDLESS OF WHETHER SUCH PERSONS WERE ADVISED OF THE POSSIBILITY OF SUCH LOSSES OR DAMAGES OR SUCH LOSSES OR DAMAGES WERE OTHERWISE FORESEEABLE, AND NOTWITHSTANDING THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE.

b) IN NO EVENT WILL THE AGGREGATE LIABILITY OF HS GOVTECH ARISING OUT OF OR RELATED TO THIS AGREEMENT, WHETHER ARISING UNDER OR RELATED TO BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, OR ANY OTHER LEGAL OR EQUITABLE THEORY, EXCEED THE TOTAL AMOUNTS PAID TO HS GOVTECH BY CUSTOMER UNDER THIS AGREEMENT IN THE ONE YEAR PERIOD PRECEDING THE EVENT GIVING RISE TO THE CLAIM. THE FOREGOING LIMITATIONS APPLY EVEN IF ANY REMEDY FAILS OF ITS ESSENTIAL PURPOSE.

15. Notice

a) All notices provided under this Agreement will be in writing and will be sent by certified mail, return receipt requested, or by email to the people and addresses set out below, or to such other addresses as either Party may specify by notice to the other Party. All notices sent by certified mail will be effective upon the date of receipt. Notices sent by email will be immediately effective on the date of transmission if sent during regular business hours, or on the next business day if sent outside of regular business hours.

To HS GovTech:

HS GovTech Solutions Inc.
436 East 36th Street, Suite 55, Charlotte, NC 28205
Telephone: 866-860-4224 ext 1004
Website: www.hsgovtech.com
Contact: Cameron Garrison, Executive Director of Growth & Operations
Cameron@hscloudsuite.com

To Customer:

CONTRACT CONTACT	
Name	**Tia Branton, Direcot**
Address	**633 Washington St RM36, Red Bluff, CA 96080**
Phone	**530-527-8020**
Email	tbranton@tehama.gov

ACCOUNTS RECEIVABLE CONTACT	
Name	Lori S Mueller
Address	633 Washington St. RM36 Red Bluff 96080
Phone	530-527-8020
Email	lmueller@tehama.gov

b) If normal mail service or email are interrupted by a Force Majeure (as defined below) or other cause, then a notice sent by the impaired means of communication will not be deemed to be received until received, and the Party sending the notice will use any other such services which have not been so interrupted or will deliver such notice in order to ensure prompt receipt thereof.

16. General

a) Neither Party is liable for any delay, interruption, or failure in the performance of its obligations hereunder if caused by acts of God, war, declared or undeclared, fire, flood, storm, landslide, earthquake, such Party's failure or inability to obtain equipment, supplies or other facilities not caused by a failure to pay, labor disputes, or other similar events beyond the reasonable control of the Party affected (each, a "**Force Majeure**") that may prevent or delay such performance. If any such act or event occurs or is likely to occur, the Party affected will promptly notify the other Party, giving reasonable particulars of the event. The Party so affected will use reasonable efforts to eliminate or remedy the event.

b) This Agreement and the schedules and all attachments attached hereto and referenced herein will constitute the entire Agreement of the Parties and will supersede all prior negotiations, proposals, and representations, whether written or oral with respect to the subject matter hereof.

c) This Agreement may not be modified except by subsequent agreement in writing executed by authorized representatives of both Customer and HS GovTech.

d) It is mutually agreed by and between the Parties that the relationship between Customer and HS GovTech will be that of independent contractors and no principal-agent or employer-employee relationship is created by this Agreement.

e) It is mutually agreed by and between the Parties that if any section, subsection, sentence, clause, phrase, or portion of this Agreement will be for any reason held invalid, unenforceable, or unconstitutional by a court of competent jurisdiction, such portion will be deemed a separate, distinct and independent provision and such holding will not affect the validity of the remaining portions thereof.

f) It is mutually agreed and acknowledged by and between the Parties that any breach by it of this Agreement with respect to the intellectual property rights or Confidential Information of the other Party may cause the other Party immediate and irreparable harm for which monetary damages would not be adequate to compensate such other Party, and so upon such a breach the other Party may seek injunctive or other equitable relief against the breaching Party from any court of competent jurisdiction without establishing the inadequacy of monetary damages, proof of actual harm or posting any bond or security.

g) This Agreement will be governed by and construed in accordance with the laws enforced from time to time in the State of California and the federal laws of the United States applicable therein, without reference to their conflicts of laws principles.

h) The captions and headings appearing in this Agreement are inserted for convenience only and do not form a part of this Agreement and are not intended to interpret, define, or limit the scope, extent or intent of this Agreement or any provision hereof.

i) This Agreement will ensure to the benefit of and be binding upon the Parties hereto and their respective heirs, executors, administrators, personal representatives, successors, and assigns. Customer may not assign or transfer any interest in this Agreement without the prior written consent of HS GovTech.

j) Whenever the singular or masculine is used herein, the same will be deemed to include the plural or the feminine of the body politic or corporate where the context of the party so requires.

k) This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement.

IN WITNESS WHEREOF, the Parties hereto have entered into this Agreement as of the Effective Date.

For HS GOVTECH SOLUTIONS INC.:

6/16/2025 Eric Thomas
Date **Eric Thomas, CEO**

For CUSTOMER:

6/16/2025 Tia Branton
Date **Tia Branton, Director**

_05/20/25__ Ashley Franco_____
Date **Ashley Franco, VP of Professional Services**

HS GOVTECH

Appendix A – HSCloud Suite Functionality

Enablement Project Services

Scope of Services

This section describes the scope of the Project that the Customer and HS GovTech agree is needed to meet the Project objectives. The scope of this Project is based upon information gathered by HS GovTech, as well as information provided by the Customer during demonstrations. Listed below is the scope of work that will be performed and is predicated on the assumptions listed in Section **Operating Assumptions** of this SOW.

Should the Project scope be required to change at any time during this Project's lifecycle, those changes will be managed as described in section **Change Order Process** of this SOW.

In Scope

Program Areas to include EH/CUPA

- Food (Retail, Cottage, Mobile, Temp)
- CUPA (UST/AST Program, Hazardous Waste Program, CALARP program)
- HazMat
- Solid Waste and Liquid Waste Vehicles
- Wells
- Waste Tire
- Water
- Pools
- Solid and Medical Waste
- Body Art
- Childhood Lead

Program Defined as - A standard Program with no customizations in the HS GovTech system, includes the following utilities, workflow and features.

Standard Workflow Utilities

Address Manager
Contact Manager
Plan Review Manager
Complaint Manager
Establishment Manager
Invoice and Fee Manager
Temporary Event and Temporary
Permit Manager
Inspection Manager
Event Vendor Managers

Features within the Standardized Workflow

- Bulk Invoicing for Annual Permit Renewals/Fees
- Unique Fee Schedule Management
- Ability to Bulk Import Check Payment Data
- HSMobile Inspection App
- Inspection Scheduler for Routine and Follow-up Inspections
- Violation Library Data Management Tool
- Public Facing Citizen Portal Inspection Results Posting Page (standard format)
- Standard Time Log Time ~~Tacking~~ Utility Tracking
- Standard Attachments Utility on all Utilities
- Standard "Record Summary" print friendly view for all utilities/records

- Conversation Manager Interactive Emails Feature
- Ability to Mass Email System Contacts through Primary Workflows
- Standard Print Engine and Expected Configurable Forms*
- Standard HS Analytics Platform with Standard Reports**
- Financial, and receipting module, for all programs included in system
    - HS PayCORE (third party vendor would be additional fee) - Ability to use system for credit, debit, and ACH payments - including online by operators.

Standard Print Engine

- Ability to Print the following HSGovTech Generic forms or an Agency Provided Official Form:

Form Name	QTY
Permit Form	1
Inspection Form	1
HS GovTech Standard Complaint Form	1
HS GovTech Standard Invoice Form	1
HS GovTech Standard Receipt Form	1

- Ability to Bulk Print Invoices via the Bulk Invoicing Standard Utility
- Ability to Bulk Print Forms via the standard List View for Permits, Inspections, Complaints, and Invoices

HS Analytics Standard Reports

Accounting Report	Deposit Report	Inspection Dashboard
Inspection Overview Report	Inspection Violation Report	Invoices Account Report
Permissions Report	Permit Info Report	Productivity Report
Time Tracking Report	Record History Report	Completed & Average Report
Directors Report		

Data Conversion Services

Data Conversion is the process of receiving data from another source, and processing it and importing it into the HS Govtech Software.

Data Conversion requested from existing database into HSGT data conversion structure spreadsheet done by agency. *(If agency decides to have data conversion done by HSGT, would be an additional $13,800)

Included with Standard Data Import Process:

- File Types: *.bak, *.mdf, *.txt, *.csv *.xls(x)
- Initial Data Review, Cross Walk, Processing and Import
- 2 Rounds of Remediation on the Initial Import Process

- Final Go Live Data Processing and Import
- Historical Violation Libraries for all inspection data not generated from HS Cloud
- Financial Data includes only open invoices (IE containing a balance)
    - All other Historic Data will be imported into historical utility

NOTE - Files provided in Excel need to meet certain criteria for acceptance:

- Each column must have a unique column name
- There must be only one header row
- All data should be in a single tab within the spreadsheet
- No cells may be merged
- No images may be present

Not Included with Data Import Process

- File Types:*.dbf, *.log, images, pdfs, *.dat
- Data De-Duplication and Sanitizing
- Additional Remediation Rounds
- Data Sets Submitted not listed in this appendix
- Attachments

Out-of-Scope

The In Scope section above describes the Services that HS GovTech will perform. Other services are not included. The process described in section **Change Order Process** can be used to add items to the scope.

Specialized Customization Requiring Development Resources (Non-Standard):

- There is no data conversion from existing databases to HS Cloud Suite for the program areas listed above in this agreement.
- No complex Mathematical Calculations on Fields
- No complex logic for changing values of fields, based on the value of another field, or filtering drop down values
- No specialized logic for triggering the creation of invoices/fees
- No specialized logic for the triggering of record creation or the automation of steps within a workflow process

Project Enablement Approach

The approach described in this section reflects a combination of HS GovTech's' best practices and experiences in providing enablement services to other HS GovTech's customers. HS GovTech's enablement methodology provides a simple and efficient, proven approach, . Unless otherwise agreed, the Project will use this approach.

Enablement Methodology

Project methodology is carried out in the simplified phases defined below:

- Engage
- Enable
- Ensure
- Execute
- Exceed

.

HS GovTech's Enablement Methodology, in conjunction with the assumptions stated in Section **Operating Assumptions**, has been used to estimate all activities in this SOW.

Project Enablement Team

This section defines the organizational structure that could be utilized on this engagement.

HS GovTech's Management

HS GovTech will assign the following levels of management to support the professional services associated with this SOW / contract's referenced in section implementation phased activities:

HS GovTech's Project Enablement Manager – is responsible for the successful management and completion of the Project scope (Activities, Tasks, and Deliverables) in this SOW and for monitoring the HS GovTech team assigned to the effort to assure their performance is in accordance with this SOW and the Project Schedule. In addition, the HS GovTech's Project Enablement Manager will manage the "Change Order Process" defined in Section **Change Order Process.**

HS GovTech's Executive – is responsible for any matters brought for escalation and participates in the Project Steering Committee when HS GovTech's Program Manager or Customers' Project Manager requests such presence.

Project Phases

This section describes the activities and the tasks to be performed, the responsibilities of each organization while performing the activities, the deliverables to be produced, the project enablement burndown of hours, and the project charges.

Operating Assumptions

- The HS GovTech's Project Enablement Manager will control all changes to this SOW via the initiation of the Project Change Order Process described in section Change Order Process of this SOW. All mutually agreed-upon changes will become part of this SOW.

- The HS GovTech Project Enablement Manager will be responsible for coordinating as set forth in Section Enablement Phase with customer's decision point of contact.
- Any activities, tasks, or Deliverables not specifically stated in this SOW are, by default, excluded from the work to be performed by HS GovTech, unless included by mutual agreement via the Change Order Process.
- All hours and days are business hours and days.
- Working hours are local to the office each resource is working.
- HS GovTech services will be performed at HS GovTech site(s)
- HS GovTech will be hosting (1) HS Cloudsuite Environment. Any additional required environment(s) will have cost implications.
- Any third-party products not outlined in this SOW will be subject to the Change Order Process.
- A request for a revised schedule (Exceeding number of hours) must be reviewed and approved within three (3) days of presentation by the Customer's leadership in writing and will be subject to additional fees and costs incurred.
- The Project commences with an overview of the Standard HS Cloudsuite Platform to allow the Customer stakeholders to be exposed to the most current release of HS Cloudsuite.
- Customer will be responsible for executing the user acceptance plan. HS GovTech may provide limited support and guidance during this phase of the enablement project and will be subject to the Change Order Process.
- Customer will be responsible for assigning testing resources according to the mutually agreed upon plan and in accordance with the mutually agreed upon allotted timelines.

Phase Activities

Engagement Phase

Tasks Associated with this Activity:

- Initial Demonstration with Sales Team
- Confirm the standard enablement project requirements with Enablement Team
- Final Demonstration
- Contracting Process

Deliverables:

- Signed Contract

Enablement Phase

Tasks Associated with this activity:

- Sales handoff to Professional Services

- Enablement PM Kickoff
    - Cadence with customer established
    - Confirmation of requirements for programs selected
- Enablement
    - Check-ins with customer per cadence
    - Timeline Burndown Review
    - Documentation creation for UAT(testing)

Deliverables:

- Project Status Updates
- Testing Documentation

Ensure Phase Activities

Tasks Associated with this activity:

- HSGT testing on all programs end to end
- Tweak or fix any internal issues found
- PM - Ensure phase check in with customer
    - Turn over all documentation
    - Walk through use cases
- Customer UAT (1-2 weeks)
    - PM Triage any critical issues
    - Remediate or Reject
    - PM - Change orders created for new functionality
- Close out Ensure Phase
    - PM - Alert client of movement to execute phase
- Customer Enablement train the trainer
    - Prepare customer train-the-trainer materials if needed

Customer Responsibility:

- Execute UAT within the designated timeframe
- Prepare end user training curriculum
- Prepare go-live transition guides for customer's end user staff

Deliverables:

- Review Customer UAT summary report
- Customer training curriculum, transition guides, training materials, as appropriate
- For details on UAT, please refer to **Appendix D: User Acceptance Test**

Execute Phase Activities

Tasks Associated with this activity:

- PM sets date immediately following UAT
- Confirm environment ready for go live execution

- PM to allocate resources needed to execute go-live
- PM to Introduce support staff and process according to SOW

HS GovTech Responsibility:

- Obtain Sign-Off on all Named Project Deliverables
- Conduct a Lessons Learned session and distribute documented results to participants
- Conduct End Meeting to review, discuss and finalize all the above

Customer Responsibility:

- Participate in the Definition, Development, and Review of Deliverables
- Participate in the Lessons Learned session
- Participate in End Review meeting

Deliverables:

- Standard Platform Components Defined in the SOW

Exceed Phase Activities

- Enablement PM to Support Services handoff
- Enablement PM to set post enablement audit with customer (lessons learned)
- Support to establish cadence with customer (monthly check-ins)
- Support to suggest any additional billable training if needed
- Account manager introduction for first QBR

Schedule

HS GovTech' estimated Project schedule to perform the tasks outlined in this SOW is approximately ***16*** weeks from project kickoff. A project phase timeline will be developed according to the project's **Project Engagement Phase.**

Set Up Fee Estimate

HS GovTech's estimated total charges to perform its HS Coudsuite responsibilities as described in this document on a time and materials basis is $42,000.00 less 15% mass California adoption discount equaling $35,700.00 This estimate includes 275 hours in project enablement services. This estimate provides the Customer with a high-level estimation based on the information provided at the time this SOW was prepared.

Estimated Timeline: 4 months

Appendix A-1 Go Live Criteria

Go-live is determined as the milestone where Customer provides HS GovTech formal approval that the HSCloud Suite implementation has reached the point where the programs listed in **"Appendix A - HSCloud Suite Functionality"** have met the In Scope criteria approved during the engagement phase.

The following Go Live Criteria checklist represents at a high level the criteria HS GovTech will measure to ensure that the project has reached the Go Live Milestone.

- **Configuration**
  - The configurations, including print forms, have been completed for programs listed in "Appendix A - HSCloud Suite Functionality"
  - Standard Reports have been deployed for HS Analytic

- **User Acceptance Testing (UAT)**
  - Approved customer UAT closure based on the HSGT provided testing plans.
  - Issues identified during UAT have been identified and resolved.

- **Training**
  - Train the trainer has been completed for customer identified staff in accordance with the terms of the HSCloud Suite Services Agreement.

Appendix A-2 Included Support

Hosting:

a) Service includes web hosting, data storage, data backup and publishing public data, which includes inspection information configured to meet the requirements of Customer.

b) HS GovTech will make reasonable efforts to ensure that the system servers are available at 99.99% availability per calendar month on all its services subject to any Force Majeure. HS GovTech provides a Service Level Agreement (SLA) for its clients. Please see the SLA attached as Appendix B.

c) HS GovTech will allow access, via the internet, to the system servers.

Support and Maintenance:

Any issue or needs with ongoing use of the system can be handled by using the HSCloud Support feature. Full instructions on usage will be provided by product support staff. During usage, any bugs encountered will be fixed within three (3) business days. Any change or additional functionality requests - outside the scope of this Agreement - will be reviewed and assessed, and if approved, a quote for the work will be provided.

Appendix A3 - Platform Service Level Agreement (SLA)

Bug Remediation & Response Service Level Agreement (SLA)

1. Overview

This Service Level Agreement ("SLA") outlines the response and resolution times for verified software defects ("bugs") reported by customers of [Company Name]'s SaaS platform. The objective is to ensure timely and effective resolution of issues impacting system functionality and user experience in production.

2. Severity Classification & Remediation

Verified bugs reported by customers will be classified into four severity levels based on impact and urgency. The following table defines these levels along with their respective response and resolution targets:

Severity 1 - Critical (Blocker)

- **Definition:** A complete system outage, data corruption, or any issue that prevents all users from accessing the platform with no available workaround.
- **Response Time:** Within 1 hour (24/7 support) or within 4 business hours .
- **Resolution Target:** Best effort to resolve within 24 hours of verification or emergency hotfix deployment as soon as possible.

Severity 2 - High (Major Issue)

- **Definition:** Major functionality is impaired, significantly affecting business operations. A workaround may exist but is not ideal.
- **Response Time:** Within 4 business hours of verification.
- **Resolution Target:** Fix provided within 2–5 business days of verification potentially in a scheduled patch release.

Severity 3 - Medium (Moderate Issue)

- **Definition:** A non-critical function is impaired, but core business operations can continue. Workarounds are typically available.
- **Response Time:** Within 1 business day of verification
- **Resolution Target:** Fix included in the next planned release (typically within 2–4 weeks of verification).

Severity 4 - Low (Minor Issue / Enhancement Request)

- **Definition:** Cosmetic issues, minor usability concerns, or feature requests that do not impact business functionality.
- **Response Time:** Within 2 business days of verification.
- **Resolution Target:** Considered for a future release, with no committed timeline.

3. Customer Responsibilities

To ensure timely bug resolution, customers must provide:

- A clear description of the issue, including screenshots or error messages.
- Steps to reproduce the bug.
- Impact assessment (e.g., number of users affected, business impact).

4. Exclusions

This SLA does not apply to:

- Issues caused by customer-side misconfiguration or third-party integrations.
- Scheduled maintenance and planned downtime.
- Force majeure events beyond [Company Name]'s control (e.g., natural disasters, internet service disruptions).

5. Contact & Support Hours

- **Standard Support Hours:** [Insert support availability, e.g., 9 AM – 6 PM, Monday to Friday]
- **Emergency Support:** Available 24/7 for Severity 1 issues via [support email/phone].

6. Review & Updates

This SLA is subject to periodic review and updates to align with business needs and customer feedback.

Network Availability
Network uptime occurs when the functionality of all HS GovTech network infrastructure including cabling, switches, and routers, is operating as designed. Network downtime occurs if the HS GovTech Servers are unable to transmit and/or receive data, and if Customer opens a service ticket for the incident in the Customer system ticket tracking module. The HS GovTech network will be available 99.99% of the time, excluding scheduled maintenance or upgrades approved by both Customer and HS GovTech. Should a network outage occur that results in Customer system unavailability, HS GovTech will credit Customer 5% of the [Annual] Fee for every additional one (1) hour of downtime, up to but not exceeding 100% of one [monthly payment]. These credits will be applied toward future Fee payments.

Infrastructure Guarantee
Critical systems include all power and HVAC infrastructure, UPS equipment, and cabling. Power supplies of individual servers are not included (see below for Hardware Guarantee). Critical systems downtime occurs when a HS GovTech server assigned to a Customer system is shut down because of power or heat problems, and if Customer opens a service ticket for the incident in the Customer system ticket-tracking module. Critical system downtime is measured from the time the Customer ticket is opened to the time the issue is resolved and the HS GovTech server comes back online. HS GovTech critical systems, including power and HVAC, are available 100% of the time, excluding scheduled maintenance periods. Should an outage

due to critical system failure occur, HS GovTech will credit Customer 5% of the [annual] Fee for every additional one (1) hour of downtime, up to but not exceeding 100% of one [annual] payment. These will be applied toward future Fee payments.

Hardware Guarantee
Hardware is defined as the processor(s), RAM, hard disk(s), motherboard, NIC card, and other related components included in the HS GovTech server assigned to the Customer system. All hardware components directly relating to the Customer system will function properly and any failed component will be replaced immediately at no additional Customer cost. The replacement process will begin when the cause of the problem has been determined. Hardware replacement is guaranteed to take no more than two (2) hours. In the event that the replacement takes more than two (2) hours, HS GovTech will credit Customer 5% of the [annual] Fee for every additional one (1) hour of downtime, up to but not exceeding 100% of one [annual] payment. These credits will be applied toward future Fee payments.

Maintenance and Escalation (scheduled and unscheduled)
HS GovTech will notify Customer at least forty-eight (48) hours in advance of any scheduled network downtime for maintenance and service. In the event of an unscheduled outage, HS GovTech will immediately notify the Customer System Administrator of the outage and its estimated length.

For outages lasting one (1) hour or longer the HS GovTech Operations Manager and Director of Programming and Development will treat the outage as top priority for immediate resolution. If the outage lasts more than two (2) hours the issue is assigned to the Chief Technology Officer. Any outage lasting four (4) or more hours is escalated to the HS GovTech Chief Executive Officer.

Should the outage last more than four (4) hours HS GovTech will provide updates to the Customer System Administrator every four (4) hours on the system status. All updates and notifications will be sent via email to the Client System Administrator.

Customer Support and Warranty
Customer Support is available Monday through Friday during the hours of 8:00 AM – 6:00 PM EST except for federal holidays. An after-hours emergency support number is made available for Client division director level personnel.

Critical errors or bugs in system code identified as a base platform issue will be addressed and repaired immediately for the Term of the Agreement. System change requests from Customer will be evaluated on a case-by-case basis and scheduled for completion based on billable Change Order.

Exceptions
Customers with delinquent accounts may not take advantage of the uptime guarantee set forth in this Appendix B. Customer must request all credits within three (3) days of the reported downtime, and the downtime must be from a single occurrence.

HS GOVTECH

Appendix C - Contract Fees and Payment Schedule:

1. **Fees**

a) The fees payable under this Agreement are as follows:

Set-up: Configuration, data conversion, and implementation to HSCloud Suite for the programs listed in the SOW	**$ 35,700.00**
License Fee: Annual cost for warranty, hosting, maintenance, and technical support	**$ 20,400.00**

b) Payment schedule and terms:

100% of set-up fee, and of first-year license, warranty, hosting, maintenance, and technical support is due upon execution of contract.
Fees for second-year licensing, hosting, maintenance, and technical support are due on the one-year anniversary of the contract's execution. These services will continue annually for the duration of the contract term, with a 6% annual escalation applied beginning in the third year
Payments: Payment 1 - $56,100.00 Payment 2 - $20,400.00 Payment 3 - $21,624.00 Payment 4 - $22,921.44 Payment 5 - $24,926.73

2. Term:

This Agreement begins on the date it is executed and continues for a period of five (5) years as outlined in Section 8 titled "Term".
Renewal: 90 -120 days prior to the end of contract term, the agency must renew annual contract to continue service, or provide a written notice for contract termination. If a deliverable has been completed and properly noticed to the agency, and should agency withhold approval for no disclosed technical defect, after 30 days the deliverable will be deemed accepted for payment purposes.

Appendix D: User Acceptance Test (UAT)

1. A **2 week** timeframe is set aside for UAT support by HS GovTech and has been recommended as the maximum time required for Customer to test the HS GovTech-produced components. Customer understands that this timeframe includes:
    a. Customer's components to be tested in the UAT environment.
    b. All Customer UAT testing, regardless of the number of Customer organizations involved in the testing.
    c. HS GovTech's remedy to any verified Severity Level 1 issues (see severity definitions table below) found while executing the User Acceptance Test Plan.
    d. HS GovTech's remedy to any verified Severity Level 1 configuration related problems (see severity definitions table below), issues, and Customer's re-testing of HS GovTech' corrections.
2. UAT will be conducted by Customer in accordance with the HSGT User Acceptance Test Plan.
3. If a verified issue arises during the UAT period that prevents the continuation of UAT and no reasonable work-around exists, then UAT will be "suspended" until a fix is provided by HS GovTech to which then UAT will restart.
4. The UAT period shall commence immediately upon the completion of standard system configuration and testing of components by HS GovTech to Customer as outlined in the HS GovTech Enablement Project Plan. If Customer is not able to begin UAT in accordance with the HS GovTech Enablement Project Plan, Customer has the following options:
    a. Shorten the UAT period, so as not to delay its scheduled Go-Live Date
    b. Delay the start of UAT, which may extend the originally scheduled end Go-Live Date for UAT and customer will incur additional expenses to be billed as time and materials
    c. Any combination of the above alternatives

Any such changes to the Enablement Project Plan involved with UAT will be managed under HS GovTech's Change Order Process as defined in Section **Change Order Process** of this SOW.

Problem Reporting Process

1. All problems reported by Customer must be specifically documented and provided to HS GovTech at the time of problem reporting. Documentation includes, but is not limited to, screen shots, context in which the error happened (steps taken prior to encountering the error) and any other information such as an error code or message. Documentation will vary based on the type of error encountered.
2. The severities assigned by Customer will be reviewed and agreed upon by HS GovTech and Customer prior to the issue being entered into the issue reporting log maintained by HS GovTech.
3. Adjudication of issue severities, i.e., the delineation between technical component code issues, Design or Test Specification issues is the responsibility of HS GovTeh.
4. If HS GovTech is unable to reproduce a Customer-reported issue, then the issue will be closed, unless the time to resolve the issue is extended by Customer via the Change Order Process defined in Section **Change Order Process** of this SOW.

Severity Definitions Table

Priority Level	Severity Level 1 - High	Severity Level 2 – Medium	Severity Level 3 - Low
Definition	An issue that prevents operation of the entire System or operationally critical System processes, or which destroys important non-recoverable data with no available workaround.	An issue that has more than a cosmetic or insignificant effect on the continued use of the System, but which does not meet the criteria for a High level issue. An issue that prevents use of part of the System. A workaround may or may not be available.	An issue that has only cosmetic or other insignificant effects on the continued use of the System, such as formatting or spelling error.
Impact	A majority of Permitted Users are unable to process transactions or access data critical for conducting daily business.	Multiple Permitted Users are affected. Prolonged outage may affect ability to complete business functions critical to Customer.	Permitted User impacted but business not stopped. A workaround or alternate capability exists. Business can continue with minor capability impact.

HS GOVTECH

Appendix E: Change Order Form (COF)

Created By:	Change Order Number: To Statement of Work:

This Change Order <Change Order Description and Numbering Information> to SOW between HS GovTech and <Insert Customer Name Here ("Customer") is effective on <MM/DD/YYYY> ("Effective Date"). This Change Request describes the changes to the Services for SOW <#> to the Professional Services Agreement entered into as of <MM/DD/YYYY>, as amended, by and between HS GovTech and Customer (the "Agreement").

1. Project Summary

Project Name:
Expected Start Date for the change:
Fee Structure for the change:
Estimated Duration of the change:
Estimated Total Hours for the change:
Estimated Total Charges for the change:
Estimated Expenses of the change:

2. Description of Change:

3. Impact of Change:

4. Cost of Change:

Description	Quantity	Unit of Measure	Price (per Unit) $	Estimated Total $

HS GOVTECH

Appendix F: TRAINING SERVICES

Training for Customer users for go-live included in this Agreement:
Customer will be offered (5) amount of virtual hours for the following users:
Administrator (EH Management) Field Inspector Staff and Business Support / Front Office Staff
Training will consist of:

- Login procedures:
  - Basic navigation of the HS Cloud System
  - Data Structure overview for all users
- General System Usage:
  - Address Manager
  - Establishment Manager
  - Permit Manager
  - Contact Manager
  - OWTS Program Process Flow
  - List Screen features and setup
  - Time Tracking (If implemented)
  - Inspection Manager (All staff knowledge)
  - Complaint Submission
  - Additional added utilities (Will be based on finalized program list)
- Inspection Staff Training
  - Conducting Inspections for all purchased programs
    - HS Cloud
    - HS Mobile
- Business Staff
  - Application processing
  - Accounting procedures
    - Invoice Creation
    - Payments
    - Bulk Invoice
    - Payment Reporting
    - Online Payments (If applicable)
- Administrative Tools
  - HS Analytics

For all training elements, if additional utilities are added as part of the contract process, a training plan will be developed to ensure that staff are trained for these utilities.

Optional Admin/Super User Training will consist of:

- Form Builder
- Permissions Controls
- Troubleshooting list screen configuration issues

Additional Hourly Rate for Training Services-
$140.00 (Minimum of 2 hour virtual training per person per hour)
$425.00 (in person training) per person per hour for each trainer. Cost includes travel

E-Contract Review
Approval as to Form

Department Name: Environmental Health

Vendor Name: HS GovTech

Contract Description: For the purpose of HSCloud suite software application

APPROVED AS TO FORM:

Date: 06/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1132 **Agenda Date:** 7/15/2025 **Agenda #:** 26.

AUDITOR-CONTROLLER - Auditor-Controller Krista Peterson

Requested Action(s)

a) Request authorization of Blanket Budget Transfer B-92 as necessary for year-end budget and revenue adjustments (**Requires 4/5's vote)**

Financial Impact:

There is no financial impact to this request. The transfers will have no impact on the budget in total.

Background Information:

In the process of closing the books on the fiscal year, various adjustments to the budget may be made. Budget adjustments may be necessary to comply with Proposition Gann Limit requirements. Appropriations of tax revenue are to be recognized in the period in which they are received. Some actual expense over budget in salary & benefits accounts may be balanced with appropriate contingencies. Certain carryover funds are moved to Fund Balance accounts in accordance with Fund Balance Policy. Open purchase orders and balances on purchase agreements may be encumbered as appropriate and necessary to meet those obligations. During the audit process, it may be necessary to make journal entries for Financial Reporting purposes. An accounting of all activity under this transfer is made available to Administration for review.

Tehama County Auditor's Office

BUDGET APPROPRIATION TRANSFER REQUEST

Auditor Number **B-92**

DEPARTMENT NAME **AUDITOR-CONTROLLER**

Date: **July 8, 2025**

Due to a budget deficiency, or unanticipated expense, I am requesting a transfer, or an additional appropriation as listed below.

Budget Transfer From				Budget Transfer To			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
		VARIOUS				VARIOUS	
		Total Journal	$ -			Total Journal	$ -

TRANSFER APPROVED

SIGNATURE OF REQUESTING OFFICIAL DATE

AUDITOR DATE **6/17/2025**

BOARD OF SUPERVISORS DATE

A-118 3/03

Tehama County

Agenda Request Form

File #: 25-1211 **Agenda Date:** 7/15/2025 **Agenda #:** 27.

PUBLIC WORKS - Interim Director Will Pike

Requested Action(s)
a) INFORMATIONAL PRESENTATION - Presentation regarding the County of Tehama's list of projects for Fiscal Year 25/26 funded by Senate Bill 1 (SB1), the Road Repair and Accountability Act of 2017

b) RESOLUTION - Request adoption of a resolution amending the FY 25/26 budget to incorporate a list of projects funded by SB1: The Road Repair and Accountability Act

Financial Impact:
SB1 funding of $5,229,108 is identified as Road Maintenance and Rehabilitation Account (RMRA) projects for expenditure per the attached FY 2025-2026 project list. SB1 - RMRA is a Road Fund revenue intended to be an annual source of funding.

Background Information:
Senate Bill 1 (SB1), Chapter 5, Statutes of 2017, created the Road Maintenance and Rehabilitation Program (RMRP) to address deferred maintenance on the State Highway System and the local street and road system, and the Road Maintenance and Rehabilitation Account (RMRA) for the deposit of various funds for the program.

A percentage of RMRA funding is apportioned by formula to eligible cities and counties pursuant to Streets and Highways Code section 2032(h) for basic road maintenance, rehabilitation, and critical safety projects on the local streets and roads system.

Prior to receiving an apportionment of Road Maintenance and Rehabilitation Account (RMRA) funds from the California State Controller in a fiscal year, a city or county must submit to the Commission an adopted list of projects proposed to be funded with these funds by July 1st of each year. All projects proposed to receive the fiscal year funding must be adopted by resolution (public record of the action taken) by the applicable city council or county board of supervisors at a regular public meeting each fiscal year [Streets and Highways Code (SHC) Section 2034(a)(1)].

The adopted list of proposed projects should, at a minimum, include any new projects to be funded with that fiscal year's apportionment and any projects previously listed that will continue to receive funding in the coming fiscal year (i.e., multi-year-funded projects). Those projects are listed within the attached resolution and project list. The Tehama County SB1 - RMRA Project Planning Committee, consisting of the Road Maintenance Superintendent, Road Maintenance Supervisors, Fleet Manager, Sign Shop Manager, and a representative from the Engineering Division, met regularly for the past year to develop the FY 2025-26 Project List.

SB-1 Transportation funding. (2017-2018)

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Date Published: 05/01/2017 02:00 PM

Senate Bill No. 1

CHAPTER 5

An act to amend Section 14526.5 of, to add Sections 14033, 14110, 14526.7, 14556.41, and 16321 to, to add Chapter 5 (commencing with Section 14460) to Part 5 of Division 3 of Title 2 of, to repeal Sections 63048.66, 63048.67, 63048.7, 63048.75, 63048.8, and 63048.85 of, and to repeal and add Section 63048.65 of, the Government Code, to add Section 43021 to the Health and Safety Code, to amend Section 99312.1 of, and to add Sections 99312.3, 99312.4, and 99314.9 to, the Public Utilities Code, to amend Sections 6051.8, 6201.8, 7360, 8352.4, 8352.5, 8352.6, and 60050 of, to add Sections 7361.2, 7653.2, 60050.2, and 60201.4 to, and to add Chapter 6 (commencing with Section 11050) to Part 5 of Division 2 of, the Revenue and Taxation Code, to amend Sections 2104, 2105, 2106, and 2107 of, to add Sections 2103.1 and 2192.4 to, to add Article 2.5 (commencing with Section 800) to Chapter 4 of Division 1 of, and to add Chapter 2 (commencing with Section 2030) and Chapter 8.5 (commencing with Section 2390) to Division 3 of, the Streets and Highways Code, and to amend Section 4156 of, and to add Sections 4000.15 and 9250.6 to, the Vehicle Code, relating to transportation, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor April 28, 2017. Filed with Secretary of State April 28, 2017.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1, Beall. Transportation funding.

(1) Existing law provides various sources of funding for transportation purposes, including funding for the state highway system and the local street and road system. These funding sources include, among others, fuel excise taxes, commercial vehicle weight fees, local transactions and use taxes, and federal funds. Existing law imposes certain registration fees on vehicles, with revenues from these fees deposited in the Motor Vehicle Account and used to fund the Department of Motor Vehicles and the Department of the California Highway Patrol. Existing law provides for the monthly transfer of excess balances in the Motor Vehicle Account to the State Highway Account.

This bill would create the Road Maintenance and Rehabilitation Program to address deferred maintenance on the state highway system and the local street and road system. The bill would require the California Transportation Commission to adopt performance criteria, consistent with a specified asset management plan, to ensure efficient use of certain funds available for the program. The bill would provide for the deposit of various funds for the program in the Road Maintenance and Rehabilitation Account, which the bill would create in the State Transportation Fund, including revenues attributable to a $0.12 per gallon increase in the motor vehicle fuel (gasoline) tax imposed by the bill with an inflation adjustment, as provided, 50% of a $0.20 per gallon increase in the diesel excise tax, with an inflation adjustment, as provided, a portion of a new transportation improvement fee imposed under the Vehicle License Fee Law with a varying fee between $25 and $175 based on vehicle value

and with an inflation adjustment, as provided, and a new $100 annual vehicle registration fee applicable only to zero-emission vehicles model year 2020 and later, with an inflation adjustment, as provided. The bill would provide that the fuel excise tax increases take effect on November 1, 2017, the transportation improvement fee takes effect on January 1, 2018, and the zero-emission vehicle registration fee takes effect on July 1, 2020.

This bill would annually set aside $200,000,000 of the funds available for the program to fund road maintenance and rehabilitation purposes in counties that have sought and received voter approval of taxes or that have imposed fees, including uniform developer fees, as defined, which taxes or fees are dedicated solely to transportation improvements. These funds would be continuously appropriated for allocation pursuant to guidelines to be developed by the California Transportation Commission in consultation with local agencies. The bill would require $100,000,000 of the funds available for the program to be available annually for expenditure, upon appropriation by the Legislature, on the Active Transportation Program. The bill would require $400,000,000 of the funds available for the program to be available annually for expenditure, upon appropriation by the Legislature, on state highway bridge and culvert maintenance and rehabilitation. The bill would require $5,000,000 of the funds available for the program that are not restricted by Article XIX of the California Constitution to be appropriated each fiscal year to the California Workforce Development Board to assist local agencies to implement policies to promote preapprenticeship training programs to carry out specified projects funded by the account. The bill would require $25,000,000 of the funds available for the program to be annually transferred to the State Highway Account for expenditure on the freeway service patrol program. The bill would require $25,000,000 of the funds available for the program to be available annually for expenditure, upon appropriation by the Legislature, on local planning grants. The bill would authorize annual appropriations of $5,000,000 and $2,000,000 of the funds available for the program to the University of California and the California State University, respectively, for the purpose of conducting transportation research and transportation-related workforce education, training, and development, as specified. The bill would require the remaining funds available for the program to be allocated 50% for maintenance of the state highway system or to the state highway operation and protection program and 50% to cities and counties pursuant to a specified formula. The bill would impose various requirements on the department and agencies receiving these funds. The bill would authorize a city or county to spend its apportionment of funds under the program on transportation priorities other than those allowable pursuant to the program if the city’s or county’s average Pavement Condition Index meets or exceeds 80.

(2) Existing law creates the Department of Transportation within the Transportation Agency.

This bill would create the Independent Office of Audits and Investigations within the department, with specified powers and duties. The bill would provide for the Governor to appoint the director of the office for a 6-year term, subject to confirmation by the Senate, and would provide that the director, who would be known as the Inspector General, may not be removed from office during the term except for good cause. The bill would specify the duties and responsibilities of the Inspector General with respect to the department and local agencies receiving state and federal transportation funds through the department, and would require an annual report to the Legislature and Governor.

This bill would require the department to update the Highway Design Manual to incorporate the “complete streets” design concept by January 1, 2018. The bill would require the department to develop a plan by January 1, 2020, to increase by up to 100% the dollar value of contracts awarded to small businesses, disadvantaged business enterprises, and disabled veteran business enterprises, as specified.

(3) Existing law provides for loans of revenues from various transportation funds and accounts to the General Fund, with various repayment dates specified.

This bill would identify the amount of outstanding loans from certain transportation funds as $706,000,000. The bill would require the Department of Finance to prepare a loan repayment schedule and would require the outstanding loans to be repaid pursuant to that schedule, as prescribed. The bill would appropriate funds for that purpose from the Budget Stabilization Account. The bill would require the repaid funds to be transferred, pursuant to a specified formula, to various state and local transportation purposes.

(4) The Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Proposition 1B) created the Trade Corridors Improvement Fund and provided for allocation by the California Transportation Commission of $2 billion in bond funds for infrastructure improvements on highway and rail corridors that have a high volume of freight movement and for specified categories of projects eligible to receive these funds.

This bill would deposit the revenues attributable to 50% of the $0.20 per gallon increase in the diesel fuel excise tax imposed by the bill into the Trade Corridor Enhancement Account, to be expended on corridor-based freight

projects nominated by local agencies and the state.

(5) Article XIX of the California Constitution requires gasoline excise tax revenues from motor vehicles traveling upon public streets and highways to be deposited in the Highway Users Tax Account, for allocation to city, county, and state transportation purposes. Existing law generally provides for statutory allocation of gasoline excise tax revenues attributable to other modes of transportation, including aviation, boats, agricultural vehicles, and off-highway vehicles, to particular accounts and funds for expenditure on purposes associated with those other modes, except that a specified portion of these gasoline excise tax revenues is deposited in the General Fund. Expenditure of the gasoline excise tax revenues attributable to those other modes is not restricted by Article XIX of the California Constitution.

This bill, commencing November 1, 2017, would transfer the gasoline excise tax revenues attributable to boats and off-highway vehicles from the new $0.12 per gallon increase, and future inflation adjustments from that increase, to the State Parks and Recreation Fund, to be used for state parks, off-highway vehicle programs, or boating programs. The bill would allocate revenues from future inflation adjustments of the existing gasoline excise tax rate attributable to the nonhighway modes pursuant to existing law.

(6) Existing law, as of July 1, 2011, increases the sales and use tax on diesel and decreases the excise tax, as provided. Existing law requires the State Board of Equalization to annually modify both the gasoline and diesel excise tax rates on a going-forward basis so that the various changes in the taxes imposed on gasoline and diesel are revenue neutral.

This bill would eliminate, effective July 1, 2019, the annual rate adjustment to maintain revenue neutrality for the gasoline and diesel excise tax rates and would reimpose on that date the higher gasoline excise tax rate that was in effect on July 1, 2010, in addition to the increase in the rate described in (1) above that becomes effective on November 1, 2017.

Existing law, beyond the sales and use tax rate generally applicable, imposes an additional sales and use tax on diesel fuel at the rate of 1.75%, subject to certain exemptions, and provides for the net revenues collected from the additional tax to be transferred to the Public Transportation Account. Existing law continuously appropriates these and other revenues in the account to the Controller for allocation by formula to transportation agencies for public transit purposes under the State Transit Assistance Program. Existing law provides for appropriation of other revenues in the account to the Department of Transportation for various other transportation purposes, including intercity rail purposes.

This bill would increase the additional sales and use tax rate on diesel fuel by an additional 4%. The bill would continuously appropriate revenues attributable to the 3.5% rate increase to the Controller for allocation to transportation agencies for public transit purposes under the State Transit Assistance Program. The bill would require the revenues attributable to the remaining 0.5% rate increase to be continuously appropriated to the Transportation Agency for intercity rail and commuter rail purposes.

The bill would also allocate portions of the revenue from the new transportation improvement fee to the State Transit Assistance Program and to the Transit and Intercity Rail Capital Program. The bill would restrict expenditures of the fee revenues made available to the State Transit Assistance Program to transit capital purposes and certain transit services, and would require a recipient transit agency to comply with various requirements, as specified.

(7) Existing law provides for the state to receive certain compact assets, as defined, from designated tribal compacts relative to Indian gaming, and authorized the compact assets to be sold by the Infrastructure and Economic Development Bank to a special purpose trust in order to generate state revenues. Existing law designated certain of these revenues to be used to repay certain loans of transportation funds that were made to the General Fund.

This bill would delete the references to the special purpose trust and revise payments to various transportation accounts to be made from compact assets. The bill would repeal various other related provisions.

(8) Existing law creates the Traffic Congestion Relief Program and identifies various specific projects eligible to receive funding.

This bill would deem the Traffic Congestion Relief Program to be complete and final as of June 30, 2017, and would provide that projects without approved applications are no longer eligible for funding.

(9) Existing law requires the Department of Transportation to prepare a state highway operation and protection program every other year for the expenditure of transportation capital improvement funds for projects that are necessary to preserve and protect the state highway system, excluding projects that add new traffic lanes. The program is required to be based on an asset management plan, as specified. Existing law requires the department to specify, for each project in the program the capital and support budget and projected delivery date for various components of the project. Existing law provides for the California Transportation Commission to review and adopt the program, and authorizes the commission to decline and adopt the program if it determines that the program is not sufficiently consistent with the asset management plan.

This bill would require the commission, as part of its review of the program, to hold at least one hearing in northern California and one hearing in southern California regarding the proposed program. The bill would require the department to submit any change to a programmed project as an amendment to the commission for its approval.

This bill, on and after July 1, 2017, would also require the commission to make an allocation of capital outlay support resources by project phase for each project in the program, and would require the department to submit a supplemental project allocation request to the commission for each project that experiences cost increases above the amounts in its allocation. The bill would require the commission to establish guidelines to provide exceptions to the requirement for a supplemental project allocation requirement that the commission determines are necessary to ensure that projects are not unnecessarily delayed.

(10) Existing law generally provides for transportation capital improvement projects to be nominated and programmed through the state highway operation and protection program, relative to state highway rehabilitation and similar projects, or through the state transportation improvement program, relative to capacity enhancements and other capital projects.

This bill would create the Solutions for Congested Corridors Program, with funding appropriated for the program from a portion of the new transportation improvement fee to be allocated by the California Transportation Commission to projects designed to achieve a balanced set of transportation, environmental, and community access improvements within highly congested travel corridors throughout the state and that are part of a comprehensive corridor plan. The bill would provide for regional transportation agencies and the Department of Transportation to nominate projects, with preference to be given to projects that demonstrate collaboration between the regional agencies and the department.

(11) The California Environmental Quality Act (CEQA) requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of, an environmental impact report on a project that it proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA also requires a lead agency to prepare a mitigated negative declaration for a project that may have a significant effect on the environment if revisions in the project would avoid or mitigate that effect and there is no substantial evidence that the project, as revised, would have a significant effect on the environment.

This bill would establish the Advance Mitigation Program in the Department of Transportation to enhance communications between the department and stakeholders to, among other things, protect natural resources and accelerate project delivery. The bill would require the department to set aside not less than $30,000,000 annually for 4 years for the program from capital outlay revenues.

(12) Existing law imposes various limitations on emissions of air contaminants for the control of air pollution from vehicular and nonvehicular sources. Existing law generally designates the State Air Resources Board as the state agency with the primary responsibility for the control of vehicular air pollution.

This bill would prohibit, except as specified, the requiring of the retirement, replacement, retrofit, or repower of a self-propelled commercial motor vehicle during a specified period. The bill would require the state board to, by January 1, 2025, evaluate the impact of these provisions on state and local clean air efforts to meet state and local clean air goals, as provided.

(13) Existing law prohibits a person from driving, moving, or leaving standing upon a highway any motor vehicle, as defined, that has been registered in violation of provisions regulating vehicle emissions.

This bill, effective January 1, 2020, would require the Department of Motor Vehicles to confirm, prior to the initial registration or the transfer of ownership and registration of a diesel-fueled vehicle with a gross vehicle weight rating of more than 14,000 pounds, that the vehicle is compliant with, or exempt from, applicable air pollution control technology requirements, pursuant to specified provisions. The bill would require the department to

refuse registration, or renewal or transfer of registration, for certain diesel-fueled vehicles, based on weight and model year, that are subject to specified provisions relating to the reduction of emissions of diesel particulate matter, oxides of nitrogen, and other criteria pollutants from in-use diesel-fueled vehicles. The bill would authorize the department to allow registration, or renewal or transfer of registration, for any diesel-fueled vehicle that has been reported to the State Air Resources Board, and is using an approved exemption, or is compliant with applicable air pollution control technology requirements, pursuant to specified provisions.

Existing law authorizes the department, in its discretion, to issue a temporary permit to operate a vehicle when a payment of fees has been accepted in an amount to be determined by the department and paid to the department by the owner or other person in lawful possession of the vehicle.

This bill would additionally authorize the department to issue a temporary permit to operate a vehicle for which registration is otherwise required to be refused under the provisions of the bill, as prescribed.

(14) The bill would enact other related provisions.

(15) This bill would declare that it is to take effect immediately as an urgency statute.
Vote: 2/3 Appropriation: yes Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) Over the next 10 years, the state faces a $59 billion shortfall to adequately maintain the existing state highway system in order to keep it in a basic state of good repair.

(b) Similarly, cities and counties face a $78 billion shortfall over the next decade to adequately maintain the existing network of local streets and roads.

(c) Statewide taxes and fees dedicated to the maintenance of the system have not been increased in more than 20 years, with those revenues losing more than 55 percent of their purchasing power, while costs to maintain the system have steadily increased and much of the underlying infrastructure has aged past its expected useful life.

(d) California motorists are spending $17 billion annually in extra maintenance and car repair bills, which is more than $700 per driver, due to the state’s poorly maintained roads.

(e) Failing to act now to address this growing problem means that more drastic measures will be required to maintain our system in the future, essentially passing the burden on to future generations instead of doing our job today.

(f) A funding program will help address a portion of the maintenance backlog on the state’s road system and will stop the growth of the problem.

(g) Modestly increasing various fees can spread the cost of road repairs broadly to all users and beneficiaries of the road network without overburdening any one group.

(h) Improving the condition of the state’s road system will have a positive impact on the economy as it lowers the transportation costs of doing business, reduces congestion impacts for employees, and protects property values in the state.

(i) The federal government estimates that increased spending on infrastructure creates more than 13,000 jobs per $1 billion spent.

(j) Well-maintained roads benefit all users, not just drivers, as roads are used for all modes of transport, whether motor vehicles, transit, bicycles, or pedestrians.

(k) Well-maintained roads additionally provide significant health benefits and prevent injuries and death due to crashes caused by poorly maintained infrastructure.

(l) A comprehensive, reasonable transportation funding package will do all of the following:

(1) Ensure these transportation needs are addressed.

(2) Fairly distribute the economic impact of increased funding.

(3) Restore the gas tax rate previously reduced by the State Board of Equalization pursuant to the gas tax swap.

(4) Direct increased revenue to the state's highest transportation needs.

(m) This act presents a balance of new revenues and reasonable reforms to ensure efficiency, accountability, and performance from each dollar invested to improve California's transportation system. The revenues designated in this act are intended to address both state and local transportation infrastructure needs as follows:

(1) The revenues estimated to be available for allocation under the act to local agencies are estimated over the next 10 years to be as follows:

(A) Fifteen billion dollars ($15,000,000,000) to local street and road maintenance.

(B) Seven billion five hundred million dollars ($7,500,000,000) for transit operations and capital.

(C) Two billion dollars ($2,000,000,000) for the local partnership program.

(D) One billion dollars ($1,000,000,000) for the Active Transportation Program.

(E) Eight hundred twenty-five million dollars ($825,000,000) for the regional share of the State Transportation Improvement Program.

(F) Two hundred fifty million dollars ($250,000,000) for local planning grants.

(2) The revenues estimated to be available for allocation under the act to the state are estimated over the next 10 years to be as follows:

(A) Fifteen billion dollars ($15,000,000,000) for state highway maintenance and rehabilitation.

(B) Four billion dollars ($4,000,000,000) for highway bridge and culvert maintenance and rehabilitation.

(C) Three billion dollars ($3,000,000,000) for high priority freight corridors.

(D) Two billion five hundred million dollars ($2,500,000,000) for congested corridor relief.

(E) Eight hundred million dollars ($800,000,000) for parks programs, off-highway vehicle programs, boating programs, and agricultural programs.

(F) Two hundred seventy-five million dollars ($275,000,000) for the interregional share of the State Transportation Improvement Program.

(G) Two hundred fifty million dollars ($250,000,000) for freeway service patrols.

(H) Seventy million dollars ($70,000,000) for transportation research at the University of California and the California State University.

(n) It is the intent of the Legislature that the Department of Transportation meet the following preliminary performance outcomes for additional state highway investments by the end of 2027, in accordance with applicable state and federal standards:

(1) Not less than 98 percent of pavement on the state highway system in good or fair condition.

(2) Not less than 90 percent level of service achieved for maintenance of potholes, spalls, and cracks.

(3) Not less than 90 percent of culverts in good or fair condition.

(4) Not less than 90 percent of the transportation management system units in good condition.

(5) Fix not less than an additional 500 bridges.

(o) Further, it is the intent of the Legislature that the Department of Transportation leverage funding provided by this act for trade corridors and other highly congested travel corridors in order to obtain matching funds from federal and other sources to maximize improvements in the state's high-priority freight corridors and in the most congested commute corridors.

(p) Constitutionally protecting the funds raised by this act ensures that these funds are to be used only for transportation purposes necessary to repair roads and bridges, expand the economy, and protect natural

resources.

(q) This act advances greenhouse gas reduction objectives and other environmental goals by focusing on "fix-it-first" projects, investments in transit and active transportation, and supporting Senate Bill 375 (Chapter 728, Statutes of 2008) and transportation plans.

SEC. 2. This act shall be known, and may be cited as, the Road Repair and Accountability Act of 2017.

SEC. 3. Section 14033 is added to the Government Code, to read:

14033. On or before January 1, 2018, the department shall update the Highway Design Manual to incorporate the "complete streets" design concept.

SEC. 4. Section 14110 is added to the Government Code, to read:

14110. Consistent with federal and state laws and regulations, including, but not limited to, the department's goal setting methodology as approved by the Federal Highway Administration, the department shall develop a plan by January 1, 2020, to increase by up to 100 percent the dollar value of contracts and procurements awarded to small businesses, disadvantaged business enterprises, and disabled veteran business enterprises. The plan shall include the use of targeted media, including minority and women business enterprises, to outreach to these businesses and shall be provided to the Legislature pursuant to Section 9795.

SEC. 5. Chapter 5 (commencing with Section 14460) is added to Part 5 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 5. Department of Transportation independent Office of Audits and Investigations

14460. (a) There is hereby created in the department the Independent Office of Audits and Investigations to ensure all of the following:

(1) The department, and external entities that receive state and federal transportation funds from the department, are spending those funds efficiently, effectively, economically, and in compliance with applicable state and federal requirements. Those external entities include, but are not limited to, private for profit and nonprofit organizations, local transportation agencies, and other local agencies that receive transportation funds either through a contract with the department or through an agreement or grant administered by the department.

(2) The department's programs are functioning consistent with applicable accounting standards and practices and are administered effectively, efficiently, and economically.

(3) The department's management is accomplishing departmental priorities, developing an annual audit plan, administering an effective enterprise risk management program, and is making efficient, effective, and financially responsible transportation decisions.

(4) The Secretary of Transportation, the Legislature, the California Transportation Commission, and the director and chief deputy director of the department are fully informed concerning fraud, improper activities, or other serious abuses or deficiencies relating to the expenditure of transportation funds or administration of department programs and operations.

(b) The Governor shall appoint the director of the Audits and Investigations Office, who shall serve a six-year term, have the title of Inspector General, and be subject to Senate confirmation. The Inspector General may not be removed from office during that term, except for good cause. The reasons for removal of the Inspector General shall be stated in writing and shall include the basis for removal. The writing shall be sent to the Secretary of the Senate and the Chief Clerk of the Assembly at the time of the removal and shall be deemed to be a public document.

(c) The Inspector General is vested with the full authority to exercise all responsibility for maintaining a full scope, independent, and objective audit and investigation program as prescribed by Sections 1237, 13885, 13886.5, 13887.5, and 13888, including, but not limited to, those activities described in Section 14461.

(d) Notwithstanding Section 13887, in order to achieve independence and objectivity pursuant to this section, the Independent Office of Audits and Investigation shall meet all of the following requirements:

(1) The Inspector General shall report all audit and confidential investigation findings and recommendations made under his or her jurisdiction to the Secretary of Transportation and the director and chief deputy director of the department on an ongoing and current basis.

(2) The Inspector General shall report at least annually, or upon request, to the Governor, the Legislature, and the California Transportation Commission with a summary of his or her investigation and audit findings and recommendations. The summary shall be posted on the office's Internet Web site and shall otherwise be made available to the public upon its release to the Governor, commission, and Legislature. The summary shall include, but need not be limited to, significant problems discovered by the Inspector General and whether the Inspector General's recommendations relative to audits and investigations have been implemented by the affected units and programs of the department or affected external entities. The report shall be submitted to the Legislature in compliance with Section 9795.

14461. The Inspector General shall review policies, practices, and procedures and conduct audits and investigations of activities involving state transportation funds administered by the department in consultation with all affected units and programs of the department and external entities.

SEC. 6. Section 14526.5 of the Government Code is amended to read:

14526.5. (a) Based on the asset management plan prepared and approved pursuant to Section 14526.4, the department shall prepare a state highway operation and protection program for the expenditure of transportation funds for major capital improvements that are necessary to preserve and protect the state highway system. Projects included in the program shall be limited to improvements relative to the maintenance, safety, operation, and rehabilitation of state highways and bridges that do not add a new traffic lane to the system.

(b) The program shall include projects that are expected to be advertised prior to July 1 of the year following submission of the program, but which have not yet been funded. The program shall include those projects for which construction is to begin within four fiscal years, starting July 1 of the year following the year the program is submitted.

(c) (1) The department, at a minimum, shall specify, for each project in the state highway operation and protection program, the capital and support budget, as applicable, for each of the following project phases:

(A) Project approval and environmental documents, support only.

(B) Plans, specifications, and estimates, support only.

(C) Rights-of-way.

(D) Construction.

(2) The department shall specify, for each project in the state highway operation and protection program, a projected delivery date for each of the following components:

(A) Project approval and environmental document completion.

(B) Plans, specifications, and estimates completion.

(C) Right-of-way certification.

(D) Start of construction.

(d) The department shall submit its proposed program to the commission not later than January 31 of each even-numbered year. Prior to submitting its proposed program, the department shall make a draft of its proposed program available to transportation planning agencies for review and comment and shall include the comments in its submittal to the commission. The department shall provide the commission with detailed information for all programmed projects on cost, scope, schedule, and performance metrics as determined by the commission.

(e) The commission shall review the proposed program relative to its overall adequacy, consistency with the asset management plan prepared and approved pursuant to Section 14526.4 and funding priorities established in Section 167 of the Streets and Highways Code, the level of annual funding needed to implement the program, and the impact of those expenditures on the state transportation improvement program. The commission shall adopt the program and submit it to the Legislature and the Governor not later than April 1 of each even-numbered year. The commission may decline to adopt the program if the commission determines that the

program is not sufficiently consistent with the asset management plan prepared and approved pursuant to Section 14526.4.

(f) As part of the commission's review of the program required pursuant to subdivision (a), the commission shall hold at least one hearing in northern California and one hearing in southern California regarding the proposed program.

(g) On or after July 1, 2017, to provide sufficient and transparent oversight of the department's capital outlay support resources composed of both state staff and contractors, the commission shall be required to allocate the department's capital outlay support resources by project phase, including preconstruction. Through this action, the commission will provide public transparency for the department's budget estimates, increasing assurance that the annual budget forecast is reasonable. The commission shall develop guidelines, in consultation with the department, to implement this subdivision. Guidelines adopted by the commission to implement this subdivision shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1).

(h) Beginning July 1, 2017, for a project that experiences increases in capital or support costs above the amounts in the commission's allocation pursuant to subdivision (g), the commission shall establish a threshold for requiring a supplemental project allocation. The commission's guidelines adopted pursuant to subdivision (g) shall also establish the threshold that the commission determines is necessary to ensure efficiency and may provide exceptions as necessary so that projects are not unnecessarily delayed.

(i) The department, for each project requiring a supplemental project allocation pursuant to subdivision (h), shall submit a request to the commission for its approval.

(j) Expenditures for these projects shall not be subject to Sections 188 and 188.8 of the Streets and Highways Code.

SEC. 7. Section 14526.7 is added to the Government Code, to read:

14526.7. (a) The department shall incorporate the performance targets in subdivision (n) of Section 1 of the act adding this section into the asset management plan adopted by the commission and targets adopted by the commission pursuant to Sections 14526.4 and 14526.5. The asset management plan shall also include targets adopted by the commission in consultation with the department for each asset class included in subdivision (n) of Section 1 of the act adding this section to measure the degree to which progress was made towards achieving the overall 2027 targets. Targets may be modified by the commission as needed to conform to federal regulation on performance measures and the completion of the department's asset management plan. Nothing in this section precludes the commission from adopting additional targets and performance measures pursuant to paragraph (1) of subdivision (c) of Section 14526.4.

(b) As specified by guidelines adopted by the commission, the department shall report to the commission on its progress toward meeting the targets and performance measures established for state highways pursuant to subdivision (n) of Section 1 of the act adding this section and paragraph (1) of subdivision (c) of Section 14526.4.

SEC. 8. Section 14556.41 is added to the Government Code, to read:

14556.41. As of June 30, 2017, projects in Section 14556.40 for the Traffic Congestion Relief Program shall be deemed complete and final, and funding levels shall be based on actual amounts requested by the designated lead applicant pursuant to Section 14556.12. Projects without approved applications in accordance with Section 14556.12 shall no longer be eligible for program funding. Traffic Congestion Relief Program savings shall be transferred to other transportation accounts for the purposes specified in Section 16321.

SEC. 9. Section 16321 is added to the Government Code, to read:

16321. The amount of outstanding loans made pursuant to Section 14556.8 is seven hundred six million dollars ($706,000,000). This amount shall be repaid from the General Fund pursuant to subdivision (c) of Section 20 of Article XVI of the California Constitution no later than June 30, 2020, and upon repayment of this amount all loans authorized pursuant to Section 14556.8 and any associated interest shall be deemed repaid. The loans shall be repaid proportionately and in equal installments over three years. The Department of Finance shall prepare a loan repayment schedule, pursuant to which the outstanding loans shall be repaid by June 30, 2020, as follows:

(a) Two hundred fifty-six million dollars ($256,000,000) for transfer to the Public Transportation Account, to be allocated as follows:

(1) Up to twenty million dollars ($20,000,000) to local and regional agencies for climate change adaptation planning.

(2) The remainder to the Transit and Intercity Rail Capital Program as authorized in Part 2 (commencing with Section 75220) of Division 44 of the Public Resources Code.

(b) Two hundred twenty-five million dollars ($225,000,000) for transfer to the State Highway Account, for the State Highway Operation and Protection Program.

(c) Two hundred twenty-five million dollars ($225,000,000) is hereby continuously appropriated without regard to fiscal year to the Controller for apportionment to cities and counties for local streets and roads pursuant to the formula in paragraph (3) of subdivision (a) of Section 2103 of the Streets and Highways Code.

SEC. 10. Section 63048.65 of the Government Code is repealed.

SEC. 11. Section 63048.65 is added to the Government Code, to read:

63048.65. (a) Prior to July 1, 2015, three hundred twenty-one million dollars ($321,000,000) of the one billion two hundred million dollars ($1,200,000,000) of loans from the Traffic Congestion Relief Fund to the General Fund was repaid using tribal gaming compact revenues. In 2016, an additional one hundred seventy-three million dollars ($173,000,000) was repaid from the General Fund.

(b) The remaining seven hundred six million dollars ($706,000,000) of loans from the Traffic Congestion Relief Fund to the General Fund shall be repaid pursuant to Section 14556.8.

SEC. 12. Section 63048.66 of the Government Code is repealed.

SEC. 13. Section 63048.67 of the Government Code is repealed.

SEC. 14. Section 63048.7 of the Government Code is repealed.

SEC. 15. Section 63048.75 of the Government Code is repealed.

SEC. 16. Section 63048.8 of the Government Code is repealed.

SEC. 17. Section 63048.85 of the Government Code is repealed.

SEC. 18. Section 43021 is added to the Health and Safety Code, to read:

43021. (a) Except as provided in subdivision (b), the retirement, replacement, retrofit, or repower of a self-propelled commercial motor vehicle, as defined in Section 34601 of the Vehicle Code, shall not be required until the later of the following:

(1) Thirteen years from the model year the engine and emission control system are first certified for use in self-propelled commercial motor vehicles by the state board or other applicable state and federal agencies.

(2) When the vehicle reaches the earlier of either 800,000 vehicle miles traveled or 18 years from the model year the engine and emission control system are first certified for use in self-propelled commercial motor vehicles by the state board or other applicable state and federal agencies.

(b) This section does not apply to any of the following:

(1) Safety programs, including, but not limited to, those adopted pursuant to Section 34501 of the Vehicle Code.

(2) Voluntary incentive and grant programs, including, but not limited to, those that give preferential access to a facility to a particular vehicle or class of vehicles.

(3) Programs designed to address inspection of, tampering with, and maintenance of, emission control systems.

(4) Programs designed to address imminent health risks where evidence, unavailable at the time equipment is certified for use by the state board or other applicable state and federal agencies, is sufficient to show that immediate corrective action is necessary to prevent injury, illness, or death.

(c) This section only applies to laws or regulations adopted or amended after January 1, 2017.

(d) It is the intent of the Legislature for this section to provide owners of self-propelled commercial motor vehicles, as defined in subdivision (a), certainty about the useful life of engines certified by the state board and other applicable agencies to meet required environmental standards for sale in the state. This section is not meant to otherwise restrict the authority of the state board or districts.

(e) (1) The state board shall, by January 1, 2025, evaluate the impact of the provisions of this section on state and local clean air efforts to meet state and local clean air goals. The evaluation shall include a review of the following:

(A) Compliance with the truck and bus rule (Section 2025 of Title 13 of the California Code of Regulations).

(B) The benefits and impacts of measures enacted to improve local air quality impacts from stationary sources.

(C) State implementation plan compliance.

(2) As part of the study, the state board shall make recommendations to the Legislature on additional or different mechanisms for achieving those goals while recognizing the financial investments made by the effected entities. In developing the study, the state board shall take into account the report required in Section 38531 of the Health and Safety Code.

(3) The state board shall hold at least one public workshop prior to the completion of the study.

SEC. 19. Section 99312.1 of the Public Utilities Code is amended to read:

99312.1. (a) Revenues transferred to the Public Transportation Account pursuant to Sections 6051.8 and 6201.8 of the Revenue and Taxation Code for the State Transit Assistance Program are hereby continuously appropriated to the Controller for allocation as follows:

(1) Fifty percent for allocation to transportation planning agencies, county transportation commissions, and the San Diego Metropolitan Transit Development Board pursuant to Section 99314.

(2) Fifty percent for allocation to transportation agencies, county transportation commissions, and the San Diego Metropolitan Transit Development Board for purposes of Section 99313.

(b) For purposes of this chapter, the revenues allocated pursuant to this section shall be subject to the same requirements as revenues allocated pursuant to subdivisions (b) and (c), as applicable, of Section 99312.

(c) The revenues transferred to the Public Transportation Account for the State Transit Assistance Program that are attributable to subdivision (a) of Section 11053 of the Revenue and Taxation Code are hereby continuously appropriated to the Controller, and, upon allocation pursuant to Sections 99313 and 99314, shall only be expended on the following:

(1) Transit capital projects or services to maintain or repair a transit operator’s existing transit vehicle fleet or existing transit facilities, including rehabilitation or modernization of existing vehicles or facilities.

(2) The design, acquisition, and construction of new vehicles or facilities that improve existing transit services.

(3) Transit services that complement local efforts for repair and improvement of local transportation infrastructure.

(d) (1) Prior to receiving an apportionment of funds pursuant to subdivision (c) from the Controller in a fiscal year, a recipient transit agency shall submit to the Department of Transportation a list of projects proposed to be funded with these funds. The list of projects proposed to be funded with these funds shall include a description and location of each proposed project, a proposed schedule for the project’s completion, and the estimated useful life of the improvement. The project list shall not limit the flexibility of a recipient transit agency to fund projects in accordance with local needs and priorities so long as the projects are consistent with subdivision (c).

(2) The department shall report to the Controller the recipient transit agencies that have submitted a list of projects as described in this subdivision and that are therefore eligible to receive an apportionment of funds for the applicable fiscal year. The Controller, upon receipt of the report, shall apportion funds pursuant to Sections 99313 and 99314.

(e) For each fiscal year, each recipient transit agency receiving an apportionment of funds pursuant to subdivision (c) shall, upon expending those funds, submit documentation to the department that includes a description and location of each completed project, the amount of funds expended on the project, the completion date, and the estimated useful life of the improvement.

(f) The audit of transit operator finances required pursuant to Section 99245 shall verify that the revenues identified in subdivision (c) have been expended in conformance with these specific requirements and all other generally applicable requirements.

SEC. 20. Section 99312.3 is added to the Public Utilities Code, to read:

99312.3. Revenues transferred to the Public Transportation Account pursuant to paragraph (2) of subdivision (c) of Section 6051.8 and paragraph (2) of subdivision (c) of Section 6201.8 of the Revenue and Taxation Code are hereby continuously appropriated to the Transportation Agency for distribution in the following manner:

(a) (1) Fifty percent of available annual revenues under this section shall be allocated by the Transportation Agency to the public agencies, including joint powers agencies, responsible for state-supported intercity rail services. A minimum of 25 percent of the funds available under this subdivision shall be allocated to each of the state's three intercity rail corridors that provide regularly scheduled intercity rail service.

(2) The Transportation Agency shall adopt guidelines governing the administration of the funds available under this subdivision, including provisions providing authority for loans of these funds by mutual agreement between intercity rail service corridors.

(b) (1) Fifty percent of available annual revenues under this section shall be allocated by the Transportation Agency to the public agencies, including joint powers agencies, responsible for commuter rail services. For the 2018–19 and 2019–20 fiscal years, 20 percent of the funds available under this subdivision shall be allocated to each of the state's five commuter rail service providers that provide regularly scheduled commuter rail service. Commencing July 1, 2020, the funds available under this subdivision shall be allocated based on guidelines and a distribution formula adopted by the Transportation Agency.

(2) On or before July 1, 2019, the Transportation Agency shall prepare a draft of the proposed guidelines and distribution formula and make them available for public comment. In preparing the proposed guidelines and distribution formula, the agency shall consult with the state's five commuter rail service providers. The final guidelines and distribution formula shall be adopted on or before January 1, 2020. The guidelines shall include, but need not be limited to, provisions providing authority for loans of these funds by mutual agreement between commuter rail service providers and providing for baseline allocations to each provider.

(c) The funds made available by this section may be used for operations and capital improvements.

SEC. 21. Section 99312.4 is added to the Public Utilities Code, to read:

99312.4. Revenues transferred to the Public Transportation Account pursuant to subdivision (a) of Section 11053 of the Revenue and Taxation Code for the Transit and Intercity Rail Capital Program (Part 2 (commencing with Section 75220) of Division 44 of the Public Resources Code) shall be available for appropriation to that program pursuant to the annual Budget Act.

SEC. 22. Section 99314.9 is added to the Public Utilities Code, to read:

99314.9. The Controller shall compute quarterly proposed allocations for State Transit Assistance Program funds available for allocation pursuant to Sections 99313 and 99314. The Controller shall publish the allocations for each eligible recipient agency, including one list applicable to revenues allocated pursuant to subdivision (c) of Section 99312.1 and another list for revenues allocated from all other revenues in the Public Transportation Account that are designated for the State Transit Assistance Program.

SEC. 23. Section 6051.8 of the Revenue and Taxation Code is amended to read:

6051.8. (a) Except as provided by Section 6357.3, in addition to the taxes imposed by this part, for the privilege of selling tangible personal property at retail a tax is hereby imposed upon all retailers at the rate of 1.75 percent of the gross receipts of any retailer from the sale of all diesel fuel, as defined in Section 60022.

(b) Except as provided by Section 6357.3, in addition to the taxes imposed by this part and by subdivision (a), commencing November 1, 2017, for the privilege of selling tangible personal property at retail a tax is hereby

imposed upon all retailers at the rate of 4 percent of the gross receipts of any retailer from the sale of all diesel fuel, as defined in Section 60022, sold at retail in this state.

(c) (1) Notwithstanding subdivision (b) of Section 7102, except as otherwise provided in paragraph (2), all of the revenues, less refunds, collected pursuant to this section shall be estimated by the State Board of Equalization, with the concurrence of the Department of Finance, and transferred quarterly to the Public Transportation Account in the State Transportation Fund for allocation under the State Transit Assistance Program pursuant to Section 99312.1 of the Public Utilities Code.

(2) The revenues, less refunds, attributable to a rate of 0.5 percent of the 4-percent increase in the rate pursuant to subdivision (b), amounting to one-eighth of revenues from the increase in the rate under that subdivision, shall be estimated by the State Board of Equalization, with the concurrence of the Department of Finance, and transferred quarterly to the Public Transportation Account in the State Transportation Fund for allocation by the Transportation Agency to intercity rail and commuter rail purposes pursuant to Section 99312.3 of the Public Utilities Code.

SEC. 24. Section 6201.8 of the Revenue and Taxation Code is amended to read:

6201.8. (a) Except as provided by Section 6357.3, in addition to the taxes imposed by this part, an excise tax is hereby imposed on the storage, use, or other consumption in this state of diesel fuel, as defined in Section 60022, at the rate of 1.75 percent of the sales price of the diesel fuel.

(b) Except as provided by Section 6357.3, in addition to the taxes imposed by this part and by subdivision (a), commencing November 1, 2017, an excise tax is hereby imposed on the storage, use, or other consumption in this state of diesel fuel, as defined in Section 60022, at the rate of 4 percent of the sales price of the diesel fuel.

(c) (1) Notwithstanding subdivision (b) of Section 7102, except as otherwise provided in paragraph (2), all of the revenues, less refunds, collected pursuant to this section shall be estimated by the State Board of Equalization, with the concurrence of the Department of Finance, and transferred quarterly to the Public Transportation Account in the State Transportation Fund for allocation pursuant to Section 99312.1 of the Public Utilities Code.

(2) The revenues, less refunds, attributable to a rate of 0.5 percent of the 4-percent increase in the rate pursuant to subdivision (b), amounting to one-eighth of revenues from the increase in the rate under that subdivision, shall be estimated by the State Board of Equalization, with the concurrence of the Department of Finance, and transferred quarterly to the Public Transportation Account in the State Transportation Fund for allocation by the Transportation Agency to intercity rail and commuter rail purposes pursuant to Section 99312.3 of the Public Utilities Code.

SEC. 25. Section 7360 of the Revenue and Taxation Code is amended to read:

7360. (a) (1) A tax of eighteen cents ($0.18) is hereby imposed upon each gallon of fuel subject to the tax in Sections 7362, 7363, and 7364.

(2) If the federal fuel tax is reduced below the rate of nine cents ($0.09) per gallon and federal financial allocations to this state for highway and exclusive public mass transit guideway purposes are reduced or eliminated correspondingly, the tax rate imposed by paragraph (1), on and after the date of the reduction, shall be recalculated by an amount so that the combined state rate under paragraph (1) and the federal tax rate per gallon equal twenty-seven cents ($0.27).

(3) If any person or entity is exempt or partially exempt from the federal fuel tax at the time of a reduction, the person or entity shall continue to be so exempt under this section.

(b) (1) On and after July 1, 2010, in addition to the tax imposed by subdivision (a), a tax is hereby imposed upon each gallon of motor vehicle fuel, other than aviation gasoline, subject to the tax in Sections 7362, 7363, and 7364 in an amount equal to seventeen and three-tenths cents ($0.173) per gallon.

(2) For the 2011–12 fiscal year and each fiscal year thereafter, the board shall, on or before March 1 of the fiscal year immediately preceding the applicable fiscal year, adjust the rate in paragraph (1) in that manner as to generate an amount of revenue that will equal the amount of revenue loss attributable to the exemption provided by Section 6357.7, based on estimates made by the board, and that rate shall be effective during the state's next fiscal year.

(3) In order to maintain revenue neutrality for each year, beginning with the rate adjustment on or before March 1, 2012, the adjustment under paragraph (2) shall also take into account the extent to which the actual

amount of revenues derived pursuant to this subdivision and, as applicable, Section 7361.1, the revenue loss attributable to the exemption provided by Section 6357.7 resulted in a net revenue gain or loss for the fiscal year ending prior to the rate adjustment date on or before March 1.

(4) The intent of paragraphs (2) and (3) is to ensure that the act adding this subdivision and Section 6357.7 does not produce a net revenue gain in state taxes.

(5) Commencing July 1, 2019, the adjustments in paragraphs (2) and (3) shall cease, and the rate imposed by this subdivision shall be the rate in paragraph (1).

(c) On and after November 1, 2017, in addition to the taxes imposed by subdivisions (a) and (b), a tax is hereby imposed upon each gallon of motor vehicle fuel, other than aviation gasoline, subject to the tax in Sections 7362, 7363, and 7364, in an amount equal to twelve cents ($0.12) per gallon.

(d) On July 1, 2020, and every July 1 thereafter, the board shall adjust the taxes imposed by subdivisions (a), (b), and (c), with the adjustment to apply to both to the base tax rates specified in those provisions and to any previous adjustment in rates made pursuant to this subdivision, by increasing the taxes by a percentage amount equal to the increase in the California Consumer Price Index, as calculated by the Department of Finance with the resulting taxes rounded to the nearest one-tenth of one cent ($0.01). The first adjustment pursuant to this subdivision shall be a percentage amount equal to the increase in the California Consumer Price Index from November 1, 2017, to November 1, 2019. Subsequent annual adjustments shall cover subsequent 12 month periods. The incremental change shall be added to the associated rate for that year.

(e) Any increases to the taxes imposed under subdivisions (a), (b), and (c) that are enacted by legislation subsequent to July 1, 2017, shall be deemed to be changes to the base tax rates for purposes of the California Consumer Price Index calculation and adjustment performed pursuant to subdivision (d).

SEC. 26. Section 7361.2 is added to the Revenue and Taxation Code, to read:

7361.2. (a) For the privilege of storing, for the purpose of sale, each supplier, wholesaler, and retailer owning 1,000 or more gallons of tax-paid motor vehicle fuel on November 1, 2017, shall pay a storage tax, the rate of which shall be determined by the board pursuant to the difference in the rate of the tax on motor vehicle fuel in effect on October 31, 2017, and the rate in effect on November 1, 2017, on tax-paid motor vehicle fuel in storage according to the volumetric measure thereof.

(b) For purposes of this section:

(1) "Owning" means having title to the motor vehicle fuel.

(2) "Retailer" means any person who sells motor vehicle fuel in this state to a person who subsequently uses the motor vehicle fuel.

(3) "Storing" includes the ownership or possession of tax-paid motor vehicle fuel outside of the bulk transfer/terminal system, including the holding of tax-paid motor vehicle fuel for sale at wholesale or retail locations stored in a container of any kind, including railroad tank cars and trucks or trailer cargo tanks. "Storing" also includes tax-paid motor vehicle fuel purchased from and invoiced by the seller, and tax-paid motor vehicle fuel removed from a terminal or entered into by a supplier, prior to the date specified in subdivision (a) and in transit on that date.

(4) "Wholesaler" means any person who sells diesel fuel in this state for resale to a retailer or to a person who is not a retailer and subsequently uses the motor vehicle fuel.

SEC. 27. Section 7653.2 is added to the Revenue and Taxation Code, to read:

7653.2. On or before January 1, 2018, each person subject to the storage tax imposed under Section 7361.2 shall prepare and file with the board, in a form prescribed by the board, a return showing the total number of gallons of tax-paid motor vehicle fuel owned by the person on November 1, 2017, the amount of the storage tax, and any other information that the board deems necessary for the proper administration of this part. The return shall be accompanied by a remittance payable to the board in the amount of tax due.

SEC. 28. Section 8352.4 of the Revenue and Taxation Code is amended to read:

8352.4. (a) Subject to Sections 8352 and 8352.1, and except as otherwise provided in subdivision (b), there shall be transferred from the money deposited to the credit of the Motor Vehicle Fuel Account to the Harbors and

Watercraft Revolving Fund, for expenditure in accordance with Division 1 (commencing with Section 30) of the Harbors and Navigation Code, the sum of six million six hundred thousand dollars ($6,600,000) per annum, representing the amount of money in the Motor Vehicle Fuel Account attributable to taxes imposed on distributions of motor vehicle fuel used or usable in propelling vessels. The actual amount shall be calculated using the annual reports of registered boats prepared by the Department of Motor Vehicles for the United States Coast Guard and the formula and method of the December 1972 report prepared for this purpose and submitted to the Legislature on December 26, 1972, by the Director of Transportation. If the amount transferred during each fiscal year is in excess of the calculated amount, the excess shall be retransferred from the Harbors and Watercraft Revolving Fund to the Motor Vehicle Fuel Account. If the amount transferred is less than the amount calculated, the difference shall be transferred from the Motor Vehicle Fuel Account to the Harbors and Watercraft Revolving Fund. No adjustment shall be made if the computed difference is less than fifty thousand dollars ($50,000), and the amount shall be adjusted to reflect any temporary or permanent increase or decrease that may be made in the rate under the Motor Vehicle Fuel Tax Law. Payments pursuant to this section shall be made prior to payments pursuant to Section 8352.2.

(b) (1) Commencing July 1, 2012, the revenues attributable to the taxes imposed pursuant to subdivision (b) of Section 7360 and otherwise to be deposited in the Harbors and Watercraft Revolving Fund pursuant to subdivision (a) shall instead be transferred to the General Fund.

(2) Commencing November 1, 2017, the revenues attributable to the taxes imposed pursuant to subdivision (c) of Section 7360, any adjustment pursuant to subdivision (d) of Section 7360, and Section 7361.2, and otherwise to be deposited in the Harbors and Watercraft Revolving Fund pursuant to subdivision (a), shall instead be transferred to the State Parks and Recreation Fund to be used for state parks, off-highway vehicle programs, or boating programs.

SEC. 29. Section 8352.5 of the Revenue and Taxation Code is amended to read:

8352.5. (a) (1) Subject to Sections 8352 and 8352.1, and except as otherwise provided in paragraph (1) of subdivision (b), there shall be transferred from the money deposited to the credit of the Motor Vehicle Fuel Account to the Department of Food and Agriculture Fund, during the second quarter of each fiscal year, an amount equal to the estimate contained in the most recent report prepared pursuant to this section.

(2) The amounts are not subject to Section 6357 with respect to the collection of sales and use taxes thereon, and represent the portion of receipts in the Motor Vehicle Fuel Account during a calendar year that were attributable to agricultural off-highway use of motor vehicle fuel which is subject to refund pursuant to Section 8101, less gross refunds allowed by the Controller during the fiscal year ending June 30 following the calendar year to persons entitled to refunds for agricultural off-highway use pursuant to Section 8101. Payments pursuant to this section shall be made prior to payments pursuant to Section 8352.2.

(b) (1) Commencing July 1, 2012, the revenues attributable to the taxes imposed pursuant to subdivision (b) of Section 7360 and otherwise to be deposited in the Department of Food and Agriculture Fund pursuant to subdivision (a) shall instead be transferred to the General Fund.

(2) Commencing November 1, 2017, the revenues attributable to the taxes imposed pursuant to subdivision (c) of Section 7360, as adjusted pursuant to subdivision (d) of Section 7360, and Section 7361.2 shall be deposited in the Department of Food and Agriculture Fund.

(c) On or before September 30, 2012, and on or before September 30 of each even-numbered year thereafter, the Director of Transportation and the Director of Food and Agriculture shall jointly prepare, or cause to be prepared, a report setting forth the current estimate of the amount of money in the Motor Vehicle Fuel Account attributable to agricultural off-highway use of motor vehicle fuel, which is subject to refund pursuant to Section 8101 less gross refunds allowed by the Controller to persons entitled to refunds for agricultural off-highway use pursuant to Section 8101; and they shall submit a copy of the report to the Legislature.

SEC. 30. Section 8352.6 of the Revenue and Taxation Code is amended to read:

8352.6. (a) (1) Subject to Section 8352.1, and except as otherwise provided in paragraphs (2) and (3), on the first day of every month, there shall be transferred from moneys deposited to the credit of the Motor Vehicle Fuel Account to the Off-Highway Vehicle Trust Fund created by Section 38225 of the Vehicle Code an amount attributable to taxes imposed upon distributions of motor vehicle fuel used in the operation of motor vehicles off highway and for which a refund has not been claimed. Transfers made pursuant to this section shall be made prior to transfers pursuant to Section 8352.2.

(2) (A) Commencing July 1, 2012, the revenues attributable to the taxes imposed pursuant to subdivision (b) of Section 7360 and otherwise to be deposited in the Off-Highway Vehicle Trust Fund pursuant to paragraph (1) shall instead be transferred to the General Fund.

(B) Commencing November 1, 2017, the revenues attributable to the taxes imposed pursuant to subdivision (c) of Section 7360, any adjustment pursuant to subdivision (d) of Section 7360, and Section 7361.2, and otherwise to be deposited in the Off-Highway Vehicle Trust Fund pursuant to subdivision (a), shall instead be transferred to the State Parks and Recreation Fund to be used for state parks, off-highway vehicle programs, or boating programs.

(3) The Controller shall withhold eight hundred thirty-three thousand dollars ($833,000) from the monthly transfer to the Off-Highway Vehicle Trust Fund pursuant to paragraph (1), and transfer that amount to the General Fund.

(b) The amount transferred to the Off-Highway Vehicle Trust Fund pursuant to paragraph (1) of subdivision (a), as a percentage of the Motor Vehicle Fuel Account, shall be equal to the percentage transferred in the 2006–07 fiscal year. Every five years, starting in the 2013–14 fiscal year, the percentage transferred may be adjusted by the Department of Transportation in cooperation with the Department of Parks and Recreation and the Department of Motor Vehicles. Adjustments shall be based on, but not limited to, the changes in the following factors since the 2006–07 fiscal year or the last adjustment, whichever is more recent:

(1) The number of vehicles registered as off-highway motor vehicles as required by Division 16.5 (commencing with Section 38000) of the Vehicle Code.

(2) The number of registered street-legal vehicles that are anticipated to be used off highway, including four-wheel drive vehicles, all-wheel drive vehicles, and dual-sport motorcycles.

(3) Attendance at the state vehicular recreation areas.

(4) Off-highway recreation use on federal lands as indicated by the United States Forest Service's National Visitor Use Monitoring and the United States Bureau of Land Management's Recreation Management Information System.

(c) It is the intent of the Legislature that transfers from the Motor Vehicle Fuel Account to the Off-Highway Vehicle Trust Fund should reflect the full range of motorized vehicle use off highway for both motorized recreation and motorized off-road access to other recreation opportunities. Therefore, the Legislature finds that the fuel tax baseline established in subdivision (b), attributable to off-highway estimates of use as of the 2006–07 fiscal year, accounts for the three categories of vehicles that have been found over the years to be users of fuel for off-highway motorized recreation or motorized access to nonmotorized recreational pursuits. These three categories are registered off-highway motorized vehicles, registered street-legal motorized vehicles used off highway, and unregistered off-highway motorized vehicles.

(d) It is the intent of the Legislature that the off-highway motor vehicle recreational use to be determined by the Department of Transportation pursuant to paragraph (2) of subdivision (b) be that usage by vehicles subject to registration under Division 3 (commencing with Section 4000) of the Vehicle Code, for recreation or the pursuit of recreation on surfaces where the use of vehicles registered under Division 16.5 (commencing with Section 38000) of the Vehicle Code may occur.

(e) In the 2014–15 fiscal year, the Department of Transportation, in consultation with the Department of Parks and Recreation and the Department of Motor Vehicles, shall undertake a study to determine the appropriate adjustment to the amount transferred pursuant to subdivision (b) and to update the estimate of the amount attributable to taxes imposed upon distributions of motor vehicle fuel used in the operation of motor vehicles off highway and for which a refund has not been claimed. The department shall provide a copy of this study to the Legislature no later than January 1, 2016.

SEC. 31. Chapter 6 (commencing with Section 11050) is added to Part 5 of Division 2 of the Revenue and Taxation Code, to read:

CHAPTER 6. Transportation Improvement Fee

11050. For purposes of this chapter, the following terms have the following meanings:

(a) "Transportation purposes" means both of the following:

(1) The research, planning, construction, improvement, maintenance, and operation of public streets and highways (and their related public facilities for nonmotorized traffic), including the mitigation of their environmental effects, the payment for property taken or damaged for the foregoing purposes, and the administrative costs necessarily incurred in the foregoing purposes.

(2) The research, planning, construction, improvement, maintenance, and operation of public transportation systems (and their related equipment and fixed facilities), including the mitigation of their environmental effects, the payment for property taken or damaged for the foregoing purposes, and the administrative costs necessarily incurred in the foregoing purposes.

(b) "Transportation improvement fee" means a supplemental charge added to the fee imposed pursuant to Chapter 2 (commencing with Section 10751).

(c) "Vehicle" means every vehicle that is subject to the fee in Chapter 2 (commencing with Section 10751), except the following:

(1) A commercial vehicle with an unladen weight of more than 10,000 pounds.

(2) A vehicle exempted pursuant to the Vehicle Code from the payment of registration fees.

(3) A vehicle for which a certificate of nonoperation has been filed with the Department of Motor Vehicles pursuant to Section 4604 of the Vehicle Code, during the period of time covered by the certificate.

(4) A vehicle described in Section 5004 of the Vehicle Code.

11051. (a) In addition to any other fee imposed on a vehicle by this code or the Vehicle Code, a transportation improvement fee is hereby imposed on each vehicle as defined in subdivision (b) of Section 11050 effective on January 1, 2018, or as soon after that date as the department is able to commence collection of the fee. The transportation improvement fee shall be in the amounts specified in Section 11052.

(b) The department shall collect the fee at the same time and in the same manner as the department collects the vehicle registration fee pursuant to Section 9250 of the Vehicle Code.

(c) The fee imposed pursuant to this chapter is imposed for the privilege of a resident of California to operate upon the public highways a vehicle or trailer coach, the registrant of which is subject to the fee under Chapter 2 (commencing with Section 10751).

(d) The revenues from the transportation improvement fee imposed by this chapter shall be available for expenditure only on transportation purposes as provided in Section 11053.

11052. (a) The annual amount of the transportation improvement fee shall be based on the market value of the vehicle, as determined by the department pursuant to Sections 10753, 10753.2, and 10753.5, using the following schedule:

(1) Vehicles with a vehicle market value range between zero dollars ($0) and four thousand nine hundred ninety-nine dollars ($4,999), a fee of twenty-five dollars ($25).

(2) Vehicles with a vehicle market value range between five thousand dollars ($5,000) and twenty-four thousand nine hundred ninety-nine dollars ($24,999), a fee of fifty dollars ($50).

(3) Vehicles with a vehicle market value range between twenty-five thousand dollars ($25,000) and thirty-four thousand nine hundred ninety-nine dollars ($34,999), a fee of one hundred dollars ($100).

(4) Vehicles with a vehicle market value range between thirty-five thousand dollars ($35,000) and fifty-nine thousand nine hundred ninety-nine dollars ($59,999), a fee of one hundred fifty dollars ($150).

(5) Vehicles with a vehicle market value range of sixty thousand dollars ($60,000) and higher, a fee of one hundred seventy-five dollars ($175).

(b) On January 1, 2020, and every January 1 thereafter, the department shall adjust the transportation improvement fee imposed under subdivision (a) by increasing the fee for each vehicle market range in an amount equal to the increase in the California Consumer Price Index for the prior year, except the first adjustment shall cover the prior two years, as calculated by the Department of Finance, with amounts equal to or greater than fifty cents ($0.50) rounded to the highest whole dollar. The incremental change shall be added to the associated fee rate for that year.

(c) Any changes to the transportation improvement fee imposed in subdivision (a) that are enacted by the Legislature subsequent to January 1, 2018, shall be deemed to be changes to the base fee for purposes of the California Consumer Price Index calculation and adjustment performed pursuant to subdivision (b).

11053. Revenues from the transportation improvement fee, after deduction of the department's administrative costs related to this chapter, shall be transferred by the department to the Controller for deposit as follows:

(a) Commencing with the 2017–18 fiscal year, three hundred fifty million dollars ($350,000,000), plus an annual increase for inflation as determined in subdivision (b) of Section 11052 for this proportional share, shall annually be deposited into the Public Transportation Account. The Controller shall, each month, set aside one-twelfth of this amount, to accumulate a total of three hundred fifty million dollars ($350,000,000) in each fiscal year or the appropriate adjusted amount. For each fiscal year commencing with the 2017–18 fiscal year, the annual Budget Act shall include an appropriation for 70 percent of these revenues to be allocated to the Transit and Intercity Rail Capital Program (Part 2 (commencing with Section 75220) of Division 44 of the Public Resources Code), pursuant to Section 99312.4 of the Public Utilities Code. The remaining 30 percent of these revenues shall be continuously appropriated to the Controller for allocation under the State Transit Assistance program, pursuant to subdivision (c) of Section 99312.1 of the Public Utilities Code.

(b) Commencing with the 2017–18 fiscal year, two hundred fifty million dollars ($250,000,000) shall annually be deposited into the State Highway Account for appropriation by the annual Budget Act to the Congested Corridor Program created pursuant to Section 2391 of the Streets and Highways Code. The Controller shall, each month, set aside one-twelfth of this amount, to accumulate a total of two hundred fifty million dollars ($250,000,000) in each fiscal year.

(c) The remaining revenues after the transfers made in subdivisions (a) and (b) shall be deposited into the Road Maintenance and Rehabilitation Account created pursuant to Section 2031 of the Streets and Highway Code.

SEC. 32. Section 60050 of the Revenue and Taxation Code is amended to read:

60050. (a) (1) A tax of sixteen cents ($0.16) is hereby imposed upon each gallon of diesel fuel subject to the tax in Sections 60051, 60052, and 60058.

(2) If the federal fuel tax is reduced below the rate of fifteen cents ($0.15) per gallon and federal financial allocations to this state for highway and exclusive public mass transit guideway purposes are reduced or eliminated correspondingly, the tax rate imposed by paragraph (1) shall be increased by an amount so that the combined state rate under paragraph (1) and the federal tax rate per gallon equal what it would have been in the absence of the federal reduction.

(3) If any person or entity is exempt or partially exempt from the federal fuel tax at the time of a reduction, the person or entity shall continue to be exempt under this section.

(b) On and after November 1, 2017, in addition to the tax imposed pursuant to subdivision (a), an additional tax of twenty cents ($0.20) is hereby imposed upon each gallon of diesel fuel subject to the tax in Sections 60051, 60052, and 60058.

(c) On July 1, 2020, and every July 1 thereafter, the State Board of Equalization shall adjust the taxes imposed by subdivisions (a), and (b), with the adjustment to apply to both to the base tax rates specified in those provisions and to any previous adjustment in rates made pursuant to this subdivision, by increasing the taxes by a percentage amount equal to the increase in the California Consumer Price Index, as calculated by the Department of Finance with the resulting taxes rounded to the nearest one-tenth of one cent ($0.01). The first adjustment pursuant to this subdivision shall be a percentage amount equal to the increase in the California Consumer Price Index from November 1, 2017, to November 1, 2019. Subsequent annual adjustments shall cover subsequent 12 month periods. The incremental change shall be added to the associated rate for that year.

(d) Any changes to the taxes imposed under this section that are enacted by legislation subsequent to July 1, 2017, shall be deemed to be changes to the base tax rates for purposes of the California Consumer Price Index calculation and adjustment performed pursuant to paragraph (1).

SEC. 33. Section 60050.2 is added to the Revenue and Taxation Code, to read:

60050.2. (a) For the privilege of storing, for the purpose of sale, each supplier, wholesaler, and retailer owning 1,000 or more gallons of tax-paid diesel fuel on November 1, 2017, shall pay a storage tax of twenty cents ($0.20) per gallon of tax-paid diesel fuel in storage according to the volumetric measure thereof.

(b) For purposes of this section:

(1) "Owning" means having title to the diesel fuel.

(2) "Retailer" means any person who sells diesel fuel in this state to a person who subsequently uses the diesel fuel.

(3) "Storing" includes the ownership or possession of tax-paid diesel fuel outside of the bulk transfer/terminal system, including the holding of tax-paid diesel fuel for sale at wholesale or retail locations stored in a container of any kind, including railroad tank cars and trucks or trailer cargo tanks. "Storing" also includes tax-paid diesel fuel purchased from and invoiced by the seller, and tax-paid diesel fuel removed from a terminal or entered into by a supplier, prior to the date specified in subdivision (a) and in transit on that date.

(4) "Wholesaler" means any person who sells diesel fuel in this state for resale to a retailer or to a person who is not a retailer and subsequently uses the diesel fuel.

SEC. 34. Section 60201.4 is added to the Revenue and Taxation Code, to read:

60201.4. On or before January 1, 2018, each person subject to the storage tax imposed under Section 60050.2 shall prepare and file with the board, in a form prescribed by the board, a return showing the total number of gallons of tax-paid diesel fuel owned by the person on November 1, 2017, the amount of the storage tax, and any other information that the board deems necessary for the proper administration of this part. The return shall be accompanied by a remittance payable to the board in the amount of tax due.

SEC. 35. Article 2.5 (commencing with Section 800) is added to Chapter 4 of Division 1 of the Streets and Highways Code, to read:

Article 2.5. Advance Mitigation Program

800. (a) The Advance Mitigation Program is hereby created to enhance communications between the department and stakeholders to protect natural resources through project mitigation, to meet or exceed applicable environmental requirements, to accelerate project delivery, and to fully mitigate environmental impacts from transportation infrastructure projects. The department shall consult on all activities pursuant to this article with the Department of Fish and Wildlife, including activities pursuant to Chapter 9 (commencing with Section 1850) of Division 2 of the Fish and Game Code.

(b) Commencing with the 2017–18 fiscal year, and for a period of four years, the department shall set aside no less than thirty million dollars ($30,000,000) annually for the Advance Mitigation Program from the annual appropriations for the State Transportation Improvement Program and the State Highway Operation and Protection Program for the planning and implementation of projects in the Advanced Mitigation Program.

(c) The annual Budget Act and subsequent legislation may establish additional provisions and requirements for the program.

SEC. 36. Chapter 2 (commencing with Section 2030) is added to Division 3 of the Streets and Highways Code, to read:

CHAPTER 2. Road Maintenance and Rehabilitation Program

2030. (a) The Road Maintenance and Rehabilitation Program is hereby created to address deferred maintenance on the state highway system and the local street and road system. Funds made available by the program shall be prioritized for expenditure on basic road maintenance and road rehabilitation projects, and on critical safety projects.

(b) (1) Funds made available by the program shall be used for projects that include, but are not limited to, the following:

(A) Road maintenance and rehabilitation.

(B) Safety projects.

(C) Railroad grade separations.

(D) Complete street components, including active transportation purposes, pedestrian and bicycle safety projects, transit facilities, and drainage and stormwater capture projects in conjunction with any other

allowable project.

(E) Traffic control devices.

(2) Funds made available by the program may also be used to satisfy a match requirement in order to obtain state or federal funds for projects authorized by this subdivision.

(c) To the extent possible and cost effective, and where feasible, the department and cities and counties receiving funds under the program shall use advanced technologies and material recycling techniques that reduce the cost of maintaining and rehabilitating the streets and highways, and that exhibit reduced levels of greenhouse gas emissions through material choice and construction method.

(d) To the extent possible and cost effective, and where feasible, the department and cities and counties receiving funds under the program shall use advanced technologies and communications systems in transportation infrastructure that recognize and accommodate advanced automotive technologies that may include, but are not necessarily limited to, charging or fueling opportunities for zero-emission vehicles, and provision of infrastructure-to-vehicle communications for transitional or full autonomous vehicle systems.

(e) To the extent deemed cost effective, and where feasible, in the context of both the project scope and the risk level for the asset due to global climate change, the department and cities and counties receiving funds under the program shall include features in the projects funded by the program to better adapt the asset to withstand the negative effects of climate change and make the asset more resilient to impacts such as fires, floods, and sea level rise.

(f) To the extent beneficial, cost effective, and practicable in the context of facility type, right-of-way, project scope, and quality of nearby alternative facilities, and where feasible, the department and cities and counties receiving funds under the program shall incorporate complete street elements into projects funded by the program, including, but not limited to, elements that improve the quality of bicycle and pedestrian facilities and that improve safety for all users of transportation facilities.

(g) For purposes of funds directed to the State Highway Operation and Protection Program, the guidelines and reporting provisions shall be consistent with Section 14526.5 of the Government Code.

(h) Guidelines adopted by the commission to facilitate the allocation of funds in the account shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

2031. The following revenues shall be deposited in the Road Maintenance and Rehabilitation Account, which is hereby created in the State Transportation Fund:

(a) Notwithstanding subdivision (b) of Section 2103 and pursuant to subdivision (a) of Section 2103.1, the portion of the revenues in the Highway Users Tax Account attributable to the increases in the motor vehicle fuel excise tax pursuant to subdivision (c) of Section 7360 of the Revenue and Taxation Code, as adjusted pursuant to subdivision (d) of that section.

(b) The revenues from the portion of the transportation improvement fee pursuant to subdivision (c) of Section 11053 of the Revenue and Taxation Code.

(c) The revenues from the increase in the vehicle registration fee pursuant to Section 9250.6 of the Vehicle Code, as adjusted pursuant to subdivision (b) of that section.

(d) Notwithstanding subdivision (b) of Section 2103 and pursuant to paragraph (2) of subdivision (b) of Section 2103.1, one-half of the revenues attributable to the increase in the diesel fuel excise tax pursuant to subdivisions (b) and (c) of Section 60050 of the Revenue and Taxation Code.

(e) Any other revenues designated for the program.

2031.5. For each fiscal year, the annual Budget Act shall contain an appropriation from the Road Maintenance and Rehabilitation Account for the costs of administering this chapter.

2032. (a) (1) After deducting the amounts appropriated in the annual Budget Act, as provided in Section 2031.5, two hundred million dollars ($200,000,000) of the remaining revenues deposited in the Road Maintenance and Rehabilitation Account shall be set aside annually for counties that have sought and received voter approval of taxes or that have imposed fees, including uniform developer fees as defined by subdivision (b) of Section

8879.67 of the Government Code, which taxes or fees are dedicated solely to transportation improvements. The Controller shall each month set aside one-twelfth of this amount, to accumulate a total of two hundred million dollars ($200,000,000) in each fiscal year.

(2) Eligible projects under this subdivision shall include, but not are limited to, sound walls for a freeway that was built prior to 1987 without sound walls and with or without high occupancy vehicle lanes if the completion of the sound walls has been deferred due to lack of available funding for at least 20 years and a noise barrier scope summary report has been completed within the last 20 years.

(3) Notwithstanding Section 13340 of the Government Code, the funds available under this subdivision in each fiscal year are hereby continuously appropriated for allocation to each eligible county and each city in the county for road maintenance and rehabilitation purposes pursuant to Section 2033.

(b) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amount allocated in subdivision (a), beginning in the 2017–18 fiscal year, one hundred million dollars ($100,000,000) of the remaining revenues shall be available annually for expenditure, upon appropriation by the Legislature, on the Active Transportation Program created pursuant to Chapter 8 (commencing with Section 2380) of Division 3 to be allocated by the California Transportation Commission pursuant to Section 2381. The Controller shall each month set aside one-twelfth of this amount, to accumulate a total of one hundred million dollars ($100,000,000) in each fiscal year.

(c) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amounts allocated in subdivisions (a) and (b), beginning in the 2017–18 fiscal year, four hundred million dollars ($400,000,000) of the remaining revenues shall be available annually for expenditure, upon appropriation by the Legislature, by the department for bridge and culvert maintenance and rehabilitation. The Controller shall each month set aside one-twelfth of this amount, to accumulate a total of four hundred million dollars ($400,000,000) in each fiscal year.

(d) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amounts allocated in subdivisions (a), (b), and (c), beginning in the 2017–18 fiscal year, twenty-five million dollars ($25,000,000) of the remaining revenues shall be transferred annually to the State Highway Account for expenditure, upon appropriation by the Legislature, to supplement the freeway service patrol program. The Controller shall each month set aside one-twelfth of this amount, to accumulate a total of twenty-five million dollars ($25,000,000) in each fiscal year.

(e) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amounts allocated in subdivisions (a), (b), (c), and (d), in the 2017–18, 2018–19, 2019–20, 2020–21, and 2021–22 fiscal years, from revenues in the Road Maintenance and Rehabilitation Account that are not subject to Article XIX of the California Constitution, five million dollars ($5,000,000) shall be appropriated in each fiscal year to the California Workforce Development Board to assist local agencies to implement policies to promote preapprenticeship training programs to carry out the projects that are funded by the account pursuant to Section 2038. Funds appropriated pursuant to this subdivision in the Budget Act but remaining unexpended at the end of each applicable fiscal year shall be reappropriated for the same purposes in the following year’s Budget Act, but all funds appropriated or reappropriated pursuant to this subdivision in the Budget Act shall be liquidated no later than June 30, 2027.

(f) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amounts allocated in subdivisions (a), (b), (c), (d), and (e), beginning in the 2017–18 fiscal year, twenty-five million dollars ($25,000,000) of the remaining revenues shall be available annually for expenditure, upon appropriation by the Legislature, by the department for local planning grants, as described in Section 2033.5. The Controller shall each month set aside one-twelfth of this amount, to accumulate a total of twenty-five million dollars ($25,000,000) in each fiscal year.

(g) After deducting the amounts appropriated in the annual Budget Act pursuant to Section 2031.5 and the amounts allocated in subdivisions (a), (b), (c), (d), (e), and (f), beginning in the 2017–18 fiscal year and each fiscal year thereafter, from the remaining revenues, five million dollars ($5,000,000) shall be available, upon appropriation, to the University of California for the purpose of conducting transportation research and two million dollars ($2,000,000) shall be available, upon appropriation, to the California State University for the purpose of conducting transportation research and transportation-related workforce education, training, and development. Prior to the start of each fiscal year, the Secretary of Transportation and the chairs of the Assembly Committee on Transportation and the Senate Committee on Transportation and Housing may set out a recommended priority list of research components to be addressed in the upcoming fiscal year.

(h) Notwithstanding Section 13340 of the Government Code, the balance of the revenues deposited in the Road Maintenance and Rehabilitation Account are hereby continuously appropriated as follows:

(1) Fifty percent for allocation to the department for maintenance of the state highway system or for purposes of the state highway operation and protection program.

(2) Fifty percent for apportionment to cities and counties by the Controller pursuant to the formula in clauses (i) and (ii) of subparagraph (C) of paragraph (3) of subdivision (a) of Section 2103 for the purposes authorized by this chapter.

2032.5. (a) It is the intent of the Legislature that the Department of Transportation and local governments are held accountable for the efficient investment of public funds to maintain the public highways, streets, and roads, and are accountable to the people through performance goals that are tracked and reported.

(b) The department shall annually report to the commission relative to the expenditures made with funds received pursuant to subdivision (c) of, and paragraph (1) of subdivision (g) of, Section 2032, and the progress made and achievement of the performance goals outlined in subdivision (n) of Section 1 of the act adding this section.

(c) For each fiscal year in which the department receives an allocation of funds described in subdivision (b), the department shall submit documentation to the commission that includes a description and the location of each completed project, the amount of funds expended on the project, the completion date, and the project's estimated useful life. Annually, the commission shall evaluate the effectiveness of the department in reducing deferred maintenance and improving road conditions on the state highway system, as demonstrated by the progress made by the goals set forth in subdivision (n) of Section 1 of the act enacting this section. The commission may make recommendations for improvement and may withhold future project allocations if it determines program funds are not being appropriately spent. The commission shall annually include any findings in its annual report to the Legislature pursuant to Section 14535 of the Government Code.

(d) The department shall implement efficiency measures with the goal to generate at least one hundred million dollars ($100,000,000) per year in savings to invest in maintenance and rehabilitation of the state highway system. These savings shall be reported to the commission.

2033. (a) On or before January 1, 2018, the commission, in cooperation with the department, transportation planning agencies, county transportation commissions, and other local agencies, shall develop guidelines for the allocation of funds pursuant to subdivision (a) of Section 2032.

(b) The guidelines shall be the complete and full statement of the policy, standards, and criteria that the commission intends to use to determine how these funds will be allocated.

(c) The commission may amend the adopted guidelines after conducting at least one public hearing.

2033.5. The department, from funds made available pursuant to subdivision (f) of Section 2032, shall allocate local planning grants to encourage local and regional planning that furthers state goals, including, but not limited to, the goals and best practices cited in the regional transportation guidelines adopted by the commission pursuant to Sections 14522 to 14522.3, inclusive, of the Government Code. The department shall develop a grant guide and shall consult with the State Air Resources Board, the Governor's Office of Planning and Research, and the Department of Housing and Community Development in the development of the grant guide, and shall provide status reports as it administers these funds. The grant guide shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

2034. (a) (1) Prior to receiving an apportionment of funds under the program pursuant to paragraph (2) of subdivision (h) of Section 2032 from the Controller in a fiscal year, an eligible city or county shall submit to the commission a list of projects proposed to be funded with these funds pursuant to an adopted city or county budget. All projects proposed to receive funding shall be included in a city or county budget that is adopted by the applicable city council or county board of supervisors at a regular public meeting. The list of projects proposed to be funded with these funds shall include a description and the location of each proposed project, a proposed schedule for the project's completion, and the estimated useful life of the improvement. The project list shall not limit the flexibility of an eligible city or county to fund projects in accordance with local needs and priorities so long as the projects are consistent with subdivision (b) of Section 2030.

(2) The commission shall report to the Controller the cities and counties that have submitted a list of projects as described in this subdivision and that are therefore eligible to receive an apportionment of funds under the program for the applicable fiscal year. The Controller, upon receipt of the report, shall apportion funds to eligible cities and counties.

(b) For each fiscal year, each city or county receiving an apportionment of funds shall, upon expending program funds, submit documentation to the commission that includes a description and location of each completed project, the amount of funds expended on the project, the completion date, and the estimated useful life of the improvement.

2036. (a) Cities and counties shall maintain their existing commitment of local funds for street, road, and highway purposes in order to remain eligible for an allocation or apportionment of funds pursuant to Section 2032.

(b) In order to receive an allocation or apportionment pursuant to Section 2032, the city or county shall annually expend from its general fund for street, road, and highway purposes an amount not less than the annual average of its expenditures from its general fund during the 2009–10, 2010–11, and 2011–12 fiscal years, as reported to the Controller pursuant to Section 2151. For purposes of this subdivision, in calculating a city's or county's annual general fund expenditures and its average general fund expenditures for the 2009–10, 2010–11, and 2011–12 fiscal years, any unrestricted funds that the city or county may expend at its discretion, including vehicle in-lieu tax revenues and revenues from fines and forfeitures, expended for street, road, and highway purposes shall be considered expenditures from the general fund. One-time allocations that have been expended for street and highway purposes, but which may not be available on an ongoing basis, including revenue provided under the Teeter Plan Bond Law of 1994 (Chapter 6.6 (commencing with Section 54773) of Part 1 of Division 2 of Title 5 of the Government Code), may not be considered when calculating a city's or county's annual general fund expenditures.

(c) For any city incorporated after July 1, 2009, the Controller shall calculate an annual average expenditure for the period between July 1, 2009, and December 31, 2015, inclusive, that the city was incorporated.

(d) For purposes of subdivision (b), the Controller may request fiscal data from cities and counties in addition to data provided pursuant to Section 2151, for the 2009–10, 2010–11, and 2011–12 fiscal years. Each city and county shall furnish the data to the Controller not later than 120 days after receiving the request. The Controller may withhold payment to cities and counties that do not comply with the request for information or that provide incomplete data.

(e) The Controller may perform audits to ensure compliance with subdivision (b) when deemed necessary. Any city or county that has not complied with subdivision (b) shall reimburse the state for the funds it received during that fiscal year. Any funds withheld or returned as a result of a failure to comply with subdivision (b) shall be reapportioned to the other counties and cities whose expenditures are in compliance.

(f) If a city or county fails to comply with the requirements of subdivision (b) in a particular fiscal year, the city or county may expend during that fiscal year and the following fiscal year a total amount that is not less than the total amount required to be expended for those fiscal years for purposes of complying with subdivision (b).

2037. A city or county may spend its apportionment of funds under the program on transportation priorities other than those allowable pursuant to this chapter if the city's or county's average Pavement Condition Index meets or exceeds 80.

2038. The California Workforce Development Board shall develop guidelines for public agencies receiving Road Maintenance and Rehabilitation Account funds to participate in, invest in, or partner with, new or existing preapprenticeship training programs established pursuant to subdivision (e) of Section 14230 of the Unemployment Insurance Code. The department and local agencies that receive Road Maintenance and Rehabilitation Account funds pursuant to this chapter shall, not later than July 1, 2023, follow the guidelines set forth by the board. The board shall also establish a preapprenticeship development and training grant program, beginning January 1, 2019, pursuant to subdivision (e) of Section 14230 of the Unemployment Insurance Code. Local public agencies that receive Road Maintenance and Rehabilitation Account funds pursuant to this chapter are eligible to compete for such grants and may apply in partnership with other agencies and entities, including those with existing preapprenticeship programs. Successful grant applicants shall, to the extent feasible:

(a) Follow the multicraft core curriculum implemented by the State Department of Education for its pilot project with the California Partnership Academies and by the California Workforce Development Board and local boards.

(b) Include a plan for outreach to and retention of women participants in the preapprenticeship program to help increase the representation of women in the building and construction trades.

(c) Include a plan for outreach to and retention of minority participants and underrepresented subgroups in the preapprenticeship program to help increase their representation in the building and construction trades.

(d) Include a plan for outreach to and retention of disadvantaged youth participants in the preapprenticeship program to help increase their employment opportunities in the building and construction trades.

(e) Include a plan for outreach to individuals in the local labor market area and to formerly incarcerated individuals to provide pathways to employment and training.

(f) Coordinate with local state-approved apprenticeship programs, local building trade councils, and to the extent possible the California Conservation Corps and certified community conservation corps, so individuals who have completed these programs have a pathway to continued employment.

SEC. 37. Section 2103.1 is added to the Streets and Highways Code, to read:

2103.1. (a) Notwithstanding subdivision (b) of Section 2103, the portion of revenues in the Highway Users Tax Account attributable to the increases in the motor vehicle fuel excise tax pursuant to subdivision (c) of Section 7360 of the Revenue and Taxation Code, as adjusted pursuant to subdivision (d) of that section, shall be transferred to the Road Maintenance and Rehabilitation Account pursuant to Section 2031.

(b) Notwithstanding subdivision (b) of Section 2103, the portion of revenues in the Highway Users Tax Account attributable to the increase in the diesel fuel excise tax pursuant to subdivision (b) of Section 60050 of the Revenue and Taxation Code, as adjusted pursuant to subdivision (c) of that section, shall be transferred as follows:

(1) Fifty percent to the Trade Corridors Enhancement Account pursuant to Section 2192.4.

(2) Fifty percent to the Road Maintenance and Rehabilitation Account pursuant to Section 2031.

(c) Notwithstanding subdivision (b) of Section 2103, the portion of the revenues in the Highway Users Tax Account attributable to the storage taxes imposed pursuant to Sections 7361.2 and 60050.2 of the Revenue and Taxation Code shall be deposited in the Road Maintenance and Rehabilitation Account created pursuant to Section 2031.

SEC. 38. Section 2104 of the Streets and Highways Code is amended to read:

2104. Notwithstanding Section 13340 of the Government Code, a sum equal to the net revenue derived from 11.3 percent of the per gallon tax under the Motor Vehicle Fuel License Tax Law (Part 2 (commencing with Section 7301) of Division 2), 1.80 cents ($0.0180) under the Use Fuel Tax Law (Part 3 (commencing with Section 8601) of Division 2), and 11.5 percent of the per gallon tax under the Diesel Fuel Tax Law (Part 31 (commencing with Section 60001) of Division 2) of the Revenue and Taxation Code, shall be apportioned among the counties, as follows:

(a) Each county shall be paid one thousand six hundred sixty-seven dollars ($1,667) during each calendar month, which amount shall be expended exclusively for engineering costs and administrative expenses with respect to county roads.

(b) A sum equal to the total of all reimbursable snow removal or snow grooming, or both, costs filed pursuant to subdivision (d) of Section 2152, or seven million dollars ($7,000,000), whichever is less, shall be apportioned in 12 approximately equal monthly apportionments for snow removal or snow grooming, or both, on county roads, as provided in Section 2110.

(c) A sum equal to five hundred thousand dollars ($500,000) shall be apportioned in 12 approximately equal monthly apportionments, as provided in Section 2110.5.

(d) (1) Seventy-five percent of the funds payable under this section shall be apportioned among the counties monthly in the respective proportions that the number of fee-paid and exempt vehicles which are registered in each county bears to the total number of fee-paid and exempt vehicles registered in the state.

(2) For purposes of apportionment under this subdivision, the Department of Motor Vehicles shall, as soon as possible after the last day of each calendar month, furnish to the Controller a verified statement showing the

number of fee-paid and exempt vehicles which are registered in each county and in the state as of the last day of each calendar month as reflected by the records of the Department of Motor Vehicles.

(e) Of the remaining money payable, there shall be paid to each eligible county an amount that is computed monthly as follows: The number of miles of maintained county roads in each county shall be multiplied by sixty dollars ($60); from the resultant amount, there shall be deducted the amount received by each county under subdivision (d) and the remainder, if any, shall be paid to each county.

(f) The remaining money payable, after the foregoing apportionments, shall be apportioned among the counties in the same proportion as the money referred to in subdivision (d).

(g) (1) Transfers of revenues from the Highway Users Tax Account to counties pursuant to this section collected during the months of March, April, May, June, and July of 2008, shall be made with the transfer of August 2008 revenues in September of 2008. This suspension shall not apply to a county with a population of less than 40,000.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a county may make use of any cash balance in its county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (hereafter bond act)) for local streets and roads maintenance, during the period of this suspension, without the use of this cash being reflected as an expenditure of bond act funds, provided the cash is replaced once this suspension is repaid in September of 2008. Counties may accrue the revenue received in September 2008 as repayment of these suspensions for the months of April, May, and June of 2008 back to the 2007–08 fiscal year. Nothing in this paragraph shall change the fact that expenditures must be accrued and reflected from the appropriate funding sources for which the moneys were received and meet all the requirements of those funding sources.

(h) (1) The transfer of revenues from the Highway Users Tax Account to counties pursuant to this section that are collected during the months of January, February, and March 2009, shall be made with the transfer of April 2009 revenues in May 2009.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a county may make use of any cash balance in its county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (bond act)) for local streets and roads maintenance during the period of this suspension, provided the cash is replaced once this suspension is repaid in May of 2009.

(3) This subdivision shall not affect any requirement that an expenditure is required to be accrued and reflected from the appropriate funding source for which the money was received and to meet all the requirements of its funding source.

SEC. 39. Section 2105 of the Streets and Highways Code is amended to read:

2105. Notwithstanding Section 13340 of the Government Code, in addition to the apportionments prescribed by Sections 2104, 2106, and 2107, from the revenues derived from a per gallon tax imposed pursuant to Section 7360 of the Revenue and Taxation Code, and a per gallon tax imposed pursuant to Sections 8651, 8651.5, and 8651.6 of the Revenue and Taxation Code, and a per gallon tax imposed pursuant to Sections 60050 and 60115 of the Revenue and Taxation Code, the following apportionments shall be made:

(a) A sum equal to 5.8 percent of the per gallon tax under Section 7360 of the Revenue and Taxation Code, 11.5 percent of any per gallon tax in excess of nine cents ($0.09) per gallon under Sections 8651, 8651.5, and 8651.6 of the Revenue and Taxation Code, and 6.5 percent of the per gallon tax under Sections 60050 and 60115 of the Revenue and Taxation Code, shall be apportioned among the counties, including a city and county.

The amount of apportionment to each county, including a city and county, during a fiscal year shall be calculated as follows:

(1) One million dollars ($1,000,000) for apportionment to all counties, including a city and county, in proportion to each county’s receipts during the prior fiscal year under Sections 2104 and 2106.

(2) One million dollars ($1,000,000) for apportionment to all counties, including a city and county, as follows:

(A) Seventy-five percent in the proportion that the number of fee-paid and exempt vehicles which are registered in the county bears to the number of fee-paid and exempt vehicles registered in the state.

(B) Twenty-five percent in the proportion that the number of miles of maintained county roads in the county bears to the miles of maintained county roads in the state.

(3) For each county, determine its factor which is the higher amount calculated pursuant to paragraph (1) or (2) divided by the sum of the higher amounts for all of the counties.

(4) The amount to be apportioned to each county is equal to its factor multiplied by the amount available for apportionment.

(b) A sum equal to 5.8 percent of the per gallon tax under Section 7360 of the Revenue and Taxation Code, 11.5 percent of any per gallon tax in excess of nine cents ($0.09) per gallon under Sections 8651, 8651.5, and 8651.6 of the Revenue and Taxation Code, and 6.5 percent of the per gallon tax under Sections 60050 and 60115 of the Revenue and Taxation Code, shall be apportioned to cities, including a city and county, in the proportion that the total population of the city bears to the total population of all the cities in the state.

(c) (1) Transfers of revenues from the Highway Users Tax Account to counties or cities pursuant to this section collected during the months of March, April, May, June, and July of 2008, shall be made with the transfer of August 2008 revenues in September of 2008. This suspension shall not apply to a county with a population of less than 40,000.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city or county may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads or the county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (hereafter bond act)) for local streets and roads maintenance, during the period of this suspension, without the use of this cash being reflected as an expenditure of bond act funds, provided the cash is replaced once this suspension is repaid in September of 2008. Counties and cities may accrue the revenue received in September 2008 as repayment of these suspensions for the months of April, May, and June of 2008 back to the 2007–08 fiscal year. Nothing in this paragraph shall change the fact that expenditures must be accrued and reflected from the appropriate funding sources for which the moneys were received and meet all the requirements of those funding sources.

(d) (1) The transfer of revenues from the Highway Users Tax Account to counties or cities pursuant to this section collected during the months of January, February, and March 2009 shall be made with the transfer of April 2009 revenues in May 2009.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city or county may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads or the county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (bond act)) for local streets and roads maintenance, during the period of this suspension, and the use of this cash shall not be considered as an expenditure of bond act funds, if the cash is replaced when the payments that are suspended pursuant to this subdivision are repaid in May 2009.

(3) This subdivision shall not affect any requirement that an expenditure is required to be accrued and reflected from the appropriate funding source for which the money was received and to meet all the requirements of its funding source.

SEC. 40. Section 2106 of the Streets and Highways Code is amended to read:

2106. Notwithstanding Section 13340 of the Government Code, a sum equal to the net revenue derived from 5.3 percent of the per gallon tax under the Motor Vehicle Fuel License Tax Law (Part 2 (commencing with Section 7301) of Division 2 of the Revenue and Taxation Code) shall be apportioned monthly from the Highway Users Tax Account in the Transportation Tax Fund among the counties and cities as follows:

(a) Four hundred dollars ($400) per month shall be apportioned to each city and city and county and eight hundred dollars ($800) per month shall be apportioned to each county and city and county.

(b) On the last day of each month, the sum of six hundred thousand dollars ($600,000) shall be transferred to the State Highway Account in the State Transportation Fund for the Active Transportation Program pursuant to

Chapter 8 (commencing with Section 2380). For each month in the 2013–14 fiscal year that has passed prior to the enactment of the bill adding this sentence, six hundred thousand dollars ($600,000) shall be immediately transferred from the Bicycle Transportation Account to the State Highway Account in the State Transportation Fund for the Active Transportation Program, less any amount already expended for that program from the Bicycle Transportation Account during the 2013–14 fiscal year.

(c) The balance shall be apportioned, as follows:

(1) A base sum shall be computed for each county by using the same proportions of fee-paid and exempt vehicles as are established for purposes of apportionment of funds under subdivision (d) of Section 2104.

(2) For each county, the percentage of the total assessed valuation of tangible property subject to local tax levies within the county which is represented by the assessed valuation of tangible property outside the incorporated cities of the county shall be applied to its base sum, and the resulting amount shall be apportioned to the county. The assessed valuation of taxable tangible property, for purposes of this computation, shall be that most recently used for countywide tax levies as reported to the Controller by the State Board of Equalization. If an incorporation or annexation is legally completed following the base sum computation, the new city's assessed valuation shall be deducted from the county's assessed valuation, the estimate of which may be provided by the State Board of Equalization.

(3) The difference between the base sum for each county and the amount apportioned to the county shall be apportioned to the cities of that county in the proportion that the population of each city bears to the total population of all the cities in the county. Populations used for determining apportionment of money under Section 2107 are to be used for purposes of this section.

(d) (1) Transfers of revenues from the Highway Users Tax Account to counties or cities pursuant to this section collected during the months of March, April, May, June, and July of 2008, shall be made with the transfer of August 2008 revenues in September of 2008. This suspension shall not apply to a county with a population of less than 40,000.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city or county may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads or the county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (hereafter bond act)) for local streets and roads maintenance, during the period of this suspension, without the use of this cash being reflected as an expenditure of bond act funds, provided the cash is replaced once this suspension is repaid in September of 2008. Counties and cities may accrue the revenue received in September 2008 as repayment of these suspensions for the months of April, May, and June of 2008 back to the 2007–08 fiscal year. Nothing in this paragraph shall change the fact that expenditures must be accrued and reflected from the appropriate funding sources for which the moneys were received and meet all the requirements of those funding sources.

(e) (1) The transfer of revenues from the Highway Users Tax Account to counties or cities pursuant to this section collected during the months of January, February, and March 2009, shall be made with the transfer of April 2009 revenues in May 2009.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city or county may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads or the county road fund, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (bond act)) for local streets and roads maintenance, during the period of this suspension, and the use of this cash shall not be considered as an expenditure of bond act funds, if the cash is replaced when the payments that are suspended pursuant to this subdivision are repaid in May 2009.

(3) This subdivision shall not affect any requirement that an expenditure is required to be accrued and reflected from the appropriate funding source for which the money was received and to meet all the requirements of its funding source.

SEC. 41. Section 2107 of the Streets and Highways Code is amended to read:

2107. (a) Notwithstanding Section 13340 of the Government Code, a sum equal to the net revenues derived from 7.3 percent of the per gallon tax under the Motor Vehicle Fuel License Tax Law (Part 2 (commencing with Section

7301) of Division 2), 2.59 cents ($0.0259) under the Use Fuel Tax Law (Part 3 (commencing with Section 8601) of Division 2), and 11.5 percent under the Diesel Fuel Tax Law (Part 31 (commencing with Section 60001) of Division 2) of the Revenue and Taxation Code, shall be apportioned monthly to the cities and cities and counties of this state from the Highway Users Tax Account in the Transportation Tax Fund as provided in this section.

(b) From the sum determined pursuant to subdivision (a), the Controller shall allocate annually to each city that has filed a report containing the information prescribed by subdivision (c) of Section 2152, and that had expenditures in excess of five thousand dollars ($5,000) during the preceding fiscal year for snow removal, an amount equal to one-half of the amount of its expenditures for snow removal in excess of five thousand dollars ($5,000) during that fiscal year.

(c) The balance of the sum determined pursuant to subdivision (a) from the Highway Users Tax Account shall be allocated to each city, including city and county, in the proportion that the total population of the city bears to the total population of all the cities in this state.

(d) (1) For the purpose of this section, except as otherwise provided in paragraph (2), the population in each city is the population determined for that city in the manner specified in Section 11005.3 of the Revenue and Taxation Code.

(2) Commencing with the ninth fiscal year of a city described in subdivision (a) of Section 11005.3 of the Revenue and Taxation Code, the sixth fiscal year of a city described in subdivision (b) of Section 11005.3 of the Revenue and Taxation Code, and the 61st month of the city described in subdivision (c) of Section 11005.3 of the Revenue and Taxation Code, the population in each city is the actual population of that city, as defined in subdivision (e) of Section 11005.3 of the Revenue and Taxation Code.

(e) (1) Transfers of revenues from the Highway Users Tax Account to cities pursuant to this section collected during the months of March, April, May, June, and July of 2008, shall be made with the transfer of August 2008 revenues in September of 2008.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (hereafter bond act)) for local streets and roads maintenance, during the period of this suspension, without the use of this cash being reflected as an expenditure of bond act funds, provided the cash is replaced once this suspension is repaid in September of 2008. Cities may accrue the revenue received in September 2008 as repayment of these suspensions for the months of April, May, and June of 2008 back to the 2007–08 fiscal year. Nothing in this paragraph shall change the fact that expenditures must be accrued and reflected from the appropriate funding sources for which the moneys were received and meet all the requirements of those funding sources.

(f) (1) A transfer of revenues from the Highway Users Tax Account to cities pursuant to this section collected during the months of January, February, and March 2009, shall be made with the transfer of April 2009 revenues in May 2009.

(2) For the purpose of meeting the cash obligations associated with ongoing budgeted costs, a city may make use of any cash balance in the city account that is designated for the receipt of state funds allocated for local streets and roads, including that resulting from the receipt of funds pursuant to the Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006 (Chapter 12.49 (commencing with Section 8879.20) of Division 1 of Title 2 of the Government Code (bond act)) for local streets and roads maintenance, during the period of this suspension, and the use of this cash shall not be reflected as an expenditure of bond act funds, if the cash is replaced once this suspension is repaid in May 2009.

(3) This subdivision shall not affect any requirement that an expenditure is required to be accrued and reflected from the appropriate funding sources for which the moneys were received and to meet all the requirements of those funding sources.

SEC. 42. Section 2192.4 is added to the Streets and Highways Code, to read:

2192.4. The Trade Corridor Enhancement Account is hereby created in the State Transportation Fund to receive funds from subdivision (b) of Section 60050 of the Revenue and Taxation Code, as adjusted. Funds in the account shall be available for expenditure upon appropriation by the Legislature for corridor-based freight projects nominated by local agencies and the state.

SEC. 43. The Legislature finds and declares all of the following:

(a) Californians know congestion. For decades, California has been home to five or six of the nation's most congested travel corridors, which are located in Los Angeles, the San Francisco-Oakland-San Jose Bay Area, the Inland Empire, San Diego, and increasingly, in the central valley. While congestion is a vexing challenge in a state that is home to nearly 40 million people and that adds nearly a half-million people each year, regions and localities are finding new ways to address congestion in highly traveled corridors by undertaking long-term, comprehensive, and multimodal approaches that seek to reduce congestion by expanding travel choices, improving the quality of life, and preserving the local community character within the corridor.

(b) Examples of this more comprehensive approach to improving congestion in highly traveled corridors include, but are not limited to, programs in the following regions:

(1) The North Coast Corridor improvements along Route 5 and the parallel rail corridor in the County of San Diego.

(2) The Route 91 and Metrolink rail corridor improvements in the County of Riverside.

(3) Emerging solutions for the Route 101 and Caltrain corridor connecting Silicon Valley with San Francisco.

(4) Multimodal approaches for the Route 101 and SMART rail corridor between the Counties of Marin and Sonoma.

(5) Comprehensive solutions for the Route 405 Corridor in the County of Los Angeles.

(c) The state recognizes the benefits to mobility, quality of life, and the environment through comprehensive, multimodal proposals that address mobility, community, and environmental challenges along highly traveled corridors. Therefore, the Solutions for Congested Corridors Program is being created to support collaborative and comprehensive proposals to address these challenges.

SEC. 44. Chapter 8.5 (commencing with Section 2390) is added to Division 3 of the Streets and Highways Code, to read:

CHAPTER 8.5. Congested Corridors

2390. The Solutions for Congested Corridors Program is hereby created.

2391. Pursuant to subdivision (b) of Section 11053 of the Revenue and Taxation Code, two hundred fifty million dollars ($250,000,000) in the State Highway Account shall be available for appropriation to the Department of Transportation in each annual Budget Act for the Solutions for Congested Corridors Program. Funds made available for the program shall be allocated by the California Transportation Commission to projects designed to achieve a balanced set of transportation, environmental, and community access improvements within highly congested travel corridors throughout the state. Funding shall be available for projects that make specific performance improvements and are part of a comprehensive corridor plan designed to reduce congestion in highly traveled corridors by providing more transportation choices for residents, commuters, and visitors to the area of the corridor while preserving the character of the local community and creating opportunities for neighborhood enhancement projects. In order to mitigate increases in vehicle miles traveled, greenhouse gases, and air pollution, highway lane capacity-increasing projects funded by this program shall be limited to high-occupancy vehicle lanes, managed lanes as defined in Section 14106 of the Government Code, and other non-general purpose lane improvements primarily designed to improve safety for all modes of travel, such as auxiliary lanes, truck climbing lanes, or dedicated bicycle lanes. Project elements within the corridor plans may include improvements to state highways, local streets and roads, public transit facilities, bicycle and pedestrian facilities, and restoration or preservation work that protects critical local habitat or open space.

2392. A regional transportation planning agency or county transportation commission or authority responsible for preparing a regional transportation improvement plan under Section 14527 of the Government Code or the department may nominate projects for funding through the program that are consistent with the policy objectives of the program as set forth in this chapter. The commission shall allocate no more than one-half of the funds available each year to projects nominated exclusively by the department. Preference shall be given to corridor plans that demonstrate that the plans and the specific project improvements to be undertaken are the result of collaboration between the department and local or regional partners that reflect a comprehensive approach to addressing congestion and quality-of-life issues within the affected corridor through investment in

transportation and related environmental solutions. Collaboration between the partners may be demonstrated by a project being jointly nominated by both the regional agency and the department.

2393. A project nomination shall include documentation regarding the quantitative and qualitative measures validating the project's consistency with the policy objectives of the program as set forth in this chapter. In addition to being included in a corridor plan, a nominated project shall also be included in the region's regional transportation plan. Projects within the boundaries of a metropolitan planning organization must be included in an adopted regional transportation plan that includes a sustainable communities strategy determined by the State Air Resources Board to achieve the region's greenhouse gas emissions reduction targets.

2394. The commission shall allocate program funds to projects after reviewing the corridor plans submitted by the regional agencies or the department and making a determination that a proposed project is consistent with the objectives of the corridor plan. In addition to making a consistency determination with respect to project nominations, the commission shall score the proposed projects on the following criteria:

(a) Safety.

(b) Congestion.

(c) Accessibility.

(d) Economic development and job creation and retention.

(e) Furtherance of state and federal ambient air standards and greenhouse gas emissions reduction standards pursuant to the California Global Warming Solutions Act of 2006 (Division 25.5 (commencing with Section 38550) of the Health and Safety Code) and Senate Bill 375 (Chapter 728 of the Statutes of 2008).

(f) Efficient land use.

(g) Matching funds.

(h) Project deliverability.

2395. The commission shall adopt an initial program of projects to be funded through the initial appropriation for the program. The initial program may cover a multiyear programming period. Subsequent programs of projects shall be adopted on a biennial basis consistent with available funds for the program, and may include updates to programs of projects previously adopted.

2396. The commission, in consultation with the State Air Resources Board, shall develop and adopt guidelines for the program consistent with the requirements of this chapter. Guidelines adopted by the commission shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). Prior to adopting the guidelines, the commission shall conduct at least one public hearing in northern California and one public hearing in southern California to review and provide an opportunity for public comment. The commission shall adopt the final guidelines no sooner than 30 days after the commission provides the proposed guidelines to the Joint Legislative Budget Committee and the transportation policy committees in the Senate and the Assembly.

2397. On or before March 1, 2019, and annually thereafter, the commission shall provide project update reports on the development and implementation of the program described in this chapter in its annual report to the Legislature prepared pursuant to Section 14535 of the Government Code. A copy of the report shall be provided to the Joint Legislative Budget Committee and the transportation policy committees of both houses of the Legislature. The report, at a minimum, shall include information on each project that received funding under the program, including, but not limited to, all of the following:

(a) A summary describing the overall progress of the project since the initial award.

(b) Expenditures to date for all project phase costs.

(c) A summary of milestones achieved during the prior year and milestones expected to be reached in the coming year.

(d) An assessment of how the project is meeting the quantitative and qualitative measurements identified in the project nomination, as outlined in Section 2393.

SEC. 45. Section 4000.15 is added to the Vehicle Code, to read:

4000.15. (a) Effective January 1, 2020, the department shall confirm, prior to the initial registration or the transfer of ownership and registration of a diesel-fueled vehicle with a gross vehicle weight rating of more than 14,000 pounds, that the vehicle is compliant with, or exempt from, applicable air pollution control technology requirements pursuant to Division 26 (commencing with Section 39000) of the Health and Safety Code and regulations of the State Air Resources Board adopted pursuant to that division.

(b) Except as otherwise provided in subdivision (c), for diesel-fueled vehicles subject to Section 43018 of the Health and Safety Code, as applied to the reduction of emissions of diesel particulate matter, oxides of nitrogen, and other criteria pollutants from in-use diesel-fueled vehicles, and Section 2025 of Title 13 of the California Code of Regulations as it read January 1, 2017, or as subsequently amended:

(1) The department shall refuse registration, or renewal or transfer of registration, for a diesel-fueled vehicle with a gross vehicle weight rating of 14,001 pounds to 26,000 pounds for the following vehicle model years:

(A) Effective January 1, 2020, vehicle model years 2004 and older.

(B) Effective January 1, 2021, vehicle model years 2007 and older.

(C) Effective January 1, 2023, vehicle model years 2010 and older.

(2) The department shall refuse registration, or renewal or transfer of registration, for a diesel-fueled vehicle with a gross vehicle weight rating of more than 26,000 pounds for the following vehicle model years:

(A) Effective January 1, 2020, vehicle model years 2000 and older.

(B) Effective January 1, 2021, vehicle model years 2005 and older.

(C) Effective January 1, 2022, vehicle model years 2007 and older.

(D) Effective January 1, 2023, vehicle model years 2010 and older.

(c) (1) As determined by the State Air Resources Board, notwithstanding effective dates and vehicle model years identified in subdivision (b), the department may allow registration, or renewal or transfer of registration, for a diesel-fueled vehicle that has been reported to the State Air Resources Board, and is using an approved exemption, or is compliant with applicable air pollution control technology requirements pursuant to Division 26 (commencing with Section 39000) of the Health and Safety Code and regulations of the State Air Resources Board adopted pursuant to that division, including vehicles equipped with the required model year emissions equivalent engine or otherwise using an approved compliance option.

(2) The State Air Resources Board shall notify the department of the vehicles allowed to be registered pursuant to this subdivision.

SEC. 46. Section 4156 of the Vehicle Code is amended to read:

4156. (a) Notwithstanding any other provision of this code, and except as provided in subdivision (b), the department in its discretion may issue a temporary permit to operate a vehicle when a payment of fees has been accepted in an amount to be determined by, and paid to the department, by the owner or other person in lawful possession of the vehicle. The permit shall be subject to the terms and conditions, and shall be valid for the period of time, that the department shall deem appropriate under the circumstances.

(b) (1) The department shall not issue a temporary permit pursuant to subdivision (a) to operate a vehicle for which a certificate of compliance is required pursuant to Section 4000.3, and for which that certificate of compliance has not been issued, unless the department is presented with sufficient evidence, as determined by the department, that the vehicle has failed its most recent smog check inspection.

(2) Only one temporary permit may be issued pursuant to this subdivision to a vehicle owner in a two-year period.

(3) A temporary permit issued pursuant to paragraph (1) is valid for either 60 days after the expiration of the registration of the vehicle or 60 days after the date that vehicle is removed from nonoperation, whichever is applicable at the time that the temporary permit is issued.

(4) A temporary permit issued pursuant to paragraph (1) is subject to Section 9257.5.

(c) (1) The department may issue a temporary permit pursuant to subdivision (a) to operate a vehicle for which registration may be refused pursuant to Section 4000.15.

(2) Only one temporary permit may be issued pursuant to this subdivision for any vehicle, unless otherwise approved by the State Air Resources Board.

(3) A temporary permit issued pursuant to paragraph (1) is valid for either 90 days after the expiration of the registration of the vehicle or 90 days after the date that vehicle is removed from nonoperation, whichever is applicable at the time the temporary permit is issued.

(4) A temporary permit issued pursuant to paragraph (1) is subject to Section 9257.5.

SEC. 47. Section 9250.6 is added to the Vehicle Code, to read:

9250.6. (a) In addition to any other fees specified in this code, or the Revenue and Taxation Code, commencing July 1, 2020, a road improvement fee of one hundred dollars ($100) shall be paid to the department for registration or renewal of registration of every zero-emission motor vehicle model year 2020 and later subject to registration under this code, except those motor vehicles that are expressly exempted under this code from payment of registration fees.

(b) On January 1, 2021, and every January 1 thereafter, the Department of Motor Vehicles shall adjust the road improvement fee imposed under subdivision (a) by increasing the fee in an amount equal to the increase in the California Consumer Price Index for the prior year, except the first adjustment shall cover the prior six months, as calculated by the Department of Finance, with amounts equal to or greater than fifty cents ($0.50) rounded to the highest whole dollar. The incremental change shall be added to the associated fee rate for that year.

(c) Any changes to the road improvement fee imposed by subdivision (a) that are enacted by legislation subsequent to July 1, 2017, shall be deemed to be changes to the base fee rate for purposes of the California Consumer Price Index calculation and adjustment performed pursuant to subdivision (b).

(d) Revenues from the road improvement fee, after deduction of the department's administrative costs related to this section, shall be deposited in the Road Maintenance and Rehabilitation Account created pursuant to Section 2031 of the Streets and Highways Code.

(e) This section does not apply to a commercial motor vehicle subject to Section 9400.1.

(f) The road improvement fee required pursuant to this section does not apply to the initial registration after the purchase of a new zero-emission motor vehicle.

(g) For purposes of this section, "zero-emission motor vehicle" means a motor vehicle as described in subdivision (d) of Section 44258 of the Health and Safety Code, or any other motor vehicle that is able to operate on any fuel other than gasoline or diesel fuel.

SEC. 48. (a) On or before January 1, 2019, the Institute for Transportation Studies at the University of California, Davis is requested to prepare and submit to the Governor and the Legislature a report that makes recommendations on potential methodologies to raise revenue from zero-emission and low-emission vehicle owners to achieve the state's transportation electrification, clean air, and climate targets established under law while also ensuring those vehicle owners pay their fair share of any costs borne by motorists to fund improvements to the transportation system.

(b) The report shall examine all fees, taxes, and incentives for zero- and low-emission vehicles, and other vehicles, and shall make recommendations for options that ensure the purchase and ownership of zero- and low-emission vehicles are properly incentivized to assist in meeting state clean air and climate targets, while also ensuring appropriate levels of funding for roads and transportation.

(c) The study shall assess annual fees on zero-emission vehicles or other vehicles not otherwise subject to state fuel excise or use taxes and compare that to the average annual state fuel excise tax assessed on gasoline or diesel vehicles with equivalent fuel economy.

(d) The Institute shall consult with the State Air Resources Board, the Department of Transportation, the Department of Motor Vehicles, and the State Board of Equalization in preparing the report.

(e) This report shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 49. Guidelines adopted to implement transportation programs in this act by the California Transportation Commission, the Department of Transportation, the Transportation Agency, or any other state agency shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

SEC. 50. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to provide additional funding for road maintenance and rehabilitation purposes as quickly as possible, it is necessary for this act to take effect immediately.

RESOLUTION NO.2025-XX

RESOLUTION ADOPTING A LIST OF PROJECTS FOR FISCAL YEAR 2025-2026 FUNDED BY SB 1: THE ROAD REPAIR AND ACCOUNTABILITY ACT OF 2017

WHEREAS, Senate Bill 1 (SB 1), the Road Repair and Accountability Act of 2017 (Chapter 5, Statutes of 2017) was passed by the Legislature and Signed into law by the Governor in April 2017 to address the significant multi-modal transportation funding shortfalls statewide; and

WHEREAS, SB 1 includes accountability and transparency provisions that will ensure the residents of Tehama County are aware of the projects proposed for funding in our community and which projects have been completed each fiscal year; and

WHEREAS, Tehama County must adopt by resolution a list of projects proposed to receive fiscal year funding from the Road Maintenance and Rehabilitation Account (RMRA), created by SB 1, which must include a description and the location of each proposed project, a proposed schedule for the project's completion, and the estimated useful life of the improvement; and

WHEREAS, Tehama County, will receive an estimated $5M in RMRA funding in Fiscal Year 2025-26; and

WHEREAS, Tehama County is receiving SB 1 funding which enables Tehama County to continue essential road maintenance and rehabilitation projects, safety improvements, repairing and replacing aging bridges, and increasing access and mobility options for the traveling public that would not have otherwise been possible without SB 1; and

WHEREAS, Tehama County has undergone a robust public process to ensure public input into our community's transportation priorities/project list; and

WHEREAS, Tehama County used a Pavement Management System to develop the SB 1 project list to ensure revenues are being used on the most high-priority and cost-effective projects that also meet the community's priorities for transportation investment; and

WHEREAS, the funding from 2025-26 SB 1 will help Tehama County maintain the existing roadway system and rehabilitate approximately 78 miles of streets/roads throughout Tehama County this year and similar projects into the future; and

WHEREAS, the 2018 California Statewide Local Streets and Roads Needs Assessment found that the Tehama County's streets and roads are in a "poor" condition and this revenue will help the County increase the overall quality of the road system and over the next decade will bring the streets and roads up to “at-risk" condition; and

WHEREAS, the SB 1 project list and overall investment in our local streets and roads infrastructure with a focus on basic maintenance and safety, investing in complete streets infrastructure, and using cutting-edge technology, materials and practices, will have significant positive co-benefits statewide.

NOW, THEREFORE IT IS HEREBY RESOLVED, ORDERED AND FOUND by the Board of Supervisors of Tehama County, State of California, as follows:

1. The foregoing recitals are true and correct.

2. The following list of formerly proposed projects with additional repairs due to flood and fire damage will be funded in-part or solely with Fiscal Year 2025-26 Road Maintenance and Rehabilitation Account revenues:

Project Title: Chip Seal Program
Project Description: Maintenance
Project Location: District A Projects- Approximate 14 Miles
District B Projects- Approximate 6 Miles
District C Projects- Approximate 58 Miles
Estimated Project Schedule: 07/2025 - 06/2026
Estimated Project Useful Life: 20 years

Project Title: Engineering Department – RMRA Project Match
Project Description: Local Match for Federal Construction Funding
Project Location: County of Tehama
Estimated Project Schedule: 07/2025 - 06/2026
Estimated Project Useful Life: 15 years

Project Title: Shop Equipment
Project Description: Purchase of equipment to support District A, B & C Chip Seal Project Location: Supporting Districts A, B, & C
Estimated Project Schedule: 07/2025 - 06/2026
Estimated Project Useful Life: 20 Years

PASSED AND ADOPTED by the Tehama County Board of Supervisors, State of California this _____ day of _____, 2025, by the following vote:

AYES:
NOES:
ABSENT OR NOT VOTING:

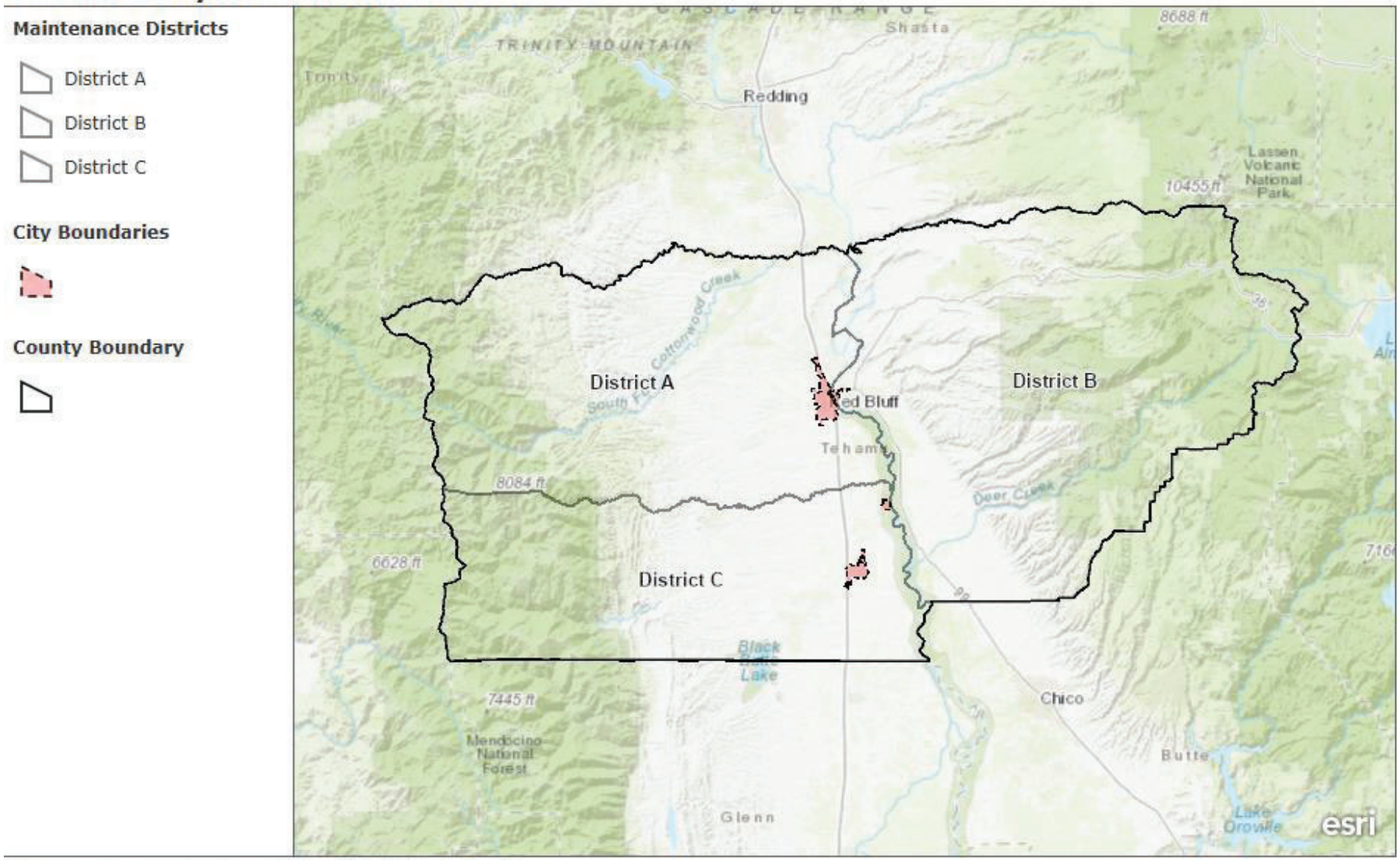
STATE OF CALIFORNIA
) ss
COUNTY OF TEHAMA)

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be full, true, and correct copy of an order adopted by said Board of Supervisors on this ___, day of July 2025.

SEAN HOUGHTBY, County Clerk and Ex-Officio Clerk of the Board of Supervisors of the
County of Tehama, State of California

_____

Tehama County Road Maintenance Districts



This map shows various boundaries within Tehama County.

Esri, HERE, Garmin, FAO, USGS, NGA, EPA, NPS

FY25-26 SB1 Estimated Project Expenditure

Area ID	Project / Equipment Description	Project Total
DIST A	A/C ASPHALT OVERLAYS 3.5 MILES BOWMAN AREA / with additional fire & flood damage repair COLD MIX OVERLAYS 1.5 MILES BOWMAN AREA / with additional fire & flood damage repair COLD MILL LANES 6 MILES GRIND LANES AND RESURFACE WITH A/C ASPHALT / with additional fire & flood damage repair COLD MILL WHEEL LANES 3 MILES GRIND WHEEL LANES AND RESURFACE WITH A/C ASPHALT / with additional fire & flood damage repair	$ 942,135.00
DIST B	A/C OVERLAYS PLUM CREEK RD 3 MILES / with additional fire & flood damage repair A/C OVERLAYS LANES VALLEY ROAD 3 MILES / with additional fire & flood damage repair	$ 795,200.00
DIST C	A/C ASPHALT OVERLAYS CAPAY AREA 24 MILES / with additional fire & flood damage repair COLD MIX ASPHALT OVERLAYS CAPAY AREA 2 MILES / with additional fire & flood damage repair GRIND WHEEL LANES 18 MILES SOUTH AVE. / with additional fire & flood damage repair RESURFACE WITH A/C ASPHALT GRINDER RENTAL / with additional fire & flood damage repair CHIP SEAL SOUTH AVE DOUBLE CHIP 14 MILES OHM ROAD DOUBLE CHIP 4 MILES BOTH CHIP SEALS / with additional fire & flood damage repair	$ 2,500,000.00
Paint & Beads	PAINT AND BEADS FOR STRIPING ALL ROADS LISTED	$ 225,000.00
Shop	1 EA | F150 4x4	$ 50,000.00
Shop	1 EA | CAT Loader 920	$ 50,000.00
Engineering	Local Project Matches for Federal Projects	$ 666,773.00
Subtotal	Road Maintenance & Repairs	$ 4,462,335.00
Subtotal	Shop	$ 100,000.00
Subtotal	Engineering	$ 666,773.00
	Total Estimates FY25-26	**$ 5,229,108.00**

Tehama County

Agenda Request Form

File #: 25-1088 **Agenda Date:** 7/15/2025 **Agenda #:** 28.

PERSONNEL / ADMINISTRATION - Personnel Director Coral Ferrin

Requested Action(s)
a) RESOLUTION - Request approval of a resolution establishing the benefits of County of Tehama Department Heads appointed as Elected Officials, effective July 15, 2025

b) Request approval to apply the provision outlined in Section 2: Sick Leave Accrual retroactively for the following elected officials:

Matt Rogers, District Attorney
David Kain, Sheriff / Coroner
Krista Peterson, Auditor / Controller
Burley Phillips, Assessor
Jennifer Vise, Clerk and Recorder (Retired)

Financial Impact:
There is no immediate financial impact for approving the resolution establishing benefits of County of Tehama Department Heads. However, there is a financial impact for retroactively approving Section 2 for the five employees listed, which will be a one-time cost of $44,669.26.

Background Information:
Tehama County Personnel Office is requesting the Board of Supervisors approve a resolution formally establishing the benefits afforded to County of Tehama Department Heads who have been appointed as Elected Officials. For purposes of the resolution, this includes Assessor, Auditor-Controller, Clerk-Recorder, District Attorney, Sheriff - Coroner, and Treasurer-Tax Collector. Previously, benefits have been outlined in the Elected Official Salary Ordinance, as well as in the Personnel Rules, and the Tehama County Charter and Code. If approved, this resolution will provide certain benefits, establish certain conditions of employment, and set working conditions for Elected Officials in an easily accessible, clear and concise format.

Further, the Tehama County Personnel Office is requesting the Board of Supervisors approve an action to apply the provision outlined in Section 2: Sick Leave Accrual retroactively to the Elected Officials listed in Section b). These Elected Officials were formally working as employees and transitioned to Elected Official status prior to the establishment of this resolution. Therefore, in order for these individuals to receive the same benefits they would have received otherwise, the Personnel Office is requesting the Board of Supervisors apply this provision retroactively.

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF TEHAMA ESTABLISHING BENEFITS OF COUNTY OF TEHAMA DEPARTMENT HEADS APPOINTED AS ELECTED OFFICIALS

WHEREAS, for purposes of this resolution, the term "elected officials" refers to County of Tehama Department Heads appointed as elected officials, including Assessor, Auditor-Controller, Clerk-Recorder, District Attorney, Sheriff-Coroner and Treasurer-Tax Collector; and

WHEREAS, the Board of Supervisors of the County of Tehama extends certain benefits to these elected officials which are the same or equally as comparable to those provided to other County of Tehama employees; and

WHEREAS, this resolution is intended to formally identify the benefits entitled to these elected officials; and

WHEREAS, IT IS THE DESIRE OF THE Board of Supervisors to provide certain benefits, to establish certain conditions of employment and to set working conditions for said employees; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Tehama, State of California, does hereby establish the benefits of elected officials shall be as follows:

1. Vacation Leave Accrual

   Elected officials do not accrue vacation. Regular County of Tehama employees transitioning to elected officials will have their vacation leave accruals cashed out effective one day prior to the day they assume office. Meaning, the payment for vacation leave accruals will be computed based on the employee's wage rate in the non-elected classification.

2. Sick Leave Accrual

   Elected officials do not accrue sick leave. Regular County of Tehama employees transitioning to elected officials will have their sick leave accruals cashed out in accordance with the applicable bargaining unit memorandum of understanding.

3. Holiday Leave

   Elected officials do not receive compensation for holidays.

4. Paid Administrative Leave

   Elected officials are not eligible for paid administrative leave.

5. Bereavement Leave

   Elected officials do not receive bereavement leave.

6. Retirement Plan

Elected officials are eligible to participate in the County of Tehama retirement program as contracted through CalPERS. The retirement program is integrated with Social Security.

Participation in the retirement plan shall be consistent with the requirements of the California Public Employees' Pension Reform Act of 2013 as it is currently enacted and as it is amended in the future, and its regulations. To the extent PEPRA conflicts with any provision of this resolution, PEPRA will govern.

Elected officials shall pay the entire required California Public Employees' Retirement System (CalPERS) member contribution, and County of Tehama will not pay any part of the required member contribution on behalf of those elected officials.

County of Tehama shall pay one hundred (100) percent of the required employer contribution to CalPERS.

7. Unemployment Insurance

Elected officials are not covered by unemployment insurance.

8. Health, Dental, Vision, and Life Insurance

Elected officials are entitled to participate in the County of Tehama sponsored Health Plan, including medical, dental, vision, and life insurance ($30,000 for employee only), in accordance with TCPR §5101: Health Benefits. The method used to calculate the portion of the premium paid by the County of Tehama shall be consistent with the method used by the County of Tehama to calculate the contribution for employees covered by the Tehama County Management Employee's Association Memorandum of Understanding. Elected officials shall pay their premium for the County of Tehama sponsored Health plan bi-monthly through a payroll deduction. The County of Tehama does not provide cash-in-lieu benefits for employees who choose not to enroll.

Elected officials may voluntarily elect to purchase supplemental life insurance for themselves and their dependents. In addition, elected officials may also voluntarily elect to purchase disability insurance, accident insurance, and cancer insurance.

Elected officials may participate in the County's Premium Only Section 125 benefit program, which allows pre-tax benefits for employee contributions to the group health insurance premium.

The County-sponsored Employee Assistance Program (EAP) will be available to elected officials. The EAP will provide personal counseling and legal services and personal and work-related issues for the elected officials and their immediate family members.

Elected officials will be allowed to establish an employee-funded Flexible Spending Account (FSA), which provides employees with an option for Dependent Care Assistance and unreimbursed medical expenses. The plan year maximum for FSA will be determined by the contribution limits set by the Internal Revenue Service.

Elected officials retiring with a minimum of five (5) or more years of County of Tehama employment who move directly from active employment with active health insurance

coverage to retirement under the California Public Employees Retirement System (CalPERS) may elect to continue participation in the County of Tehama sponsored Retiree Group Health Insurance plan. The retiree is responsible for paying the full premium cost for this benefit.

9. Deferred Compensation

   The County of Tehama shall contribute 2% of the salary for each elected official, as identified in Section 2 of the elected official salary ordinance currently in effect, into the County's Section 457 Deferred Compensation Plan (traditional or Roth). In addition, such elected officials may contribute into the County's Section 457 Deferred Compensation Plan insofar as combined contributions of County of Tehama and the elected official do not exceed the maximum allowable by law.

10. Travel and Mileage Reimbursement

    Elected officials shall comply with County of Tehama travel policies. Elected officials conducting County of Tehama business in their private vehicle outside of the County, shall be reimbursed at the employee travel reimbursement rate adjusted annually each July 1st by the Auditor-Controller. Elected officials who have a County of Tehama assigned emergency vehicle which is available for their use during non-business hours are not eligible for mileage, however, may be eligible for meal expenses incurred while traveling pursuant to County of Tehama policy.

11. Cell Phone Allowance

    The duties of elected officials require the use of a cellular phone in the course of conducting County of Tehama business, County of Tehama agrees to provide the elected officials with a cellular telephone allowance of $60.00 per month to cover all costs of related equipment and service. This reimbursement is not considered part of salary and is, therefore, not included in California Public Employees Retirement System (CalPERS) calculations for elected officials.

12. Other

    Elected officials are eligible to participate in voluntary benefit programs on the same terms and conditions as other regular employees, including but not limited to 529 plans, air ambulance plans, mortgage assistance plans, and employee discount programs, etc.

BE IT FURTHER RESOLVED

The foregoing resolution was offered on a motion by Supervisor _____, seconded by Supervisor _____ and adopted by the following vote of the Board:

AYES:

NOES:

ABSENT OR NOT VOTING:

STATE OF CALIFORNIA)
) SS
COUNTY OF TEHAMA)

I, Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a Resolution and Order adopted by the Board of Supervisors on the _____ day of _____, 2025.

Dated this _____ day of _____, 2025.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By _____
Deputy

RESOLUTION NO. _____

E-Contract Review
Approval as to Form

Department Name: Personnel

Vendor Name: -

Contract Description: For the purpose of Resolution regarding benefits for Elected Department Heads

APPROVED AS TO FORM:

Date: 06/16/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1179 **Agenda Date:** 7/15/2025 **Agenda #:** 29.

BOARD OF SUPERVISORS

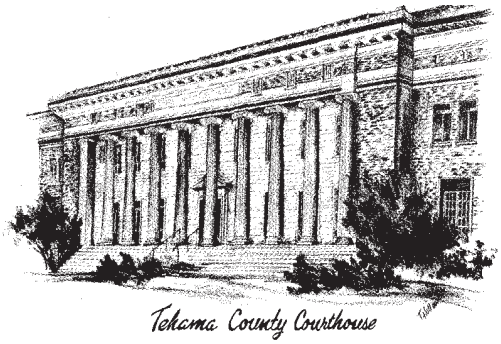
Requested Action(s)
a) Request approval and authorization for the Chair to sign a letter of support for Tehama County Sheriff's Office Community Project Funding Request - Emergency Radio Communications Infrastructure Improvements

Financial Impact:
There is no fiscal impact on the County associated with this letter.

Background Information:
During the 6/3/25 Board of Supervisors meeting Supervisor Matt Hansen requested this letter be brought before the Board offering support to the Tehama County Sheriff's Office Community Project Funding towards the Emergency Radio Communications Infrastructure System Upgrade Project. This project represents a critical investment in public safety for Tehama County and the broader Northern California region.

Board of Supervisors
COUNTY OF TEHAMA

District 1 – Rob Burroughs
District 2 – Tom Walker
District 3 – Pati Nolen
District 4 – Matt Hansen
District 5 – Greg Jones



Gabriel Hydrick
Chief Administrator

July 15, 2025

Congressman Doug LaMalfa
1st District, California
408 Cannon House Office Building
Washington, D.C. Office

Subject: **Letter of Support for Tehama County Sheriff's Office Community Project Funding Request – Emergency Radio Communications Infrastructure Improvements**

Congressman Doug LaMalfa,

Tehama County Board of Supervisors would like to offer strong support for the Tehama County Sheriff's Offices request for FY 2026 Community Project Funding to support the Emergency Radio Communications Infrastructure System Upgrade Project. This project represents a critical investment in public safety for Tehama County and the broader Northern California region.

The county's current radio communications system is outdated, lacks adequate coverage in rural and mountainous areas, and presents serious limitations in interagency coordination during emergencies. These issues directly affect the ability of law enforcement, fire, medical, transportation commission and emergency management personnel to protect and serve the public effectively.

By securing funding through the Community Project Funding program, the Sheriff's Office will be able to implement a modern, interoperable, and reliable communications system. This infrastructure will greatly enhance emergency response capabilities, improve the safety of first responders, and increase public confidence in our regional emergency services network.

Tehama County faces unique geographic and economic challenges that make local funding of such an essential upgrade difficult. Federal support through this grant would be transformative, helping ensure that all members of the public —urban and rural—can rely on timely and coordinated emergency response when it matters most.

Tehama County respectfully urge your full consideration and support for this vital project. The Tehama County Public Agencies have demonstrated unwavering dedication to public safety, and this infrastructure improvement is both a necessary and responsible investment in our community's resilience and preparedness. Thank you for your leadership and continued support of local priorities.

Sincerely,

Matthew Hansen
Chairman, Tehama County Board of Supervisors

Tehama County

Agenda Request Form

File #: 25-1164 **Agenda Date:** 7/15/2025 **Agenda #:** 30.

CLOSED SESSION

Requested Action(s)

a) Liability Claims Pursuant to Government Code 54956.95
Claimant: William and Veronica Poland
Agency claimed against: Tehama County

Financial Impact:

Click here to enter Financial Impact.

Background Information:

Click here to enter Background Info.

Tehama County

Agenda Request Form

File #: 25-1191 **Agenda Date:** 7/15/2025 **Agenda #:** 31.

CLOSED SESSION

Requested Action(s)
a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Director of Public Works

Financial Impact:
None.

Background Information:
None.