TEHAMA COUNTY BOARD OF SUPERVISORS

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

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, MARCH 3, 2026

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. The Board has adopted a Code of Conduct for the public attending these meetings. The Code of Conduct is posted in the Chambers and online at https://www.tehama.gov/wp-content/uploads/2025/09/PUBLIC-CODE-OF-CONDUCT.pdf. 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. Public Comment may be limited to the first 30 minutes of the meeting and if there are more speakers than this time limit will allow, the Chair may request that remaining speakers wait until the end of the meeting, at which point public comment may be reopened.

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 Safety Tax Initiative Working Group (Burroughs, Jones)

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

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs)

Rent Control Ordinance Ad Hoc (Jones, VACANT)

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 - 1/25/26 - 2/14/26 26-0223

2. AUDITOR'S CLAIMS 26-0200

a) Court Operations, 2026-53221, Stone Law Office, $3,440.00.
b) Court Operations, 2009-555215, state Treasurer-CTSMD Finance $23,122.50.
c) Court Operations, 2009-555215, state Treasurer-CTSMD Finance $156,990.00.

3. FIRE 26-0181

a) AGREEMENT - Request confirmation of the 2027 Office of Traffic Safety grant application for the purchase of rescue equipment in the amount of $69,256.70

4. FIRE 26-0187

a) AGREEMENT - Request approval and authorization for the Fire Chief to sign the Agreement with the California Department of Transportation for the purpose of providing bulk fuel services, with maximum compensation not to exceed $8,000, effective 10/1/26 and shall terminate 9/30/29

5. FIRE 26-0155

a) AGREEMENT - Request approval and authorization for the Chair to sign the Agreement with Mast Roofing, Inc. for the Los Molinos Fire Station Roof Project, with a maximum amount not to exceed $67,000, effective upon date of signing and shall

terminate 12/31/26

6. LIBRARY 26-0242

a) AGREEMENT - Request approval and authorization for the Librarian to accept grant funding and sign the agreement with the California State Library for purpose of purchasing patron-requested books that are not currently available in the collection, in an amount not to exceed $13,200, effective 7/1/25 and shall terminate 6/30/26

7. SOCIAL SERVICES 26-0162

a) AGREEMENT - Request approval and authorization for the Director to sign Amendment No.3 with Express Services Inc. dba, Express Employment Professionals (Misc. Agree. #2025-035 as amended by #2025-245, and #2025-137), for the purpose of administering a subsidized employment program for eligible CalWORKs participants, thereby increasing the total maximum compensation not to exceed $667,350

8. PROBATION 26-0196

a) TRANSFER OF FUNDS: PROBATION; B-44 - From CalAIM (2036-4505724), to Contingency (2002-59000), $13,182.50; and from Contingency (2002-59000) to Professional/Special Services (2036-53230), $13,182.50 **(Requires a 4/5's vote)**

9. ENVIRONMENTAL HEALTH / PERSONNEL 26-0154

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Code Compliance Coordinator at Salary Range 26, Step B, effective upon successful completion of all pre-employment requirements

10. HEALTH SERVICES AGENCY / MENTAL HEALTH / DRUG & ALCOHOL 25-1833

a) AGREEMENT - Request approval and authorization for the Tehama County Health Services Agency (TCHSA) Executive Director to sign the Mental Health Plan (MHP) Memorandum of Understanding (MOU) with Partnership HealthPlan of California (MCP) for the purpose of governing the coordination between TCHSA and MCP for the delivery of care and services for members who reside in Tehama County and may be eligible for services provided, made available, or arranged for by TCHSA; effective upon signing and shall continue for three years

b) AGREEMENT - Request approval and authorization for the Tehama County Health Services Agency (TCHSA) Executive Director to sign the Drug Medi-Cal (DMC) Memorandum of Understanding (MOU) with Partnership HealthPlan of California (MCP) for the purpose of governing the coordination between TCHSA and MCP for the delivery of care and services for Members who reside in Tehama County and may be eligible for services provided, made available, or arranged for by TCHSA; effective upon signing and continue for three years

11. HEALTH SERVICES AGENCY / CLINIC 26-0234

a) AGREEMENT - Approval and authorization for the Executive Director to sign Amendment No. 1 to Misc. Agreement 2025-125 with Provider Healthcare, LLC for the provision of locating and arranging placements for locum tenens, thereby increasing

the maximum compensation not to exceed $1,500,000, effective 6/1/25 and shall terminate 6/30/27

12. HEALTH SERVICES AGENCY / PUBLIC HEALTH **26-0235**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment No.3 to Misc. Agree. 2023-342 (as amended by Misc. Agree. 2024-171 and Misc. Agree. 2025-180), with Chico State Enterprises, for the provision of assisting with Supplemental Nutrition Assistance Program-Education (SNAP-ED) activities, thereby increasing the compensation not to exceed amount to $152,388.04 for 10/1/25 through 4/30/26, increasing the total maximum compensation not to exceed to $466,149.38; changing the termination date to 4/30/26, and adding the "Summary" pages & "FFY 2026 Tehama County 2026 Budget Report" to the end of Exhibit B, all other provisions of Exhibit B remain unchanged

13. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0238**

a) AGREEMENT - Approval and authorization for the Executive Director to sign the Assignment and Assumption of Memorandum of Understanding with Palm Communities, Northern Valley Catholic Social Services, Inc, and Red Bluff PV Partners LP for the provision of supportive services in connection with Palm Villas at Red Bluff project in relation to the No Place Like Home Program

14. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0239**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Agreement No. 14598-TC-PICR-25/26 with the California Mental Health Services Authority (CalMHSA) for participation in the Psychiatric Inpatient Concurrent Review Program ("PICR") with a funding amount of $292,320, effective 3/1/26 and shall terminate 6/30/28

15. SHERIFF'S OFFICE **26-0183**

a) TRANSFER OF FUNDS: SHERIFF, B-41 - From Public Safety (106-301900) to Contingency (2002-59000), $5,250.00; and from Contingency (2002-59000) to Professional/Special Services (2027-53230), $5,250.00 **(Requires a 4/5's vote)**

16. SHERIFF'S OFFICE **26-0188**

a) TRANSFER OF FUNDS: SHERIFF, B-42 - From Public Safety (106-301900) to Contingency (2002-59000), $12,656.79; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $3,776.50; and Internal Assets (2032-53800), $8,880.29 **(Requires a 4/5's vote)**

17. SHERIFF'S OFFICE **26-0195**

a) TRANSFER OF FUNDS: SHERIFF, B-45 - From CALAIM (2032-4505723), to Contingency (2002-59000), $13,002.50; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $13,002.50 **(Requires a 4/5's vote)**

18. SHERIFF'S OFFICE **26-0226**

a) AGREEMENT - Request approval and authorization for the Chair and Sheriff to sign the Agreement with the Red Bluff Round-Up Association for the purpose of providing

Special Event supplemental law enforcement services at the 2026 Red Bluff Round-Up in the estimated amount of $10,867, effective 4/17/26 and shall terminate 4/19/26

19. ADMINISTRATION 26-0243

a) AGREEMENT - Request approval and authorization for the Purchasing agent to sign the utility agreement with Pacific Gas and Electric (PG&E) Company, for the Corning Veterans Hall Remodel Project for the purpose of providing gas and electricity for a maximum compensation of $57,579.30, effective upon signing and shall terminate upon completion of the project

20. COMMITTEES & COMMISSIONS 26-0179

a) PLANNING COMMISSION - Confirm (1) one appointment to fill the vacancy for District 3 representative with said term expiring 1/5/27
(Nominee: Tim Potanovic)

21. COMMITTEES & COMMISSIONS 26-0192

a) Request approval and authorization to dissolve the following Standing Committee:
1) Public Safety Tax Initiative Working Group

22. APPROVAL OF MINUTES 26-0224

a) Waive the reading and approve the minutes of the regular meetings held:

1) 1/6/26
2) 1/7/26- Special Meeting
3) 1/13/26
4) 1/27/26
5) 2/3/26
6) 2/10/26
7) 2/12/26- Special Meeting

REGULAR AGENDA

23. ADMINISTRATION - Fiscal Manager Orepa Mamea 26-0131

a) Presentation and discussion of the Fiscal Year 2025-26 Mid-Year Budget Report

b) Public Comment

c) Request authorization for the Auditor to make Mid-Year Budget adjustments as presented (Transfer B-49)

d) RESOLUTION - Request adoption of a resolution amending the FY 2025-26 Position Allocation List (PAL) as part of FY 2025-26 Mid-Year Budget / PAL changes, effective 3/4/26

24. CLERK & RECORDER - Clerk & Recorder Sean Houghtby, District Attorney Matt Rogers & Assessor Burley Phillips 26-0218

a) AGREEMENT - Approval and authorization for the Clerk & Recorder to sign the

agreement with CD-DATA dba ParcelQuest for the purpose of providing owner notification letters, effective upon signature and in effect until terminated

RECESS to convene as the Tehama County Air Pollution Control District

25. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT - Air Pollution Control Officer Joseph Tona 26-0148

a) RESOLUTION - Request adoption of a resolution approving the District's participation in the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program for Fiscal Year 24/25 and authorize the Air Pollution Control Officer to sign the FARMER program application

ADJOURN to reconvene as the Tehama County Board of Supervisors

26. PROBATION- Chief Probation Officer Pam Gonzalez 25-1944

a) AGREEMENT- Request approval and authorization for the Chief Probation Officer or her designee to sign the Memorandum of Understanding with the Tehama County Department of Education for the provision of education services at Probation's Juvenile Detention and Treatment Facility located in Tehama County, effective upon signing through 6/30/28, with the option to renew in one-year increments through 6/30/30

27. PROBATION- Chief Probation Officer Pam Gonzalez 26-0168

a) OTHER THAN "A" STEP- Request approval to appoint applicant as Legal Secretary I, Range 18, Step 5, upon successful completion of all pre-employment requirements

28. PROBATION / PERSONNEL - Chief Probation Officer Pam Gonzalez 26-0248

a) OTHER THAN "A" STEP- Request approval to appoint applicant as Deputy Probation Officer II, Range 33, Step 5, upon successful completion of all pre-employment requirements

10:30 A.M.

29. ADMINISTRATION / TRINDEL - Chief Administrator Gabriel Hydrick, Trindel Executive Director Rachael Hartman 26-0079

a) INFORMATIONAL PRESENTATION - Overview of Trindel Insurance

30. LIBRARY / PERSONNEL - Librarian Alicia Meyer 26-0143

a) AGREEMENT - Request approval and authorization for the Librarian to sign the Program (SWEX) through the Department of Rehabilitation, which allows Tehama County to provide a worksite location and on-the-job training to program participants, effective upon date of signing with automatic annual renewal, and shall terminate 9/30/28

b) RESOLUTION - Request adoption of a resolution outlining the Terms and Conditions of participation in the Student Work Experience Program (SWEX)

31. ENVIRONMENTAL HEALTH DEPARTMENT - Director Tia Branton 26-0219

a) BID AWARD - Request to award the bid for one (1) new three-quarter ton extended cab standard bed pickup truck to Red Bluff Dodge in the amount of $48,977.15, and further authorize the Purchasing Agent to sign a purchase order for the acquisition

b) TRANSFER OF FUNDS: ENVIRONMENTAL HEALTH - B-47, From State Grants (4011-450459) to Contingency (1109-59000), $48,977.15; and from Contingency (1109-59000) to Vehicles (4011-57605), $48,977.15 **(Requires a 4/5's vote)**

32. ENVIRONMENTAL HEALTH DEPARTMENT - Director Tia Branton **26-0220**

a) BID AWARD - Request to award the bid for one (1) new 4 wheel drive full-size SUV (sport utility vehicle) to Corning Ford in the amount of $40,530.25 and further authorize the Purchasing Agent to sign a purchase order for the acquisition

b) TRANSFER OF FUNDS: ENVIRONMENTAL HEALTH, B-46 - From Misc H&S Fines (4011-430216) to Contingency (1109-59000), $40,530.25; and from Contingency (1109-59000) to Vehicles (4011-57605), $40,530.25 **(Require's a 4/5's vote)**

33. DEPARTMENT OF AGRICULTURE - Agricultural Commissioner Thomas A. Moss **26-0240**

a) AGREEMENT - Approval and authorization for the Agricultural Commissioner to sign the Colusa-Glenn-Tehama Counties Weed Management Area Memorandum of Understanding (MOU) for the purpose of creating stakeholder collaborations focusing on invasive plant control efforts

34. PURCHASING / HEALTH SERVICES AGENCY - Executive Director Jayme Bottke **26-0205**

a) BID AWARD - Request to award the bid for two (2) new 4-wheel drive full-size SUVs (sport utility vehicles) to Red Bluff Dodge in the amount of $77,600 and further authorize the Purchasing Agent to sign a purchase order for the acquisition

35. SHERIFF'S OFFICE / PERSONNEL - Sheriff Dave Kain **26-0184**

a) RESOLUTION - Request adoption of a resolution amending the FY 25/26 Position Allocation List (PAL), (Reso #2025-074) by deleting one (1.00 FTE) Correctional Sergeant and adding one (1.00 FTE) Sergeant, effective 3/3/26

36. SHERIFF'S OFFICE / PERSONNEL - Sheriff Dave Kain **26-0193**

a) OTHER THAN "A" STEP - Request approval to appoint applicant as Correctional Deputy I, Range 28, Step 3, upon successful completion of all pre-employment requirements

37. SHERIFF'S OFFICE - Sheriff Dave Kain **26-0182**

a) AGREEMENT- Request approval and authorization for the Sheriff to sign the Range Use and Facility License Agreement for the purpose of utilizing the Tehama Shooters Association's (TSA) shooting range, in the amounts set forth in Exhibit A, with maximum compensation not to exceed $4,800.00 per year, effective 2/3/2026 through 12/31/2026

38. SHERIFF'S OFFICE- Sheriff Dave Kain **26-0185**

a) TRANSFER OF FUNDS: SHERIFF, B-43 - From Public Safety (106-301900) to Contingency (2002-59000), $9,754.23; and from Contingency (2002-59000) to Internal Assets (2024-53800), $3,125.98; and Equipment (2024-57600), $6,628.25 **(Requires a 4/5's vote)**

39. SHERIFF'S OFFICE- Sheriff Dave Kain **26-0190**

a) AGREEMENT - Request approval and authorization for the Sheriff and the Chairman to sign Amendment No.3 to the Agreement with Bennet Omalu Pathology (Misc. Agree. 2025-049, as amended by Misc. Agree. 2025-089, and Misc. Agree. 2025-222), thereby increasing the maximum annual compensation payable not to exceed $175,000 per year *(Subject to receipt of required insurance documentation)*

RECESS to convene as the Tehama County Power Authority

40. TEHAMA COUNTY POWER AUTHORITY - Interim Director Tom Provine **26-0170**

a) Election of Officers:
1) Chairman - Appointment of current Chairman of the Board of Supervisors
2) Vice-Chairman - Appointment of the current Vice-Chairman of the Board of Supervisors
3) Secretary - Appointment of the Clerk of the Board of Supervisors

b) Public Comment Period

c) Waive the reading and approve the minutes of the meeting held 2/25/25

d) Request acceptance of the Financial Report

ADJOURN to reconvene as the Tehama County Board of Supervisors

41. ADMINISTRATION - Administrative Services Director Tom Provine **26-0264**

a) Board discussion and review of eligible projects for the 2025 Community Development Block Grant (CDBG) Notice of Funding Availability (NOFA) and direction to staff to make potential applications and return to the Board with the required resolution for authorization to submit, as required by the CDBG NOFA

42. ADMINISTRATION / RISK MANAGEMENT - Chief Administrator Gabriel Hydrick **26-0152**

a) Request approval of the list of employee positions that are authorized to take home County vehicles for County business purposes

43. BOARD OF SUPERVISORS **26-0145**

a) STUDY SESSION - Review the Board of Supervisors' vehicle allowance, listed under Ordinance 1922. Board discussion and possible direction for staff

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.

44. CLOSED SESSION **26-0146**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

45. CLOSED SESSION **26-0165**

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin
Employee Organization: Joint Council of IUOE, Local 39

46. CLOSED SESSION **26-0214**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (Union Pacific Railroad))

47. CLOSED SESSION **26-0216**

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Lauri Burke
Agency claimed against: Tehama County

48. CLOSED SESSION **26-0217**

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Siara Shelton, Brittany Shelton, Cayla Shelton Johnson
Agency claimed against: Tehama County

49. CLOSED SESSION **26-0225**

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

Title: Director of Public Works

50. CLOSED SESSION **26-0227**

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Heather Hoffman

Agency claimed against: Tehama County

51. CLOSED SESSION **26-0228**

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Angel Hoffman
Agency claimed against: Tehama County

52. CLOSED SESSION **26-0231**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

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 #: 26-0223 **Agenda Date:** 3/3/2026 **Agenda #:** 1.

GENERAL WARRANT REGISTER - 1/25/26 - 2/14/26

Requested Action(s)
Financial Impact:
As Listed.

Background Information:
Click here to enter Background Info.

Tehama County

TEBK400 - Check Register

Issue Dates between Jan 25, 2026 and Feb 14, 2026

Report Generated on: **Feb 17, 2026 7:31:00 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
00000755	01/26/2026	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	54500	$301.32
00000756	01/26/2026	101719	THOMES CREEK ROCK	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	TCPW	$366.37
00000757	01/26/2026	108325	STAPLES ADVANTAGE	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	LA 1054406	$100.02
00000758	01/27/2026	102493	HUE & CRY SECURITY	101	GENERAL FUND	1074-53230	FACILITIES MAINT	30691	$40.00
00000759	01/27/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	1041-53220	PERSONNEL	LA 1054406	$157.03
00000760	01/28/2026	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	28017 DRC MONITOR	$29.00
00000760	01/28/2026	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	32945 JDF FIRE MONITOR	$75.00
00000760	01/28/2026	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2037-53230	PROBATION	32945 PROB BURGLARY MONITOR	$80.00
00000761	01/28/2026	101705	TEHAMA TIRE SERVICE	105	FIRE FUND	2042-53170	FIRE SCH C VOL	5287	$330.19
00000762	01/28/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	PROFESSIONAL/ SPECIAL SERV	$532.82
00000763	01/29/2026	102493	HUE & CRY SECURITY	101	GENERAL FUND	2061-53180	AGRICULTURE COMM	2877-F/B Monitoring Feb-Apr	$198.00
00000763	01/29/2026	102493	HUE & CRY SECURITY	101	GENERAL FUND	2061-53180	AGRICULTURE COMM	2877-F/S Inspection Feb	$77.50
00000764	01/29/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2073-53220	PUB GUARDIAN / P	Acc#LA1054406	$347.83
00000764	01/29/2026	108325	STAPLES ADVANTAGE	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	LA 1054406	$418.05
00000765	01/30/2026	105814	MIKE'S HEATING AND AIR INC	105	FIRE FUND	2042-53180	FIRE SCH C VOL	MTCE STRUCT-IMPRV-GROUNDS	$110.00
00000766	02/02/2026	101653	SUBURBAN PROPANE	101	GENERAL FUND	7013-53300	CAMP TEHAMA	1636-136293	$999.81
00000767	02/03/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2073-53280	PUB GUARDIAN / P	Acc#LA1054406 PO-426535	$9.98
00000768	02/04/2026	132340	ANTELOPE AUTO REPAIR LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$459.34

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00000769	02/05/2026	108325	STAPLES ADVANTAGE	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	LA 1054406	$335.27
00000770	02/05/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	PROFESSIONAL/ SPECIAL SERV	$19,152.53
00000771	02/06/2026	132340	ANTELOPE AUTO REPAIR LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$393.59
00000772	02/06/2026	100185	BEN'S TRUCK REPAIR INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	54560	$2,432.20
00000772	02/06/2026	100185	BEN'S TRUCK REPAIR INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	54560 PO 21939	$4,419.91
00000773	02/06/2026	108325	STAPLES ADVANTAGE	105	FIRE FUND	2042-53140	FIRE SCH C VOL	LA 1054406	$27.49
00000773	02/06/2026	108325	STAPLES ADVANTAGE	105	FIRE FUND	2042-53220	FIRE SCH C VOL	LA 1054406	$179.05
00000775	02/09/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	6021-53220	LIBRARY	LA 1054406	$373.83
00000775	02/09/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	6021-53280	LIBRARY	LA 1054406	$98.68
00000775	02/09/2026	108325	STAPLES ADVANTAGE	113	CHILD SUPPORT	5015-53220	CHILD SUPPORT SE	LA 1054406	$39.83
00000776	02/10/2026	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 54500	$164.85
00000777	02/10/2026	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 11285	$2,404.44
00000778	02/10/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	1014-53220	COUNTY ADMINISTR	OFFICE EXPENSE	$23.08
00000778	02/10/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	1025-53220	PURCHASING	OFFICE EXPENSE	$3.92
00000778	02/10/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	1031-53220	COUNTY COUNSEL	OFFICE EXPENSE	$6.97
00000778	02/10/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	1041-53220	PERSONNEL	OFFICE EXPENSE	$5.23
00000778	02/10/2026	108325	STAPLES ADVANTAGE	107	RISK MANAGEMENT	1101-53220	RISK MANAGEMENT	OFFICE EXPENSE	$4.36
00000779	02/10/2026	101719	THOMES CREEK ROCK	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	TCPW	$6,899.11
00000780	02/11/2026	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	32945 SML FIRE MONITOR	$106.95
00000781	02/11/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2061-53140	AGRICULTURE COMM	LA1054406 hand towels	$40.27

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00000781	02/11/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2061-53140	AGRICULTURE COMM	LA1054406 W&M lab soap	$18.89
00000781	02/11/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2061-53220	AGRICULTURE COMM	LA 1054406 hanging folders	$23.19
00000781	02/11/2026	108325	STAPLES ADVANTAGE	101	GENERAL FUND	2061-53220	AGRICULTURE COMM	LA1054406 office supplies	$193.37
00000782	02/11/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	16195 94600	$5,373.57
00000782	02/11/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	16197 94600	$4,229.28
00000782	02/11/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	16198 94600	$2,097.60
00000782	02/11/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	16200 94600	$4,679.88
00000782	02/11/2026	101719	THOMES CREEK ROCK	604	TC FLOOD ZONE #3	60410-53230	TC FLOOD ZONE #3	16205 94600	$4,305.40
00000783	02/12/2026	132340	ANTELOPE AUTO REPAIR LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$149.00
00000784	02/12/2026	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-57605	ROAD DEPARTMENT	Acct 11285	$402.45
00000785	02/12/2026	108325	STAPLES ADVANTAGE	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	la1054406	$815.92
00008258	02/09/2026	V000603	SELF INSURED SERVICES LLC	211	DENTAL INSURANCE	1112-53230	DENTAL	FEBRUARY 2026	$2,125.50
00008258	02/09/2026	V000603	SELF INSURED SERVICES LLC	212	MEDICAL	1103-53150	MEDICAL	FEBRUARY 2026	$1,594,645.21
00008258	02/09/2026	V000603	SELF INSURED SERVICES LLC	212	MEDICAL	1103-53230	MEDICAL	FEBRUARY 2026	($12.00)
00008258	02/09/2026	V000603	SELF INSURED SERVICES LLC	213	VISION	1113-53230	VISION	FEBRUARY 2026	$1,144.50
70884920	01/26/2026	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	CHDE0267	$143.84

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70884921	01/26/2026	107355	AIRGAS USA LLC	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	2144002	$147.85
70884921	01/26/2026	107355	AIRGAS USA LLC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	2144002	$157.44
70884921	01/26/2026	107355	AIRGAS USA LLC	105	FIRE FUND	2042-53280	FIRE SCH C VOL	2143997	$648.73
70884922	01/26/2026	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391032862	$84.98
70884923	01/26/2026	109358	BALDWIN CONTRACTING CO INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	11716	$7,939.23
70884924	01/26/2026	100312	CALIF SURVEYING AND DRAFTING S	102	ROAD FUND	3011-53250	ROAD DEPARTMENT	1099959	$268.13
70884925	01/26/2026	V000638	CHABOT COLLEGE	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	NovFY26	$4,769.43
70884926	01/26/2026	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	65420	$235.52
70884926	01/26/2026	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	65420	$336.22
70884927	01/26/2026	119865	GHD INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	TCPW	$5,268.38
70884928	01/26/2026	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	#714651 Cat Food	$284.64
70884929	01/26/2026	136121	HUNT & SONS LLC	108	SOCIAL SERVICES	5013-53291	SOCIAL SERVICES	6041	$1,088.78
70884931	01/26/2026	100957	LOS MOLINOS HARDWARE	102	ROAD FUND	3011-53180	ROAD DEPARTMENT	TEHAMA	$81.56
70884932	01/26/2026	134086	MCC ENGINEERING	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	TCPW	$4,048.80
70884932	01/26/2026	134086	MCC ENGINEERING	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	TCPW	$7,298.21
70884933	01/26/2026	128300	MICHELLE HICKOK	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	TCPW	$10.00
70884934	01/26/2026	V000081	MORRISON STRUCTURES INC	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	45-0058-07	$4,591.86
70884935	01/26/2026	101164	NORTHERN CALIFORNIA GLOVES	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	0000053	$515.10

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70884935	01/26/2026	101164	NORTHERN CALIFORNIA GLOVES	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	0000053	$12.92
70884936	01/26/2026	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	2563014	$104.03
70884937	01/26/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	4569586628-0	$5,041.34
70884937	01/26/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	6174749535-8	$200.78
70884938	01/26/2026	101371	RED BLUFF GLASS COMPANY	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	TCPW	$1,510.57
70884939	01/26/2026	105400	RENTAL GUYS INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	27715	$778.25
70884940	01/26/2026	135605	SPECTRUM	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	8413120110065364	$136.25
70884941	01/26/2026	125408	STATE OF CALIFORNIA	105	FIRE FUND	2042-53171	FIRE SCH C VOL	J3182	$422.00
70884941	01/26/2026	125408	STATE OF CALIFORNIA	105	FIRE FUND	2042-53230	FIRE SCH C VOL	J3182	$465.08
70884942	01/26/2026	125161	T AND S DVBE INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	TCPW	$8,086.49
70884943	01/26/2026	105424	TEHAMA COUNTY DEPT OF EDUCATIO	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	001007	$17,151.31
70884944	01/26/2026	115214	PAPE' TRUCKS INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	7110448	$318.64
70884945	01/26/2026	V000217	TRUEPOINT SOLUTIONS LLC	601	AIR POLLUTION DI	60110-57603	AIR POLLUTION DI	Agr# 2025-173 [C-00236]	$2,805.00
70884946	01/26/2026	T0041932	BARRY GRAVIER TRUCKING	605	TC SANITATION DI	60510-53230	TC SANITATION DI	Sanitation	$700.00
70884949	01/26/2026	122861	DARBIE M ANDREWS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$122.00
70884951	01/26/2026	142511	GRAINGER INC	605	TC SANITATION DI	60510-53180	TC SANITATION DI	832564827	$177.92
70884952	01/26/2026	113429	GREEN WASTE OF TEHAMA	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4018-1444544	$365.64
70884952	01/26/2026	113429	GREEN WASTE OF TEHAMA	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4018-987021	$338.57

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70884953	01/26/2026	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53180	ROAD DEPARTMENT		$181.46
70884953	01/26/2026	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53270	ROAD DEPARTMENT		$226.48
70884953	01/26/2026	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53280	ROAD DEPARTMENT		$228.12
70884953	01/26/2026	112395	HOME DEPOT CREDIT SERVICES	605	TC SANITATION DI	60510-53270	TC SANITATION DI		$122.49
70884958	01/26/2026	101226	PACE ENGINEERING INC	605	TC SANITATION DI	60510-53230	TC SANITATION DI	0288.38 Mineral Contract	$117.50
70884959	01/26/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	6274872276-6	$2,538.24
70884960	01/26/2026	101232	PACIFIC GAS & ELECTRIC	605	TC SANITATION DI	60510-53300	TC SANITATION DI	Acct 6227612264-5	$258.12
70884961	01/26/2026	108794	POSTMASTER	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	BR 3-001	$60.00
70884962	01/26/2026	125907	RESOURCE CONSERVATION DISTRICT	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	TCPW - Evergreen	$4,227.80
70884965	01/26/2026	119999	TONYA MOORE	113	CHILD SUPPORT	5015-53290	CHILD SUPPORT SE	STATEWIDE DIRECTORS MEETING	$80.00
70884967	01/27/2026	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391032908	$0.02
70884968	01/27/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	TCPW	$33.30
70884968	01/27/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	TCPW	$46.23
70884968	01/27/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	TCPW	$33.82
70884971	01/27/2026	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	65420	$106.21

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70884977	01/27/2026	116981	NORCAL PRESORT	101	GENERAL FUND	1023-53220	ASSESSOR	164260 453PA25	$3,429.71
70884978	01/27/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1478060154-9 12/18/25-01/19/26	$27.11
70884980	01/27/2026	132831	PRENTICE LONG PC	101	GENERAL FUND	1041-53230	PERSONNEL	PROFESSIONAL/ SPECIAL SERV	$1,400.00
70884982	01/27/2026	133378	RESOURCE CONSERVATION DISTRICT	101	GENERAL FUND	2074-53230	EMERGENCY OPERAT	Park Fire clean up	$9,444.35
70884984	01/27/2026	129753	VAN DERMYDEN MAKUS LAW GROUP	107	RISK MANAGEMENT	1101-53315	RISK MANAGEMENT	INVESTIGATIONS	$11,953.45
70884986	01/27/2026	134242	AMAZON CAPITAL SERVICES INC	101	GENERAL FUND	1025-53210	PURCHASING	ALHQQGV0XAUWO	$17,745.04
70884987	01/27/2026	142511	GRAINGER INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	832564827	$714.57
70884988	01/28/2026	119080	ABC LEGAL SERVICES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	108957	$70.00
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391032882	$18.81
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391032882	$2.87
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032882	$1.91
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	COMMUNICATIONS	$0.04
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	#9391032879 12/12/25-1/11/26	$157.86
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	#9391032903 12/12/25-1/11/26	$31.88
70884989	01/28/2026	103939	AT&T	101	GENERAL FUND	2078-53120	DIV OF ANIMAL SE	#9391032870 12/12/25-1/11/26	$96.83
70884989	01/28/2026	103939	AT&T	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	93910055756 THRU 1/16/26	$64.35
70884989	01/28/2026	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032877	$0.03

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70884989	01/28/2026	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032882	$8.29
70884990	01/28/2026	113573	AT&T U-VERSE	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	152445115 12/13/25-1/12/26	$117.79
70884991	01/28/2026	V000558	B & T CA LLC	106	PUBLIC SAFETY	2037-53170	PROBATION	177602 PROBATION	$14.00
70884991	01/28/2026	V000558	B & T CA LLC	106	PUBLIC SAFETY	2037-53170	PROBATION	1796733 CARD DRC	$11.00
70884992	01/28/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	363203-1	$75.90
70884994	01/28/2026	100321	CAPITOL CLUTCH	105	FIRE FUND	2042-53170	FIRE SCH C VOL	10083	$411.75
70884995	01/28/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-5330014	GENERAL SERVICES	007396-000	$116.69
70884995	01/28/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-53301	GENERAL SERVICES	005876-000	$87.58
70884995	01/28/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	006846-000	$49.81
70884995	01/28/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	007005-000 778 DRC THRU 1/6/26	$30.80
70884995	01/28/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2036-53300	JUVENILE HALL	006291-000 THRU 1/6/2026	$385.01
70884995	01/28/2026	100376	CITY OF RED BLUFF	108	SOCIAL SERVICES	5013-53300	SOCIAL SERVICES	005573 - 000	$219.26
70884996	01/28/2026	134817	CONSOR NORTH AMERICA INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	TCPW	$12,718.14
70884997	01/28/2026	120435	DANIEL R KENNEDY	108	SOCIAL SERVICES	5013-53260	SOCIAL SERVICES	1007112	$640.00
70884998	01/28/2026	103045	DEPT OF JUSTICE	101	GENERAL FUND	1105-532312	PROFESSIONAL COU	MAY 2025	$105.00
70884998	01/28/2026	103045	DEPT OF JUSTICE	101	GENERAL FUND	1105-532312	PROFESSIONAL COU	SEPT 2025	$35.00
70884999	01/28/2026	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	10639 JDF ELECTRODES ADULT SIZ	$132.45
70885000	01/28/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1	$30.60

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70885000	01/28/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1 SNP	$99.12
70885000	01/28/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	214109-1	$208.75
70885001	01/28/2026	136051	ELIOR INC	116	SENIOR NUTRITION	5063-53130	SENIOR NUTRITION	A7022	$4,200.00
70885002	01/28/2026	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	4019-10089 Carcass Disposal	$271.71
70885003	01/28/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2061-53291	AGRICULTURE COMM	#6095 Fuel	$487.53
70885003	01/28/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2078-53291	DIV OF ANIMAL SE	#6095 Fuel	$68.27
70885003	01/28/2026	136121	HUNT & SONS LLC	116	SENIOR NUTRITION	5063-53291	SENIOR NUTRITION	6035	$311.04
70885004	01/28/2026	102715	JOEL SNOW DBA	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	6189 for Pole Saw Supplies	$109.62
70885005	01/28/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2037-53170	PROBATION	KEYS PROBATION	$10.77
70885007	01/28/2026	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$469.26
70885008	01/28/2026	110108	MATTHEW BENDER & CO	106	PUBLIC SAFETY	2037-53240	PROBATION	0000124230 CA PENAL CODE 2026	$2,135.42
70885009	01/28/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	0007372 FOR SML	$80.14
70885010	01/28/2026	128300	MICHELLE HICKOK	106	PUBLIC SAFETY	2037-53220	PROBATION	TC Probation /dater	$246.39
70885011	01/28/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	#31784 SNIP Forceps	$36.11
70885011	01/28/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	#31784 Syr Ter 01CC	$165.51
70885011	01/28/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	#31784 Trazodone Tab 100mg	$539.99
70885012	01/28/2026	116981	NORCAL PRESORT	101	GENERAL FUND	2077-53220	PLANNING DEPARTM	B-304340-24	$73.90

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70885012	01/28/2026	116981	NORCAL PRESORT	101	GENERAL FUND	2077-53220	PLANNING DEPARTM	B-304340-24 Oct - Sept Invoice	$148.48
70885013	01/28/2026	104821	NORTHERN CALIFORNIA YOUTH	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$10,259.85
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2035-53220	DAY REPORTING CE	89517192 DRC	$60.78
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	89517192	$211.24
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2036-53220	JUVENILE HALL	89517192 FOR SNP	$306.35
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2036-53220	JUVENILE HALL	89517192 JDF	$29.56
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2037-53140	PROBATION	89517192	$24.78
70885014	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2037-53220	PROBATION	89517192 PROBATION	$208.59
70885015	01/28/2026	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	#39292 Bandages	$10.65
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1014-53300	COUNTY ADMINISTR	8530208183-2	$2,043.19
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1025-53300	PURCHASING	8530208183-2	$427.64
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1031-53300	COUNTY COUNSEL	8530208183-2	$760.27
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1041-53300	PERSONNEL	8530208183-2	$570.19
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	8530208183-2	$475.16
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1051658205-2	$13.40
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1426862609-1	$13.38
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2217489076-8 12/18/25-01/19/26	$20.89

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70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	9304912828-8	$14.25
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0348332864-1	$111.76
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3395590579-0	$69.04
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	7477614270-0	$46.42
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9304912828-8	$14.24
70885016	01/28/2026	101231	PACIFIC GAS & ELECTRIC	107	RISK MANAGEMENT	1101-53300	RISK MANAGEMENT	8530208183-2	$475.16
70885017	01/28/2026	101267	PEERLESS BUILDING MAINT INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	HOUSEHOLD EXPENSE	$8,277.00
70885018	01/28/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1 SNP	$49.56
70885018	01/28/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	692071	$615.42
70885018	01/28/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	717115 SNP	$785.98
70885018	01/28/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 692071	$234.85
70885018	01/28/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 717115	$317.10
70885019	01/28/2026	113400	R & R QUALITY MEATS	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	Senior Nutrition	$881.82
70885020	01/28/2026	110024	RED BLUFF DAILY NEWS	101	GENERAL FUND	2061-53240	AGRICULTURE COMM	#3549517 Trapper PH Notice	$62.51
70885022	01/28/2026	133774	SERVICEWALA STORES LLC	101	GENERAL FUND	1074-53170	FACILITIES MAINT	5317-206336 Flat Reapair	$49.98
70885023	01/28/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 (SNP	$1,421.57
70885023	01/28/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 JDF	$1,901.74

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70885023	01/28/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486 (SNP)	$242.56
70885023	01/28/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486 JDF	$116.38
70885024	01/28/2026	105424	TEHAMA COUNTY DEPT OF EDUCATIO	106	PUBLIC SAFETY	2037-53220	PROBATION	000405	$600.00
70885025	01/28/2026	135756	TRUSTED TECH TEAM LLC	101	GENERAL FUND	7032-53220	LOS MOLINOS VETE	192053 Microsoft Office	$218.48
70885027	01/28/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	770720905-00041 thru 1/18/26	$248.40
70885027	01/28/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	770720905-00041 thru 1/18/26	$158.82
70885027	01/28/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2037-53120	PROBATION	770720905-00023 12/19-01/18/26	$204.03
70885027	01/28/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2037-53120	PROBATION	770720905-00041 thru 1/18/26	$1,138.86
70885030	01/28/2026	130498	COLANTUONO HIGHSMITH & WHATLEY	603	TC FLOOD CTRL/WA	60310-53230	TC FLOOD CTRL/WA	PROFESSIONAL/ SPECIAL SERV	$2,163.00
70885031	01/28/2026	V000854	CONNER MCKENZIE	106	PUBLIC SAFETY	2032-53290	JAIL	PC 832 ARREST AND CONTROL	$95.00
70885032	01/28/2026	V000559	DAWN JEAN MARIE ALVES	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$17.10
70885033	01/28/2026	V000560	DIANE CASEY	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$96.58
70885035	01/28/2026	V000561	DOMENIC CATONA	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$47.10
70885036	01/28/2026	V000833	DOUGLAS L HAMMOND	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$52.24
70885037	01/28/2026	V000889	ECTOR COUNTY CLERK	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$23.00

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70885038	01/28/2026	V000562	ERIC FREY	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$80.60
70885039	01/28/2026	V000563	GAYLE E CARTER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$52.24
70885041	01/28/2026	V000564	JAMES DANIELSEN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$22.14
70885043	01/28/2026	V000565	JENNIFER L LENWELL	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$19.76
70885044	01/28/2026	V000615	JOAN L ALLEN	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$51.02
70885045	01/28/2026	V000566	JOHN BOHRER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$78.32
70885046	01/28/2026	V000568	JOHN GENTRY	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$151.32
70885047	01/28/2026	V000567	JOHN L BREWER	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$103.68
70885048	01/28/2026	134851	MCENTIRE LANDSCAPING INC	117	TRANSPORTATION O	3037-53180	TRAX	MTCE STRUCT-IMPRV-GROUNDS	$780.00
70885049	01/28/2026	V000616	MIGUEL BARRIGA	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$85.04
70885050	01/28/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	115	BUILDING & SAFET	2065-53280	BUILDING & SAFET	Acct# 89517192	$428.91
70885052	01/28/2026	112380	PARATRANSIT SERVICES	117	TRANSPORTATION O	3037-53230	TRAX	PROFESSIONAL/ SPECIAL SERV	$24,134.93
70885053	01/28/2026	112687	RUTH E BALLARD PHD INC	101	GENERAL FUND	2021-53160	TRIAL JURORS & W	CASE 24CR1368	$3,200.00
70885054	01/28/2026	V000572	RYLIE VISE	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$38.38

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70885056	01/28/2026	V000573	STEPHANIE L MAYFIELD	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$98.48
70885057	01/28/2026	V000617	STEPHEN A LAYMON	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$21.44
70885058	01/28/2026	V000636	STEPHEN FORREST	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$16.40
70885059	01/28/2026	136435	STONE LAW OFFICE	106	PUBLIC SAFETY	2026-53221	PUBLIC DEFENDER	CASE 25CR123 & 22CR1062	$4,240.00
70885060	01/28/2026	V000888	TIMOTHY RYAN	106	PUBLIC SAFETY	2032-53290	JAIL	PC 832 ARREST AND CONTROL	$95.00
70885061	01/28/2026	V000574	VICTORIA ELLEN BRUTON	101	GENERAL FUND	2016-53160	GRAND JURY	JURY & WITNESS EXPENSE	$72.12
70885063	01/29/2026	122809	AMERICAN JANITORIAL & MAINTENA	101	GENERAL FUND	2073-53230	PUB GUARDIAN / P	January 2026	$750.00
70885064	01/29/2026	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-531101	JUVENILE HALL	TEHCA5 JDF YOUTH CLOTHING	$761.34
70885064	01/29/2026	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-531101	JUVENILE HALL	TEHCA5 JDF Youth CLO	$664.04
70885064	01/29/2026	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-53220	JUVENILE HALL	TEHCA5	$176.85
70885066	01/29/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1014-53300	COUNTY ADMINISTR	006389-000	$11.43
70885066	01/29/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1025-53300	PURCHASING	006389-000	$2.39
70885066	01/29/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1031-53300	COUNTY COUNSEL	006389-000	$4.26
70885066	01/29/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1041-53300	PERSONNEL	006389-000	$3.19
70885066	01/29/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	006389-000	$2.66
70885066	01/29/2026	100376	CITY OF RED BLUFF	107	RISK MANAGEMENT	1101-53300	RISK MANAGEMENT	006389-000	$2.66
70885068	01/29/2026	114247	DEBBIE FOX-CHOW DVM	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	198PA23 Shelter Oct-Dec 2025	$3,000.00

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70885069	01/29/2026	119801	DIGNITY HEALTH MEDICAL FOUNDAT	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	2042256-QCSH1 TC/J.L.	$383.00
70885070	01/29/2026	134195	DOKKEN ENGINEERING	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	Proj # 2955	$1,223.72
70885071	01/29/2026	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	CalAIM Consulting 11125-113025	$19,931.00
70885071	01/29/2026	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	CalAIM Consulting 12125-123125	$18,058.75
70885072	01/29/2026	134372	HUMBOLDT MOVING & STORAGE	101	GENERAL FUND	2061-53230	AGRICULTURE COMM	TEHAMADEPTOFAG -Dec	$38.50
70885073	01/29/2026	136121	HUNT & SONS LLC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	Acct 99524	$66.20
70885073	01/29/2026	136121	HUNT & SONS LLC	102	ROAD FUND	3011-53291	ROAD DEPARTMENT	Acct 99524	$6,917.94
70885074	01/29/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784Syr03cc, Syr01cc	$240.59
70885075	01/29/2026	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	39292 Batteries	$34.53
70885076	01/29/2026	127583	PRESTIGE RADIOLOGY INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	credit Tehama Juv Hall Dec	($360.00)
70885076	01/29/2026	127583	PRESTIGE RADIOLOGY INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	DEC Juvenile Hall Tehama	$1,887.00
70885077	01/29/2026	101509	SHELBY'S PEST CONTROL INC	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	Acct 13813	$360.00
70885078	01/29/2026	102655	STATE ASSOC. OF COUNTY AUDITOR	101	GENERAL FUND	1021-53290	AUDITOR CONTROLL	2/26-2/27 TAX MNGRS MTG-IRVINE	$330.00
70885079	01/29/2026	135244	STEVE M SHUDOMA	101	GENERAL FUND	2073-53260	PUB GUARDIAN / P	AG# 292PA25 Acc#1947	$540.00
70885080	01/29/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	346486	$524.09

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70885081	01/29/2026	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	220585-S/N December	$3,640.00
70885082	01/29/2026	117079	VERIZON WIRELESS	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	770720905-00038	$114.03
70885083	01/29/2026	V000256	WEST COAST PAPER CO INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	1895	$277.19
70885084	01/29/2026	111106	ZOETIS	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	1000024113 Vanguard Dapp	$580.77
70885085	01/29/2026	115208	DEPARTMENT OF FOOD & AGRICULTU	101	GENERAL FUND	2061-461060	AGRICULTURE COMM	DMS Fees FY25/26 Q1 & Q2	$1,539.38
70885086	01/29/2026	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53280	ROAD DEPARTMENT		$241.96
70885086	01/29/2026	112395	HOME DEPOT CREDIT SERVICES	605	TC SANITATION DI	60510-53270	TC SANITATION DI		$48.34
70885088	01/29/2026	V000241	MIS TRAINING INSTITUTE HOLDING	108	SOCIAL SERVICES	5013-53290	SOCIAL SERVICES	CUST2309	$723.81
70885089	01/29/2026	132917	PARKER HUNT	101	GENERAL FUND	1022-53290	TREASURER	CACTTC LEGISLATIVE DAY REGISTR	$125.00
70885089	01/29/2026	132917	PARKER HUNT	101	GENERAL FUND	1022-53290	TREASURER	GIOA CONFERENCE MATCH 2026	$1,600.57
70885089	01/29/2026	132917	PARKER HUNT	101	GENERAL FUND	1026-53290	TAX COLLECTOR	CACTTC LEGISLATIVE DAY REGISTR	$125.00
70885090	01/29/2026	110618	PITNEY BOWES INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 0011632611	$25.00
70885091	01/29/2026	103840	SAFETY MEETING OUTLINES, INC	102	ROAD FUND	3011-53220	ROAD DEPARTMENT	Acct 6668	$430.00
70885093	01/29/2026	111414	STEPHEN HOAG	106	PUBLIC SAFETY	2027-53295	SHERIFF	FIELD TRAINING PRG SAC COURSE	$204.00
70885095	01/30/2026	103939	AT&T	101	GENERAL FUND	1052-53120	ELECTIONS	Acct #9391032868	$395.42

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70885095	01/30/2026	103939	AT&T	101	GENERAL FUND	6031-53120	AGRICULTURAL EXT	9391032866	$134.43
70885095	01/30/2026	103939	AT&T	601	AIR POLLUTION DI	60110-53120	AIR POLLUTION DI	9391032872	$44.25
70885096	01/30/2026	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1023-53220	ASSESSOR	176977001	$77.97
70885097	01/30/2026	134846	CPOC	106	PUBLIC SAFETY	2037-53290	PROBATION	ADLT CRT RPT WRT-C.Q. 01/13/26	$300.00
70885097	01/30/2026	134846	CPOC	106	PUBLIC SAFETY	2037-53290	PROBATION	BUD PROCESS J.W. 1/21/26	$50.00
70885098	01/30/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	006249-000	$34.00
70885099	01/30/2026	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	CATJ TC Juv Hall Youth Meds	$556.56
70885099	01/30/2026	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	CATJ- TRINTY YOUTH C.J.	$60.34
70885100	01/30/2026	110482	DOMINION VOTING SYSTEMS INC	101	GENERAL FUND	1052-53250	ELECTIONS	Cust #USCATEHAMA	$56,016.38
70885101	01/30/2026	V000395	DUCOR TELEPHONE COMPANY	105	FIRE FUND	2042-53120	FIRE SCH C VOL	COMMUNICATIONS	$153.57
70885102	01/30/2026	112395	HOME DEPOT CREDIT SERVICES	605	TC SANITATION DI	60510-53270	TC SANITATION DI		$8.02
70885102	01/30/2026	112395	HOME DEPOT CREDIT SERVICES	605	TC SANITATION DI	60510-53280	TC SANITATION DI		$5.34
70885103	01/30/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2062-53291	CODE/MARIJUANA E	6176	$224.15
70885103	01/30/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	4011-53291	ENVIRONMENTAL HE	6012	$157.59
70885103	01/30/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	6031-53291	AGRICULTURAL EXT	6003	$507.13
70885103	01/30/2026	136121	HUNT & SONS LLC	601	AIR POLLUTION DI	60110-53291	AIR POLLUTION DI	6096	$116.96

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70885105	01/30/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	0007372 SML	$75.14
70885105	01/30/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2037-53140	PROBATION	0007372	$64.02
70885106	01/30/2026	128300	MICHELLE HICKOK	101	GENERAL FUND	1013-53220	CLERK OF THE BOA	BOS Date Stamp	$150.45
70885107	01/30/2026	134890	NETWORK COMMUNICATIONS	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	JDF DEC 2025 Tehama County	$727.16
70885108	01/30/2026	113380	OFFICE DEPOT	101	GENERAL FUND	1013-53220	CLERK OF THE BOA	Acct #89517192	$23.96
70885108	01/30/2026	113380	OFFICE DEPOT	101	GENERAL FUND	2071-53220	CLERK - RECORDER	Acct #89517192	$184.71
70885109	01/30/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	8965479131-1	$631.23
70885109	01/30/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3385246924-7	$56.51
70885109	01/30/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9221579500-3	$967.56
70885110	01/30/2026	101241	PAINT MARTS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	R404475	$21.06
70885110	01/30/2026	101241	PAINT MARTS	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	R405456 DRC Supplies	$233.18
70885110	01/30/2026	101241	PAINT MARTS	106	PUBLIC SAFETY	2037-53180	PROBATION	R402578 FM Proj Fin Trailer	$57.44
70885110	01/30/2026	101241	PAINT MARTS	106	PUBLIC SAFETY	2037-53180	PROBATION	R402578 FM Proj: Fin Trailer	$120.64
70885110	01/30/2026	101241	PAINT MARTS	106	PUBLIC SAFETY	2037-53180	PROBATION	R402578 FM Proj: Prob Trailer	$628.51
70885111	01/30/2026	101267	PEERLESS BUILDING MAINT INC	101	GENERAL FUND	6031-53140	AGRICULTURAL EXT	HOUSEHOLD EXPENSE	$476.64
70885112	01/30/2026	101509	SHELBY'S PEST CONTROL INC	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	6131	$145.00
70885113	01/30/2026	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	TEHAMA JUV. HALL 01/12/26 ORA	$154.00

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70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	346486 DRC	$58.75
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486	$1,998.17
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 CM	($77.50)
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 JDF	$1,954.89
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486	$215.31
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486 SNP	$26.08
70885114	01/30/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486- JDF Direct Ship	$54.24
70885115	01/30/2026	120624	TEHAMA PHARMACY & TRADING COMP	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	999000437 Dec JDF TC YOUTH	$800.63
70885115	01/30/2026	120624	TEHAMA PHARMACY & TRADING COMP	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	999000437 Sis N.K. $12.95 DEC	$12.95
70885116	01/30/2026	117079	VERIZON WIRELESS	601	AIR POLLUTION DI	60110-53120	AIR POLLUTION DI	770720905-00044	$139.20
70885117	01/30/2026	133406	WAYSTAR INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	226827	$478.87
70885118	01/30/2026	113681	WORLD TELECOM INC	101	GENERAL FUND	6031-53120	AGRICULTURAL EXT	COMMUNICATIONS	$2,807.59
70885119	01/30/2026	T0014417	CALIFORNIA BUILDING OFFICIALS	115	BUILDING & SAFET	2065-53200	BUILDING & SAFET	Annual Membership - Tehama Co.	$355.00
70885120	01/30/2026	V000893	EDWARD L WENGER	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$2,500.00
70885121	01/30/2026	102308	JACOB FLOURNOY	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	SAFETY BOOTS 2026	$163.86
70885122	01/30/2026	106920	REBECCA ADAMS	101	GENERAL FUND	1021-53290	AUDITOR CONTROLL	CALSACA MTG 2/25-27/2026	$332.80
70885123	01/30/2026	T0033040	ROY MITCHELL	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	SPECIAL DEPARTMENTAL EXP	$1,278.74
70885124	01/30/2026	117079	VERIZON WIRELESS	115	BUILDING & SAFET	2065-53120	BUILDING & SAFET	770720905-00031	$378.31

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70885125	02/02/2026	V000250	ANTONIO CARBONELL JR	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/ SPECIAL SERV	$3,672.00
70885126	02/02/2026	101233	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	24813449425063	$4.46
70885126	02/02/2026	101233	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	24813468546047	$4.46
70885126	02/02/2026	101233	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	24813432082954	$8.65
70885127	02/02/2026	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391037769	$8.37
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032939	$85.65
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032958	$22.61
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032829	$155.40
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032901	$35.75
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032939	$116.49
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032958	$8.15
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032901	$73.45
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032939	$24.14
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032958	$8.15
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032912	$38.93
70885127	02/02/2026	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032939	$118.93
70885128	02/02/2026	103939	AT&T	101	GENERAL FUND	1023-53120	ASSESSOR	ban9391032897	$31.88
70885129	02/02/2026	117161	AT&T MOBILITY/CINGULAR WIRELES	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	287349133778	$45.38
70885130	02/02/2026	113573	AT&T U-VERSE	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	313162812	$129.72
70885130	02/02/2026	113573	AT&T U-VERSE	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	331443205	$71.10
70885130	02/02/2026	113573	AT&T U-VERSE	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	331443205	$25.62

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70885130	02/02/2026	113573	AT&T U-VERSE	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	331443205	$25.62
70885131	02/02/2026	111264	CALIF STATE ASSOC OF PA/PG/PC	101	GENERAL FUND	2073-53200	PUB GUARDIAN / P	<ember#22072 Brandy Smith	$515.00
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176975001	$34.24
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176975101	$145.86
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176978301	$34.34
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	176978601	$454.90
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176972701	$50.00
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176975001	$41.76
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176975101	$177.90
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176978301	$62.46
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176978601	$827.32
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176981201	$468.54
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	176982601	$265.51
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176972701	$50.00

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70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176975001	$17.62
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176975101	$75.06
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176978301	$18.21
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176978601	$241.22
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	176982601	$265.51
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176975001	$16.37
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176975101	$69.72
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176978301	$14.97
70885132	02/02/2026	111127	CHARTER COMMUNICATIONS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	176978601	$198.35
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	005551-000	$16.40
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	005856-000	$131.58
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	006331-000	$207.19
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	006408-000	$32.20
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005551-000	$20.00
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005815-000	$53.10
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005856-000	$222.82
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	006331-000	$350.90

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70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	006408-000	$54.51
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	005551-000	$8.43
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	005856-000	$87.74
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	006331-000	$138.18
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	006408-000	$21.47
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	005551-000	$7.84
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	005856-000	$144.71
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	006331-000	$227.89
70885133	02/02/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	006408-000	$35.41
70885134	02/02/2026	T0014207	DFM ASSOCIATES	101	GENERAL FUND	1052-53170	ELECTIONS	MAINTENANCE OF EQUIPMENT	$1,966.00
70885135	02/02/2026	115808	ECLINICAL WORKS LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	13109	$884.07
70885136	02/02/2026	115376	EL DORADO COUNTY DCSS	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	TEHAMA DCSS	$6,250.00
70885137	02/02/2026	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	33751643	$2,700.45
70885137	02/02/2026	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	33751643	$19,979.05
70885137	02/02/2026	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	33751643	$1,897.40
70885138	02/02/2026	113244	GREEN WASTE OF TEHAMA	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	4018-2160209	$77.12
70885138	02/02/2026	113244	GREEN WASTE OF TEHAMA	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	4018-2160209	$94.06
70885138	02/02/2026	113244	GREEN WASTE OF TEHAMA	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	4018-2236038	$509.99
70885138	02/02/2026	113244	GREEN WASTE OF TEHAMA	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	4018-2160209	$39.68
70885138	02/02/2026	113244	GREEN WASTE OF TEHAMA	112	HEALTH SERVICES	40251-53140	CLINIC SERVICES	4018-2160209	$36.86

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70885139	02/02/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	1023-53291	ASSESSOR	6097	$46.35
70885140	02/02/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	1023-53291	ASSESSOR	6097	$125.95
70885141	02/02/2026	105839	JERRY GROSS DBA	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$160.00
70885142	02/02/2026	123790	LAUNDRY WORLD UNIFORM & LINEN	101	GENERAL FUND	7033-53140	RED BLUFF VETERA	HOUSEHOLD EXPENSE	$52.48
70885145	02/02/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	4011-53220	ENVIRONMENTAL HE	Acct# 89517192	$225.87
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	2073-53300	PUB GUARDIAN / P	Acc#2049445779-7	$794.51
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0590316959-6	$1,221.61
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0631983623-2	$1,083.13
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	4423493458-4	$979.30
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	9090130622-6	$12.08
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0590316959-6	$1,931.90
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0631983623-2	$962.02
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0673650287-0	$9.86
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	4423493458-4	$1,194.47
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	7171318975-2	$187.75
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	9090130622-6	$14.74
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0590316959-6	$3,117.19
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0631983623-2	$1,448.43
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	4423493458-4	$503.96
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	9090130622-6	$6.22
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0590316959-6	$3,658.70

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70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0631983623-2	$2,041.65
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	4423493458-4	$468.10
70885146	02/02/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	9090130622-6	$5.77
70885147	02/02/2026	101267	PEERLESS BUILDING MAINT INC	113	CHILD SUPPORT	5015-53140	CHILD SUPPORT SE	HOUSEHOLD EXPENSE	$1,050.00
70885148	02/02/2026	130243	PRIME42 LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/ SPECIAL SERV	$35.00
70885150	02/02/2026	126210	RESTPADD HEALTH CORP	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$194,122.00
70885151	02/02/2026	119576	RESTPADD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$18,540.00
70885153	02/02/2026	101509	SHELBY'S PEST CONTROL INC	101	GENERAL FUND	7032-53180	LOS MOLINOS VETE	21400	$60.00
70885154	02/02/2026	117079	VERIZON WIRELESS	101	GENERAL FUND	2073-53120	PUB GUARDIAN / P	Acc#770720905-00036	$268.23
70885154	02/02/2026	117079	VERIZON WIRELESS	101	GENERAL FUND	4011-53120	ENVIRONMENTAL HE	770720905-00032	$35.12
70885155	02/02/2026	115894	WESTERN BUSINESS PRODUCTS	113	CHILD SUPPORT	5015-53170	CHILD SUPPORT SE	5273110	$110.50
70885156	02/02/2026	V000211	CHRISTOPHER DAVIS DDS MD	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$200.00
70885160	02/02/2026	114395	CORI BRIMHALL	106	PUBLIC SAFETY	2037-53290	PROBATION	CONFIR 1028515079 & 1028515124	$1,210.00
70885160	02/02/2026	114395	CORI BRIMHALL	106	PUBLIC SAFETY	2037-53290	PROBATION	STC SUPERVISORY CORE COURSE	$736.00
70885161	02/02/2026	127756	EMPOWER TEHAMA	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$770.00

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70885162	02/02/2026	V000858	GOLDEN CIRCLE INVESTMENTS INC	108	SOCIAL SERVICES	108-105584	SOCIAL SERVICES	PREPAID GIFT CARDS	$1,200.00
70885163	02/02/2026	119450	JOE TONA	601	AIR POLLUTION DI	60110-53290	AIR POLLUTION DI	CAPCOA BOARD MEETING	$326.91
70885164	02/02/2026	127551	MICHAEL JOSEPH KLEIN	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA HDAP Client #156	$700.00
70885165	02/02/2026	V000221	NATALIE SHEPARD	112	HEALTH SERVICES	40131-53290	MENTAL HEALTH	DHCS/CBHDA CONF	$171.00
70885166	02/02/2026	V000023	NICOLE FAIN	106	PUBLIC SAFETY	2037-53290	PROBATION	CPOC FOUNDATION SECONDS IN COM	$98.00
70885166	02/02/2026	V000023	NICOLE FAIN	106	PUBLIC SAFETY	2037-53290	PROBATION	SPRINGHILL SUITES BY MARRIOTT	$346.48
70885169	02/02/2026	124336	SUSAN VANCE	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	RN LIC RENEWAL 2026	$190.00
70885171	02/02/2026	118435	UC DAVIS CONTINUING	108	SOCIAL SERVICES	5013-53290	SOCIAL SERVICES	G001345	$765.00
70885187	02/03/2026	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	CHDE0267	$147.56
70885188	02/03/2026	107355	AIRGAS USA LLC	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	4736170 Oxygen SNIPTEMBER	$152.24
70885189	02/03/2026	115432	ALPHA VISTA PROPERTIES LLC	113	CHILD SUPPORT	5015-53260	CHILD SUPPORT SE	FEBRUARY 2026 RENT	$5,015.27
70885190	02/03/2026	123262	EXPRESS SERVICES INC	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/ SPECIAL SERV	$21,803.58
70885191	02/03/2026	100668	GAGER DISTRIBUTING INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	01-842 bleach,super blue	$775.11
70885192	02/03/2026	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	714651 Cat & Dog Food	$348.35
70885192	02/03/2026	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	714651 dog & cat food	$386.71

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70885193	02/03/2026	105839	JERRY GROSS DBA	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$320.00
70885194	02/03/2026	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/ SPECIAL SERV	$2,600.00
70885195	02/03/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784 gloves, syr 03cc	$629.78
70885195	02/03/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	31784 Ostifen	$66.38
70885196	02/03/2026	106919	NORTHERN CAL CHILD DEVELOPMENT	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$34,242.87
70885197	02/03/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	1022-53220	TREASURER	89517192	$225.24
70885197	02/03/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	1026-53220	TAX COLLECTOR	89517192	$729.66
70885198	02/03/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1338174927-7	$14.85
70885199	02/03/2026	119576	RESTPADD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	NOVEMBER 2025	$9,888.00
70885200	02/03/2026	V000573	STEPHANIE L MAYFIELD	101	GENERAL FUND	2016-53220	GRAND JURY	CERTIFIED MAIL	$10.48
70885201	02/03/2026	122810	TRANSUNION RISK	101	GENERAL FUND	1026-53220	TAX COLLECTOR	1353487	$100.00
70885202	02/03/2026	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	220585 -S/N January	$4,220.00
70885203	02/03/2026	117079	VERIZON WIRELESS	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	770720905-00045	$38.01
70885204	02/03/2026	V000401	ADRIANA GARCIA	106	PUBLIC SAFETY	2037-53290	PROBATION	80649026 CONFIRMATION	$557.08
70885204	02/03/2026	V000401	ADRIANA GARCIA	106	PUBLIC SAFETY	2037-53290	PROBATION	FIREARMES FAMILIARIZATION	$232.00
70885207	02/03/2026	106142	CASSIDY'S AUTO LUBE	101	GENERAL FUND	1025-53210	PURCHASING	TC	$593.88

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70885216	02/04/2026	119080	ABC LEGAL SERVICES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	108957	$70.00
70885217	02/04/2026	132709	ALSCO GEYER IRRIGATION INC	101	GENERAL FUND	7021-53605	PARKS & RECREATI	301212 Trash Can	$167.66
70885218	02/04/2026	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391082325	$33.40
70885218	02/04/2026	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391082325	$32.42
70885218	02/04/2026	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391082325	$32.42
70885218	02/04/2026	103939	AT&T	101	GENERAL FUND	1074-53120	FACILITIES MAINT	9391032918	$31.97
70885218	02/04/2026	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	9391032842	$39.68
70885218	02/04/2026	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	9391032960	$95.54
70885219	02/04/2026	108836	BRADLEY BEECHAM	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PROFESSIONAL/ SPECIAL SERV	$100.00
70885220	02/04/2026	111264	CALIF STATE ASSOC OF PA/PG/PC	101	GENERAL FUND	2073-53200	PUB GUARDIAN / P	Member 22059 (Bekkie Emery)	$515.00
70885221	02/04/2026	133740	CHARTER COMMUNICATIONS HOLDING	101	GENERAL FUND	1073-53120	GENERAL SERVICES	127091101	$1,534.15
70885222	02/04/2026	100375	CITY OF CORNING	105	FIRE FUND	2042-53300	FIRE SCH C VOL	403-0890-001	$104.55
70885222	02/04/2026	100375	CITY OF CORNING	105	FIRE FUND	2042-53300	FIRE SCH C VOL	403-0900-003	$49.34
70885223	02/04/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	2061-53300	AGRICULTURE COMM	007056-000 irrigation	$53.51
70885223	02/04/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	2061-53300	AGRICULTURE COMM	007057-000 sewer/water	$84.04
70885223	02/04/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	005249-000	$34.00
70885224	02/04/2026	T00082	CITY OF RED BLUFF	101	GENERAL FUND	1073-53302	GENERAL SERVICES	006274-000	$52.11
70885225	02/04/2026	100441	CORNING HEALTHCARE DISTRICT	108	SOCIAL SERVICES	5013-53260	SOCIAL SERVICES	FEB 2026 RENT #1721	$7,437.32

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70885225	02/04/2026	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40121-53260	PUBLIC HEALTH	FEB 2026 RENT #1721	$2,431.07
70885225	02/04/2026	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40131-53260	MENTAL HEALTH	FEB 2026 RENT #1721	$876.21
70885225	02/04/2026	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40171-53260	DRUG & ALCOHOL	FEB 2026 RENT #1721	$876.21
70885226	02/04/2026	106218	DM TECH	105	FIRE FUND	2042-53120	FIRE SCH C VOL	4103	$92.85
70885227	02/04/2026	136714	DOCUPET CORP	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	2024-363 DocuPet December 2025	$625.00
70885228	02/04/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1 SNP	$49.56
70885229	02/04/2026	V000857	EQUIFAX INC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	0210/0BA-0165119429	$602.80
70885230	02/04/2026	134605	FASTENERS INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	3281	$2.45
70885230	02/04/2026	134605	FASTENERS INC	105	FIRE FUND	2042-53270	FIRE SCH C VOL	3281	$156.94
70885231	02/04/2026	127735	FASTRAK INVOICE PROCESSING DEP	101	GENERAL FUND	6031-53291	AGRICULTURAL EXT	TRANSPORTATION EXPENSE	$8.00
70885232	02/04/2026	142511	GRAINGER INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	830621579	$31.39
70885233	02/04/2026	113244	GREEN WASTE OF TEHAMA	113	CHILD SUPPORT	5015-53140	CHILD SUPPORT SE	4018-953069	$319.02
70885234	02/04/2026	135145	HUNT & SONS	101	GENERAL FUND	1074-53291	FACILITIES MAINT	6013	$682.98
70885235	02/04/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2073-53291	PUB GUARDIAN / P	Acc#6136	$347.55
70885235	02/04/2026	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6564	$1,287.66
70885236	02/04/2026	131709	INDEPENDENCE ROCK MEDIA GROUP	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	0992	$250.00
70885237	02/04/2026	V000021	KALMIKOV ENTERPRISES INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	1465	$2,825.47

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70885238	02/04/2026	134015	KHUSHI B LLC	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	SPECIAL DEPARTMENTAL EXP	$700.00
70885239	02/04/2026	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$671.78
70885240	02/04/2026	108877	LEXIS NEXIS RISK DATA MGMT INC	113	CHILD SUPPORT	5015-53200	CHILD SUPPORT SE	42527ZDMTK	$167.00
70885241	02/04/2026	100957	LOS MOLINOS HARDWARE	105	FIRE FUND	2042-53140	FIRE SCH C VOL	TC RURAL FIRE	$54.67
70885241	02/04/2026	100957	LOS MOLINOS HARDWARE	105	FIRE FUND	2042-53170	FIRE SCH C VOL	TC RURAL FIRE	$85.76
70885242	02/04/2026	128300	MICHELLE HICKOK	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	OFFICE EXPENSE	$10.00
70885243	02/04/2026	V000449	MULTI SERVICE TECHNOLOGY SOLUT	101	GENERAL FUND	1074-53170	FACILITIES MAINT	999077348170	$63.40
70885244	02/04/2026	116981	NORCAL PRESORT	101	GENERAL FUND	1026-53220	TAX COLLECTOR	1026	$59.54
70885245	02/04/2026	101180	NVCSS	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/ SPECIAL SERV	$7,469.14
70885246	02/04/2026	113380	OFFICE DEPOT	101	GENERAL FUND	1014-53220	COUNTY ADMINISTR	44149	$37.30
70885247	02/04/2026	113380	OFFICE DEPOT	101	GENERAL FUND	1023-53220	ASSESSOR	89517192	$69.88
70885248	02/04/2026	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	39292 shop ticket holder	$30.35
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	5376610062-1	$79.05
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	2814804099-2	$33.55
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	2856470763-7	$55.03
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	4168882024-4	$26.29
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0548465545-0	$174.14
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	5554481127-0	$919.58
70885249	02/04/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	6535518462-6	$48.24

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70885250	02/04/2026	112147	PANORAMIC SOFTWARE INC	101	GENERAL FUND	2073-53170	PUB GUARDIAN / P	Monthly maint. January 2026	$1,837.50
70885251	02/04/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	692071	$295.12
70885252	02/04/2026	115490	RED BLUFF CHRYSLER DODGE JEEP	105	FIRE FUND	2042-53170	FIRE SCH C VOL	R10621	$414.31
70885253	02/04/2026	134616	SOUTH AVENUE INC	105	FIRE FUND	2042-53140	FIRE SCH C VOL	100781	$64.83
70885253	02/04/2026	134616	SOUTH AVENUE INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	100781	$24.96
70885254	02/04/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	346486	$770.66
70885254	02/04/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486	$1,062.64
70885254	02/04/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 SNP	$1,291.16
70885254	02/04/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 346486	$584.14
70885254	02/04/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486	$458.23
70885255	02/04/2026	V000184	TECHNICAL RESOURCE MANAGEMENT	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	FS-14078	$258.00
70885256	02/04/2026	102629	TEHAMA CO AIR POLLUTION DIST	105	FIRE FUND	2042-53280	FIRE SCH C VOL	SPECIAL DEPARTMENTAL EXP	$45.75
70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	101	GENERAL FUND	1091-55520	ADVERTISING.COMM	CONTR TO OTHER AGENCIES	$2,475.00
70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	108	SOCIAL SERVICES	5013-53280	SOCIAL SERVICES	SPECIAL DEPARTMENTAL EXP	$2,475.00
70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/ SPECIAL SERV	$675.00
70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/ SPECIAL SERV	$600.00

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70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PROFESSIONAL/ SPECIAL SERV	$600.00
70885257	02/04/2026	120716	UNITED WAY OF NORTHERN CALIFOR	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/ SPECIAL SERV	$675.00
70885258	02/04/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	1011-53120	BOARD OF SUPERVI	242826914-00001	$20.70
70885258	02/04/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	242826914-00001	$20.70
70885258	02/04/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	1074-53120	FACILITIES MAINT	542822793-00001	$38.01
70885258	02/04/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	5060-53120	VETERANS SERVICE	542172714-00002	$180.06
70885259	02/04/2026	111106	ZOETIS	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	1000024113 Vanguard Dapp	$591.25
70885261	02/04/2026	100375	CITY OF CORNING	101	GENERAL FUND	2078-461060	DIV OF ANIMAL SE	2024-186 FY25/26 Q2 Licensing	$1,248.00
70885262	02/04/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	2078-461060	DIV OF ANIMAL SE	2024-132 FY25/26 Q2 Licensing	$3,552.00
70885267	02/04/2026	110126	GINA WARNER	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	OVERLAND POST MAILLING EE NOTI	$19.48
70885271	02/04/2026	136388	JEFF RHOADS	112	HEALTH SERVICES	40121-53110	PUBLIC HEALTH	SAFETY BOOTS 2026	$55.97
70885271	02/04/2026	136388	JEFF RHOADS	112	HEALTH SERVICES	40131-53110	MENTAL HEALTH	SAFETY BOOTS 2026	$100.71
70885271	02/04/2026	136388	JEFF RHOADS	112	HEALTH SERVICES	40171-53110	DRUG & ALCOHOL	SAFETY BOOTS 2026	$30.40
70885271	02/04/2026	136388	JEFF RHOADS	112	HEALTH SERVICES	40251-53110	CLINIC SERVICES	SAFETY BOOTS 2026	$64.14
70885277	02/04/2026	130395	LUHDORFF & SCALMANINI	603	TC FLOOD CTRL/WA	60310-53230	TC FLOOD CTRL/WA	PROFESSIONAL/ SPECIAL SERV	$292,776.55
70885278	02/04/2026	120195	MEGHAN SWAIN	101	GENERAL FUND	2011-53290	DA VICTIM/WITNES	PROSECUTING CRIMES 1/29-30/26	$943.08
70885280	02/04/2026	V000298	ROBERT BENEFER	112	HEALTH SERVICES	40131-53110	MENTAL HEALTH	SAFETY BOOTS 2026	$237.04

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70885283	02/04/2026	T0024570	STATE BAR OF CALIFORNIA	101	GENERAL FUND	1031-53200	COUNTY COUNSEL	MEMBERSHIPS & DUES	$1,196.00
70885284	02/04/2026	102478	TEHAMA COUNTY CLERK & RECORDER	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	OFFICE EXPENSE	$26.00
70885285	02/04/2026	111041	THE SAIL HOUSE INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$37,503.00
70885287	02/05/2026	100065	ALSCO INC	106	PUBLIC SAFETY	2031-53170	WORK FARM	20-8368	$97.54
70885288	02/05/2026	101233	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	248 134-7711 774 9	$4.46
70885289	02/05/2026	103939	AT&T	101	GENERAL FUND	2075-53120	OFFICE OF EMERG	9391066749	$248.99
70885289	02/05/2026	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032835	$156.45
70885289	02/05/2026	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032838	$129.75
70885289	02/05/2026	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032841	$36.66
70885289	02/05/2026	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032926	$92.79
70885290	02/05/2026	107169	BAY ALARM	106	PUBLIC SAFETY	2032-53250	JAIL	76866	$585.00
70885291	02/05/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	64-000010291-04	$284.40
70885292	02/05/2026	V000530	BLUE TRITON BRANDS INC	101	GENERAL FUND	4011-53210	ENVIRONMENTAL HE	8730224249	$79.94
70885293	02/05/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2062-53120	CODE/MARIJUANA E	TC27	$197.37
70885294	02/05/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2027-53300	SHERIFF	005683-000	$26.02
70885294	02/05/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2027-53300	SHERIFF	005916-000	$202.83
70885294	02/05/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2028-53300	AUTO SHOP	006775-000	$54.74
70885294	02/05/2026	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2032-53300	JAIL	005686-000	$2,465.62
70885295	02/05/2026	108456	CROWN MOTORS	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	137883	$2,986.16

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70885296	02/05/2026	T0027247	DAY MANAGEMENT CORP. INC.	106	PUBLIC SAFETY	2027-53170	SHERIFF	SO46226602	$2,737.28
70885297	02/05/2026	117602	DEPT OF FORESTRY & FIRE PROTEC	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	176514	$3,240.00
70885298	02/05/2026	103408	DEPT OF HEALTH CARE SERVICES	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	23-30057	$2,979.91
70885299	02/05/2026	112293	EQUIFAX CREDIT INFORMATION SER	106	PUBLIC SAFETY	2027-53230	SHERIFF		$53.00
70885300	02/05/2026	105222	EVIDENT	106	PUBLIC SAFETY	2027-53280	SHERIFF	15461	$128.00
70885301	02/05/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	33750345	$2,741.76
70885301	02/05/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	33750345	$1,165.20
70885302	02/05/2026	V000233	GENUINE PARTS COMPANY INC	101	GENERAL FUND	1074-53170	FACILITIES MAINT	56355 Battery & Core	$162.71
70885303	02/05/2026	V000088	HEALTH MANAGEMENT ASSOCIATES I	106	PUBLIC SAFETY	2032-53230	JAIL	TEHAMA CO SHERIFFS OFFICE	$9,417.50
70885305	02/05/2026	115303	INTERSTATE OIL COMPANY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	31-0078648	($20.00)
70885305	02/05/2026	115303	INTERSTATE OIL COMPANY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	37-0078648	$531.70
70885306	02/05/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53170	SHERIFF	TC SHERIFFS	$65.59
70885306	02/05/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53220	SHERIFF	PROGRAMMING	$79.00
70885306	02/05/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53220	SHERIFF	TC SHERIFFS	$75.14
70885308	02/05/2026	102091	KELLER SUPPLY COMPANY	106	PUBLIC SAFETY	2027-53180	SHERIFF	651106	$553.29
70885308	02/05/2026	102091	KELLER SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53170	JAIL	651106	$121.25

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70885309	02/05/2026	132334	KENNETH W BOWLIN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	SERVICES FEB 2026	$4,000.00
70885311	02/05/2026	135844	LENDERS CONSTRUCTION SERVICES	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	667 - TC Reentry Facility	$269,498.00
70885312	02/05/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	0007377	$730.80
70885313	02/05/2026	119531	MID PACIFIC ENGINEERING INC	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	06774-02	$2,366.05
70885314	02/05/2026	101102	MOULE'S TEHAMA COUNTY GLASS IN	106	PUBLIC SAFETY	2032-53180	JAIL	TEHAMA CO JAIL	$23,475.22
70885315	02/05/2026	101183	NORTH VALLEY DISTRIBUTING	106	PUBLIC SAFETY	2032-53170	JAIL	427	$18.36
70885316	02/05/2026	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2024-53170	BOATING GRANTS	1047279	$23.65
70885316	02/05/2026	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1047279	$706.91
70885317	02/05/2026	123562	OBSIDIAN	106	PUBLIC SAFETY	2027-53170	SHERIFF	TEHAMA CO SHERIFF	$15,635.81
70885318	02/05/2026	113380	OFFICE DEPOT	101	GENERAL FUND	1014-53220	COUNTY ADMINISTR	89517192	$18.40
70885319	02/05/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	101	GENERAL FUND	2062-53220	CODE/MARIJUANA E	89517192	$151.27
70885320	02/05/2026	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	3466590695-3	$1,284.93
70885321	02/05/2026	101241	PAINT MARTS	106	PUBLIC SAFETY	2027-53170	SHERIFF	R402628	$174.72
70885322	02/05/2026	127583	PRESTIGE RADIOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TEHAMA CO CORONER	$708.00
70885322	02/05/2026	127583	PRESTIGE RADIOLOGY INC	106	PUBLIC SAFETY	20321-532394	JAIL - HEALTH SE	TEHAMA CO JAIL	$10,272.00
70885323	02/05/2026	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$1,720.08
70885323	02/05/2026	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53140	JAIL	61960	$27.74

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70885324	02/05/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	818652	$1,650.27
70885325	02/05/2026	116026	PROFORCE MARKETING INC	106	PUBLIC SAFETY	2027-53280	SHERIFF	002134	$467.88
70885326	02/05/2026	115055	REEVES	106	PUBLIC SAFETY	2032-53110	JAIL	TE5RE	$23.45
70885327	02/05/2026	113581	SATELLITE TRACKING OF PEOPLE L	106	PUBLIC SAFETY	2032-53230	JAIL	0016-000048	$1,625.00
70885327	02/05/2026	113581	SATELLITE TRACKING OF PEOPLE L	106	PUBLIC SAFETY	2032-53230	JAIL	0016-000049	$2,295.15
70885328	02/05/2026	130112	SHANNON BOWLIN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	SERVICES FEB 2026	$4,000.00
70885329	02/05/2026	101653	SUBURBAN PROPANE	106	PUBLIC SAFETY	2027-53170	SHERIFF	39695	$18.81
70885329	02/05/2026	101653	SUBURBAN PROPANE	106	PUBLIC SAFETY	2032-53170	JAIL	1636-039695	$75.00
70885330	02/05/2026	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	619919	$6,183.89
70885330	02/05/2026	107566	SYSCO	106	PUBLIC SAFETY	2032-53140	JAIL	619919	$117.76
70885331	02/05/2026	109466	TREASURY MANAGEMENT SERVICES	106	PUBLIC SAFETY	2027-53230	SHERIFF	1-534-0179-3416	$93.65
70885332	02/05/2026	134948	UBEO MIDCO LLC	106	PUBLIC SAFETY	2027-53220	SHERIFF	5305297930	$10.96
70885332	02/05/2026	134948	UBEO MIDCO LLC	106	PUBLIC SAFETY	2027-53250	SHERIFF	5305297930	$12.22
70885333	02/05/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$5,808.78
70885333	02/05/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	3370715	$322.96
70885334	02/05/2026	101798	VALLEY VETERINARY CLINIC	106	PUBLIC SAFETY	2027-5323016	SHERIFF	208362	$155.21
70885334	02/05/2026	101798	VALLEY VETERINARY CLINIC	106	PUBLIC SAFETY	2029-53230	SHERIFF ANIMAL R	220569	$1,625.12
70885335	02/05/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	772102544-00002	$223.38

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70885335	02/05/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2028-53120	AUTO SHOP	772102544-00002	$41.40
70885335	02/05/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2031-53120	WORK FARM	772102544-00002	$41.40
70885335	02/05/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2032-53120	JAIL	772102544-00002	$94.86
70885336	02/05/2026	112950	WEST MARINE	106	PUBLIC SAFETY	2024-53170	BOATING GRANTS	461884	$27.05
70885337	02/05/2026	123478	WILGUS FIRE CONTROL INC	106	PUBLIC SAFETY	2032-53170	JAIL	TEHAMA CO. JAIL	$1,733.35
70885338	02/05/2026	112949	ADAMS ASHBY GROUP INC	103	CAPITAL OUTLAY	1081-57515	PLANT ACQUISITIO	CPF,B-23-CP-CA-0255	$2,500.00
70885342	02/05/2026	119875	CA ORGANIZATION OF BUSINESS CH	101	GENERAL FUND	1023-53290	ASSESSOR	Conference Fee	$25.00
70885344	02/05/2026	T0026074	CITY OF RED BLUFF	117	TRANSPORTATION O	3037-53300	TRAX	UTILITIES	$115.98
70885350	02/05/2026	120882	DIGNITY HEALTH REG OFFICE-SAC	101	GENERAL FUND	4024-53230	AMBULANCE SERVIC	153-704000-57800-000 FEB 2026	$4,500.00
70885354	02/05/2026	V000238	EVE ORTIZ	106	PUBLIC SAFETY	2037-53290	PROBATION	DOUBLE TREE LODING	$557.08
70885354	02/05/2026	V000238	EVE ORTIZ	106	PUBLIC SAFETY	2037-53290	PROBATION	PC832 FIREARS FAMILIARIZATION	$232.00
70885366	02/05/2026	108723	NACHSA	108	SOCIAL SERVICES	5013-53200	SOCIAL SERVICES	MEMBERSHIPS & DUES	$150.00
70885382	02/05/2026	117079	VERIZON WIRELESS	117	TRANSPORTATION O	3037-53230	TRAX	442340919-00002	$798.21
70885384	02/06/2026	134185	AGILE OCCUPATIONAL MEDICINE PC	101	GENERAL FUND	1013-53230	CLERK OF THE BOA	Claim ID #648093	$240.00
70885385	02/06/2026	132709	ALSCO GEYER IRRIGATION INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	305199	$51.57
70885385	02/06/2026	132709	ALSCO GEYER IRRIGATION INC	105	FIRE FUND	2042-53180	FIRE SCH C VOL	305199	$21.05

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70885389	02/06/2026	133447	AUTOZONE DEVELOPMENT CORP	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	11715864	$116.22
70885390	02/06/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	64-000010291-04	$342.00
70885391	02/06/2026	126362	CALIFORNIA SAFETY COMPANY INC	101	GENERAL FUND	7033-53230	RED BLUFF VETERA	5365	$60.00
70885392	02/06/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	Acc# TC09	$69.64
70885392	02/06/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	ACC#TC09	$271.70
70885392	02/06/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1026-53170	TAX COLLECTOR	TC57	$35.96
70885392	02/06/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2062-53170	CODE/MARIJUANA E	TC27	$75.63
70885393	02/06/2026	113975	CELLEBRITE USA CORP	106	PUBLIC SAFETY	2027-53170	SHERIFF	Q-480995	$13,667.94
70885393	02/06/2026	113975	CELLEBRITE USA CORP	712	TEHAMA MAJOR CRI	71210-53170	TEHAMA MAJOR CRI	Q-480985	$10,193.04
70885394	02/06/2026	133928	CHANGE COMPANIES INC	106	PUBLIC SAFETY	2036-53290	JUVENILE HALL	3588 FT4/FT1/FTCS-S TNG Supply	$487.89
70885394	02/06/2026	133928	CHANGE COMPANIES INC	106	PUBLIC SAFETY	2037-53290	PROBATION	3588 FT4/FT1/FTCS-S TRN Supply	$487.89
70885395	02/06/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	005638-000	$328.22
70885397	02/06/2026	112120	DAVIS COURIER SERVICE	101	GENERAL FUND	1023-53220	ASSESSOR	8425	$72.97
70885398	02/06/2026	108674	DELL MARKETING LP	101	GENERAL FUND	2062-53800	CODE/MARIJUANA E	92352546	$6,360.54
70885398	02/06/2026	108674	DELL MARKETING LP	101	GENERAL FUND	4011-53800	ENVIRONMENTAL HE	92352546	$11,071.19
70885399	02/06/2026	122908	ELK GROVE DODGE	106	PUBLIC SAFETY	2037-57605	PROBATION	2025 Chrysler Pacif PO 356374	$52,947.63

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70885400	02/06/2026	133220	NAPA AUTO PARTS	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	56645	$80.24
70885400	02/06/2026	133220	NAPA AUTO PARTS	106	PUBLIC SAFETY	2032-53170	JAIL	56645	$156.56
70885401	02/06/2026	134605	FASTENERS INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	34812	$83.72
70885403	02/06/2026	113244	GREEN WASTE OF TEHAMA	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	4018 1652750	$225.83
70885403	02/06/2026	113244	GREEN WASTE OF TEHAMA	105	FIRE FUND	2042-53140	FIRE SCH C VOL	4018-199908	$128.21
70885403	02/06/2026	113244	GREEN WASTE OF TEHAMA	105	FIRE FUND	2042-53140	FIRE SCH C VOL	4018-917140	$154.63
70885404	02/06/2026	136121	HUNT & SONS LLC	113	CHILD SUPPORT	5015-53291	CHILD SUPPORT SE	6174	$24.35
70885405	02/06/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	1023-53291	ASSESSOR	6097	$108.04
70885406	02/06/2026	112612	INTERIM HEALTHCARE	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$80.00
70885408	02/06/2026	128891	JD POWER	101	GENERAL FUND	1023-53220	ASSESSOR	C00008100	$573.00
70885410	02/06/2026	123948	LEXIS NEXIS RISK SOLUTIONS	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	1583916	$283.46
70885413	02/06/2026	120101	MANDI SELVESTER	101	GENERAL FUND	1052-53230	ELECTIONS	PROFESSIONAL/ SPECIAL SERV	$300.00
70885414	02/06/2026	120024	MARILYN J WOOLEY PH D	106	PUBLIC SAFETY	2032-53230	JAIL	TEHAMA CO SHERIFFS	$500.00
70885415	02/06/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	0007377	$1,270.44
70885416	02/06/2026	V000866	MERCY SURGERY CENTER	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	48274	$5,060.20
70885416	02/06/2026	V000866	MERCY SURGERY CENTER	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	5771379	$3,750.00
70885417	02/06/2026	116981	NORCAL PRESORT	101	GENERAL FUND	1026-53220	TAX COLLECTOR	#1026	$66.44
70885418	02/06/2026	116981	NORCAL PRESORT	101	GENERAL FUND	1023-53220	ASSESSOR	B-304340-24	$99.89
70885419	02/06/2026	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1047279	$173.43

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70885420	02/06/2026	113380	OFFICE DEPOT	101	GENERAL FUND	1023-53220	ASSESSOR	89517192	$444.62
70885421	02/06/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3356470731-4	$398.90
70885423	02/06/2026	V000196	PLAN B PROFESSIONAL ANSWERING	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	2469	$201.25
70885424	02/06/2026	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$825.36
70885425	02/06/2026	135898	RADIOTRONICS INC	106	PUBLIC SAFETY	2027-5323016	SHERIFF	TEHAMA COUNTY SHERIFFS	$168.00
70885427	02/06/2026	115055	REEVES	106	PUBLIC SAFETY	2032-53110	JAIL	TE5RE	$23.45
70885429	02/06/2026	122931	ROSS J PALUBESKI	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PHYSICAL	$100.00
70885430	02/06/2026	102334	SATCOM GLOBAL INC	106	PUBLIC SAFETY	2027-53120	SHERIFF	5028WCC	$187.35
70885431	02/06/2026	113581	SATELLITE TRACKING OF PEOPLE L	106	PUBLIC SAFETY	2032-53230	JAIL	0016-000048	$4,395.00
70885433	02/06/2026	135342	SOLUTIONS WEST	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/ SPECIAL SERV	$42,940.00
70885434	02/06/2026	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36010106080S1C8405	$106.40
70885434	02/06/2026	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36010107807S1C8405	$7,781.60
70885434	02/06/2026	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36010110157S1C8405	$4,665.00
70885434	02/06/2026	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36010124182S1C8405	$823.00
70885435	02/06/2026	V000248	T-MOBILE USA INC	101	GENERAL FUND	1023-53120	ASSESSOR	215285557	$20.22
70885438	02/06/2026	107651	VALLEY WEST ACE HARDWARE	105	FIRE FUND	2042-53170	FIRE SCH C VOL	30051	$19.27

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70885438	02/06/2026	107651	VALLEY WEST ACE HARDWARE	105	FIRE FUND	2042-53180	FIRE SCH C VOL	30051	$21.44
70885439	02/06/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	1023-53120	ASSESSOR	770720905-00034	$153.72
70885440	02/06/2026	117079	VERIZON WIRELESS	105	FIRE FUND	2042-53120	FIRE SCH C VOL	870692054-00002	$122.42
70885441	02/06/2026	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	176371000	$235.94
70885442	02/06/2026	129754	VICTOR COMMUNITY SUPPORT SERVI	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$8,384.46
70885444	02/06/2026	101825	WALLNER PLUMBING CO INC	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	275380 JDF Boiler Hight Lmt	$357.50
70885444	02/06/2026	101825	WALLNER PLUMBING CO INC	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	275380 JDF	$3,795.38
70885445	02/06/2026	123478	WILGUS FIRE CONTROL INC	106	PUBLIC SAFETY	2032-53170	JAIL	TEHAMA CO. JAIL	$366.90
70885446	02/06/2026	112949	ADAMS ASHBY GROUP INC	103	CAPITAL OUTLAY	1081-57515	PLANT ACQUISITIO	CPF,B-23-CP-CA-0149	$3,200.00
70885447	02/06/2026	112949	ADAMS ASHBY GROUP INC	103	CAPITAL OUTLAY	1081-57515	PLANT ACQUISITIO	CPF,B-23-CP-CA-0149	$4,500.00
70885448	02/06/2026	135281	ALLIANCE PREMIER REAL ESTATE	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	SPECIAL DEPARTMENTAL EXP	$1,100.00
70885457	02/06/2026	135400	LATISHA MANIORD	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	EE MEALS	$24.21
70885461	02/06/2026	123643	NU WAY MARKET	101	GENERAL FUND	5062-53130	COMMUNITY ACTION	CAA Food Give/away 02-2026	$1,546.83
70885461	02/06/2026	123643	NU WAY MARKET	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Food Giveaway 02-2026	$4,647.17
70885463	02/06/2026	122150	SHASTA COUNTY SHERIFF	106	PUBLIC SAFETY	2027-55520	SHERIFF	EOD BOMB ROBOT CONTRIBUTION	$10,000.00
70885468	02/09/2026	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	CH001032	$1,414.96

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70885469	02/09/2026	V000250	ANTONIO CARBONELL JR	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/ SPECIAL SERV	$3,600.00
70885470	02/09/2026	103939	AT&T	101	GENERAL FUND	6021-53120	LIBRARY	93910032845	$60.82
70885470	02/09/2026	103939	AT&T	101	GENERAL FUND	6021-53120	LIBRARY	9391037345	$268.31
70885471	02/09/2026	V000910	BRIANNA HENDRIX	101	GENERAL FUND	101-102254	GENERAL FUND	PERS ADV DERBONNE	$3,219.00
70885472	02/09/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	TC27	$123.38
70885472	02/09/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2037-53170	PROBATION	TC42 (Kyocera 1G55706700)	$80.25
70885472	02/09/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2037-53170	PROBATION	TC42 1G55706700 Adult Prob	$28.66
70885473	02/09/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1023-53220	ASSESSOR	TC08	$27.42
70885474	02/09/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	6021-53300	LIBRARY	007440-000	$61.80
70885474	02/09/2026	100376	CITY OF RED BLUFF	101	GENERAL FUND	6021-53300	LIBRARY	007457-000	$99.60
70885475	02/09/2026	V000233	GENUINE PARTS COMPANY INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$2,061.22
70885476	02/09/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	6021-53291	LIBRARY	6022	$48.81
70885476	02/09/2026	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6014	$1,894.50
70885477	02/09/2026	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	6021-53180	LIBRARY	MTCE STRUCT-IMPRV-GROUNDS	$230.59
70885479	02/09/2026	132992	LOOKING GLASS MEDIA LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	45826.70	$488.00
70885480	02/09/2026	122656	MEGABYTE SYSTEMS INC	101	GENERAL FUND	1073-531702	GENERAL SERVICES	MARCH 2026	$9,802.17
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6021-53300	LIBRARY	3830640327-0	$4,050.69

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70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6021-53300	LIBRARY	5187236272-1	$431.03
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	3070483722.5	$134.17
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	4038481827-0	$3.68
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	4930308544-0	$730.59
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	1149860088-8	$149.12
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	7638641704-2	$59.71
70885481	02/09/2026	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	9550188561-0	$1,700.67
70885482	02/09/2026	101241	PAINT MARTS	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	R404889	$65.48
70885484	02/09/2026	115490	RED BLUFF CHRYSLER DODGE JEEP	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	R78340	$734.63
70885485	02/09/2026	101187	NORTH VALLEY SERVICES	101	GENERAL FUND	7021-53606	PARKS & RECREATI	530109	$300.00
70885486	02/09/2026	101757	TRIPLE R GAS	105	FIRE FUND	2042-53250	FIRE SCH C VOL	5442	$180.00
70885487	02/09/2026	V000217	TRUEPOINT SOLUTIONS LLC	601	AIR POLLUTION DI	60110-57603	AIR POLLUTION DI	C-00236	$495.00
70885488	02/09/2026	135756	TRUSTED TECH TEAM LLC	601	AIR POLLUTION DI	60110-53170	AIR POLLUTION DI	MAINTENANCE OF EQUIPMENT	$54.61
70885489	02/09/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1014-53170	COUNTY ADMINISTR	5273365	$36.18
70885490	02/09/2026	V000256	WEST COAST PAPER CO INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	1895	$416.90
70885491	02/09/2026	V000890	WORLD BOOK INC	101	GENERAL FUND	6021-5322023	LIBRARY	L 5586	$1,377.66
70885492	02/09/2026	133289	BENEFIT COORDINATORS CORP-BCC	211	DENTAL INSURANCE	1112-53150	DENTAL	P0074.0002	$34,750.85
70885492	02/09/2026	133289	BENEFIT COORDINATORS CORP-BCC	211	DENTAL INSURANCE	1112-53230	DENTAL	P0074.0002	$2,328.30

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70885492	02/09/2026	133289	BENEFIT COORDINATORS CORP-BCC	213	VISION	1113-53150	VISION	P0074.0002	$7,229.33
70885492	02/09/2026	133289	BENEFIT COORDINATORS CORP-BCC	213	VISION	1113-53230	VISION	P0074.0002	$542.20
70885493	02/09/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1025-53170	PURCHASING	5273365	$18.72
70885493	02/09/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1076-53170	PROPERTY PLANNIN	5273365	$13.73
70885493	02/09/2026	134948	UBEO MIDCO LLC	107	RISK MANAGEMENT	1101-53170	RISK MANAGEMENT	5273365	$56.16
70885494	02/10/2026	V000818	AECUS LAW PC	101	GENERAL FUND	1105-53237	PROFESSIONAL COU	LEGAL EXPENSE	$2,387.00
70885495	02/10/2026	103939	AT&T	101	GENERAL FUND	5060-53120	VETERANS SERVICE	9391032938	$64.23
70885495	02/10/2026	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391065139	$920.94
70885495	02/10/2026	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391081135	$169.11
70885496	02/10/2026	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	LAB FEES 25-02293	$55.13
70885496	02/10/2026	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TC-002-20260130	$266.00
70885496	02/10/2026	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TOXICOLOGY FEES 25-02121	$397.00
70885497	02/10/2026	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1073-53120	GENERAL SERVICES	176976501	$450.00
70885499	02/10/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	Acct 25704606	$66.60
70885499	02/10/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	Acct 25704570	$64.20
70885499	02/10/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	Acct 25704606	$28.26

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70885499	02/10/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	25704570	$33.82
70885499	02/10/2026	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	Acct 25704570	$33.82
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	101	GENERAL FUND	1014-53180	COUNTY ADMINISTR	MTCE STRUCT-IMPRV-GROUNDS	$245.10
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	101	GENERAL FUND	1025-53180	PURCHASING	MTCE STRUCT-IMPRV-GROUNDS	$51.30
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	101	GENERAL FUND	1031-53180	COUNTY COUNSEL	MTCE STRUCT-IMPRV-GROUNDS	$91.20
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	101	GENERAL FUND	1041-53180	PERSONNEL	MTCE STRUCT-IMPRV-GROUNDS	$68.40
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	101	GENERAL FUND	1076-53180	PROPERTY PLANNIN	MTCE STRUCT-IMPRV-GROUNDS	$57.00
70885500	02/10/2026	132919	ELEVATOR TECHNOLOGY INC	107	RISK MANAGEMENT	1101-53180	RISK MANAGEMENT	MTCE STRUCT-IMPRV-GROUNDS	$57.00
70885502	02/10/2026	113176	EVIDENT CHANGE	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	415TEH	$17,119.59
70885503	02/10/2026	134921	FERRELLGAS LP	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 236749263	$576.01
70885504	02/10/2026	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 65420	$518.29
70885504	02/10/2026	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	Acct 65420	$10.79
70885505	02/10/2026	142511	GRAINGER INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	Acct 832564827	$40.46
70885506	02/10/2026	113113	GREEN WASTE OF TEHAMA	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	4019-10248	$18.83
70885507	02/10/2026	100804	INDUSTRIAL EQUIPMENT	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	TCPW	$1,408.62
70885508	02/10/2026	120078	MITCHELL 1	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1006694	$2,880.00

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70885509	02/10/2026	120428	MONEYSOFT INC	101	GENERAL FUND	1021-53230	AUDITOR CONTROLL	PROFESSIONAL/ SPECIAL SERV	$349.00
70885510	02/10/2026	118348	MORGAN TELECOM INC	101	GENERAL FUND	2073-53120	PUB GUARDIAN / P	02/01/26-2/28/26	$201.57
70885511	02/10/2026	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 2563014	$84.93
70885512	02/10/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1073-53301	GENERAL SERVICES	4908030240-6	$35,160.99
70885512	02/10/2026	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1073-53302	GENERAL SERVICES	4908030240-6	$742.21
70885513	02/10/2026	T0019780	PASKENTA COMMUNITY SERVICES DI	101	GENERAL FUND	7021-53300	PARKS & RECREATI	48962183	$350.98
70885514	02/10/2026	119867	PUCKETT RESIDENTIAL SERVICES,	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$1,440.07
70885515	02/10/2026	105400	RENTAL GUYS INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	TCPW	$46.68
70885516	02/10/2026	117391	TEHAMA COUNTY MOSQUITO & VECTO	101	GENERAL FUND	1076-55480	PROPERTY PLANNIN	TM10114	$361.49
70885516	02/10/2026	117391	TEHAMA COUNTY MOSQUITO & VECTO	101	GENERAL FUND	1076-55480	PROPERTY PLANNIN	TU10027 26/26 Assmt	$278.24
70885518	02/10/2026	134948	UBEO MIDCO LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	5284071	$207.97
70885519	02/10/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1041-53170	PERSONNEL	5273365	$13.73
70885519	02/10/2026	134948	UBEO MIDCO LLC	107	RISK MANAGEMENT	1101-53170	RISK MANAGEMENT	5273365	$56.16
70885520	02/10/2026	103939	AT&T	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	Acct 9391032846	$31.97
70885520	02/10/2026	103939	AT&T	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	Acct 9391032848	$31.97
70885520	02/10/2026	103939	AT&T	102	ROAD FUND	3011-53120	ROAD DEPARTMENT	Acct 9391032849	$360.70
70885522	02/10/2026	115808	ECLINICAL WORKS LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/ SPECIAL SERV	$7,652.33
70885523	02/10/2026	142511	GRAINGER INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	Acct 832564827	$38.33

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70885524	02/10/2026	133497	GREG JONES	101	GENERAL FUND	1011-532985	BOARD OF SUPERVI	LEADERSHIP RECEPTION 1/21-22	$163.80
70885525	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	102	ROAD FUND	3011-53270	ROAD DEPARTMENT		$40.83
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	1074-53110	FACILITIES MAINT		$11.23
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	1074-53140	FACILITIES MAINT		$94.71
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	1074-53180	FACILITIES MAINT		$133.55
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	1074-53210	FACILITIES MAINT		$691.76
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	1074-53270	FACILITIES MAINT		$228.34
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	7021-53602	PARKS & RECREATI		$122.36
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	7021-53606	PARKS & RECREATI		$57.44
70885526	02/10/2026	112395	HOME DEPOT CREDIT SERVICES	101	GENERAL FUND	7021-53607	PARKS & RECREATI		$1.89
70885527	02/10/2026	110076	HOUSING AND COMMUNITY DEVELOPM	115	BUILDING & SAFET	115-207795	BUILDING & SAFET	Perrone - Kathy Way	$11.00
70885528	02/10/2026	136121	HUNT & SONS LLC	115	BUILDING & SAFET	2065-53291	BUILDING & SAFET	Acct #6098 BPO428170	$367.39
70885532	02/10/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	102	ROAD FUND	3011-53220	ROAD DEPARTMENT	Acct 44149	$116.60
70885533	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 5408033337-7	$6,985.64
70885534	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 3051182519-9	$5,757.03

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70885535	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 3051182519-9	$9.86
70885536	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 1894334487-1	$30.11
70885537	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 1132625656-4	$9.86
70885538	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 1132625656-4	$1,360.10
70885539	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 7551779389-1	$9.86
70885540	02/10/2026	101232	PACIFIC GAS & ELECTRIC	102	ROAD FUND	3011-53300	ROAD DEPARTMENT	Acct 7551779389-1	$4,002.31
70885542	02/10/2026	101371	RED BLUFF GLASS COMPANY	115	BUILDING & SAFET	2065-53170	BUILDING & SAFET	202PA25	$55.00
70885544	02/10/2026	133572	TAYLOR SMITH	101	GENERAL FUND	1041-53220	PERSONNEL	POSTAGE FOR LETTERS	$66.50
70885545	02/10/2026	115214	PAPE' TRUCKS INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	Acct 7110448	$257.43
70885546	02/10/2026	V000830	TRAVIS THOMAS	101	GENERAL FUND	5060-53290	VETERANS SERVICE	MILEAGE	$36.54
70885547	02/10/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1014-53170	COUNTY ADMINISTR	5273365	$36.18
70885547	02/10/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1025-53170	PURCHASING	5273365	$18.72
70885551	02/11/2026	100065	ALSCO INC	101	GENERAL FUND	2061-53170	AGRICULTURE COMM	208314 Diesel & Water Prover	$83.75
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	939032853	$40.90
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032856	$11.70
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032939	$92.68
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	9391032958	$22.70
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032851	$156.32
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032856	$14.27
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032901	$35.68
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032932	$31.88

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70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032939	$123.14
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	9391032958	$8.18
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032856	$6.02
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032901	$73.08
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032939	$31.25
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	9391032958	$8.17
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032856	$5.59
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032912	$41.49
70885552	02/11/2026	103939	AT&T	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	9391032939	$126.86
70885553	02/11/2026	V000558	B & T CA LLC	101	GENERAL FUND	5062-53170	COMMUNITY ACTION	CAA 01/2026	$34.00
70885553	02/11/2026	V000558	B & T CA LLC	116	SENIOR NUTRITION	5063-53170	SENIOR NUTRITION	Maint of Equipment	$41.00
70885554	02/11/2026	127749	BENNET OMALU PATHOLOGY INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	TEHAMA COUNTY	$23,100.59
70885555	02/11/2026	V000530	BLUE TRITON BRANDS INC	101	GENERAL FUND	2078-53140	DIV OF ANIMAL SE	8730224181 water for employees	$30.97
70885556	02/11/2026	V000213	BORGES LAW OFFICE INC	101	GENERAL FUND	2021-53160	TRIAL JURORS & W	CASE 23CR900009	$4,995.00
70885557	02/11/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2061-53220	AGRICULTURE COMM	TC05 service 1/1-1/31	$79.86
70885557	02/11/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	TC07 Service 1/1-1/31	$36.03
70885558	02/11/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2027-53120	SHERIFF	176983001	$700.54
70885558	02/11/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2028-53120	AUTO SHOP	176982401	$114.99
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	005551-000	$16.82

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70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	005856-000	$158.08
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	006331-000	$237.06
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	006408-000	$13.76
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005551-000	$20.51
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005815-000	$52.83
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	005856-000	$267.71
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	006331-000	$401.47
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	006408-000	$23.29
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	005551-000	$8.65
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	005856-000	$105.42
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	006331-000	$158.09
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	006408-000	$9.17
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	005551-000	$8.04
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	005856-000	$173.86
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	006331-000	$260.73
70885559	02/11/2026	100376	CITY OF RED BLUFF	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	006408-000	$15.13
70885559	02/11/2026	100376	CITY OF RED BLUFF	116	SENIOR NUTRITION	5063-53260	SENIOR NUTRITION	000062	$150.00
70885561	02/11/2026	119411	ECO-SHELL LP	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	Cat litter	$274.56
70885562	02/11/2026	136051	ELIOR INC	116	SENIOR NUTRITION	5063-53130	SENIOR NUTRITION	A7022	$4,200.00
70885563	02/11/2026	113113	GREEN WASTE OF TEHAMA	106	PUBLIC SAFETY	2027-53230	SHERIFF	4019-10097	$62.32
70885563	02/11/2026	113113	GREEN WASTE OF TEHAMA	106	PUBLIC SAFETY	2032-53230	JAIL	4019-10097	$111.16
70885563	02/11/2026	113113	GREEN WASTE OF TEHAMA	712	TEHAMA MAJOR CRI	71210-53230	TEHAMA MAJOR CRI	4019-10097	$237.86

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70885565	02/11/2026	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	714651 Cat Food	$281.64
70885565	02/11/2026	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	714651-Cat & Dog food	$345.82
70885566	02/11/2026	112395	HOME DEPOT CREDIT SERVICES	603	TC FLOOD CTRL/WA	60310-53140	TC FLOOD CTRL/WA		$117.18
70885567	02/11/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2061-53291	AGRICULTURE COMM	6095/fuel	$479.31
70885567	02/11/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2078-53291	DIV OF ANIMAL SE	6095/fuel	$41.72
70885568	02/11/2026	T0043653	IDEXX	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	185772 snapheartworm/ parvotest	$624.06
70885568	02/11/2026	T0043653	IDEXX	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	185772 Canine maint	$131.95
70885570	02/11/2026	103809	LOS MOLINOS COMMUNITY SERVICES	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	VET500 - 7980 Sherwood Blvd	$157.71
70885571	02/11/2026	118348	MORGAN TELECOM INC	101	GENERAL FUND	2078-53120	DIV OF ANIMAL SE	Phone Feb	$113.06
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	1000024113-Vanguard DAPP	$695.53
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784 midazolam inj	$33.99
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784 securocryl plus SNIP	$293.15
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784 securocryl SNIP	$195.44
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784 securocryl, scalpel SNIP	$472.54
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784- Surg Drape	$212.29

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70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784-ocry gel one, scalpel	$55.14
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	31784-pyrantel pamoate susp	$177.38
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	31784 enrosite	$292.20
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	31784 intrafungol oral sol	$85.51
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	31784 zydaclin drops	$12.34
70885572	02/11/2026	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	31784- neopoly dex	$66.95
70885573	02/11/2026	113374	NO CALIF IMAGING ASSOC MED GRO	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	WINE-27653	$525.00
70885573	02/11/2026	113374	NO CALIF IMAGING ASSOC MED GRO	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	WINE-5164-G	$366.00
70885574	02/11/2026	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	39292-copy paper	$57.34
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0590316959-6	$1,228.04
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	0631983623-2	$1,382.45
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	4423493458-4	$866.99
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0590316959-6	$1,939.01
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	0631983623-2	$1,159.44
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	3934613944-5	$482.10
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40131-53300	MENTAL HEALTH	4423493458-4	$1,057.48
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0590316959-6	$3,127.63

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70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	0631983623-2	$1,734.97
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40171-53300	DRUG & ALCOHOL	4423493458-4	$446.16
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0590316959-6	$5,063.95
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	0631983623-2	$3,418.76
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	112	HEALTH SERVICES	40251-53300	CLINIC SERVICES	4423493458-4	$414.42
70885575	02/11/2026	101231	PACIFIC GAS & ELECTRIC	117	TRANSPORTATION O	3037-53300	TRAX	4985704735-05	$915.46
70885576	02/11/2026	102904	PITNEY BOWES	113	CHILD SUPPORT	5015-53250	CHILD SUPPORT SE	0012152833	$558.35
70885577	02/11/2026	V000509	PRIMO BRANDS	603	TC FLOOD CTRL/WA	60310-53220	TC FLOOD CTRL/WA	8730223266	$34.97
70885583	02/11/2026	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	220574 med donations	$1,704.80
70885584	02/11/2026	V000911	1ST MILE DRIVING SCHOOL	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$480.00
70885585	02/11/2026	V000715	BKS LAW FIRM A PROFESSIONAL CO	603	TC FLOOD CTRL/WA	60310-53230	TC FLOOD CTRL/WA	PROFESSIONAL/ SPECIAL SERV	$511.30
70885586	02/11/2026	119988	CHRISTINE WRIGHT	101	GENERAL FUND	2078-53290	DIV OF ANIMAL SE	EMPLOYEE TRAVEL/TRAINING	$49.28
70885587	02/11/2026	130498	COLANTUONO HIGHSMITH & WHATLEY	603	TC FLOOD CTRL/WA	60310-53230	TC FLOOD CTRL/WA	PROFESSIONAL/ SPECIAL SERV	$607.50
70885588	02/11/2026	118483	DEREK SHERRILL	106	PUBLIC SAFETY	2027-53295	SHERIFF	2/19/26 TRAINING	$19.00
70885589	02/11/2026	111001	ELLISON HOUSING CORP DBA	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	Security Dep #221	$450.00
70885590	02/11/2026	111001	ELLISON HOUSING CORP DBA	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	Security Dep #136	$547.00
70885592	02/11/2026	110076	HOUSING AND COMMUNITY DEVELOPM	115	BUILDING & SAFET	115-207795	BUILDING & SAFET	HCD FEES	$22.00

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70885593	02/11/2026	V000358	MARC REED	106	PUBLIC SAFETY	2006-53290	DA - DSS SECURIT	DA INVESTIGATOR COURSE	$368.00
70885594	02/11/2026	133853	MARIA VIEYRA	101	GENERAL FUND	2061-53290	AGRICULTURE COMM	MILEAGE	$21.00
70885598	02/11/2026	101226	PACE ENGINEERING INC	112	HEALTH SERVICES	40121-57608	PUBLIC HEALTH	50561	$3,525.90
70885599	02/11/2026	101231	PACIFIC GAS & ELECTRIC	117	TRANSPORTATION O	3037-53300	TRAX	4985704735-05	$2,064.79
70885600	02/11/2026	112380	PARATRANSIT SERVICES	117	TRANSPORTATION O	3037-53230	TRAX	COVID 01.2026	$22,688.37
70885601	02/11/2026	135911	PATRICK ARCHER	101	GENERAL FUND	1023-53290	ASSESSOR	MARCH 17-18 2026	$288.73
70885602	02/11/2026	111122	ROBERT BAKKEN	106	PUBLIC SAFETY	2032-53290	JAIL	2/19/26 TRAINING	$19.00
70885603	02/11/2026	T0014239	SOUTH BAY REG PUB SAFETY TRAIN	106	PUBLIC SAFETY	2006-53290	DA - DSS SECURIT	REG FOR MARC REED 3/9-13	$275.00
70885604	02/11/2026	111414	STEPHEN HOAG	106	PUBLIC SAFETY	2027-53295	SHERIFF	SLI CLASS 568	$204.00
70885605	02/11/2026	V000859	TARGET SOLUTIONS LEARNING LLC	106	PUBLIC SAFETY	2027-53230	SHERIFF	43712	$1,837.50
70885605	02/11/2026	V000859	TARGET SOLUTIONS LEARNING LLC	106	PUBLIC SAFETY	2032-53230	JAIL	43712	$1,837.50
70885607	02/11/2026	117079	VERIZON WIRELESS	101	GENERAL FUND	2078-53120	DIV OF ANIMAL SE	742624470-00001 hot spot	$38.03
70885608	02/12/2026	107355	AIRGAS USA LLC	105	FIRE FUND	2042-53250	FIRE SCH C VOL	2143997	$527.25
70885609	02/12/2026	133275	ALSCO-GEYER IRRIGATION INC	106	PUBLIC SAFETY	2031-53170	WORK FARM	308979	$15.04
70885610	02/12/2026	103939	AT&T	101	GENERAL FUND	2011-53120	DA VICTIM/WITNES	9391032878	$0.01
70885610	02/12/2026	103939	AT&T	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	9391032913	$78.71
70885610	02/12/2026	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032867	$31.88

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70885610	02/12/2026	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032937	$80.29
70885610	02/12/2026	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032883	$32.87
70885610	02/12/2026	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032916	$62.21
70885610	02/12/2026	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032937	$80.28
70885611	02/12/2026	V000558	B & T CA LLC	106	PUBLIC SAFETY	2027-53170	SHERIFF	TC SHERIFFS OFFICE	$206.00
70885611	02/12/2026	V000558	B & T CA LLC	113	CHILD SUPPORT	5015-53170	CHILD SUPPORT SE	MAINTENANCE OF EQUIPMENT	$40.00
70885612	02/12/2026	107169	BAY ALARM	106	PUBLIC SAFETY	2028-53250	AUTO SHOP	519266	$189.00
70885612	02/12/2026	107169	BAY ALARM	106	PUBLIC SAFETY	2032-53250	JAIL	1598066	$311.00
70885613	02/12/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	64-000010291-04	$288.00
70885614	02/12/2026	V000530	BLUE TRITON BRANDS INC	712	TEHAMA MAJOR CRI	71210-53230	TEHAMA MAJOR CRI	8730225486	$62.32
70885615	02/12/2026	100205	BOB'S TIRE CENTER	106	PUBLIC SAFETY	2013-53170	DISTRICT ATTORNE	MAINTENANCE OF EQUIPMENT	$1,064.36
70885616	02/12/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2011-53170	DA VICTIM/WITNES	TC60	$18.07
70885616	02/12/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	7033-53220	RED BLUFF VETERA	RB14	$67.72
70885616	02/12/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2007-53170	DA WELFARE FRAUD	TC22	$26.39
70885616	02/12/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2013-53170	DISTRICT ATTORNE	TC21	$91.46
70885616	02/12/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2013-53170	DISTRICT ATTORNE	TC22	$26.38
70885617	02/12/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2032-53120	JAIL	176977401	$149.99

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70885617	02/12/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2032-53120	JAIL	176977501	$1,794.55
70885617	02/12/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2032-53120	JAIL	176977601	$119.99
70885618	02/12/2026	126777	CLIFTONLARSONALLEN, LLP	101	GENERAL FUND	1105-53231	PROFESSIONAL COU	Acc# A297059	$13,970.00
70885619	02/12/2026	117602	DEPT OF FORESTRY & FIRE PROTEC	105	FIRE FUND	2044-55521	FIRE STATE CONTR	STATE FIRE SCH "A"	$895,956.41
70885620	02/12/2026	133368	ECO MEDICAL INC	101	GENERAL FUND	2072-53230	SHERIFF - CORONE	9343000	$135.00
70885620	02/12/2026	133368	ECO MEDICAL INC	106	PUBLIC SAFETY	2032-53230	JAIL	9342903	$135.00
70885621	02/12/2026	135122	TODD ALLEN	105	FIRE FUND	2042-53800	FIRE SCH C VOL	INTERNAL ASSETS	$26,554.03
70885622	02/12/2026	133220	NAPA AUTO PARTS	106	PUBLIC SAFETY	2032-53170	JAIL	56645	$143.32
70885623	02/12/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	33750345	$1,523.20
70885623	02/12/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	33750345	$873.90
70885624	02/12/2026	134605	FASTENERS INC	106	PUBLIC SAFETY	2032-53170	JAIL	34812	$21.49
70885625	02/12/2026	113434	FEDEX	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	2210-8457-8	$25.93
70885626	02/12/2026	134921	FERRELLGAS LP	105	FIRE FUND	2042-53250	FIRE SCH C VOL	238104906	$12.00
70885627	02/12/2026	100668	GAGER DISTRIBUTING INC	106	PUBLIC SAFETY	2032-53140	JAIL	01-111	$3,334.40
70885628	02/12/2026	112395	HOME DEPOT CREDIT SERVICES	105	FIRE FUND	2042-53180	FIRE SCH C VOL		$21.02
70885629	02/12/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2072-53291	SHERIFF - CORONE	6038	$268.85
70885629	02/12/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2075-53291	OFFICE OF EMERG	6038	$209.32
70885629	02/12/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	5062-53291	COMMUNITY ACTION	CAA Account 6238	$60.62

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70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2023-53291	BAILIFF	6038	$270.51
70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2024-53291	BOATING GRANTS	6038	$88.78
70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2027-53291	SHERIFF	6038	$9,995.19
70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2028-53291	AUTO SHOP	6038	$317.65
70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2029-53291	SHERIFF ANIMAL R	6038	$1,070.00
70885629	02/12/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2032-53291	JAIL	6038	$798.94
70885629	02/12/2026	136121	HUNT & SONS LLC	116	SENIOR NUTRITION	5063-53291	SENIOR NUTRITION	6035	$350.78
70885629	02/12/2026	136121	HUNT & SONS LLC	116	SENIOR NUTRITION	5063-53291	SENIOR NUTRITION	MOW Account 6238	$15.17
70885630	02/12/2026	100801	IMPRESSIVE PRINT	106	PUBLIC SAFETY	2032-53220	JAIL	TEHAMA CO JAIL	$1,642.60
70885631	02/12/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53220	SHERIFF	T.C. SHERIFFS	$227.54
70885632	02/12/2026	135057	KHARON INC	101	GENERAL FUND	2072-532302	SHERIFF - CORONE	TEHAMA CO SHERIFFS	$795.00
70885633	02/12/2026	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$489.93
70885634	02/12/2026	108877	LEXIS NEXIS RISK DATA MGMT INC	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	424YGNHHH	$1,065.75
70885635	02/12/2026	123948	LEXIS NEXIS RISK SOLUTIONS	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	1401935	$167.00
70885636	02/12/2026	103809	LOS MOLINOS COMMUNITY SERVICES	105	FIRE FUND	2042-53300	FIRE SCH C VOL	UTILITIES	$161.68
70885637	02/12/2026	120101	MANDI SELVESTER	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/ SPECIAL SERV	$275.00
70885638	02/12/2026	120024	MARILYN J WOOLEY PH D	106	PUBLIC SAFETY	2027-53230	SHERIFF	TEHAMA CO SHERIFFS	$500.00
70885639	02/12/2026	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	0007377	$968.75
70885640	02/12/2026	V000784	MNG PARTNERSHIP HOLDINGS LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	3757915	$500.00

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70885641	02/12/2026	101102	MOULE'S TEHAMA COUNTY GLASS IN	106	PUBLIC SAFETY	2027-53180	SHERIFF	TEHAMA CO SHERIFFS	$3,377.42
70885642	02/12/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	105	FIRE FUND	2042-53220	FIRE SCH C VOL	44149	$1,108.08
70885642	02/12/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	20321-53220	JAIL - HEALTH SE	89517192	$65.62
70885643	02/12/2026	130258	OMEGA LABORATORIES INC	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$66.96
70885644	02/12/2026	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	2474242502-8	$528.46
70885645	02/12/2026	124601	PETERSON POWER SYSTEMS	106	PUBLIC SAFETY	2027-53170	SHERIFF	6399500	$2,973.02
70885646	02/12/2026	102904	PITNEY BOWES	106	PUBLIC SAFETY	2027-53220	SHERIFF	30922033	$500.00
70885647	02/12/2026	132831	PRENTICE LONG PC	101	GENERAL FUND	1031-53230	COUNTY COUNSEL	PROFESSIONAL/ SPECIAL SERV	$37,571.73
70885648	02/12/2026	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$1,250.11
70885648	02/12/2026	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53140	JAIL	61960	$26.55
70885649	02/12/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	818652	$992.90
70885650	02/12/2026	101371	RED BLUFF GLASS COMPANY	106	PUBLIC SAFETY	2027-53170	SHERIFF	TEHAMA CO SHERIFF DEPT	$932.76
70885651	02/12/2026	134904	S&R ENTERPRISES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	504308	$550.00
70885652	02/12/2026	101509	SHELBY'S PEST CONTROL INC	101	GENERAL FUND	7033-53230	RED BLUFF VETERA	291647	$46.00
70885652	02/12/2026	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	13726	$115.00
70885653	02/12/2026	135605	SPECTRUM	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	8413120110008828	$160.08

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70885654	02/12/2026	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36010141582S1C8405	$2,184.00
70885655	02/12/2026	108325	STAPLES ADVANTAGE	106	PUBLIC SAFETY	2032-53220	JAIL	LA 1054406	$341.72
70885656	02/12/2026	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	619919	$3,753.01
70885656	02/12/2026	107566	SYSCO	106	PUBLIC SAFETY	2032-53140	JAIL	619919	$59.17
70885657	02/12/2026	120624	TEHAMA PHARMACY & TRADING COMP	106	PUBLIC SAFETY	20321-53191	JAIL - HEALTH SE	507	$68.08
70885658	02/12/2026	122810	TRANSUNION RISK	106	PUBLIC SAFETY	2027-53230	SHERIFF	859113	$160.00
70885659	02/12/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1031-53170	COUNTY COUNSEL	5273365	$4.32
70885659	02/12/2026	134948	UBEO MIDCO LLC	106	PUBLIC SAFETY	2027-53250	SHERIFF	5305297930	$1,021.74
70885660	02/12/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$6,431.93
70885660	02/12/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	3370715	$212.68
70885661	02/12/2026	107651	VALLEY WEST ACE HARDWARE	105	FIRE FUND	2042-53140	FIRE SCH C VOL	30051	$6.42
70885662	02/12/2026	117079	VERIZON WIRELESS	101	GENERAL FUND	2011-53120	DA VICTIM/WITNES	770720905	$41.24
70885662	02/12/2026	117079	VERIZON WIRELESS	105	FIRE FUND	2042-53120	FIRE SCH C VOL	870692054-00001	$272.06
70885662	02/12/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	770720905	$66.24
70885662	02/12/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	770720905	$357.64
70885663	02/12/2026	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	176371000	$224.31
70885664	02/12/2026	102610	WASTE MANAGEMENT CORPORATE SER	105	FIRE FUND	2042-53140	FIRE SCH C VOL	40205655000	$59.56
70885665	02/12/2026	109428	WEST PAYMENT CENTER	101	GENERAL FUND	1031-53230	COUNTY COUNSEL	1000271237	$655.74
70885666	02/12/2026	115894	WESTERN BUSINESS PRODUCTS	113	CHILD SUPPORT	5015-53170	CHILD SUPPORT SE	5273110	$93.38

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70885674	02/12/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	176976801	$65.00
70885674	02/12/2026	111127	CHARTER COMMUNICATIONS	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	176976801	$65.00
70885692	02/12/2026	V000218	JEREMY MORE	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	SAFETY BOOTS 2026	$128.99
70885693	02/12/2026	125013	JF SHEA CONSTRUCTION INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	TCPW	$80,263.13
70885696	02/12/2026	100252	LYNNE MOULE	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Housing Supp 133 02/26	$1,025.00
70885697	02/12/2026	100252	LYNNE MOULE	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Housing 03-2026	$1,025.00
70885708	02/12/2026	108794	POSTMASTER	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	313245 BR 3-001	$500.00
70885718	02/12/2026	105387	ST ELIZABETH COMMUNITY HOSPITA	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/ SPECIAL SERV	$2,073.90
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53200	DISTRICT ATTORNE	STATE BAR DUES FROST	$551.00
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53200	DISTRICT ATTORNE	STATE BAR DUES SANTILLAN	$551.00
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53200	DISTRICT ATTORNE	STATE BAR DUES-ALVEY	$551.00
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53200	DISTRICT ATTORNE	STATE BAR DUES-ROGERS	$551.00
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53200	DISTRICT ATTORNE	STTE BAR DUES MCCORMACK	$551.00
70885720	02/12/2026	T0035202	STATE BAR OF CALIFORNIA	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	STATE BAR DUES WAUGH	$551.00
70885723	02/12/2026	119999	TONYA MOORE	113	CHILD SUPPORT	5015-53290	CHILD SUPPORT SE	1/26-31/2026 NCSEA TRAVEL	$490.92

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70885727	02/13/2026	134816	3A CUSTOMS INC	106	PUBLIC SAFETY	2027-53170	SHERIFF	TEHAMA CO SHERIFF	$985.76
70885728	02/13/2026	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	CHDE0267	$641.70
70885731	02/13/2026	113573	AT&T U-VERSE	101	GENERAL FUND	1073-53120	GENERAL SERVICES	332446742	$181.90
70885731	02/13/2026	113573	AT&T U-VERSE	106	PUBLIC SAFETY	2037-53120	PROBATION	138860118	$106.29
70885732	02/13/2026	V000558	B & T CA LLC	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	CARD 196733 DRC	$12.00
70885732	02/13/2026	V000558	B & T CA LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$61.00
70885733	02/13/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	36203-1 DRC	$25.30
70885733	02/13/2026	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	363203-1 DRC	$101.20
70885734	02/13/2026	V000891	BLUE SKIES DRONES	106	PUBLIC SAFETY	2027-53280	SHERIFF	SO-07864	$4,504.50
70885735	02/13/2026	100205	BOB'S TIRE CENTER	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	TEHAMA CO SHERIFF	$687.19
70885736	02/13/2026	118030	BRAKE PARTS SUPPLY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	2452	$65.27
70885737	02/13/2026	134077	CALIFORNIA FORENSIC PSYCHOLOGY	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$5,000.00
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1013-53170	CLERK OF THE BOA	Acct #TC14	$36.63
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1052-53170	ELECTIONS	Acct #TC26	$205.87
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	2071-53170	CLERK - RECORDER	Acct #TC15	$69.57
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	TC45 NWQ2401284 DRC	$85.32
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	TC34 JDF W348407837	$42.30

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70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL	TC44 JDF l7n3801370	$97.29
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2037-53230	PROBATION	TC42 PROB 1g55706700	$73.69
70885738	02/13/2026	142466	CARREL'S OFFICE MACHINES	106	PUBLIC SAFETY	2037-57601	PROBATION	TC42 Adult Prob copier replmt	$7,888.35
70885739	02/13/2026	102768	CHILDREN FIRST	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$1,320.00
70885740	02/13/2026	100375	CITY OF CORNING	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	100-0595-001	$221.90
70885741	02/13/2026	122041	COMCAST	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	8155 60 033 0123194	$534.39
70885742	02/13/2026	T0041012	DASH MEDICAL GLOVES	106	PUBLIC SAFETY	2032-53220	JAIL	31227	$887.96
70885743	02/13/2026	103583	DIAMOND DRUGS INC	106	PUBLIC SAFETY	20321-53191	JAIL - HEALTH SE	CATE	$25,262.13
70885744	02/13/2026	103534	DIAMOND MEDICAL	106	PUBLIC SAFETY	20321-53192	JAIL - HEALTH SE	10638	$327.70
70885745	02/13/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1 SNP	$147.45
70885745	02/13/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	194283-1 SNP	$147.45
70885745	02/13/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	214109-1 JDF	$105.84
70885745	02/13/2026	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	214109-1 JDF	$55.88
70885746	02/13/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	33750345	$1,523.20
70885746	02/13/2026	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	33750345	$1,165.20

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70885747	02/13/2026	127735	FASTRAK INVOICE PROCESSING DEP	106	PUBLIC SAFETY	2027-53291	SHERIFF	1618031	$8.50
70885748	02/13/2026	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	1074-53180	FACILITIES MAINT	10091	$18.83
70885748	02/13/2026	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	7021-53604	PARKS & RECREATI	10091	$83.59
70885749	02/13/2026	112395	HOME DEPOT CREDIT SERVICES	106	PUBLIC SAFETY	2036-53170	JUVENILE HALL		$521.18
70885749	02/13/2026	112395	HOME DEPOT CREDIT SERVICES	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES		$80.65
70885750	02/13/2026	134656	HUMBOLDT MOVING & STORAGE CO I	106	PUBLIC SAFETY	2027-53230	SHERIFF	TEHAMASHERIFF	$123.00
70885751	02/13/2026	136121	HUNT & SONS LLC	101	GENERAL FUND	2011-53291	DA VICTIM/WITNES	6242	$101.69
70885751	02/13/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2007-53291	DA WELFARE FRAUD	6242	$475.61
70885751	02/13/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2013-53291	DISTRICT ATTORNE	6242	$1,588.85
70885751	02/13/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2035-53291	DAY REPORTING CE	6031 DRC	$1,031.42
70885751	02/13/2026	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2037-53291	PROBATION	6031 Probation	$1,269.46
70885751	02/13/2026	136121	HUNT & SONS LLC	108	SOCIAL SERVICES	5013-53291	SOCIAL SERVICES	6041	$1,353.22
70885753	02/13/2026	112612	INTERIM HEALTHCARE	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$80.00
70885754	02/13/2026	109137	INTERSTATE BATTERY SYSTEM	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	3810	$773.19
70885755	02/13/2026	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	1074-53170	FACILITIES MAINT	53213	$164.52
70885755	02/13/2026	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	DRC KEYS	$12.86
70885757	02/13/2026	V000899	KEITH'S TOWING INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	TEHAMA CO S.O.	$105.00
70885758	02/13/2026	124878	LINGUISTICA INTERNATIONAL INC	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	Acc# 10880	$67.71

Tehama County

TEBK400 - Check Register

Issue Dates between Jan 25, 2026 and Feb 14, 2026

Report Generated on: **Feb 17, 2026 7:31:00 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70885759	02/13/2026	133436	M L ESLINGER & ASSOCIATES INC	106	PUBLIC SAFETY	2035-53290	DAY REPORTING CE	STC 07831448	$75.00
70885759	02/13/2026	133436	M L ESLINGER & ASSOCIATES INC	106	PUBLIC SAFETY	2037-53290	PROBATION	STC 0626-033558 M.P.1/22/26	$150.00
70885759	02/13/2026	133436	M L ESLINGER & ASSOCIATES INC	106	PUBLIC SAFETY	2037-53290	PROBATION	STC 09090570	$75.00
70885760	02/13/2026	V000758	MEAGAN JARDING	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	DOS 02/09/26 JUV TC Youth	$300.00
70885761	02/13/2026	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	0004285	$686.70
70885762	02/13/2026	113380	OFFICE DEPOT	101	GENERAL FUND	2071-53220	CLERK - RECORDER	Acct #89517192	$170.03
70885763	02/13/2026	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2037-53140	PROBATION	89517192 PROB	$66.99
70885764	02/13/2026	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2036-53300	JUVENILE HALL	4402923101-4 STMT 02/03/26	$8,560.79
70885765	02/13/2026	110993	PERPETUAL STORAGE INC	101	GENERAL FUND	2071-53260	CLERK - RECORDER	RENT/LEASE OF BUILDINGS	$340.62
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	692071 Credit 641216900007434	($49.56)
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	692071-JDF	$232.85
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	692071-JF	$74.39
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	717115 -SNP	$183.61
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	717115 SNP	$299.15

Tehama County

TEBK400 - Check Register

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Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70885766	02/13/2026	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	717115-SNP	$68.71
70885767	02/13/2026	101371	RED BLUFF GLASS COMPANY	106	PUBLIC SAFETY	2027-53170	SHERIFF	TEHAMA CO. SHERIFF	$432.98
70885770	02/13/2026	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DEL DATE 02/02/26 JDF	$150.00
70885770	02/13/2026	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DEL DATE 02/02/26 SNP	$105.00
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	346486 DRC	$111.38
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	346486-DRC	$629.83
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	346486 DRC	$33.05
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 JDF	$3,506.08
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486 SNP	$1,810.73
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	346486-SNP	$1,362.69
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486 SNP	$114.26
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486 JDF	$125.84
70885771	02/13/2026	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	346486-SNP	$105.23
70885772	02/13/2026	135762	TEHAMA COUNTY PERSONNEL	106	PUBLIC SAFETY	2037-53220	PROBATION	Prob. Bil Exam 01/28/26 M.S.	$178.75
70885773	02/13/2026	117220	TOTALLY TRUCKS	101	GENERAL FUND	2072-57605	SHERIFF - CORONE	21306	$5,010.42
70885774	02/13/2026	135756	TRUSTED TECH TEAM LLC	101	GENERAL FUND	1073-53170	GENERAL SERVICES	Microsoft 365 monthly	$1,942.82
70885775	02/13/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1014-53170	COUNTY ADMINISTR	5273365	$36.18
70885775	02/13/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1025-53170	PURCHASING	5273665	$18.72
70885775	02/13/2026	134948	UBEO MIDCO LLC	101	GENERAL FUND	1041-53170	PERSONNEL	5273365	$13.73
70885775	02/13/2026	134948	UBEO MIDCO LLC	107	RISK MANAGEMENT	1101-53170	RISK MANAGEMENT	5273365	$56.16
70885775	02/13/2026	134948	UBEO MIDCO LLC	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	5284071	$1,313.13

Tehama County

TEBK400 - Check Register

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Report Generated on: **Feb 17, 2026 7:31:00 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Extended Amount
70885776	02/13/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$4,614.75
70885776	02/13/2026	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	3370715	$124.34
70885777	02/13/2026	120407	VERIZON BUSINESS	101	GENERAL FUND	1074-53120	FACILITIES MAINT	372493042-00002	$145.98
70885778	02/13/2026	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2037-53120	PROBATION	942055367-00002	$152.04
70885779	02/13/2026	101825	WALLNER PLUMBING CO INC	106	PUBLIC SAFETY	2032-53170	JAIL	319427	$1,390.00
70885780	02/13/2026	112950	WEST MARINE	106	PUBLIC SAFETY	2024-53170	BOATING GRANTS	461884	$3,238.17
70885781	02/13/2026	113681	WORLD TELECOM INC	106	PUBLIC SAFETY	2027-53120	SHERIFF	TEHAMA COUNTY SHERIFFS	$375.00
70885782	02/13/2026	142466	CARREL'S OFFICE MACHINES	115	BUILDING & SAFET	2065-53170	BUILDING & SAFET	Acct #TC12 065PA21	$33.46
70885783	02/13/2026	111127	CHARTER COMMUNICATIONS	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	218806201	$1,127.00
70885786	02/13/2026	V000918	KIMBERLY BUSLETT	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$191.98
70885788	02/13/2026	127551	MICHAEL JOSEPH KLEIN	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA client #133	$577.45
70885789	02/13/2026	127551	MICHAEL JOSEPH KLEIN	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Client #98	$716.95
70885792	02/13/2026	134089	TIA BRANTON TRUSTEE	101	GENERAL FUND	2062-53220	CODE/MARIJUANA E	PETTY CASH	$20.00
70885795	02/13/2026	128858	VICTORY SUPPLY	106	PUBLIC SAFETY	2032-531102	JAIL	442 TEHAMA CO JAIL	$2,051.68

Tehama County

Agenda Request Form

File #: 26-0200 **Agenda Date:** 3/3/2026 **Agenda #:** 2.

AUDITOR'S CLAIMS

Requested Action(s)
a) Court Operations, 2026-53221, Stone Law Office, $3,440.00.
b) Court Operations, 2009-555215, state Treasurer-CTSMD Finance $23,122.50.
c) Court Operations, 2009-555215, state Treasurer-CTSMD Finance $156,990.00.

Financial Impact:
As Listed.

Background Information:
Click here to enter Background Info.

81

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

26-0200

RECEIVED
FEB 06 2026

CLAIMANT'S NAME: Stone Law Office Lindsey T. Stone
ADDRESS: 1558 West Street, Suite 2
Redding, CA 96001

AUDITORS USE ONLY	
COUNTY CLAIM NO:	By
VENDOR NO: 136435	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
~~2065~~	~~52320~~			People vs	$ 3,440
2026	53221			Case Number 24JU-000098	

DATE

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶ $ 3,440

Appointment of Conflict Counsel

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

AUDITOR USE ONLY
I hereby certify that the above claim was examined and approved by this office.
LEROY ANDERSON Auditor/Controller
By AZ 2/12/26 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 that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED Matt McGuire 2/9/2026

Department Head or Authorized Signature/Date

FORM A-121

26-0200

COUNTY +A1:I38OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 101620	KP & VERIFIED:

CLAIMANT'S NAME STATE TREASURER-CTSMD FINANCE
ADDRESS 901 P STREE, 2ND FLOOR, RM 213-B
SACRAMENTO, CA 95814
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.: NEEDS BOARD APPROVAL

DEPARTMENT: Trial Court Contribution

FUND / DEPT.	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
2009	555215			TEHAMA COUNTY GC70353(B)	$ 23,122.50
				PLEASE RETURN WARRANT TO FRAN	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$23,122.50
2/10/2026	4th Court Facilities Payment 2025/26 Pursuant to Trial Court Facilities Act of 2002 #4 of 4 2009 555215		

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.

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
KRISTA PETERSON
Auditor-Controller
By AZ 2/12/26
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

CLAIMANT Fran Mayer

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 Fran Mayer 2/10/26
Department Head or Authorized Signature / Date

26-0200

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

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 101620	KP & VERIFIED:

CLAIMANT'S NAME STATE TREASURER-CTSMD FINANCE
ADDRESS 901 P STREE, 2ND FLOOR, RM 213-B
SACRAMENTO, CA 95814
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.: NEEDS BOARD APPROVAL

DEPARTMENT: Trial Court Contribution

FUND / DEPT.	ACCT. No.	PROJECT No	ACCT. No.	WARRANT DESCRIPTION (25 positions)	AMOUNT
2009	555210			TEHAMA COUNTY GC77201 (b) (2)	$ 156,990.00
				PLEASE RETURN WARRANT TO FRAN	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$156,990.00
2/10/2026	25% PAYMENT 4th INSTALLMENT 2025-26 REQUIRED BY AB233 CHAPTER 850 STATUTUES OF 1997 WITH REDUCTIONS FOR AB139 & AB145 REQUIRED BY AB1759 CHAPTER 157 STATUTES OF 2003 #4 OF 4 2025-26 * Tehama County MOE Annual requirement of $627,958 Required by AB227 Chapter 383		

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.

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
KRISTA PETERSON
Auditor-Controller
By AZ 2/12/26
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

CLAIMANT Fran Mayer

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 Fran Mayer 2/10/26
Department Head or Authorized Signature / Date

Tehama County

Agenda Request Form

File #: 26-0181 **Agenda Date:** 3/3/2026 **Agenda #:** 3.

FIRE

Requested Action(s)

a) AGREEMENT - Request confirmation of the 2027 Office of Traffic Safety grant application for the purchase of rescue equipment in the amount of $69,256.70

Financial Impact:

Fire will budget for this in Fiscal Year 2026-2027, Department 2042, Account 57608.

Background Information:

The Fire Department has received funding for extrication equipment through the OTS Grant on multiple occasions. We submitted the 2027 Grant application to meet the 1-31-2026 deadline, however if the Board declines the request to continue with the application process, we will rescind the application.

Application Information

Application No: 27-007200

Application Type:	EMS	Agency (City or County):	Tehama County	Department (Police Dept, DA Office, etc):	Tehama County Fire Department
Authorized Representative:	Laurianne Griffin	Additional Contact Email:	ryan.ellis@fire.ca.gov	DUNS/SAM Number:	TNLRCVN5WPP5
DUNS/SAM Expiration Date:	4/24/2026	DUNS/SAM Registered Address:	604 Antelope Blvd.	DUNS/SAM City:	Red Bluff
DUNS/SAM ZIP+4:	96080-2408				

Application Summary

Grants Made Easy Application Titles and Descriptions are pre-populated. For General Grants, provide the Application Title and Application Description.

Application Title:

Regional Crash Response and Extrication Improvement Program

Application Description:

The city/county/regional fire agency will improve their crash response and extrication times by purchasing extrication equipment. Best practice strategies will be used to reduce the response time for the arrival of appropriate extrication equipment to traffic crash scenes and the time to extricate the victims of traffic crashes, thus increasing survivability. The grant will provide funding for new equipment and training for fire departments without extrication equipment or those that have existing equipment that has reached the end of its usable lifespan and is in need of replacement.

Problem Statement

Describe the problem(s) to be addressed utilizing current data-driven evidence. Be specific and focus on the issue that is relevant and significant within your community.

1. Describe the city, county, or jurisdiction this grant will impact.

Problem Statement:

Tehama County Fire Department (TCFD) is a combination department providing service to 64,896 residents in Tehama County. TCFD operates fifteen fire stations, two staffed full time with paid firefighters, two staffed during the winter months through a Cooperative Agreement with CAL FIRE, and eleven stations operated exclusively by volunteer personnel. TCFD has five mutual/auto aid agreements with neighboring departments which provide reciprocal incident support.

TCFD protects 2,962 square miles with ten engine companies and five rescue squads strategically located throughout the county and primarily staffed by our 67 active volunteer firefighters. Rescue squads carry a full complement of extrication equipment including cutters, spreaders, rams, air bag and stabilization systems, generators, and the supporting tools. TCFD engine companies carry a hydraulic/Edraulic combination (cutter/spreader) tool, generators, and supporting components. TCFD performs regular maintenance on its inventory and provides on-boarding and annual training to its personnel.

There are eight major highways spanning multiple communities within Tehama County:

- Interstate 5 - approximately 40 miles in length north to south.
- Hwy 36 East and Hwy 36 West- approximately 100 miles east to west.
- Hwy 99 East- major thoroughfare from Interstate 5 in the Red Bluff area to Chico in Butte County. Highway 99 East passes through numerous commercial, agricultural, and private land use with multiple access points directly off the highway.
- Highway 99 West - thoroughfare between Red Bluff and Corning which also has numerous commercial, agricultural, and private land use with multiple access points directly off the highway.
- Highway 89 - Lassen National Park, with 450,000 annual visitors, may be accessed from Highway 36 East and Highway 89, and increases highway travelers near the community of Mineral.
- Highway 172
- Highway 32

Tehama County is serviced by one hospital, centrally located in Red Bluff. Rapid extrication is critical, as ground ambulance transport times may be in excess of one hour from remote areas of the county.

2. Describe the problem(s) to be addressed, supported by current crash and/or other relevant data. (most recent calendar year data/stats)

Problem Statement:

To ensure the safety of our 64,896 residents and high volumes of transient traffic, Tehama County must maintain advanced air bag and extrication systems. TCFD has been replacing and repairing broken and outdated auto extrication tools and components using grant funding and normal operating budgets. In the last five years we have replaced five sets of extrications tools. The current priority is replacement of our non-standardized incomplete air bag lifting systems on our rescue squads as they are nearing the end of their life cycle. Tehama County's rescue squads are the only apparatus equipped with air bag lifting systems within our operating area. Our is goal is to purchase five complete air bag lifting systems which includes air bags of assorted sizes, master control kit, hoses, relief valves, and regulators for each of our five rescue squads. A majority of our current set ups only allow use of one air bag at a time. Equipped with more advanced technology, the new air bag lifting systems enable simultaneous use of multiple air bags. The new air bag lifting systems will be deployed in the communities of Antelope, Bowman, Los Molinos, Corning, and Mineral. It is a long-term goal of TCFD to carry air bag lifting systems alongside hydraulic/Edraulic combination tools on *ALL* TCFD career and volunteer engines that service the major highways in Tehama County. Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

3. Define the target population the grant intends to serve and how they are affected by the problem(s). If the target population includes any at-risk populations, please include how this traffic safety grant will serve them.

Problem Statement:

The new air bag lifting systems will be available and applied to everyone equally, as conditions warrant.

Traffic Data Summary:

Complete the table below using local data, do not use the OTS Rankings.

Include all data for each **agency/location** that will receive equipment from this grant.

REGIONAL TRAFFIC CRASH EXPERIENCE OVER THE PAST THREE YEARS HAS BEEN:

Crash Type	2022		2023		2024	
	Crashes	Victims	Crashes	Victims	Crashes	Victims
Fatal	5	7	2	8	4	4
Injury	572	621	458	495	433	465

Ensure there are statistics for **each station** included in the application. Copy and paste chart for each additional station requesting equipment.

If more than three stations are requesting equipment, please copy and paste chart and information to a word document and then attach it to the grant application.

Station Name and Number: Antelope, Station 1

Problem Description: TCFD Antelope Fire Station 1 is located in Red Bluff and serves both the urban and rural areas of central Tehama County. The Antelope Fire Station serves the communities and areas of Red Bluff, Antelope, Dairyville, Dibble Creek, Bend, Dales Station, West Red Bluff, Red Bank, Ridgeway, and South Red Bluff. Antelope Station has a full-time paid type III fire engine staffed year-round by CAL FIRE during the summer and by Tehama County through the Cooperative Agreement during the winter months. Squad 401 (S401) is housed out of the Antelope Station and is operated 100% by volunteer personnel. S401 is the first in rescue squad for large sections of Interstate 5, Highway 99 East, Highway 99 West, Highway 36 East, and Highway 36 West. S401's response area consists of a variety of rural roadways and major freeways with heavy commercial and private use, along with a single railroad line. Traffic collisions on Interstate 5, Highway 36 East, Highway 36 West, Highway 99 East, and Highway 99 West are typically high speed, single and multiple vehicle, off the roadway, and over the side on rural stretches of roadway.

Tehama County purchased the air bag controller kit currently on S401 in June of 2015. The various air bags on S401 were acquired incrementally through federal excess as they became available. As the air bags are older than the controller, they are nearing the end of their recommended service life. Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

For each station requesting equipment, explain whether the station is located in a rural or urban area (list the community or city), the type of crashes (high speed, curvy roadway, over the side), and any section of highway(s) involved. Also indicate whether the station currently has extrication equipment and the age of the equipment. If the station doesn't have equipment, indicate the nearest equipment and estimated time of arrival.

STATISTICS	2022	2023	2024
Total Number Of Responses (All Calls For Service)	1,411	1,365	1,249
Total Number Of Traffic Crash Related Calls	126	124	128
Number Of Traffic Crash Victims Requiring Extrication In Region	17	9	7
Number Of Victims Where Mutual Aid Extrication Services Were Provided To Other Jurisdictions	1	0	1
Average Extrication Time (Arrival At Site To Transport)	16	17	19

Station Name and Number: Bowman, Station 3

Problem Description: TCFD Bowman Station is located within a rural area of northern Tehama County and provides service to the communities of Bowman, Lake California, and the R Wild Horse Ranch. Bowman Station has a full-time paid type III fire engine staffed year-round by CAL FIRE during the summer and by Tehama County through the Cooperative Agreement during the winter months. Squad 403 (S403) is housed out of Bowman Station and is operated 100% by volunteer firefighters. S403 is the first in squad for large sections of Interstate 5 and Highway 36 West. Bowman's response area consists of a variety of rural roadways, major freeways with commercial and private use. Collisions on Interstate 5 and Highway 36 West are typically high-speed single vehicle off the roadway and over the side. A large number of collisions occur on Interstate 5 between Hooker Creek and the Tehama/Shasta County line.

S403 carries a full complement of hydraulic extrication and stabilization tools. S403's current high pressure air bag lifting system was placed into service in 1995. Several air bags were upgraded in 2018, but the master controller is out of date. Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

STATISTICS	2022	2023	2024
Total Number Of Responses (All Calls For Service)	610	566	567
Total Number Of Traffic Crash Related Calls	67	66	69
Number Of Traffic Crash Victims Requiring Extrication In Region	6	6	5
Number Of Victims Where Mutual Aid Extrication Services Were Provided To Other Jurisdictions	0	0	0
Average Extrication Time (Arrival At Site To Transport)	7	11	23

Proposed Solution

Strategies:

TCFD has identified a need to replace auto extrication equipment more frequently. Our Extrication Coordinator has gathered comprehensive data on each piece of extrication equipment within the TCFD which includes the date placed in service, age, condition, maintenance records, and has targeted out of service dates. With this report and regular planning TCFD has recognized the need to replace equipment on a planned schedule. This plan will allow adequate time to determine funding sources and allow prioritization of the available funding. Implementing regular preventative maintenance and enhancing user knowledge of interoperable equipment ensures the availability of reliable, safe tools, thereby reducing traffic collision fatalities and injuries.

Agency Qualifications:

1) TCFD has a Cooperative Fire Protection Agreement with the CAL FIRE Tehama Glenn Unit. This agreement supports the TCFD mission by providing cooperative services with fire personnel, mobile equipment, mechanical, and administrative staff support. Current staffing levels are adequate to manage the proposed grant. Paid staff will be used for grant procurement. Paid and volunteer staff will be utilized to place requested equipment into service throughout Tehama County.
2) TCFD has successfully been awarded various grants throughout the years and has a proven track record of fiscal responsibility, accountability, and performance. Tehama County Fire Grant Officials have been in place since early 2022 with staff having years of experience following detailed direction, purchasing, and reporting requirements. Legacy Grant Officials are easily accessible to ensure our continued grant success. Our Grant Administrator has extensive experience in the areas of State personnel and finance, and also County personnel and finance responsibilities. She has the experience and skill set to perform at a high level with accurate and timely results with more than 18 years experience. TCFD has sufficient legacy and support staff to perform grant duties in the absence of the Grant Administrator.
3) Tehama County requires purchase orders for equipment, supplies and materials valued in excess of $2,500. Purchases over $51,900 are required to be formally bid and approved by the Board of Supervisors. Departments may request to waive the formal bid processes for the following reasons: Compatibility with equipment currently in use or when there is only one supplier who can feasibly supply the County with equipment that is needed. Departments will work with the County Purchasing Agent through this process which takes a minimum of two weeks to complete. Please see the attached County Procurement Policy.

Community Collaboration and Engagement

Provide a description of the community collaboration and engagement activities that will be conducted and/or participated in by your department to address traffic safety. Community collaboration and engagement allows for the appropriate department personnel to engage in conversations to both share information and receive input from the community members regarding traffic safety.

Community Collaboration and Engagement:

Tehama County Fire Department has a long history of conducting community outreach and engagement activities with regular attendance at local fairs, festivals and school programs and school career days. Events include the annual Tehama District Fair, Olive Festival, Dairyville Orchard Festival, Lake California Public Safety Fire and Wildfire Preparedness Days, Manton's Apple Festival and Wildfire Readiness event. Our school program incorporates students ranging in age from grammar school through high school in both Glenn and Tehama Counties. Students are exposed to the importance of traffic safety, introduced to the fire service, and witness extrication tool demonstrations.. We attend the "Every 15 Minutes" program with the City of Red Bluff, "National Night Out" and First Responder Days with our cooperating agencies including CHP, Sheriff's Department, and local Law Enforcement Agencies..

Goals

Description
Reduce the number of persons killed in traffic crashes.
Reduce the number of persons injured in traffic crashes.
Decrease the average extrication time, from the time of arrival at the crash site to transport.
Custom Description

Objectives

Target Number	Description
1	Issue a news release announcing the kick-off of the grant by December 31st. The kick-off news releases and media advisories, alerts, and materials must be emailed to the OTS Public Information Officer at pio@ots.ca.gov, and copied to your OTS Coordinator, for approval 7 days prior to the issuance date of the release.
0	Develop Memorandums of Understanding (MOUs) with recipient agencies which contain the following: a list and description of equipment; an explanation of the submission of data collection and quarterly reporting; the responsibility of maintaining equipment; and the reporting of the fair market value of equipment every other year.
0	Purchase and place fully equipped extrication systems in strategic locations within the jurisdiction.
5	Purchase and place pieces of specialized rescue equipment in strategic locations within the jurisdiction.
5	Train firefighters in the use of the new equipment.
2	Conduct traffic safety presentations with an effort to reach persons and communities.
2	Display the OTS funded equipment during Public Safety Fairs, community festivals and/or other Department or community events.
1	Report on the number of times the grant-funded equipment is used during an extrication, provide a brief overview of the incident and indicate if the equipment was used to save a life.

Included	Target Number	Description

Included	Target Number	Custom Description

Method of Procedure

Phase 1 - Program Preparation:

- Determine specific equipment requirements.
- Request equipment vendor price quotation for the required equipment per host agency requirement.
- Submit purchase orders to equipment vendors for purchase of the equipment.
- Prepare and execute Memorandums of Understanding (MOU) with recipient agencies.
- Items with a unit cost of $5,000 or more (including tax and shipping) must comply with the Buy America Act.

Media Requirements

- Issue a news release approved by the OTS PIO announcing the kick-off of the grant by December 31 and after the grant is signed and executed, but no sooner than October 1, the start of the grant year. The kick-off release must be approved by the OTS PIO. If you are unable to meet the December 31 deadline to issue a kick-off press release, communicate the reasons to your OTS grant coordinator and OTS PIO.

Phase 1 - Program Preparation Addendum:

Phase 2 - Program Operations:

- Inventory the new equipment following delivery.
- Disperse equipment to identified recipient agencies.
- Plan a media event announcing the grant funded equipment.
- Recipient agencies will identify training needs and objectives and coordinate instructional staff to conduct a high quality training program for their respective agency.
- Recipient agencies will develop a preventive maintenance schedule for the new equipment following manufacturers' recommendations.

Media Requirements

The following requirements are for all grant-related activities:

- Send all media advisories, alerts, videos, graphics, artwork, posters, radio/PSA/video scripts, storyboards, digital and/or print educational materials for grant-related activities to the OTS PIO at pio@ots.ca.gov for approval and copy your OTS grant coordinator. Optimum lead time would be 7 days before the scheduled release but at least 3 business days prior to the scheduled release date for review and approval is appreciated.
- Send all PowerPoint presentations, online presentations and trainings for grant-related activities to the OTS PIO at pio@ots.ca.gov for approval and copy your OTS grant coordinator. Certified training courses are EXEMPT from the approval process.
- The OTS PIO is responsible for the approval of the design and content of materials. The agency understands OTS PIO approval is not authorizing approval of budget expenditure or cost. Any cost approvals must come from the OTS grant coordinator.
- Pre-approval is not required when using any OTS-supplied template for media advisories, news releases, social media graphics, videos or posts, or any other OTS-supplied educational material. However, copy the OTS PIO at pio@ots.ca.gov and your OTS grant coordinator when any material is distributed to the media and public, such as a news release, educational material, or link to social media post.
- If an OTS-supplied template, educational material, social media graphic, post or video is substantially changed, the changes shall be sent to the OTS PIO at pio@ots.ca.gov for approval and copy your OTS grant coordinator.
- News releases, social media posts and alerts on platforms such as NextDoor and Nixle reporting immediate and time-sensitive grant activities (e.g. enforcement operations, day of event highlights or announcements, event invites) are EXEMPT from the OTS PIO approval process. The OTS PIO and your OTS grant coordinator should still be notified when the grant-related activity is happening (e.g. car seat checks, bicycle rodeos, community presentations, DUI checkpoints, etc.).

- Enforcement activities such as warrant and probation sweeps, court stings, etc. that are embargoed or could impact operations by publicizing in advance are EXEMPT from the PIO approval process. However, announcements and results of activities should still be copied to the OTS PIO at pio@ots.ca.gov and your OTS grant coordinator with the embargoed date and time or with “INTERNAL ONLY: DO NOT RELEASE” message in subject line of email.
- Any earned or paid media campaigns for TV, radio, digital or social media that are part of a specific grant objective, using OTS grant funds, or designed and developed using contractual services by a subgrantee, requires prior approval.
- Social media posts highlighting state or national traffic safety campaigns (Distracted Driving Month, Motorcycle Safety Awareness Month, etc.), enforcement operations (DUI checkpoints, etc.), or any other grant-related activity such as Bicycle rodeos, presentations, or events, are highly encouraged but do not require prior approval.
- Submit a draft or rough-cut of all digital, printed, recorded or video material (brochures, posters, scripts, artwork, trailer graphics, digital graphics, social posts connected to an earned or paid media campaign grant objective) to the OTS PIO at pio@ots.ca.gov and copy your OTS grant coordinator for approval prior to the production or duplication.
- Use the following standard language in all press, media, and printed materials, space permitting: Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.
- Space permitting, include the OTS logo on all grant-funded print materials, graphics and paid or earned social media campaign grant objective; consult the OTS PIO and copy your OTS grant coordinator for specifics, format-appropriate logos, or if space does not permit the use of the OTS logo.
- Email the OTS PIO at pio@ots.ca.gov and copy your OTS grant coordinator at least 21 days in advance, or when first confirmed, a short description of any significant grant-related traffic safety event or program, particularly events that are highly publicized beforehand with anticipated media coverage so the OTS has sufficient notice to arrange for attendance and/or participation in the event. If unable to attend, email the OTS PIO at pio@ots.ca.gov and your OTS grant coordinator brief highlights and/or results, including any media coverage (broadcast, digital, print) of the event within 7 days following significant grant-related event or program. The OTS PIO and your OTS grant coordinator should still be notified in advance when the grant-related activity is happening (e.g. car seat checks, bicycle rodeos, community presentations, DUI checkpoints, etc.).
- Any news releases, work plans, scripts, storyboards, artwork, graphics, videos or any educational or informational materials that received OTS PIO approval in a prior grant year must be resubmitted for approval in the current grant year.
- For additional guidance, refer to the OTS Grants Materials Approval Process Guidelines and FAQs .
- Email the OTS PIO at pio@ots.ca.gov or your OTS grant coordinator for consultation when changes from any of the above requirements might be warranted.

Phase 2 - Program Operations Addendum:

Phase 3 - Data Collection:

1. Prepare and submit grant claim invoices (due January 30, April 30, July 30, and October 30)

2. Prepare and submit Quarterly Performance Reports (QPR) (due January 30, April 30, July 30, and October 30)

- Collect and report quarterly, appropriate data that supports the progress of goals and objectives.
- Provide a brief list of activity conducted, procurement of grant-funded items, and significant media activities. Include status of grant-funded personnel, status of contracts, challenges, or special accomplishments.
- Provide a brief summary of quarterly accomplishments and explanations for objectives not completed or plans for upcoming activities.
- Collect, analyze and report statistical data relating to the grant goals and objectives.

Phase 3 - Data Collection Addendum:

Budget

Travel Expenses

Display Order	Cost Category	Item Name	Unit Cost or Rate	Units	Calculated Cost to Grant

Travel Expenses: $0.00

Contractual Services

Do not include brand names or names of specific organizations.

Equipment (must have Unit Cost of at least $10,000 including tax and shipping)

Do not include brand names or names of specific organizations.

Please include an equipment quote in the Upload Documents Tab.

NOTE : When creating a new "Equipment" budget item, the *Standard Language Item* drop down list may not be available. When this is the case, complete only the required fields and save the budget item. Once saved, select the *Edit* button (pencil icon); the *Standard Language Item* drop down list will be available for selection. Alternatively, if not requesting a *Standard Language Item,* please utilize the *Custom Narrative* field to enter an appropriate narrative.

Display Order	Cost Category	Item Name	Unit Cost or Rate	Units	Calculated Cost to Grant
400.0	D. Equipment	Air Bag Lifting System and Components	$13,851.34	5	$69,256.70

Equipment: $69,256.70

Other Direct Costs (must have Unit Cost of less than $10,000, including tax and shipping)

Do not include brand names or names of specific organizations.

NOTE : When creating a new "Other Direct Cost" budget item, the *Standard Language Item* drop down list may not be available. When this is the case, complete only the required fields and save the budget item. Once saved, select the *Edit* button (pencil icon); the *Standard Language Item* drop down list will be available for selection. Alternatively, if not requesting a *Standard Language Item,* please utilize the *Custom Narrative* field to enter an appropriate narrative.

Display Order	Cost Category	Item Name	Unit Cost or Rate	Units	Calculated Cost to Grant

Other Direct Costs: $0.00

Indirect Costs

NOTE - Entry for Indirect Cost is different than prior years. Please read instructions carefully.

Item Name should indicate the % and the types of costs subject to the Indirect Cost Rate e.g. 15% of Salaries and Benefits. Enter one Unit Cost equal to the estimated Indirect Costs.

Indirect Cost Rate must be supported by a federally approved indirect cost rate letter and uploaded to the application.

Display Order	Cost Category	Item Name	Units	Unit Cost or Rate	Calculated Cost to Grant

Indirect Costs: $0.00

Total Requested Funding: $69,256.70

Narrative Review

Review and update Narrative for Budget Items

Cost Category	Item	Narrative	Custom Narrative
D. Equipment	Air Bag Lifting System and Components		Air bags of various sizes, master control kit, relive valve, couplings, and components.

Upload Documents (Optional)

Document Name	Update Date/Time
Application Report 2026-01-28 20:53:32.pdf	1/28/2026 12:53 PM
Traffic Data Summary Los Molinos, Corning, and Mineral Stations.docx	1/28/2026 12:49 PM
27-007200 County Procurement Process.pdf	1/27/2026 4:55 PM
27-007200 Air bag lifting system Quote .pdf	1/27/2026 4:55 PM

Evaluation, Support, and Submittal

Evaluation, Support, and Submittal

Method of Evaluation:

Using the data compiled during the grant, the Grant Director will complete the “Final Evaluation” section in the fourth/final Quarterly Performance Report (QPR). The Final Evaluation should provide a brief summary of the grant’s accomplishments, challenges and significant activities. This narrative should also include whether goals and objectives were met, exceeded, or an explanation of why objectives were not completed.

Administrative Support:

This program has full administrative support, and every effort will be made to continue the grant activities after grant conclusion.

Total Requested Funding:

$69,256.70

Traffic Data Summary

Station Name and Number: Los Molinos, Station 10

Problem Description: TCFD Los Molinos Fire Station provides service to urban and rural areas of central Tehama County. Station 10 services the communities of Los Molinos, Dairyville, City of Tehama, El Camino, Proberta, Gerber, Vina, and South Red Bluff. Los Molinos Station has a full-time paid type II fire engine staffed year round. Squad 410 (S410) is housed out of the Los Molinos Station, operated 100% by volunteer personnel , and is the first in rescue squad for large sections of Highway 99 East, Interstate 5, and Highway 99 West. S410s' response area consists of a variety of rural roadways and major freeways with heavy commercial, agricultural, and private use along with a single railroad line. Traffic collisions on Interstate 5, Highway 99 East and Highway 99 West are typically high speed, single and multiple vehicles, off roadway, and over the side on rural stretches of roadway. The numerous commercial, agricultural, and private access directly off the highways are a main contributing factor to rear end collisions.

The air bags on S410 were placed in service in 2004. Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

STATISTICS	2022	2023	2024
Total Number Of Responses (All Calls For Service)	827	801	881
Total Number Of Traffic Crash Related Calls	69	76	67
Number Of Traffic Crash Victims Requiring Extrication In Region	10	8	7
Number Of Victims Where Mutual Aid Extrication Services Were Provided To Other Jurisdictions	0	0	0
Average Extrication Time (Arrival At Site To Transport)	13	34	32

Traffic Data Summary

Station Name and Number: Corning, Station 12

Problem Description: TCFD Corning Fire Station 12 is located within the suburban area of Corning and serves the rural areas of Southern Tehama County. The Corning Fire Station

serves the communities and rural areas of Corning, Richfield, Capay, Henleyville, Paskenta, Newville, Rancho Tehama, and a large portion of the Mendocino National Forest Roadways. Corning Station has a full-time paid type II fire engine staffed year round. Squad 412 (S412) is housed out of the Corning Station, operated 100% of the time by volunteer personnel and is the first in rescue squad for large sections of Interstate 5, Highway 99 West, and rural county roads including South Avenue, a major connecting route between Highway 99 and Interstate 5. S412's response area consists of a variety of rural roadways with heavy commercial traffic and private use and experiences a wide variety of weather conditions. Traffic collisions on Interstate 5 and South Avenue are typically high speed, single vehicle, off the roadway, and over the side.

S412's air bag lifting system was received via a donation in 2003. Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

STATISTICS	2022	2023	2024
Total Number Of Responses (All Calls For Service)	1005	951	890
Total Number Of Traffic Crash Related Calls	152	168	147
Number Of Traffic Crash Victims Requiring Extrication In Region	22	22	13
Number Of Victims Where Mutual Aid Extrication Services Were Provided To Other Jurisdictions	0	0	0
Average Extrication Time (Arrival At Site To Transport)	18	17	8

Traffic Data Summary

Station Name and Number: Mineral, Station 20

Problem Description: TCFD Mineral Station 20 is located in the rural area of Eastern Tehama County. Mineral Station provides service to the communities of Mineral, Ponderosa Sky Ranch, Paynes Creek, Mill Creek, Childs Meadows, and Fire Mountain Lodge. Mineral Squad 420 (S420) is the first in squad for large sections of Highway 36 East, Highway 32, Highway 172, and Highway 89 into Lassen National Park. Mineral's response area consists of 70 miles of two lane undivided highways in mountainous environments with winter icy and snowy driving conditions. Traffic collisions within the Mineral response

area are frequently located on a highway in reduced speed corners. Mineral Station is located 45 miles from the next rescue squad. S420 is housed out of Mineral Station and is operated 100% by volunteer firefighters. S420 carries a full complement of hydraulic extrication and stabilization tools. The current air bag system was purchased by the Mineral Volunteers themselves in the mid-1990s.

Replacing and standardizing our air bag lifting systems will enable faster, safer vehicle stabilization, directly reducing extrication times to save critical minutes within the golden hour of life.

STATISTICS	**2022**	**2023**	**2024**
Total Number Of Responses (All Calls For Service)	63	50	41
Total Number Of Traffic Crash Related Calls	28	24	22
Number Of Traffic Crash Victims Requiring Extrication In Region	2	0	5
Number Of Victims Where Mutual Aid Extrication Services Were Provided To Other Jurisdictions	0	0	0
Average Extrication Time (Arrival At Site To Transport)	31	0	30

Tehama County

Agenda Request Form

File #: 26-0187 **Agenda Date:** 3/3/2026 **Agenda #:** 4.

FIRE

Requested Action(s)

a) AGREEMENT - Request approval and authorization for the Fire Chief to sign the Agreement with the California Department of Transportation for the purpose of providing bulk fuel services, with maximum compensation not to exceed $8,000, effective 10/1/26 and shall terminate 9/30/29

Financial Impact:

Sufficient funding included in fiscal year budget 2042-53291.

Background Information:

The Tehama County Fire Department Mineral Station 20 is located at the Mineral Caltrans Maintenance Station. An agreement with Caltrans is necessary to access their fueling system and alleviates the need to travel for refueling.

Current agreement (Misc. Agree #2023-316) expires September 30, 2026.

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SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Tehama County Fire Department, hereinafter referred to as "Local Agency" or "County"

CONTRACTOR NAME

California Department of Transportation, hereinafter referred to as "Caltrans" or "Contractor"

2. The term of this Agreement is:

START DATE

October 1, 2026

THROUGH END DATE

September 30, 2029

3. The maximum amount of this Agreement is:

$8,000 Eight Thousand Dollars and Zero Cents

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	2
Exhibit B	Budget Detail and Payment Provisions	1
Exhibit C *	General Terms and Conditions	5
Exhibit D	Special Terms and Conditions	5
Exhibit E	Additional Provisions	1
Attachment 1	Resolution	1

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

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.)

California Department of Transportation

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
1727 30th Street, MS-65	Sacramento	CA	95816

PRINTED NAME OF PERSON SIGNING	TITLE
Breonna Dumas	Contract Officer

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED

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SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Tehama County Fire Department			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
604 Antelope Blvd.	Red Bluff	CA	96080
PRINTED NAME OF PERSON SIGNING	TITLE		
Monty Smith	Fire Chief		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
DocuSigned by: Monty Smith	2/2/2026		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		

Docusign Envelope ID: 7BF3F9E9-B2F9-435B-9CFB-F7DC4F1DD92E

EXHIBIT A

Scope of Work

1. **California Department of Transportation (Caltrans)**, and the **County of Tehama, through its Fire Department,** hereinafter referred to as **LOCAL AGENCY** enter into this Agreement for **Fuel Services** as follows.
2. Subcontracting is not permitted under this Agreement. All references to subcontracting or subcontractors as found herein are not applicable to this Agreement.
3. The services shall be performed at the Mineral Caltrans Maintenance Station located at 37900 Tehama 36 East Mineral, California.
4. This Agreement will commence **10/1/2026** This Agreement shall expire **9/30/2029**. The services shall be provided during twenty-four (24) hours a day, seven (7) days a week. The parties may amend this Agreement as permitted by law.
5. All inquiries during the term of this Agreement will be directed to the project representatives listed below:

CONTACT: Department of Transportation	LOCAL AGENCY: COUNTY OF TEHAMA
Section/Unit: Statewide Bulk Fuel Administrator	Section/Unit: Tehama County Fire Department
Contract Manager: Mahdis Abadian	Project Manager: Laurianne Griffin Analyst II
Address: 3400 R St. Sacramento, CA 95816	Address: 604 Antelope Blvd. Red Bluff, CA 96080
Business Phone Number: (279) 224-4110	Business Phone Number: (530) 528-5118
Email: mahdis.abadian@dot.ca.gov	Email: Laurianne.Griffin@fire.ca.gov

6. **Caltrans agrees to provide the following:**
   A. Caltrans agrees to provide bulk fuel to LOCAL AGENCY for LOCAL AGENCY vehicles only.
   B. Caltrans agrees to allow LOCAL AGENCY to obtain fuel solely at the Mineral Caltrans Maintenance station, twenty-four (24) hours per day, seven days per week.
   C. Caltrans shall work with LOCAL AGENCY to coordinate training on the automated systems to navigate the system.
   D. Caltrans will bill the LOCAL AGENCY for fuel used based on the monthly statewide average price, per gallon, on bulk fuel.
   E. LOCAL AGENCY will reimburse Caltrans at the same rate of fuel price per gallon purchased from vendor as stated in **Item D**, above and specified in **Exhibit B**, **Item 4**, **Rates.**
   F. The Caltrans Contract Manager or designee will administer the collection of fuel consumption date and reconcile the data for processing, using the cloud-based system to generate reports, the information shall be disbursed to the LOCAL AGENCY designee on a monthly basis, in arrears for invoicing purposes.

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EXHIBIT A

7. **LOCAL AGENCY agrees to provide the following:**

   A. LOCAL AGENCY shall provide their Fleet/Fuel Card account numbers to the designated EJ Ward Personnel, which will be used for activation purposes at the pump.

   B. LOCAL AGENCY shall exercise reasonable care when on Caltrans property while utilizing Caltrans equipment.

   C. LOCAL AGENCY shall accept responsibility for any repairs and liability for damage and/or loss to Caltrans equipment and/or property made necessary by or resulting from damage, negligent act, or omission by LOCAL AGENCY and its personnel.

   D. LOCAL AGENCY will be held responsible for any loss or damage to LOCAL AGENCY vehicles caused by LOCAL AGENCY under this Agreement.

   E. Only authorized personnel of LOCAL AGENCY shall be eligible to use the bulk fuel site and shall obtain bulk fuel utilizing their LOCAL AGENCY fuel card to access the fuel.

   F. Fuel will be pumped by authorized personnel of LOCAL AGENCY directly into LOCAL AGENCY vehicles only, and only after training on the new automated equipment has been completed successfully.

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EXHIBIT B

Budget Detail and Payment Provisions

1. **Invoicing and Payment**

   A. Upon receipt and approval of invoices from Caltrans, LOCAL AGENCY agrees to compensate Caltrans for actual expenditures incurred in accordance with the rates set forth in **Item 4, Rates**, and this **Exhibit B**. Incomplete or disputed invoices shall be returned to the Caltrans Contract Manager or designee, unpaid, for correction.

   B. Invoices shall include a copy of the usage report, which shall include the following:

      - LOCAL AGENCY Contract Number
      - Caltrans Contract Number
      - Maintenance Station Information where fuel was obtained (as shown in **Exhibit A, Item 3**)
      - Price per gallon
      - Fuel Type (if applicable)

   C. Invoices shall be submitted to LOCAL AGENCY not more frequently than monthly, in arrears, to:

      Name: Laurianne Griffin, Analyst II
      Office: Tehama County Fire Department
      Address: 604 Antelope Blvd.
      Red Bluff, CA 96080

2. **Budget Contingency Clause**

   A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the LOCAL AGENCY shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this agreement and Contractor shall not be obligated to perform of this Agreement.

   B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the LOCAL AGENCY shall have the option to either cancel this Agreement with no liability occurring to the LOCAL AGENCY or offer an agreement amendment to Contractor to reflect the reduced amount.

3. **Payment**

   A. Costs for this Agreement shall be computed in accordance with State Administrative Manual Section 9210 and 9211.9210

   B. Nothing herein contained shall preclude advance payments pursuant to Article 1, Chapter 3, Part 1, Division Title 2 of the Government Code of the State of California.

4. **Rates**

   The cost of fuel will be calculated based on the monthly statewide average per gallon for fuel type used. A nonrefundable administrative fee of $25.00 per invoice will be included to cover the cost of administering this contract and associated bulk fuel activities.

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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.

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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.

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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.

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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.)

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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.

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EXHIBIT D

Special Terms and Conditions

1. **Equipment**

The LOCAL AGENCY agrees to exercise reasonable care in using Caltrans Maintenance Station's statewide equipment and accept responsibility for repairs and liability for damage or loss made necessary by or resulting from any negligent act or omission of LOCAL AGENCY personnel. Caltrans will not be held responsible for any loss or damage to LOCAL AGENCY's vehicles under this Agreement.

2. **Changes in Terms/Amendment**

Agreement may be amended by mutual written consent of the parties hereto.

3. **Settlement of Disputes**

Any dispute concerning a question of fact arising under the terms of this Agreement which is not disposed within a reasonable period (ten days) by the parties normally responsible for the administration of this contract shall be brought to the attention of the Administrative Services Officer (or designated representative) of each organization for joint resolution.

4. **Authorization**

LOCAL AGENCY agrees to provide CALTRANS with a resolution, motion, order or ordinance of the governing body, which authorizes execution of this Agreement, and indicates the individual who is authorized to sign the Agreement on behalf of LOCAL AGENCY.

5. **Termination**

A. If Caltrans fails to perform his/her duties to the satisfaction of the LOCAL AGENCY, or if Caltrans fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Caltrans violates any of the terms or provisions of this agreement, then the LOCAL AGENCY shall have the right to terminate this agreement effective immediately upon the LOCAL AGENCY giving written notice thereof to the Caltrans. Either party may terminate this agreement on 30 days written notice.

B. LOCAL AGENCY shall pay Caltrans for all work satisfactorily completed as of the date of notice. LOCAL AGENCY may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama LOCAL AGENCY Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year. The LOCAL AGENCY's right to terminate this agreement may be exercised by Fire Chief.

6. **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. Caltrans 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. Caltrans specifically acknowledges that in entering and executing this agreement, Caltrans relies solely upon the provisions contained in this agreement and no other oral or written representation.

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EXHIBIT D

7. **Nonassignment of Agreement**

Inasmuch as this agreement is intended to secure the specialized services of Caltrans, Caltrans may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the LOCAL AGENCY.

8. **Employment Status**

Caltrans 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 LOCAL AGENCY to exercise discretion or control over the professional manner in which Caltrans performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Caltrans shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the LOCAL AGENCY is to ensure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Caltrans 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 Caltrans, if Caltrans were a LOCAL AGENCY employee. LOCAL AGENCY shall not be liable for deductions for any amount for any purpose from Caltrans's compensation. Caltrans shall not be eligible for coverage under LOCAL AGENCY's Workers Compensation Insurance Plan, nor shall Caltrans be eligible for any other LOCAL AGENCY benefit.

9. **Indemnification**

Caltrans shall defend, hold harmless, and indemnify Tehama LOCAL AGENCY, 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 LOCAL AGENCY), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of LOCAL AGENCY) being damaged, arising out of Caltrans's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Caltrans shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Caltrans shall also defend and indemnify LOCAL AGENCY 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 LOCAL AGENCY with respect to Caltrans'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.

10. **Non-Discrimination**

Caltrans 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 based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

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EXHIBIT D

11. **Green Procurement Policy**

Tehama LOCAL AGENCY Resolution No. 49-2002, the Green Procurement Policy (available upon request) supports recycling and waste reduction and promotes the purchase of products made with recycled materials when product fitness and quality are equal, and they are available at no more than the total cost of non-recycled products. Caltrans is encouraged to conform to this policy.

12. **Compliance with Laws and Regulations**

All services to be performed by Caltrans under 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 LOCAL AGENCY immediately.

13. **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 provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama LOCAL AGENCY, California.

14. **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.

15. **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 LOCAL AGENCY: Tehama County Fire Department
604 Antelope Blvd.
Red Bluff, CA 96080

If to Caltrans: California Department of Transportation
3400 R. St.
Sacramento, CA 95819

Notice shall be deemed to be effective two (2) days after mailing.

16. **Non-Exclusive Agreement**

Caltrans understands that this is not an exclusive agreement, and that LOCAL AGENCY shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Caltrans, or to perform such services with LOCAL AGENCY's own forces, as LOCAL AGENCY desires.

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EXHIBIT D

17. **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.

18. No Third-Party Beneficiaries

Neither party intends that any person shall have a cause of actions 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.

19. **ADA Compliance**

All entities that provide electronic or information technology or related services that will be posted online by Caltrans must be in compliance with Government Code Sections 7405 and 11135 and the Web Content Accessibility Guidelines (WCAG) 2.0 or subsequent version, published by the Web Accessibility Initiative of the World Wide Web Consortium at a minimum level AA success. All entities will respond to and resolve any complaints/ deficiencies regarding accessibility brought to their attention.

20. **Electronic Signatures**

Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures for this Agreement. Documents that are referenced by this Agreement may still require manual signatures.

21. **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 unless the contract has been Federalized (i.e. there is federal participation in any phrase). 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 sold discretion of the State.

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EXHIBIT D

IN WITNESS WHEREOF, LOCAL AGENCY and California Department of Transportation have executed this agreement on the day and year set forth below.

Date: 2/2/2026

COUNTY OF TEHAMA
Monty Smith, Fire Chief
DocuSigned by:
Monty Smith
_____
Signature
259D9C587E4244F...

CALIFORNIA DEPARTMENT OF TRANSPORTATION
_____, Contract Officer
Printed Name

Date: _____

_____
Signature

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EXHIBIT E

Additional Provisions

1. **Insurance**

As an instrumentality of the State of California, Caltrans is self-insured under the State of California, Office of Risk and Insurance Management. for liability exposures in accordance with Government Code section 11007.4. Under this form of insurance, the State and its employees acting in the course and scope of their employment are insured for tort liability arising out of official State business.

2. **Workers' Compensation and Employer's Liability**

The State of California has a Master Agreement with the State Compensation Insurance Fund regarding workers' compensation benefits for all state employees, as required by the Labor Code.

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BEFORE THE BOARD OF DIRECTORS OF THE
TEHAMA COUNTY FIRE DEPARTMENT
COUNTY OF TEHAMA, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number: _____
Approving the Department of Transportation for fuel services from October 1, 2026 through September 30, 2029, OR three years from last signature date, whichever is later.

BE IT RESOLVED by the Board of Supervisors of Tehama County, that said Board does hereby approve the Agreement with the California Department of Transportation dated as of the last signatory date on page 2 of the Standard Agreement, and any amendments thereto. This Agreement provides for fuel services at the Mineral Caltrans Maintenance Station, during the term of this Agreement, October 1, 2026 through September 30, 2029 up to and no more than the amount of **$8,000.00**

BE IT FURTHER RESOLVED that _____ Chair of said Board be and hereby is authorizing County Fire Chief, Monty Smith to sign and execute said Agreement and any amendments on behalf of the Tehama County Fire Department.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Tehama, at a regular meeting thereof, held on the ____ day of _____, by the following vote:

AYES:

NAYS:

ABSENT:

_____
Signature, Board of Supervisors Member

_____
Printed Name and Title

_____
Signature, Board of Supervisors Member

_____
Printed Name and Title

------CERTIFICATION OF RESOLUTION------
ATTEST:

I _____, Clerk of the TEHAMA COUNTY BOARD OF SUPERVISORS, County of TEHAMA California do hereby certify that this is a true and correct copy of the original Resolution Number _____.

WITNESS MY HAND OR THE SEAL OF THE _____, on this _____ day of _____, _____.

OFFICIAL SEAL
OR NOTARY CERTIFICATON

_____
Signature

_____
Title and Name of Local Agency

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EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-6-22

WHEREAS California has a strong commitment to fundamental rights and freedoms at home and around the world; and

WHEREAS the Russian Federation (Russia) has mounted aggressive, unlawful, and violent actions against Ukraine and its people, flouting these fundamental rights and freedoms; and

WHEREAS Russia's attacks on Ukraine and its people have significantly escalated since 2014, despite significant diplomatic efforts by the United States and its partners and allies to stop Russian aggression; and

WHEREAS on February 21, 2022, United States President Joseph R. Biden Jr. issued Executive Order 14065 finding that Russia's purported recognition of the so-called Donetsk People's Republic or Luhansk People's Republic regions of Ukraine contradicts Russia's commitments under the 2014 Minsk cessation of hostility agreements and further threatens the peace, stability, sovereignty, and territorial integrity of Ukraine; and

WHEREAS Executive Order 14065 expands upon a number of previous Executive Orders related to Russia's mounting actions to undermine the sovereignty and territorial integrity of Ukraine, including Executive Orders 13660, 13661, 13662, 13685, and 13849, and further federal actions may follow; and

WHEREAS on February 24, 2022, Russia launched a large-scale invasion of the sovereign nation of Ukraine and continues to conduct a lawless assault on the Ukrainian government and people; and

WHEREAS California joins the United States and other nations, states, and localities in condemning Russia's attacks on Ukraine and its people as an assault on fundamental international rules and norms that have prevailed since the Second World War; and

WHEREAS President Biden and American allies and partners around the world have announced significant economic sanctions on key Russian institutions and banks and on the architects of this war of choice, including Russian President Vladimir Putin, among others; and

WHEREAS California is proud to be home to one of the largest Ukrainian populations in the United States, and continues to stand with the government and people of Ukraine, who have fought with incredible bravery to defend their country and freedom; and

WHEREAS California supports President Biden's efforts to hold Russia accountable for violating Ukrainian sovereignty, for its disregard for the lives and well-being of the Ukrainian people, and for its hostility to freedom and democracy; and

WHEREAS thousands of Russian citizens have courageously taken to the streets to protest their government's lawless invasion of Ukraine, and many

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Californian immigrants from Russia and Californians of Russian descent have marched in solidarity with these Russian protestors; and

WHEREAS California's National Guard and the U.S. government have had a nearly three-decade relationship with Ukraine working to support its Ministry of Defense, Ministry of Interior, and Armed Forces by providing military equipment and training as well as humanitarian assistance, from helping to renovate schools and providing school supplies to volunteering at orphanages; and

WHEREAS over the last twenty years, the Office of Emergency Services, along with the California National Guard and the California Emergency Medical Services Authority, has provided training and conducted exercises with the Ukrainian Ministry of Defense and Armed Forces on utilizing the Emergency Management and Incident Command System; and

WHEREAS California, which has a long history of welcoming Ukrainian and other refugees, will continue to support resettlement, in partnership with the federal government, of those seeking safety and freedom from Russia's aggression in Ukraine; and

WHEREAS according to UN agencies, Russian aggression since 2014 has internally displaced 1.5 million Ukrainians, caused an estimated 50,000 casualties, and destabilized the region, and its recent invasion of Ukraine threatens to create Europe's largest refugee crisis in decades, with more than a million refugees fleeing Ukraine in the last week; and

WHEREAS many companies in California have taken steps to limit economic transactions with Russia and Russian entities, to combat misinformation about Russia's actions in Ukraine, and to support the government and people of Ukraine; and

WHEREAS California calls upon businesses, non-governmental organizations, and public entities in the State to review their investments and contracts to ensure their compliance with economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law (collectively, economic sanctions), and to take actions to support the Ukrainian government and people, including by refraining from new investments in, and financial transactions with, Russian institutions or companies that are headquartered or have their principal place of business in Russia (Russian entities), not transferring technology to Russia or Russian entities, and directly providing support to the government and people of Ukraine.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT:

1. All agencies and departments subject to my authority shall review all contracts for commodities, services, and technology to determine whether they comply with existing economic sanctions; and

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2. All agencies and departments subject to my authority shall terminate any contracts with any individuals or entities that are determined to be a target of economic sanctions, and shall refrain from entering into any new contracts with such individuals or entities while economic sanctions are in effect; and

3. All agencies and departments subject to my authority shall notify all contractors and grantees of their obligations to comply with economic sanctions within 45 days of this Order, and the Department of General Services and the Department of Technology shall provide guidance on such communications within 14 days of this Order; and

4. All agencies and departments subject to my authority shall direct grantees, and contractors with agreements valued at $5 million or more, to report to the agency or department regarding their compliance with economic sanctions; and

5. All agencies and departments subject to my authority shall direct all grantees, and contractors with agreements valued at $5 million or more, to report on steps they have taken in response to Russia's actions in Ukraine, including, but not limited to, desisting from making new investments in, or engaging in financial transactions with, Russian entities, not transferring technology to Russia or Russian entities, and directly providing support to the government and people of Ukraine; and

6. The Department of General Services and Department of Technology shall issue procurement guidance to agencies and departments regarding compliance with economic sanctions and supporting Ukrainian businesses to the extent permitted by state law.

IT IS FURTHER ORDERED that, as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

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This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2022.

GAVIN NEWSOM
Governor of California

ATTEST:

SHIRLEY N. WEBER, PH.D.
Secretary of State

SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT
STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
/32A0566	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Tehama County Fire Department, hereinafter referred to as "Local Agency" or "County"

CONTRACTOR NAME
California Department of Transportation, hereinafter referred to as "Caltrans" or "Contractor"

2. The term of this Agreement is:

START DATE
October 1, 2023

THROUGH END DATE
September 30, 2026

3. The maximum amount of this Agreement is:
$8,000.00
Eight Thousand Dollars and Zero Cents

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	2
Exhibit B	Budget Detail and Payment Provisions	1
Exhibit C *	General Terms and Conditions	5
Exhibit D	Special Terms and Conditions	5
Exhibit E	Additional Provisions	1
Attachment 1	Resolution	1

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.das.ca.gov/OLS/Resources

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.)
California Department of Transportation

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
1727 30th Street, MS 65	Sacramento	CA	95816

PRINTED NAME OF PERSON SIGNING	TITLE
Robert Carothers	Contract Officer
CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
Robert Carothers	12/18/2023

SCO ID:

Miscellaneous Agreement #2023-316

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
/32A0566	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Tehama County Fire Department			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
604 Antelope Blvd.	Red Bluff	CA	96080
PRINTED NAME OF PERSON SIGNING	TITLE		
Bob Farias	Fire Chief		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
[signature]	9-27-2023		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		

Exhibit A
Interagency Agreement

Scope of Work

1. **California Department of Transportation (Caltrans)**, and the **County of Tehama, through its Fire Department,** hereinafter referred to as **LOCAL AGENCY** enter into this Agreement for **Fuel Services** as follows.
2. Subcontracting is not permitted under this Agreement. All references to subcontracting or subcontractors as found herein are not applicable to this Agreement.
3. The services shall be performed at the Mineral Caltrans Maintenance Station located at 37900 Tehama 36 East, Mineral, California 96063.
4. This Agreement will commence on **October 1, 2023**. This Agreement shall expire on **September 30, 2026**. The services shall be provided during twenty-four (24) hours a day, seven (7) days a week. The parties may amend this Agreement as permitted by law.
5. All inquiries during the term of this Agreement will be directed to the project representatives listed below:

Contractor: California Department of Transportation (Caltrans)	LOCAL AGENCY: County of Tehama
Section/Unit: Fuel Programs Management Branch	Section/Unit: Tehama County Fire Department
Contract Manager: Ruben C. Lopez Statewide Bulk Fuel Program Administrator	Project Manager: Laurianne Griffin Associate Governmental Program Analyst
Address: 3400 R Street Sacramento, CA 95816	Address: 604 Antelope Boulevard Red Bluff, CA 96080
Business Phone Number: (209) 429-6185	Business Phone Number: (530) 528-5118
Email: Ruben.C.Lopez@dot.ca.gov	Email: Laurianne.Griffin@fire.ca.gov

6. **Caltrans agrees to provide the following:**
   A. Caltrans agrees to provide bulk fuel to LOCAL AGENCY for LOCAL AGENCY vehicles only.
   B. Caltrans agrees to allow LOCAL AGENCY to obtain fuel at the Mineral Caltrans Maintenance station, twenty-four (24) hours per day, seven days per week.
   C. Caltrans shall work with LOCAL AGENCY to coordinate training on the automated systems to navigate the system.
   D. Caltrans will bill the LOCAL AGENCY for fuel used based on the monthly statewide average price, per gallon, on bulk fuel.
   E. LOCAL AGENCY will reimburse Caltrans at the same rate of fuel price per gallon purchased from vendor as stated in **Item D**, above and specified in **Exhibit B**, **Item 4**, **Rates.**
   F. The Caltrans Contract Manager or designee will administer the collection of fuel consumption date and reconcile the data for processing, using the cloud-based system to generate reports, the information shall be disbursed to the LOCAL AGENCY designee monthly, in arrears for invoicing purposes.

Exhibit A
Interagency Agreement

7. **LOCAL AGENCY agrees to provide the following:**

A. LOCAL AGENCY shall provide their Fleet/Fuel Card account numbers to the designated EJ Ward Personnel, which will be used for activation purposes at the pump.

B. LOCAL AGENCY shall exercise reasonable care when on Caltrans property while utilizing Caltrans equipment.

C. LOCAL AGENCY shall accept responsibility for any repairs and liability for damage and/or loss to Caltrans equipment and/or property made necessary by or resulting from damage, negligent act, or omission by LOCAL AGENCY and its personnel.

D. LOCAL AGENCY will be held responsible for any loss or damage to LOCAL AGENCY vehicles caused by LOCAL AGENCY under this Agreement.

E. Only authorized personnel of LOCAL AGENCY shall be eligible to use the bulk fuel site and shall obtain bulk fuel utilizing their LOCAL AGENCY fuel card to access the fuel.

F. Fuel will be pumped by authorized personnel of LOCAL AGENCY directly into LOCAL AGENCY vehicles only, and only after training on the new automated equipment has been completed successfully.

Exhibit B
Interagency Agreement

Budget Detail and Payment Provisions

1. **Invoicing and Payment**

   A. Upon receipt and approval of invoices from Caltrans, LOCAL AGENCY agrees to compensate Caltrans for actual expenditures incurred in accordance with the rates set forth in **Item 4, Rates**, and this **Exhibit B**. Incomplete or disputed invoices shall be returned to the Caltrans Contract Manager or designee, unpaid, for correction.

   B. Invoices shall include a copy of the usage report, which shall include the following:

      1) LOCAL AGENCY Contract Number

      2) Caltrans Contract Number

      3) Maintenance Station Information where fuel was obtained (as shown in **Exhibit A, Item 3**)

      4) Price per gallon

      5) Fuel Type (if applicable)

   C. Invoices shall be submitted to LOCAL AGENCY in triplicate, not more frequently than monthly, in arrears, to:

      Name: Laurianne Griffin, AGPA
      Office: Tehama County Fire Department
      Address: 604 Antelope Boulevard
      Red Bluff, CA 96080

2. **Budget Contingency Clause**

   A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the LOCAL AGENCY shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this agreement and Contractor shall not be obligated to perform of this Agreement.

   B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the LOCAL AGENCY shall have the option to either cancel this Agreement with no liability occurring to the LOCAL AGENCY or offer an agreement amendment to Contractor to reflect the reduced amount.

3. **Payment**

   A. Costs for this Agreement shall be computed in accordance with State Administrative Manual Section 9210 and 9211.

   B. Nothing herein contained shall preclude advance payments pursuant to Article 1, Chapter 3, Part 1, Division Title 2 of the Government Code of the State of California.

4. **Rates**

   The cost of fuel will be calculated based on the monthly statewide average per gallon for fuel type used. No administrative fee will be added to the per gallon price.

General Terms and Conditions (GTC 04/2017)

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 subcontractors 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 provisions 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 subcontractors 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).)

Exhibit D
Interagency Agreement

Special Terms and Conditions

1. **Equipment**

   The LOCAL AGENCY agrees to exercise reasonable care in using Caltrans Maintenance Stations statewide equipment and accept responsibility for repairs and liability for damage or loss made necessary by or resulting from any negligent act or omission of LOCAL AGENCY personnel. Caltrans will not be held responsible for any loss or damage to LOCAL AGENCY's vehicles under this Agreement.

2. **Changes in Terms/Amendment**

   Agreement may be amended by mutual written consent of the parties hereto.

3. **Settlement of Disputes**

   Any dispute concerning a question of fact arising under the terms of this Agreement which is not disposed within a reasonable period (ten days) by the parties normally responsible for the administration of this contract shall be brought to the attention of the administrative Services officer (or designated representative) of each organization for joint resolution.

4. **Authorization**

   LOCAL AGENCY agrees to provide CALTRANS with a resolution, motion, order, or ordinance of the governing body, which authorizes execution of this Agreement, and indicates the individual who is authorized to sign the Agreement on behalf of LOCAL AGENCY.

5. **Termination**

   A. If Caltrans fails to perform his/her duties to the satisfaction of the LOCAL AGENCY, or if Caltrans fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Caltrans violates any of the terms or provisions of this agreement, then the LOCAL AGENCY shall have the right to terminate this agreement effective immediately upon the LOCAL AGENCY giving written notice thereof to the Caltrans. Either party may terminate this agreement on 30 days' written notice.
   B. LOCAL AGENCY shall pay Caltrans for all work satisfactorily completed as of the date of notice. LOCAL AGENCY may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama LOCAL AGENCY Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year. The LOCAL AGENCY's right to terminate this agreement may be exercised by Fire Chief.

6. **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. Caltrans 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. Caltrans specifically acknowledges that in entering and executing this agreement, Caltrans relies solely upon the provisions contained in this agreement and no other oral or written representation.

Exhibit D
Interagency Agreement

7. **Non-assignment of Agreement**

Inasmuch as this agreement is intended to secure the specialized services of Caltrans, Caltrans may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the LOCAL AGENCY.

8. **Employment Status**

Caltrans 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 LOCAL AGENCY to exercise discretion or control over the professional manner in which Caltrans performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Caltrans shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the LOCAL AGENCY is to ensure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Caltrans 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 Caltrans, if Caltrans were a LOCAL AGENCY employee. LOCAL AGENCY shall not be liable for deductions for any amount for any purpose from Caltrans's compensation. Caltrans shall not be eligible for coverage under LOCAL AGENCY's Workers Compensation Insurance Plan, nor shall Caltrans be eligible for any other LOCAL AGENCY benefit.

9. **Indemnification**

Caltrans shall defend, hold harmless, and indemnify Tehama LOCAL AGENCY, 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 LOCAL AGENCY), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of LOCAL AGENCY) being damaged, arising out of Caltrans's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Caltrans shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Caltrans shall also defend and indemnify LOCAL AGENCY 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 LOCAL AGENCY with respect to Caltrans'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.

10. **Non-Discrimination**

Caltrans 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 based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

Exhibit D
Interagency Agreement

11. **Green Procurement Policy**

Tehama LOCAL AGENCY Resolution No. 49-2002, the Green Procurement Policy (available upon request) supports recycling and waste reduction and promotes the purchase of products made with recycled materials when product fitness and quality are equal, and they are available at no more than the total cost of non-recycled products. Caltrans is encouraged to conform to this policy.

12. **Compliance with Laws and Regulations**

All services to be performed by Caltrans under 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 LOCAL AGENCY immediately.

13. **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 provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama LOCAL AGENCY, California.

14. **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.

15. **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 LOCAL AGENCY: Tehama County Fire Department
604 Antelope Boulevard
Red Bluff, CA 96080

If to Caltrans: California Department of Transportation
3400 R Street
Sacramento, CA 95816

Notice shall be deemed to be effective two (2) days after mailing.

16. **Non-Exclusive Agreement**

Caltrans understands that this is not an exclusive agreement, and that LOCAL AGENCY shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Caltrans, or to perform such services with LOCAL AGENCY's own forces, as LOCAL AGENCY desires.

Exhibit D
Interagency Agreement

17. **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.

18. **No Third-Party Beneficiaries**

Neither party intends that any person shall have a cause of actions 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.

19. **ADA Compliance**

All entities that provide electronic or information technology or related services that will be posted online by Caltrans must be in compliance with Government Code Sections 7405 and 11135 and the Web Content Accessibility Guidelines (WCAG) 2.0 or subsequent version, published by the Web Accessibility Initiative of the World Wide Web Consortium at a minimum Level AA success. All entities will respond to and resolve any complaints/deficiencies regarding accessibility brought to their attention.

20. **Electronic Signatures**

Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures for this Agreement. Documents that are referenced by this Agreement may still require manual signatures.

21. **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 unless the contract has been Federalized (i.e. there is federal participation in any phase). 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.

Exhibit D
Interagency Agreement

IN WITNESS WHEREOF, LOCAL AGENCY and Caltrans have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Bob Farias, Fire Chief

Date: 9-27-2023

Signature

CALIFORNIA DEPARTMENT OF TRANSPORTATION

Robert Carothers, Contract Officer

Printed Name

Date: 12/18/2023

Robert Carothers

Signature

Exhibit E
Interagency Agreement

Additional Provisions

1. **Insurance**

   As an instrumentality of the State of California, Caltrans is self-insured under the State of California, Office of Risk, and Insurance Management. for liability exposures in accordance with Government Code section 11007.4. Under this form of insurance, the State and its employees acting in the course and scope of their employment are insured for tort liability arising out of official State business.

2. **Workers' Compensation and Employer's Liability**

   The State of California has a Master Agreement with the State Compensation Insurance Fund regarding workers' compensation benefits for all state employees, as required by the Labor Code.

BEFORE THE BOARD OF DIRECTORS OF THE
TEHAMA COUNTY FIRE DEPARTMENT
COUNTY OF TEHAMA, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number: 2023-92
Approving the Department of Transportation for fuel services from October 1, 2023 through September 30, 2026, OR three years from last signature date, whichever is later.

BE IT RESOLVED by the Board of Supervisors of Tehama County, that said Board does hereby approve the Agreement with the California Department of Transportation dated as of the last signatory date on page 2 of the Standard Agreement, and any amendments thereto. This Agreement provides for fuel services at the Mineral Caltrans Maintenance Station, during the term of this Agreement, October 1, 2023 through September 30, 2026 up to and no more than the amount of **$8,000.00**

BE IT FURTHER RESOLVED that BILL MOULE Chair of said Board be and hereby is authorizing County Fire Chief, Bob Farias to sign and execute said Agreement and any amendments on behalf of the Tehama County Fire Department.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Tehama, at a regular meeting thereof, held on the 17 day of OCTOBER, by the following vote:

AYES: MOULE, LEACH, HANSEN, NOLEN AND CARLSON

NAYS: NONE

ABSENT: NONE

Bill Moule
Signature, Board of Supervisors Member

Printed Name and Title

John Leach
Signature, Board of Supervisors Member

JOHN LEACH, VICE CHAIR
Printed Name and Title

------CERTIFICATION OF RESOLUTION------
ATTEST:

I JENNIFER VISE, Clerk of the TEHAMA COUNTY BOARD OF SUPERVISORS, County of TEHAMA California do hereby certify that this is a true and correct copy of the original Resolution Number 2023-92.

WITNESS MY HAND OR THE SEAL OF THE CLERK OF THE BOARD OF SUPERVISORS, on this 21 day of NOVEMBER, 2023.

OFFICIAL SEAL
OR NOTARY CERTIFICATON

Signature

CLERK OF THE TEHAMA COUNTY BOARD OF SUPERVISORS
Title and Name of Local Agency

E-Contract Review
Approval as to Form

Department Name: County of Tehama Fire Department

Vendor Name: California Department of Transportation

Document Description: Agreement for bulk fuel services

APPROVED AS TO FORM:

Date: 2/6/26

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 26-0155 **Agenda Date:** 3/3/2026 **Agenda #:** 5.

FIRE

Requested Action(s)

a) AGREEMENT - Request approval and authorization for the Chair to sign the Agreement with Mast Roofing, Inc. for the Los Molinos Fire Station Roof Project, with a maximum amount not to exceed $67,000, effective upon date of signing and shall terminate 12/31/26

Financial Impact:

Sufficient funds were budgeted in FY 25-26 for the Los Molinos roof in account 53180.

Background Information:

The existing roof at the Los Molinos Fire Station needs repairs. The Mast Roofing, Inc. Re-roof & Roof Restoration system re-coats the existing roof and is warranted against leaks for 15 years which will extend the life of the building.

If undiscovered damage is found during the project requiring additional funds, an amendment will be brought back before the Board.

Docusign Envelope ID: 63A01659-2709-4789-AD29-A57BED445CCE

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND
MAST ROOFING

This agreement is entered into between the County of Tehama, through its Fire Department of ("County") and MAST ROOFING ("Contractor") for the purpose of re-roofing and applying roof restoration system for 4,468 Square feet of Metal Roof at the Los Molinos Fire Station located at 7930 Sherwood Blvd. Los Molinos, CA 96055.

1) RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall remove and dispose of existing spray foam system. Foam flute fillers will be installed between ribs and ½" fanfold insulation will be installed over flute fillers and ribs. Solo FR slip sheet of equivalent will be installed and DURO-LAST 60 mil PVC roof system will be mechanically attached to roof deck per manufacturer specifications. All seams, roof vents and protrusions will be welded in accordance with manufacturer specifications. Edges will be terminated with term bar and/or PVC coated edge metal. Rinseable Primer Concentrate will be applied to surface and power washed, rust primer applied at a rate of ½ gal per square ft, fiber seal base applied to all seams and protrusions. ProCoat finish will be applied at a rate of 2.5 gallons per square ft. Skylights and Whirlybird vents will be replaced and dented ribs will be pulled up and reinforced. Vendor will complete all permitting. Roof will be warranted against leaks for a period of 15 (fifteen) years with warranty covering materials and labor.

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 an all-inclusive flat fee of $67,000.00 for all services rendered under this agreement. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall not be paid any compensation or reimbursement beyond the flat fee 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 flat fee

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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

Contractor shall submit an invoice for the flat fee amount to County within thirty (30) days after service has been completed to the reasonable satisfaction of County. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice.

5) TERM OF AGREEMENT

This agreement shall commence on the date of signing and shall terminate December 31, 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 Fire Chief.

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.

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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 insure 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

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"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., 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. Contractor shall pay, at least, the general prevailing wage rates, as determined by the Director of the Department of Industrial Relations of the State of California, for all work hereunder. Contractor further agrees to fully comply with and to require its subcontractor to fully comply with such Prevailing Wage Laws. 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.

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).

Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13) NON-DISCRIMINATION

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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

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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: Tehama County Fire Department
604 Antelope Blvd.
Red Bluff, CA 96080

b. If to Contractor: MAST ROOFING
935 Wall Street #1
Redding, CA 96002

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:

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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

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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.

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

COUNTY OF TEHAMA

Date: _____

_____
Chair, Tehama County Board of Supervisors

CONTRACTOR NAME (BOLD/CAPITAL LETTERS

Date: 2/5/2026

DocuSigned by:
_____ President
C308GEA94BC443A...
Name, Title

The following information is required for the agreement to be approved:

981577
Contractor Number

123059
Vendor Number

2042-53180
Budget Account Number

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mastsamuel@gmail.com
Vendor/Contractor email address

(530) 410-0820
Vendor/Contractor phone number

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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

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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

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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.

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MAST ROOFING
SPRAY-ON COATINGS

PROPOSAL

935 Wall Street, #1 | Redding, CA 96002 | P. 530.410.0820 | F. 530.953.2458 | CA: #981577

PROPOSAL SUBMITTED TO		PHONE	DATE
Cal-Fire – Tehama County Fire Department Station 10 – Gerrad Pasillas		530.384.2345	December 18, 2025
STREET		JOB NAME	
604 Antelope Blvd.		Tehama County Fire	
CITY, STATE, ZIP		JOB LOCATION	
Red Bluff, CA 96080		7930 Sherwood Blvd, Los Molinos	
SQUARE FEET	EMAIL	FAX NUMBER	CELL
4,468	Gerrad.pasillas@fire.ca.gov		

We hereby submit specifications and estimates for: **RE-ROOF & ROOF RESTORATION SYSTEM**

Lower/Office Section:

1. Existing spray foam system will be removed and disposed.
2. Foam flute fillers will be installed between ribs; ½" Fanfold insulation will be installed over flute fillers & ribs.
3. Solo FR Slip Sheet (or equivalent) will be installed.
4. DURO-LAST (DLX) 60 mil PVC roof system will be mechanically attached to roof deck per manufacturers' specs.
5. All seams, roof vents and protrusions will be welded in accordance to manufacturers' specifications.
6. Edges will be terminated with term bar and/or PVC coated edge metal.

Upper 2 sections/Metal:

7. Rinseable Primer Concentrate will be applied to surface and power washed.

Note: dented ribs will be pulled up and reinforced; Whirlybird vents will be replaced; Skylights will be replaced.

8. Rust Primer will be applied at a rate of ½ gal/square.
9. FiberSeal Base will be applied to all seams and protrusions.
10. ProCoat Finish (white) will be applied at a rate of 2.5 gal/square.

- Roof system will reflect 85% of the sun's heat rays and has a class A fire rating.
- This roof is warrantied against leaks for a period of 15 years. Warranty covers materials and labor.

We Propose hereby to furnish material and labor complete in accordance with above specifications, for the sum of:

Sixty seven thousand dollars and no cents. ($67,000.00)

Payment to be made as follows: Total due on completion of project.

All work to be completed according to standard practices. Warranty does not cover damages caused by any third party, including wind-blown debris, birds, drain pipes, leaking condensation lines, HVAC units, kitchen grease exhausts, Reglet flashings, Stucco, Siding, Ridge vents, or other rooftop accessories, etc. Owner to carry fire, tornado, and other necessary insurance.

Signature _____

NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal. The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to complete the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

E-Contract Review
Approval as to Form

Department Name: County of Tehama Fire Department

Vendor Name: Mast Roofing

Document Description: Agreement for metal roof on Los Molinos Fire Station

APPROVED AS TO FORM:

Date: 2/9/26

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 26-0242 **Agenda Date:** 3/3/2026 **Agenda #:** 6.

LIBRARY

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Librarian to accept grant funding and sign the agreement with the California State Library for purpose of purchasing patron-requested books that are not currently available in the collection, in an amount not to exceed $13,200, effective 7/1/25 and shall terminate 6/30/26

Financial Impact:
The Library's FY25-26 Adopted Budget included $10,000 in both revenue and expense in anticipation of receiving the Zip Books grant. Library revenue and expense budgets were each increased by $3,200 through the mid-year budget process to reflect the actual grant award amount. There is not a local funding match, and staff time is already allotted to perform these activities as this has been an ongoing project.

Background Information:
From the California State Library website: "The Zip Books program provides library users with speedy access to books that are not available at their local libraries. A patron simply requests the item, the library purchases it from Amazon, and the book is shipped directly to the patron's home. When finished, the patron returns it to the library, and the library adds it to the collection. Because Zip Books is a user-driven program, the library collection becomes more closely matched to the needs of the local community."

Tehama County Library has been selected as a Zip Book Project participating library for the past several years, allowing the library system to increase the number of new books we can add to our collection. Additionally, this program is hugely popular with patrons who are able to request specific books and effectively have a voice in growing our collection.

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8/15/2025

Ms.Alicia Meyer ,County Librarian
TEHAMA COUNTY LIBRARY
545 Diamond Ave
Red Bluff,CA ,96080

Subject: Zip Books Project ZIP 25-85

In Process

Dear Ms.Alicia Meyer:

The California State Library is pleased to approve the grant application for the Zip Book Project for a total of $13,200 in California Library Services Act funds.

Read the enclosed award packet thoroughly and contact your grant support team if you have any questions. Hard copies of this correspondence will not follow. Keep the entirety of the correspondence for your files and consider these award materials your original documents.

This grant is governed by the attached Grant Agreement and Certification of Compliance, which includes the project period, reporting requirements, and payment schedule as well as the proposal outlining the project plan and budget. Please sign the claim and certification forms at the back of your award packet using the DocuSign system. Please understand that it can take from six to eight weeks from receipt of a fully executed claim form with no errors before grant funds are delivered. If you have not received your payment after eight weeks, please contact your grant monitor.

Requirements Specific to Your Project
The following are requirements that are specific to your project. Please contact your project support team if you have any questions about or require support in fulling these requirements.

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- It is an expectation for this project that the project manager or other project staff will attend four (4) community of practice sessions (schedule to be determined) over the course of the grant period.
- It is an expectation of this project that at least 85 percent of the materials purchased as part of this project will be added to the libraries collection. (The 85 percent number may include items shipped to other libraries to add to their collection).

Project Support Team
Awardees are provided support throughout the project period by a project support team comprised of a grant monitor and Library Programs Consultant from the State Library. The project support team is available throughout the project period to assist you.

- The Grant Monitor is available to assist you with compliance and reporting matters. The Grant Monitor assigned to your project is Monica Rivas and can be reached via email at monica.rivas@library.ca.gov.
- The LPC is available to assist you with programming questions. The Library Programs Consultant assigned to your project is Chris Durr and can be reached via email at chris.durr@library.ca.gov.

Best wishes for a successful project.

Respectfully yours,

Signed by:
Greg Lucas
BDA50981C41C416...

9/2/2025

Greg Lucas
California State Librarian

CC: Monica Rivas, monica.rivas@library.ca.gov
Annly Roman, annly.roman@library.ca.gov
Yesenia Urdarbe, yesenia.udarbe@library.ca.gov
Eddie Proctor, reference@tehamacountylibrary.org

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STATE FUNDED GRANTS
AWARD AGREEMENT AND CERTIFICATE OF COMPLIANCE

In process

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CALIFORNIA STATE LIBRARY

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In Process

Library – Courts Building
P.O. Box 942837
Sacramento, CA 94237-0001

916-323-9759
csl-adm@library.ca.gov
www.library.ca.gov

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PROJECT SUMMARY

AWARD AGREEMENT BETWEEN THE STATE LIBRARY and TEHAMA COUNTY LIBRARY for the Zip Books project. AWARD AGREEMENT NUMBER ZIP 25-85

This Award Agreement ("Agreement") is entered into on 07/01/2025 by and between the California State Library ("State Library") and TEHAMA COUNTY LIBRARY, ("Grantee").

In Process

This Award Agreement pertains to Grantee's State-funded Zip Books project.

The Library Development Services Bureau ("LDS") of the State Library administers state and federal funds in the form of awards.

The Grantee was selected by the State Library to receive state grant funds in the amount of $13,200 through the process adopted by the State Library in administering such grants.

The State Library and the Grantee, for the consideration and under the conditions hereinafter set forth in the Grant Agreement, agree as follows:

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CALIFORNIA STATE LIBRARY

PROCEDURES and REQUIREMENTS

A. Term of the Agreement

The Grant term begins on the date of execution of the Agreement by both parties, until 08/31/2026. If completion of the project occurs prior to the end of the grant period, this will be the end date of the term of this agreement. Grant eligible program expenditures may begin no earlier than the start date. The project period ends on 08/31/2026 and all eligible program costs must be incurred by this date.

In Process

B. Scope of Work

1. Grantee agrees to perform all activities specifically identified in the Grantee's application and submitted to the State Library in response to the 2025-26 Zip Books Project.

2. The following activities and deliverables to be performed by the Grantee include, but are not limited to the following:

   - Maintain and keep records of expenditures related to the grant that are consistent with Generally Acceptable Accounting Practices (GAAP).
   - Make financial records available to the State Library upon request.
   - Work with the State Library staff to assure that funds are disbursed in compliance with the purpose of the grant.
   - Prepare and submit required narrative and financial reports.
   - Procure equipment and other supplies as needed for the project.
   - Issue contracts for services, personnel, and consultants as needed for the project.
   - If applicable, make payments for services, including for hours worked and travel reimbursements, to consultants and contractors.
   - Oversee the implementation of project activities.

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C. Budget Detail

The State Library shall provide the Grantee funding for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. The Grantee shall request the distribution of grant funding consistent with its proposal and the budget worksheet that was included with the application. Under no circumstances shall payments exceed the total grant amount identified in this Agreement.

D. Narrative and Financial Reports

1. The Grantee shall be responsible for the submission of interim and final **narrative and financial** reports on the progress and activities of the project, to the California State Library, using the sample report documents provided by the California State Library.

2. All the reports must be current, include all required sections and documents, and must be approved by the Grant Monitor before any payment request can be processed. Failure to comply with the specified reporting requirements may be considered a breach of this Agreement and result in the termination of the Agreement or rejection of the payment request and/or forfeiture by the Grantee of claims for costs incurred that might otherwise have been eligible for grant funding. Any problems or delays must be reported immediately to the Grant Monitor. The financial reports shall reflect the expenditures made by the Grantee under the Agreement and may be incorporated into the same reporting structure as the narrative reports.

3. The reports shall be submitted by the following dates:

Reporting Period	Report	Due Date
July 01, 2025 - December 31,2025	1st Financial and Mid Project Program Narrative Report Due	January 31, 2026
January 01, 2026- April 30, 2026	2nd Financial Program Report Due	May 31, 2026
May 01, 2026 – Project End August 31, 2026	Final Financial Report, Expenditure Detail Report and Final Program Narrative Report Due	September 30, 2026

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4. Failure to submit timely reports with the appropriate documentation by the due date may result in rejection of the payment request and/or forfeiture by the Grantee of claims for costs incurred that might otherwise have been eligible for grant funding.

5. The Grantee agrees to maintain records and supporting documentation pertaining to the performance of this grant, subject to possible audit for a minimum of five (5) years after final payment date or grant term end date, whichever is later. Please refer to Exhibit A, Terms and Conditions for more information.

E. Claim Form and Payment

1. The California State Library shall provide the Grantee payment as outlined in the payment schedule only if all requirements for claiming the funds as outline in this document have been met, and only for those activities and costs specified in the approved award application.

2. The Grantee shall complete, sign, and submit Certification of Compliance form (Exhibit B) and the Financial Claim form (included in your award packet), to the California State Library within 14 days of receiving this award packet. These forms will be issued, signed, and submitted using the online signature and agreement platform, DocuSign, unless DocuSign is unallowable or inconsistent with practices and policies of the local jurisdiction. If the use of DocuSign is not acceptable to your organization, please contact your grant monitor regarding alternate options.

3. Any of the sums appearing under the categories in the approved budget may be adjusted with prior authorization from the California State Library Grant Monitor. This would be to increase the allotment with the understanding that there will be corresponding decreases in the other allotments so that the total amount paid by the California State Library to the Grantee under this Agreement shall not exceed the awarded amount, which shall be expended/encumbered during the grant period.

4. If the payment amount made by the California State Library exceeds the actual expenses incurred during the term of this Agreement, as reflected in the financial reports to be filed by the Grantee, the Grantee shall immediately refund the excess payment amount to the California State Library.

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5. The Award payments will only be made to the Grantee. It is the Grantee's responsibility to pay all contractors and subcontractors for purchased goods and services.

6. The Final Payment of 10% (if applicable) will be withheld and retained by the California State Library until all conditions agreed upon in this Agreement, including submission and grant monitor approval of the interim and final narrative and financial reports, have been satisfied.

7. **Prompt Payment Clause**
   The California State Library will make payments to the Grantee in accordance with the Prompt Payment Clause under Government Code, section 927, *et. seq*. The Grantee may typically expect payment within 45 days from the date a grant payment request is properly submitted and approved by the Grant Monitor.

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8. **Budget Contingency Clause**
   a. It is mutually agreed that if the Budget Act of the current fiscal year or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the California State Library shall have no liability to pay any funds whatsoever to the Grantee or to furnish any other considerations under this Agreement and the Grantee shall not be obligated to perform any provisions of this Agreement.
   b. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this Program, the California State Library shall have the option to either cancel this Agreement with no liability occurring to itself or offer an Agreement amendment to the Grantee to reflect the reduced amount.

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EXHIBIT A: TERMS and CONDITIONS

1. Accessibility: The State is responsible for ensuring that public websites are accessible to both the general public and state employees, including persons with disabilities. Grantee shall assist the State in meeting its responsibility. Therefore, all project materials generated by state funded programs must meet the **California Accessibility Standards.** Additionally, all project materials designed, developed, and maintained shall be in compliance with the California Government Code, sections 7405 and 11135, and the Web Content Accessibility Guidelines 2.0, or a subsequent version, as published by the Web Accessibility Initiative of the World Wide Web Consortium at a minimum Level AA success criteria.

   However, if for some reason project material is not generated to be in compliance to meet these standards, please still submit it to the State Library. When submitting the material make sure to note that the material is not accessible by including "NOT ACCESSIBLE" in the file name.
   The California State Library reserves the right to post project materials to its website that are in compliance with these standards.

2. Acknowledgment: The State of California and the California State Library shall be acknowledged in all promotional materials and publications related to the 2025-2026 Zip Books.

   a. Grant award recipients must ensure that the State of California receives full credit as the source of funds and that the California State Library, likewise, is acknowledged as the administrator.
   b. Publications and information releases about the project must credit the State of California. An appropriate statement for a publication or project press release is:

      "This [publication/project] was supported in whole or in part by funding provided by the State of California, administered by the California State Library."

      Grantees must include the above statement in any publications, vehicle wraps, and promotional materials, including websites. If space is limited the State Library logo and the following shortened acknowledgement statement is acceptable:

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"Funding provided by the State of California."

c. This credit line on products of a project, such as materials, is important to foster support from the public, and state funding sources.
d. California State Library Logo: Use of the California State Library logo, which can be downloaded on the California State Library website, is required on any publication, vehicle wrap, or promotional material along with the above statement(s).
e. Photo Documentation: Digital photos are a great way to document the happenings of your project. It is recommended that you use a photo release form when taking photos of the public. You may use your library's photo release form or contact your grant monitor for the State Library's form.

3. Agency: In the performance of this Agreement the Grantee and its agents and employees shall act in an independent capacity and not as officers, employees, or agents of the California State Library. The Grantee is solely responsible for all activities supported by the grant. Nothing in this Agreement creates a partnership, agency, joint venture, employment, or any other type of relationship between the parties. The Grantee shall not represent itself as an agent of the California State Library for any purpose and has no authority to bind the State Library in any manner whatsoever.

4. 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 into this Agreement is binding on any of the parties. This Agreement may be amended, modified, or augmented by mutual consent of the parties, subject to the requirements and restrictions of this paragraph.

5. Applicable law: The laws of the State of California shall govern all proceedings concerning the validity and operation of this Agreement and the performance of the obligations imposed upon the parties hereunder. The parties hereby waive any right to any other venue. The place where the Agreement is entered into and place where the obligation is incurred is Sacramento County, California.

6. Assignment, Successors, and Assigns: The Grantee may not assign this Agreement or delegate its performance to any third-party person or entity, either in whole or in part, without the California State Library's prior written consent. The provisions of this Agreement shall be binding upon

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and inure to the benefit of the California State Library, the Grantee, and their respective successors and assigns.

7. Audit and Records Access: The Grantee agrees that the California State Library, the Department of General Services, the State Auditor, or their designated representatives shall have the right to review, audit, inspect and copy any records and supporting documentation pertaining to the performance of this Agreement. The Grantee agrees to maintain such records for possible audit for a minimum of five (5) years after the final payment, or grant term end date, whichever is later, unless a longer period of records retention is stipulated, or until completion of any action and resolution of all issues which may arise as a result of any litigation, dispute, or audit, whichever is later. The Grantee 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 Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement.

   Examples of audit documentation may include, but not limited to, competitive bids, grant amendments, if any, relating to the budget or work plan, copies of any agreements with contractors or subcontractors if utilized, expenditure ledger, payroll register entries, time sheets, personnel expenditure summary form, travel expense log, paid warrants, contracts and change orders, samples of items and materials developed with grant funds, invoices and/or cancelled checks.

8. Authorized Representative: Grantee and the California State Library mutually represent that their authorized representatives have the requisite legal authority to sign on their organization's behalf.

9. Communication: All communications from either party, including an interim check-in at any time during the grant term, shall be directed to the respective grant manager or representative of the California State Library or Grantee. For this purpose, the following contact information is provided below:

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TEHAMA COUNTY LIBRARY
Ms.Alicia Meyer
545 Diamond Ave
Red Bluff,CA ,96080
530-527-0604
countylibrarian@tehamacountylibrary.org

California State Library
Monica Rivas
900 N Street
Sacramento, CA 95814
916-603-7159
Monica.rivas@library.ca.gov

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1. Confidentiality: Grantee will maintain as confidential any material it receives or produces that is marked **Confidential** or is inherently confidential or is protected by privilege. Grantee agrees to alert the State Library to this status in advance, and the State Library agrees to maintain this status in conformity with the Public Records Act.

2. Contractor and Subcontractors: Nothing contained in this Grant Agreement or otherwise shall create any contractual relation between the State and any contractor or subcontractors, and no contract or subcontract shall relieve the Grantee of his or her responsibilities and obligations hereunder. The Grantee agrees to be fully responsible to the State for the acts and omissions of its contractors, subcontractors, volunteers, student interns and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Grantee. The Grantee's obligation to pay its contractors and subcontractors is an independent obligation from the State's obligation to make payments to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any monies to any contractor or subcontractor.

3. Copyright: Grantee owns and retains titles to any copyrights or copyrightable material from any original works that it creates within the scope of this Agreement in accordance with the federal Copyright Act. (17 U.S.C. 101, *et seq.*) Grantee is responsible for obtaining any necessary licenses, permissions, releases or authorizations to use text, images, or other materials owned, copyrighted, or trademarked by third parties and for extending such licenses, permissions, releases, or authorizations to the California State Library pursuant to this section. Also, the California State Library may upload, post or transmit copyrighted material produced or

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purchased with grant funds on a California State Library website for public access and viewing.

4. Discharge of Grant Obligations: The Grantee's obligations under this Agreement shall be deemed discharged only upon acceptance of the final report by California State Library. If the Grantee is a non-profit entity, the Grantee's Board of Directors shall accept and certify as accurate the final report prior to its submission to California State Library.

5. Dispute Resolution: In the event of a dispute, the Grantee will discuss the problem informally with the Grant Monitor. If unresolved, the Grantee shall file a written "Notice of Dispute" with the State Library Grant Monitor within ten (10) days of discovery of the problem. Within ten (10) days of receipt, the Grant Monitor shall meet with the Grantee for purposes of resolving the dispute. Any dispute arising under the terms of this Agreement which is not disposed of within a reasonable period of time, the Grantee may bring it to the attention of the State Librarian or the designated representative. The decision of the State Librarian or designated representative shall be final. Unless otherwise instructed by the Grant Monitor, the Grantee shall continue with its responsibilities under this Agreement during any dispute.

6. Drug-free Workplace: The Grantee certifies under penalty of perjury under the laws of California, that the Grantee will comply with the requirements of the Drug-Free Workplace Act of 1990 (Gov. Code, § 8350 *et. seq.*) 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 all of the following:

      1) The dangers of drug abuse in the workplace.
      2) The Grantee's policy of maintaining a drug-free workplace.
      3) Any available counseling, rehabilitation and employee assistance programs.
      4) Penalties that may be imposed upon employees for drug abuse violations.

   c. Require that every employee who works on the Agreement will:

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1) Receive a copy of the Grantee's drug-free workplace policy statement.
2) Agrees to abide by the terms of the Grantee'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 grantee may be ineligible for award of any future state agreements if the California State Library determines that the grantee has made a false certification or violated the certification by failing to carry out the requirements as noted above.

7. Effectiveness of Agreement: This Agreement is of no force or effect until signed by both parties.

8. Entire Agreement: This Agreement supersedes all prior agreements, oral or written, made with respect to the subject hereof and, together with all attachments hereto, contains the entire agreement of the parties.

9. Exclusive Agreement: This is the entire Agreement between the California State Library and Grantee.

10. Executive Order N-6-22-Russia Sanctions: The Grantee shall comply with 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 grant agreements with, and to refrain from entering any new grant agreements with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Grantee 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 Grantee advance written notice of such termination, allowing Grantee at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

11. Extension: The State Librarian or designee may extend the final deadline for good cause. The Grantee's request for an extension of the grant period must be made in writing and received by the California State Library at least 30 days prior to the final deadline.

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12. Failure to Perform: The grant being utilized by the Grantee is to benefit the Zip Books Program. If the Grant Monitor determines the Grantee has not complied with this Agreement, the Grantee may forfeit the right to reimbursement of any grant funds not already paid by the California State Library, including, but not limited to, the ten percent (10%) withhold.

13. Federal and State Taxes: The State Library shall not:

    a. Withhold Federal Insurance Contributions Act (FICA) payments from Grantee's payments or make FICA payments on the Grantee's behalf; or
    b. Make Federal or State unemployment insurance contributions on Grantee's behalf; or
    c. Withhold Federal or State income taxes from Grantee's payments

    Grantee shall pay all taxes required on payments made under this Agreement including applicable income taxes and FICA.

14. Force Majeure: Neither the California State Library nor the Grantee, its contractors, vendors, or subcontractors, if any, shall be responsible hereunder for any delay, default, or nonperformance of this Agreement, to the extent that such delay, default, or nonperformance is caused by an act of God, weather, accident, labor strike, fire, explosion, riot, war, rebellion, sabotage, flood, or other contingencies unforeseen by the California State Library or the Grantee, its contractors, vendors, or subcontractors, and beyond the reasonable control of such party.

15. Forfeit of Grant Funds and Repayment of Funds Improperly Expended: If grant funds are not expended, or have not been expended, in accordance with this Agreement, the State Librarian or designee, at his or her sole discretion, may take appropriate action under this Agreement, at law or in equity, including requiring the Grantee to forfeit the unexpended portion of the grant funds, including, but not limited to, the ten percent (10%) withhold, and/or to repay to the California State Library any funds improperly expended.

16. Fringe Benefit Ineligibility: Grantee agrees that neither the Grantee nor its employees and contract personnel are eligible to participate in any employee pension, health benefit, vacation pay, sick pay or other fringe benefit plan of the State of California or the State Library.

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17. Generally Accepted Accounting Principles: The Grantee is required to use Generally Accepted Accounting Principles in documenting all grant expenditures.

18. Grant Monitor: The Grant Monitor's responsibilities include monitoring grant progress, and reviewing and approving Grant Payment Requests and other documents delivered to the California State Library pursuant to this Agreement. The Grant Monitor may monitor Grantee performance to ensure Grantee expends grant funds appropriately and, in a manner, consistent with the terms and conditions contained herein. The Grant Monitor does not have the authority to approve any deviation from or revision to the Terms and Conditions (Exhibit A) or the Procedures and Requirements unless such authority is expressly stated in the Procedures and Requirements.

19. Grantee: the government or legal entity to which a grant is awarded, and which is accountable to the California State Library for the use of the funds provided.

    a. The grantee will make reports to the State Librarian in such form and containing such information as may be required to ensure the proper use of funds consistent with the grantee's application and award agreement. The grantee will keep such records and afford such access as the California State Library may find necessary to assure the correctness and verification of such reports.

20. Grantee Accountability: The Grantee is ultimately responsible and accountable for the manner in which the grant funds are utilized and accounted for and the way the grant is administered, even if the Grantee has contracted with another organization, public or private, to administer or operate its grant program. In the event an audit should determine that grant funds are owed to the California State Library, the Grantee is responsible for repayment of the funds to the California State Library.

21. Grantee Funds: It is mutually agreed that the Grantee is responsible for furnishing funds beyond the grant award that may be necessary to complete the project.

22. Independent Action: Grantee reserves the right to fulfill its obligations under this Agreement in an independent manner, at any location and at any time within the agreed-upon timeline. Grantee's employees or contract personnel shall perform all services required by this Agreement,

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but their time need not be devoted solely to fulfilling obligations under this Agreement. Grantee shall furnish all equipment and materials used to meet its obligations and complete the Project. The State Library shall not provide any personnel or other resources beyond the grant award and is not required to provide training in connection with this Agreement.

23. Indemnification: Grantee agrees to indemnify, defend and save harmless the State of California, the California State Library and its officers, employees, and agents, from any and all claims, losses, and liabilities 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 Grantee in the performance of this Agreement.

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24. License to Use: The California State Library reserves a fully paid-up, royalty-free, nonexclusive, sub-licensable and irrevocable license to reproduce, publish, prepare derivative works, distribute or otherwise use, and to authorize third parties to use, any material received or maintained by Grantee in connection with this Agreement. This includes intellectual property, with or without third-party rights. All such usages will be for public library and State governmental purposes:

    a. The copyright in any work developed under this grant, sub-grant, or contract under this grant or sub-grant; and
    b. Any rights of copyright to which a Grantee, sub-grantee, or a contractor purchases ownership with grant support.

25. Limitation of Expenditure: Expenditure for all projects must conform to the grantee's approved budget and with applicable State laws and regulations. The total amount paid by the California State Library to the Grantee under this agreement shall not exceed $13200 and shall be expended/encumbered in the designated award period.

    During the award period, the grantee may find that the awarded budget may need to be modified. Budget changes, requests for additional funds, or requests for reductions in award funding must be discussed with the assigned State Library Grant Monitor and a Grant Award Modification may be required to be submitted according to the instructions. Approval is by the State Librarian or their

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designee. Adjustments should be reported on the next financial report. Any adjustments in approved budgets must be documented and documentation retained in project accounts.

26. Lobbying: Grantee confirms that the grant funds will not be used for the purposes of lobbying or otherwise attempting to influence legislation, as those purposes are defined by the U.S. Internal Revenue Code of 1986.

27. Non-Discrimination Clause: During this grant period, the Grantee and the Grantee's contractors, and subcontractors shall not unlawfully discriminate, harass, or allow harassment 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, age, sexual orientation, or military and veteran status. Grantee shall insure that the evaluation and treatment of contractors, employees and applicants for employment are free from such discrimination and harassment.

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Additionally, Grantee, contractors, and subcontractors, if applicable, shall comply with the provisions 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 California State Library to implement such article.
Grantee shall permit access by representatives of the Department of Civil Rights and the California State Library 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 the California State Library shall require ascertaining compliance with this clause. Grantee, and its contractors, and subcontractors 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.) Grantee shall include the non-discrimination and compliance provisions of this clause in all contracts and subcontracts to perform work under the Agreement.

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28. Notices: All notices and other communications in connection with this Agreement shall be in writing, and shall be considered delivered as follows:

    a. **Electronic Mail (E-mail):** When sent by e-mail to the last e-mail address of the recipient known to the party giving notice. Notice is effective upon transmission.
    b. **DocuSign (e-signature platform)**: When sent via DocuSign a notification will be sent to the last e-mail address of the recipient known to the party giving notice. Notice is effective upon transmission.
    c. **Grants Management System**: When sent via / uploaded to the California State Library's Grants Management System a notification will be sent to the last e-mail address of the recipient known to the party giving notice. Notice is effective upon transmission.
    d. **Personally:** When delivered personally to the recipient's physical address as stated in this Agreement.
    e. **U.S. Mail:** Five days after being deposited in the U.S. Mail, postage prepaid and addressed to recipient's address as stated in this Agreement.

29. Order of Precedence: The performance of this Agreement shall be conducted in accordance with the Terms and Conditions, Procedures and Requirements, Certificate of Compliance, Project Summary, Activities Timeline, and Budget, of this Agreement, or other combination of exhibits specified on the Grant Agreement Coversheet attached hereto (collectively referred to as "Terms"). Grantee's California State Library-approved Application (Grantee's Application) is hereby incorporated herein by this reference. In the event of conflict or inconsistency between the articles, exhibits, attachments, specifications or provisions that constitute this Agreement, the following order of precedence shall apply:

    a. Grant Agreement Coversheet and any Amendments thereto
    b. Terms and Conditions
    c. Procedures and Requirements
    d. Certificate of Compliance
    e. Project Summary
    f. Grantee's Application (including Budget and Activities Timeline)

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g. All other attachments hereto, including any that are incorporated by reference.

30. Payment:

a. The approved Budget, if applicable, is attached hereto and incorporated herein by this reference and states the maximum amount of allowable costs for each of the tasks identified in the Project Summary and Activity Timeline included in the project application. The California State Library shall provide funding to the Grantee for only the work and tasks specified in the Grantee's Application at only those costs specified in the Budget and incurred in the term of the Agreement.
b. The Grantee shall carry out the work described in the Work Plan or in the Grantee's Application in accordance with the approved Budget and shall obtain the Grant Monitor's written approval of any changes or modifications to the Work Plan, approved project as described in the Grantee's Application, or the approved Budget prior to performing the changed work or incurring the changed cost. If the Grantee fails to obtain such prior written approval, the State Librarian or designee, at his or her sole discretion, may refuse to provide funds to pay for such work or costs.
c. The Grantee shall request funds in accordance with the funding schedule included in this agreement.
d. Ten percent (10%) will be withheld from the Payment Request (if applicable) and paid at the end of the grant term, when all reports and conditions stipulated in this Agreement have been satisfactorily completed. Failure by the grantee to satisfactorily complete all reports and conditions stipulated in this Agreement may result in forfeiture of any such funds withheld.
e. Lodgings, Meals and Incidentals: Grantee's eligible costs are limited to the amounts authorized in the California State Administrative Manual (see Exhibit C or contact the Grant Monitor for more information).
f. Payment will be made only to the Grantee.

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g. Reimbursable expenses shall not be incurred unless and until the grantee receives a Notice to Proceed as described in the Procedures and Requirements.

31. Personal Jurisdiction: The Grantee consents to personal jurisdiction in the State of California for all proceedings concerning the validity and operation of this Agreement and the performance of the obligations imposed upon the parties. Native American Tribal grantees expressly waive tribal sovereign immunity as a defense to any and all proceedings concerning the validity and operation of this Agreement and the performance of the obligations imposed upon the parties.

32. Personnel Costs: Any personnel expenditures to be paid for with grant funds must be computed based on actual time spent on grant-related activities and on the actual salary or equivalent hourly wage the employee is paid for their regular job duties, including a proportionate share of any benefits to which the employee is entitled.

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33. Pledge: This Agreement shall not be interpreted to create any pledge or any commitment by the State Library to make any other or further grants or contributions to Grantee, or any other person or entity in connection with the Project. It is mutually agreed that Grantee is responsible for furnishing funds beyond the grant award that may be necessary to complete outcomes or deliverables.

34. Privacy Protection: Both parties agree to protect the confidentiality of any non-public, personal information that may be contained in materials received or produced in connection with this Agreement, as required by Civil Code, section 1798, *et. seq*.

35. Prohibited Use: The expenditure under this program shall not be used to supplant Grantee efforts in other grant programs provided by the California State Library.

36. Public Records Act: Material maintained or used by the California State Library is considered "public record" under the Public Records Act (PRA) at Government Code, sections 6250, *et. seq*. This includes the Interim and Final reports, and any other written communications between the parties. Grantee agrees to ensure that all content contained in its written reports are appropriate for publication. Said material, along with all other reports,

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documentation and data collected during the term of the Agreement, will be subject to disclosure unless it qualifies for exemption under the PRA in whole or in part. Grantee agrees to alert the State Library as to a basis for exemption, if any exists.

37. Publicity Obligations: Grantee will notify the State Library of any promotional materials or publications resulting from the grant no later than five (5) days in advance of distribution, whether they are print, film, electronic, or in any other format or medium. Copies of all promotional materials will be provided to the State Library. Grantee will acknowledge the State Library's support as noted above. Grantee agrees that the State Library may include information about this grant and its outcomes in its own annual reports, with specific reference to Grantee, and may distribute such information to third parties.

38. Records: Communications, grant related documents, data, original receipts, and invoices must be maintained by Grantee and shall be made available to the State Library upon request. Grantee agrees to maintain adequate grant program records and adequate financial records consistent with generally accepted accounting practices, and to retain all records for at least five (5) years after the end-of-term. The State Library may monitor or conduct an onsite evaluation of Grantee's operation to ensure compliance with this Agreement, with reasonable advance notice.

39. Reduction of Waste: In the performance of this Agreement, Grantee shall take all reasonable steps to ensure that materials purchased or utilized in the course of the project are not wasted. Steps should include but not be limited to: the use of used, reusable, or recyclable products; discretion in the amount of materials used; alternatives to disposal of materials consumed; and the practice of other waste reduction measures where feasible and appropriate.

40. Reimbursement Limitations: Under no circumstances shall the Grantee seek reimbursement pursuant to this Agreement for a cost or activity that has been or will be paid for through another funding source. The Grantee shall not seek reimbursement for any costs used to meet cost sharing or matching requirements of any other California State Library funded program.

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41. Reports and Claims: It is the responsibility of the grantee make the required reports and claims to the California State Library.

    a. The grantee shall be responsible for submitting to the State Library Narrative Reports detailing progress and activities. The reports are due on the dates specified in the reporting schedule detailed in the Procedures and Requirements section.
    b. The grantee shall be responsible for submitting to the State Library Financial Reports reflecting grantee expenditure activity. The reports are due on the dates specified in the reporting schedule detailed in the Procedures and Requirements section.
    c. To obtain payment hereunder the grantee shall submit authorized claims provided by the State Library for that purpose, on each of the following mentioned dates for payment, and the California State Library agrees to reimburse the library as soon thereafter as State fiscal procedures will permit.
    d. The final 10% of the grant award (if applicable) is payable only upon approval of all final reports and receipt of claim form. Failure to provide timely reports is a serious breach of an award recipient's administrative duty under the award.
    e. Payment will be provided to cover the expenditures incurred by the grantee for the project in the following manner:
        - $ 13200 upon execution of the agreement and submission of claim by the grantee organization.

42. Self-Dealing and Arm's Length Transactions: All expenditures for which reimbursement pursuant to this Agreement is sought shall be the result of arm's-length transactions and not the result of, or motivated by, self-dealing on the part of the Grantee or any employee or agent of the Grantee. For purposes of this provision, "arm's-length transactions" are those in which both parties are on equal footing and fair market forces are at play, such as when multiple vendors are invited to compete for an entity's business and the entity chooses the lowest of the resulting bids. "Self-dealing" is involved where an individual or entity is obligated to act as a trustee or fiduciary, as when handling public funds, and chooses to act in a manner that will benefit the individual or entity, directly or

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indirectly, to the detriment of, and in conflict with, the public purpose for which all grant monies are to be expended.

43. Severability: If any part of this Agreement is found to be unlawful or unenforceable, such provisions will be voided and severed from this Agreement, but the remainder of the provisions in the Agreement will remain in full force and effect.

44. Site Visits: The Grantee shall allow the California State Library to access and conduct site visits, with reasonable notice, at which grant funds are expended and related work being performed at any time during the performance of the work and for up to ninety (90) days after completion of the work, or until all issues related to the grant project have been resolved. A site visit may include, but not be limited to, monitoring the use of grant funds, provide technical assistance when needed, and to visit the State funded project.

45. Termination: The Agreement shall be subject to termination by the State Librarian or designee upon notice to the Grantee at least thirty (30) days prior to the effective date of termination. In the event this agreement is terminated, the Grantee shall deliver to the State Librarian copies of all reports, accounting, data, and materials prepared up to the date of termination. The State Librarian shall determine and pay the Grantee for necessary and appropriate expenditures and obligations up to the date of termination which have not been covered by prior installments previously paid to the Grantee. Upon such termination, the unused portion of the grant award must be returned to the California State Library within 45 days. If funding has been advanced to the Grantee, any unobligated balances, as determined by the State Librarian, shall be returned to the State Library within 45 days of the notice of termination.

46. Timeline: Time is of the essence to this Agreement. It is mutually agreed between the parties that the grant application and the timeline included therein are part of the Agreement.

47. Unused Funds: At the end-of-term Grantee agrees to return any unexpended or unaccounted for funds to the State Library, or to submit a written request for an extension of the grant period. Funds will be

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considered unexpended or unaccounted if they were: (1) not used for their intended purpose, or (2) used inconsistent with the terms of this Agreement.

Funds will also be considered unaccounted for, and must be returned, if the proposal outcomes or deliverables are materially incomplete by the end-of-term or earlier termination, as determined by the State Library in its sole discretion.

48. Waiver of Rights: California State Library shall not be deemed to have waived any rights under this Agreement unless such waiver is given in writing and signed by California State Library. No delay or omission on the part of California State Library in exercising any rights shall operate as a waiver of such right or any other right. A waiver by the California State Library of a provision of this Agreement shall not prejudice or constitute a waiver of California State Library's right otherwise to demand strict compliance with that provision or any other provision of this Agreement. No prior waiver by the California State Library, nor any course of dealing between California State Library and Grantee, shall constitute a waiver of any of California State Library's rights or of any of grantee's obligations as to any future transactions. Whenever the consent of California State Library is required under this Agreement, the granting of such consent by California State Library in any instance shall not constitute continuing consent to subsequent instances where such consent is required and in all cases such consent may be granted or withheld in the sole discretion of California State Library.

49. Work Products: Grantee shall provide California State Library with copies of all final products identified in the Work Plan and Application. Grantee shall also provide the State Library with copies of all public education and advertising material produced pursuant to this Agreement.

50. Worker's Compensation: The State of California will not provide Workers' Compensation insurance for Grantee or Grantee's employees or contract personnel. If Grantee hires employees to perform services required by this Agreement, Grantee shall provide Workers' Compensation insurance for them. The Grantee is aware of Labor Code Section 3700, which requires every employer to be insured against liability for Workers' Compensation

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or to undertake self-insurance in accordance with the Labor Code, and the Grantee agrees to comply with such provisions before commencing the performance of the work of this Agreement.

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CALIFORNIA STATE LIBRARY

EXHIBIT B: CERTIFICATION of COMPLIANCE FORM

1. **AUTHORIZED REPRESENTATIVE:** I certify that the authorized representative named below is the legally designated representative of the Grantee for this Grant Agreement and project and is authorized to receive and expend funds in order to administer this grant program.
2. I certify that all information provided to the California State Library for review in association with this award is correct and complete to the best of my knowledge, and as the authorized representative of the Grantee, I commit to the conditions of this award, and I have the legal authority to do so.
3. I certify that any or all other participants or contractors in the grant program have agreed to the terms of the application/grant award and have entered into an agreement(s) concerning the final disposition of equipment, facilities, and materials purchased for this program from the funds awarded for the activities and services described in the attached, as approved and/or as amended in the application by the California State Librarian.
4. The authorized representative, on behalf of the Grantee, certifies that the Grantee will comply with all applicable requirements of State and Federal laws, regulations, and policies governing this program, to include the requirements listed below in this Certification of Compliance Form.
5. The authorized representative, on behalf of the Grantee, hereby certifies to the California State Library, for an award of funds in the amount $ 13200. This award will provide library services as set forth in the Project Application as approved and/or as amended by the California State Librarian.
6. **STATEMENT OF COMPLIANCE:** Grantee has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102).

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7. **DRUG-FREE WORKPLACE REQUIREMENTS:** Grantee 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 Grantee may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Grantee has made false certification or violated the certification by failing to carry out the requirements as noted above. (Gov. Code § 8350 *et. seq.*)

8. **CONFLICT OF INTEREST:** Grantee needs to be aware of the following provisions regarding current or former state employees. If Grantee has any questions on the status of any person rendering services or involved with the Agreement, the California State Library must be contacted immediately for clarification.

   Current State Employees (Pub. Contract Code § 10410):

   a. 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

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funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

b. 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):

a. 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.

b. 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 Grantee violates any provisions of above paragraphs, such action by Grantee 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).

9. **LABOR CODE/WORKERS' COMPENSATION:** Grantee 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 Grantee affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code § 3700).

10. **AMERICANS WITH DISABILITIES ACT:** Grantee 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.*)

11. **RESOLUTION:** For awards totaling $350,000 or more, 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

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by law has authority to enter into an agreement, authorizing execution of the agreement.

12. **PAYEE DATA RECORD FORM STD. 204:** This form must be completed by all Grantees that are not another state agency or other governmental entity.

13. **DRUG FREE WORKPLACE:**

    a. Continue to provide a drug-free workplace by complying with the requirements in 2 C.F.R. part 3186 (Requirements for Drug-Free Workplace (Financial Assistance)). In particular, the recipient must comply with drug- free workplace requirements in subpart B of 2 C.F.R. part 3186, which adopts the Government-wide implementation (2 C.F.R. part 182) of sections 5152-5158 of the Drug-Free Workplace Act of 1988 (P. L. 100-690, Title V, Subtitle D; 41 U.S.C. §§ 701-707).
    b. This includes but is not limited to making a good faith effort, on a continuing basis, to maintain a drug-free workplace; publishing a drug-free workplace statement; establishing a drug-free awareness program for the employees; taking actions concerning employees who are convicted of violating drug statutes in the workplace.

14. **ACCESSIBILITY:** The organization receiving this award, as listed in the certification section below, and all program staff, will ensure all project materials will meet California accessibility standards.

15. **NON-DISCRIMINATION:** The organization receiving this award, as listed in the certification section below, and all program staff agree to comply with all California non-discrimination laws.

16. **ACKNOWLEDGEMENT:** The organization receiving this award, as listed in the certification section below, and all program staff agree to comply with California State Library acknowledgement requirements.

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Certification

ORGANIZATION	
Name:	**Address** *(official and complete)*:
PROJECT COORDINATOR	
Name:	
Email:	**Phone**:
GRANTTEE AUTHORIZED REPRESENTATIVE	
Name: Alicia Meyer	**Title**:
Email: countylibrarian@tehamacountylibrary.org	**Phone**:
Signature:	**Date**:

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CALIFORNIA STATE LIBRARY

Authorized Representative Signature

ORGANIZATION	
Name:	**Address** *(official and complete)*:
AUTHROIZED REPRESENTATIVE	
Signature:	**Date**:
Printed Name of Person Signing: Alicia Meyer	**Title**:
STATE OF CALIFORNIA	
Agency Name: California State Library	**Address**: 900 N Street, Sacramento, CA 95814
Signature: Signed by: Greg Lucas BDA2D91C41C416...	**Date**: 9/2/2025
Printed Name of Person Signing: Greg Lucas	**Title**: California State Librarian

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EXHIBIT C: STATE REIMBURSABLE TRAVEL EXPENSES

Rates are subject to change per State of California, Department of Human Resources
Please Check State of California, Department of Human Resources Website for updated expenses:
http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx

Mileage: Rate subject to change	$0.585 per mile – approved business/travel expense
Meals: Receipts are required	$7.00 – Breakfast $11.00 – Lunch $23.00 – Dinner $5.00 - Incidentals

In Process

Meals Note: Lunch can only be claimed if travel is more than 24 hours. Incidental charge may be claimed once for every 24-hour period and should cover incidental expenses, such as but not limited to, tip, baggage handling, etc.

Hotel: Receipts are required and MUST have a zero balance.	$ 90.00 plus tax for all counties/cities not listed below $ 95.00 plus tax for Napa, Riverside, and Sacramento Counties $ 110.00 plus tax for Marin County $ 120.00 plus tax for Los Angeles, Orange, Ventura Counties, and Edwards AFB. Excluding the city of Santa Monica $ 125.00 plus tax for Monterey and San Diego Counties $ 140.00 plus tax for Alameda, San Mateo and Santa Clara Counties $ 150.00 plus tax for the City of Santa Monica $ 250.00 plus tax for San Francisco County **Out of State:** Prior authorization must be obtained, as well as three print-out hotel quotes. Actual receipt must be included with authorization and additional quotes.

Hotel Note: If the above approved reimbursable hotel rates cannot be secured, please contact your grant monitor to obtain an excess lodging form. This form must be approved prior to actual travel.

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AIRLINE TICKETS: Itinerary and receipts are required	Actual reasonable fees pertaining to airline travel will be reimbursed. Business, First Class, or Early Bird Check-in fee is not an approved reimbursable expense.

April 25, 2022

RE: Contractor and Grantee Compliance with Economic Sanctions Imposed in Response to Russia's Actions in Ukraine

In Process

Dear Grantee,

You are receiving this notification because you currently have an active grant through the California State Library.

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (EO) regarding sanctions in response to Russian aggression in Ukraine. The EO is located at https://www.gov.ca.gov/wp-content/uploads/2022/03/3.4.22-Russia-Ukraine-Executive-Order.pdf.

The EO directs all agencies and departments that are subject to the Governor's authority to take certain immediate steps, including notifying all contractors and grantees of their obligations to comply with existing economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law.

This correspondence serves as a notice under the EO that as a contractor or grantee, compliance with the economic sanctions imposed in response to Russia's actions in Ukraine is required, including with respect to, but not limited to, the federal executive orders identified in the EO and the sanctions identified on the U.S. Department of the Treasury website (https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions). Failure to comply may result in the termination of contracts or grants, as applicable.

Please note that for any agreements or grants valued at $5 million or more, a separate notification will be sent outlining additional requirements specified under the EO.

Annly Roman
California State Library
900 N Street
Sacramento, CA 95814

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CALIFORNIA LIBRARY SERVICES ACT
FINANCIAL CLAIM
PAYMENT IN FULL

Grant Award #:	ZIP 25-85	**Date:**	
Invoice #:	ZIP 25-85-01	**PO #:**	
Payee Name:	Tehama County Library (Legal name of authorized agency to receive, disburse and account for funds*)		
Complete Address:	Street Address, City, State, Zip Code (Warrant will be mailed to this address)		
Amount Claimed:	$13,200 (Payable Upon Execution of Agreement)	**Type of Payment:**	☐ PROGRESS
Grantee Name:	Tehama County Library (Name on Award Letter and Agreement)		☐ FINAL ☒ IN FULL
Project Title:	Zip Books Project		☐ AUGMENT
	For Period From: upon execution to end of grant period		

In Process

CERTIFICATION

I hereby certify under penalty of perjury: that I am the duly authorized representative of the claimant herein; that this claim is in all respects true, correct and in accordance with law and the terms of the agreement; and that payment has not previously been received for the amount claimed herein.

By

_____
(Signature of the Authorized Representative)

Alicia Meyer

_____ _____
(Print Name) (Title)

*Legal payee name must match the payee's federal tax return. Warrant will be made payable to payee name. Payee discrepancies in name and/or address may cause delay in payment. If you need to change payee name and/or address, please contact Fiscal Services at stategrants.fiscal@library.ca.gov.

State of California, State Library Fiscal Office

ENY: 2025
PURCHASING AUTHORITY NUMBER: CSL-6120
COA: 5432000
FAIN: LS or N/A

ITEM NO: 6120-211-0001, Chapter 4, Statutes of 2025
REPORTING STRUCTURE: 61202000
PROGRAM #: 5312

By _____ Date _____

(State Library Representative)

Print Form Reset Form
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PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

Section 1 – Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

CITY, STATE, ZIP CODE	E-MAIL ADDRESS

Section 2 – Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

- ☐ **SOLE PROPRIETOR / INDIVIDUAL**
- ☐ **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual*
- ☐ **PARTNERSHIP**
- ☐ **ESTATE OR TRUST**

CORPORATION (see instructions on page 2)

- ☐ **MEDICAL** *(e.g., dentistry, chiropractic, etc.)*
- ☐ **LEGAL** *(e.g., attorney services)*
- ☐ **EXEMPT** *(e.g., nonprofit)*
- ☐ **ALL OTHERS**

Section 3 – Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity), in which the sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

___ ___ ___ -___ ___ - ___ ___ ___ ___

OR

Federal Employer Identification Number (FEIN)

___ ___ - ___ ___ ___ ___ ___ ___ ___

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Section 4 – Payee Residency Status (See instructions)

☐ **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California.

☐ **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.

☐ No services performed in California

☐ Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 – Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE	TITLE	E-MAIL ADDRESS

SIGNATURE	DATE	TELEPHONE *(include area code)*

Section 6 – Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE	UNIT/SECTION
Ca. State Library	Admin/Accoutning

MAILING ADDRESS	FAX	TELEPHONE *(include area code)*
900 N Street		916-603-7157

CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Sacramento	CA	95814	accounting@library.ca.gov

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PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form1099).
NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.
Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

If the Payee in Section 1 is a(n)…	THEN Select the Box for…
Individual ● Sole Proprietorship ● Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships ● Limited Liability Partnerships (LLP) ● and, LLC treated as a Partnership	Partnerships
Estate ● Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc. ● LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) ● LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above ● LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status

Are you a California resident or nonresident?

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
  - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:
Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov
For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to $20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

E-Contract Review
Approval as to Form

Department Name: Library

Vendor Name: California State Library

Contract Description: For the purpose of grant funding for purchasing patron-requested books

APPROVED AS TO FORM:

Date: 01/20/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0162 **Agenda Date:** 3/3/2026 **Agenda #:** 7.

SOCIAL SERVICES

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Director to sign Amendment No.3 with Express Services Inc. dba, Express Employment Professionals (Misc. Agree. #2025-035 as amended by #2025-245, and #2025-137), for the purpose of administering a subsidized employment program for eligible CalWORKs participants, thereby increasing the total maximum compensation not to exceed $667,350

Financial Impact:
Funding for this program is anticipated in the FY 2025-2026 budget, account 5013-53230, Professional and Special Services. These activities are funded with federal CalWORKs Expanded Subsidized Employment funding which is all federal and state funding. There is no impact to the General Fund.

Background Information:
This is the third amendment to the existing Miscellaneous Agreement #2025-035. The second amendment 2025-245 increased the total amount from $349,064.10 to $450,000.The first amendment 2025-137 extended the term from June 2025 to June 2026. This is a continuing agreement. Express has provided these services since 2015. Tehama County Social Services Employment and Training workers will refer CalWORKs participants to Express Employment to be screened for employment. Participants that meet the criteria will be provided various employment opportunities at different worksites throughout the community for a 6-month period. This program focuses on a longer-term job placement, which will provide immediately available, meaningful subsidized work that has the potential to lead to unsubsidized employment.

AMENDMENT #3

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND EXPRESS EMPLOYMENT PROFESSIONALS

This Amendment to Agreement Number 2025-035, dated 7/16/2025, by and between the County of Tehama, through its Tehama County Department of Social Services (County) and Express Services Inc. dba, Express Employment Professionals (Contractor) for the provision of administering a subsidized employment program for eligible CalWORKs participants, shall be amended as follows:

3. **COMPENSATION**

Shall be replaced in entirety with the following:

a. As consideration for the services set forth in Section 1, County shall pay Contractor as set forth in this Section. For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall accurately invoice County the billed rates for actual participant hours worked, as described in Section 4, for as many individual placements in subsidized employment slots as the budget will allow per fiscal year.

b. Compensation shall be paid at a maximum of $667,350.00 for the period of July 1, 2025 to June 30, 2026. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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. Payment by County for services

rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

c. Contractor agrees that the Contract Cost Principles and Procedures, 48 C.F.R., part 31, shall be used to determine the allowability of cost individual items. Contractor further agrees to comply with federal procedures in accordance with 49 C.F.R., part 18, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments. Any costs for which payment has been made to Contractor that are determined by subsequent audit to be unallowable under the Contract Cost Principles and Procedures, 48 C.F.R., part 31, or the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 48 C.F.R., part 18, are subject to repayment by Contractor to County.

d. Any subcontract entered into as a result of this Agreement, if authorized by County in accordance with Section 8, shall contain all of the provisions of this Section.

Budget, Exhibit D-3, attached hereto and incorporated by reference.

It is mutually agreed that all other terms and conditions of Agreement Number 2025-035 shall remain in full force and effect.

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

Date: 1/23/26

COUNTY OF TEHAMA

Bekkie F. Emery, Director

Date: 1/22/2026

EXPRESS EMPLOYMENT PROFESSIONALS

Lisa Hansen, Franchisee

123262
Vendor Number

5013-53230
Budget Account Number

93.558
Federal Funding CFDA#

Budget Exhibit D-3

Express Employment Professionals
TCDSS Subsidized Employment Program **2025-26 – Revised 12/31/25**
Projected participant hours worked, billings

Referrals/m	Jan, 2026	Feb, 2026	Mar, 2026	Apr, 2026	May, 2026	June, 2026	Totals
Carryovers from December, 2025:							
	176	176	176	176	176	35	915
	176	176	176				528
	176	176	176	176			704
	176	176					352
	176	176					352
	176	176	176	176			704
	176	176	176	20			548
	176	176	176	176	176	176	1,056
	176	176	176	44			572
	176	176	176	176	176	176	1,056
	176	176	176	176	176	176	1,056
Subtotal – hours for c	1,936	1,936	1,584	1,120	704	563	7,843
New referrals:							
Jan, 202(1.00 176	176	176	176	176	176	176	1,056
Feb, 202(1.00 176		176	176	176	176	176	880
Mar, 202(1.00 176			176	176	176	176	704
Apr, 202(0.00 0				0	0	0	0
May, 202(1.00 176					176	176	352
Jun, 202(1.00 176						176	176
Subtotal – hours for r	176	352	528	528	704	880	3,168
Total hours – ALL	2,112	2,288	2,112	1,648	1,408	1,443	11,011
x Average bill rate	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57
Total budget	$66,670.56	$72,226.44	$66,670.56	$52,023.24	$44,447.04	$45,551.90	$347,589.74

Projected pay rates	$18.30
-Administrative bill rate – 1.65 Mark-	$30.20
-Commercial bill rate – 1.80 Mark-up	$32.94
-Average bill rate – Admin vs. Comm	$31.57

Budget summary:	
-Remaining balance at 12/28/25	**$130,229.29**
-Additional budget monies	**$217,350.00**
Total budget to 6/30/26	**$347,579.29**

NOTE: Above assumptions based on average of 8 hours per day and 22 work days per month (176 hours/month/person). Each referral works for 6 month period (or 180 days). It is also projected that 50% of placements will be administrative and 50% will be commercial/industrial, so average bill rate to be used.

E-Contract Review
Approval as to Form

Department Name: Department of Social Services

Vendor Name: Express Services Inc.

Contract Description: For the purpose of administering a subsidized employment program for eligible CalWORKs participants

APPROVED AS TO FORM:

Date: 01/26/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

AGREEMENT BETWEEN
THE COUNTY OF TEHAMA AND EXPRESS SERVICES
INC., DBA EXPRESS EMPLOYMENT PROFESSIONALS

This agreement is entered into between the County of Tehama, through its Department of Social Services, ("County") and Express Services, Inc. DBA Express Employment Professionals, ("Contractor"), a for profit corporation with a local notice address of 243 S. Main Street, Red Bluff, Ca. 96080, for the purpose of administering a subsidized employment program.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall perform services as described in Exhibit C, Scope of Work, attached hereto and made part of this Agreement. Contractor shall invoice County in the manner indicated by and on a form approved by the Director of Social Services.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement in full consideration of services provided by Contractor.

3. COMPENSATION

a. As consideration for the services set forth in Section 1, County shall pay Contractor as set forth in this Section. For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall accurately invoice County the billed rates for actual participant hours worked, as described in Section 4, for as many individual placements in subsidized employment slots as the budget will allow per fiscal year.

b. Compensation shall be paid at a maximum of $349,064.10 for the period of January 1, 2025 to June 30, 2025. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

c. Contractor agrees that the Contract Cost Principles and Procedures, 48 C.F.R., part 31, shall be used to determine the allowability of cost individual items. Contractor further agrees to comply with federal procedures in accordance with 49 C.F.R., part 18, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments. Any costs for which payment has been made to Contractor that are determined by subsequent audit to be unallowable under the Contract Cost Principles and Procedures, 48 C.F.R., part 31, or the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 48 C.F.R., part 18, are subject to repayment by Contractor to County.

d. Any subcontract entered into as a result of this Agreement, if authorized by County in accordance with Section 8, shall contain all of the provisions of this Section.

4. **BILLING AND PAYMENT**

Contractor shall submit accurate biweekly invoices in the manner indicated by and on a form approved by the Director of Social Services for the billed rate per actual participant hour worked. The billed rates for each category of placement are as follows:

a. Administrative Placement - Per hour participant wage multiplied by 1.65 (markup)

b. Commercial/Industrial Placement - Per hour participant wage multiplied by 1.80 (markup)

Any supporting documentation for any invoice shall be received immediately upon demand by County. Any invoices for the month of June during the term of this Agreement, must be submitted no later than the 15th of June, and can be reconciled in July. County shall make payment within thirty (30) days of receipt of Contractor's invoice. In no event will the cost to County for services to be provided under this Agreement exceed the Maximum Compensation.

5. **TIMELY SUBMISSION**

Notwithstanding section #4, Contractor shall submit a final undisputed invoice for payment no more than thirty (30) calendar days following the expiration or termination date of this Agreement. Said invoice should be clearly marked "Final Invoice", thus indicating that all payment obligations of the County under this Agreement have ceased and that no further payments are due or outstanding. County will not honor any delinquent invoice. Contractor will be deemed to have forfeited its right to payment and shall have no claim against County for payment, of any kind whatsoever, for any delinquent invoice.

6. **TERM OF AGREEMENT**

This agreement shall commence on January 1, 2025 and shall terminate June 30, 2025, unless terminated in accordance with section 7 below.

7. **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 Director, the Chairperson of the Tehama County Board of Supervisors or the Purchasing Agent, as indicated on the signatory page.

8. **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.

9. **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.

10. **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 insure 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.

11. **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, to the extent caused by contractor's negligent performance of work hereunder or its failure to comply with any of its obligations contained in this agreement. 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.

12. **INSURANCE**

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements for Contractor," attached hereto and incorporated by reference.

13. **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.

14. **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.

15. **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.

16. **COMPLIANCE WITH LAWS AND REGULATIONS**

All services to be performed by Contractor under 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.

17. **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.

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. **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:

NOTICES TO COUNTY:	**NOTICES TO CONTRACTOR:**
Bekkie F. Emery, Director Tehama County Department of Social Services P. O. Box 1515 Red Bluff, CA 96080 Fax: 530-527-5410	Randy and Lisa Hansen, Owners Express Employment Professionals 243 S. Main St., Red Bluff, CA 96080 Phone: 530-527-0727 Lisa.Hansen@ExpressPros.com
ANALYST RESPONSIBLE TO RECEIVE REPORTS	**PERSON RESPONSIBLE FOR REPORTING**
Faith Sweat, Staff Services Analyst Tehama County Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 OR emailed to fsweat@tcdss.org OR delivered in person to: 310 S. Main St. Red Bluff, CA 96080 Phone: 530-528-4116	Randy and Lisa Hansen, Owners Express Employment Professionals 243 S. Main St., Red Bluff, CA 96080 Phone: 530-527-0727 Lisa.Hansen@ExpressPros.com
INVOICES SUBMITTED TO COUNTY:	**PERSON RESPONSIBLE FOR INVOICING:**
Invoices may be emailed to AccountsPayable@tcdss.org	Randy and Lisa Hansen, Owners Express Employment Professionals 243 S. Main St., Red Bluff, CA 96080 Phone: 530-527-0727 Lisa.Hansen@ExpressPros.com

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

20. **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.

21. 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.

22. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

23. 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.

24. 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.

25. 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.

26. 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.

27. 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.

28. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through F, 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.

29. **OWNERSHIP OF DOCUMENTS**

All documents, notes, reports, electronic storage media, plans or any other materials produced by Contractor during the term of this agreement for any purpose related to the agreement shall become the property of the County. Contractor shall deliver, upon full payment by the County for services rendered hereunder, all such materials to County.

30. **DOCUMENTS AND RETENTION**

1. Contractor and County agree to retain all documents relevant to this agreement for five years from the termination of the agreement or until all audits, Federal and/or State, are complete, whichever is later. Upon request, Contractor shall make available these records to the County, State or Federal government representatives.
2. Contractor shall provide County all finished and unfinished reports, data, studies, photographs, charts and other documents prepared by Contractor pursuant to this agreement, should this agreement be terminated.
3. Contractor shall develop and maintain records concerning the services provided pursuant to this agreement. Contractor shall also provide all information necessary for quarterly reports or other reports required by County, State or the Federal government. Contractor shall fully cooperate with the County in providing any information needed by any governmental entity concerning this agreement.

31. **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.

32. **CONFLICT OF INTEREST**

Contractor and Contractor's employees shall have no interest and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this agreement.

33. **CONFIDENTIALITY**

The intent of this agreement is for the Contractor to provide subsidized employment placement opportunities for CalWORKs participants. 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 of 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.

34. **AVAILABILITY OF FUNDS**

All funding under this agreement is subject to the availability of Federal, State and County funds. If at any time during the period covered by this agreement the funding from any source is discontinued or decreased, this agreement shall no longer be binding upon the County or the Contractor, effective with the date funding is discontinued or decreased.

In the event of an audit exception or exceptions, the party responsible for not meeting the program requirement or requirements shall be responsible for the deficiency.

35. **MONITORING, VIOLATIONS, BREACHES OF AGREEMENT**

The County may monitor the Contractor's performance to assure compliance with the terms, conditions and specifications of this agreement.

Contractor shall develop and make known to recipients the procedure for presenting grievances or complaints regarding services and shall be able to present the procedure to County at any time. This shall include informing recipients of their right to a State hearing.

The County may take appropriate remedies, such as fiscal penalties or withhold payment in instances whereas the Contractor or any person employed by Contractor, in any capacity during the progress of the work, whether by negligence or otherwise breach or violate any provision of this agreement.

36. **MISCELLANEOUS PROVISIONS**

Contractor will recognize the mandatory standards and policies relating to energy efficiency in the state energy conservation plan. {Title 24, California Administrative Code}.

If the amount of this agreement is in excess of $10,000.00, Contractor is required to comply with Executive Order 11246, entitled “Equal Employment Opportunity,” as amended by Executive Order 11375 and as supplemented in Department of Labor regulations (41 CFR Part 60).

If the amount of this agreement is in excess of $100,000.00, Contractor is required to comply with Section 306 of the Clean Air Act (42 USC 1857 (h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).

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

TEHAMA COUNTY DEPARTMENT OF SOCIAL SERVICES

Date: Dec. 2, 2024

Bekkie F. Emery, Director

EXPRESS EMPLOYMENT PROFESSIONALS

Date: 11/26/24

Lisa Hansen, Franchisee

123262
Vendor Number

5013-53230
Budget Account Number

93.558
CFDA #

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 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, except for the negligence or willful misconduct of "Tehama County, its elected officials, officer, employees and volunteers."

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 endorsements effecting the coverage required by these specifications at any time.

EXHIBIT B

NONDISCRIMINATION CLAUSE

The Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (I), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations Section 98000-98413; the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 35], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, sex, color disability, national origin, race, marital status, religion or political affiliation be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HERREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited. By ACCEPTING THE ASSURANCE, the Contractor agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and /or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance. This ASSURANCE is binding on the Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

Exhibit C

Scope of Work

Subsidized Employment Program - Express Employment Professionals

The purpose of the Long-Term Subsidized Employment Program is to provide immediately available, meaningful subsidized work that has the potential to lead to unsubsidized employment.

The goal of the project is to engage participants in meaningful work activities while teaching work-related soft skills, evaluating work readiness, and providing CalWORKs Employment Services staff with relevant information for developing the ongoing service strategies for their participants. These placements may be at public, private, or non-profit work sites. Displacement provisions, as outlined below, will be adhered to at all times.

Participants will be paid at least minimum wage. Hours will vary to up to 40 hours per week. Positions may be part-time or full-time depending on the type of placement and the work to be done. It is expected that every attempt be made to find a placement that can accommodate the number of hours indicated on the referral from CalWORKs Employment Services to Express Employment Professionals.

Referred participants will have varying levels of skills, including those who are recently unemployed and have a high level of work experience to those who have little or no work experience, or individuals who have been self-employed. Participants may include felons, individuals with barriers to employment, including mental health, substance use or domestic violence.

Within one day of receiving a referral, Express Employment Professionals staff will invite the participant to complete an employment application and intake and screening process. The intake and screening process will include a skills assessment and interview. The interview will include a discussion of vocational interests, availability, strengths, barriers, required participation hours, and measurement of interest in specific job sites or types of employment. All participants accepted into the program must meet Express Employment Professionals' bonding requirement, i.e., a participant cannot have a conviction within the past seven (7) years involving theft, embezzlement, and/or fraud in an amount exceeding $5,000.

The resources provided through this Agreement will be used to fund:

- As many individual placements in subsidized employment slots as the budget will allow per fiscal year.

- Placement at a work site within 10 days of receiving a referral, assuming the participant follows through with all appointments and commitments, is willing and able to choose a site from the established list, and the worksite does not ask for a delay.

    - Due to a hiring freeze, County positions are not to be considered for placement.

- Six (6) months of subsidized employment for each participant. Participant may be placed at more than one worksite within the initial six-month period as deemed necessary. Duration of placements may vary depending on worksite circumstances.
    - Example 1: A participant may complete one month of subsidized employment at worksite (A) then, due to various reasons (participant or employer needs, scheduling or other conflicts, performance issues, or other placement outcomes), may be relocated to worksite (B) for the opportunity of a better fit. The participant would then complete the remaining five months of subsidized employment at worksite (B).
    - Example 2: A participant may be placed at worksite (A) for an assignment that is deemed temporary and will end after three (3) months. The participant would then be placed at worksite (B) for the remaining three (3) months of subsidized employment.

  Placement decisions will be made by Express Employment Professionals staff in consultation with the Employment & Training Lead Worker.
- Up to 40 hours per week of paid wages, at least meeting California minimum wage and including prevailing wage as appropriate.
    - For the extent of this contract, no overtime is to be authorized. If a participant were to engage in overtime, it would be the responsibility of the employer to pay the overtime wages.
- Paychecks to participants will be issued weekly.
- Assuming responsibility for the participant, including non-operational supervision, monitoring progress, job skills coaching, workplace and life skills, job search assistance, and individual placement activities in coordination with the Employment & Training Lead Worker.

Express Employment Professionals will become the employer of record for all of the participants in the program, and assume fiscal responsibility including payroll and worker's compensation.

Contractor agrees to:

- Meet with County quarterly to discuss the progress of this agreement and make any necessary adjustments in order to meet the desired outcomes.

- Participate in the ongoing monitoring of this agreement by County (Exhibit F), which may include at least one on-site visit.

<u>Reporting Requirements</u>

Eligible CalWORKs participants will be identified and referred for participation in subsidized employment by the Employment & Training Workers (ETWs), who are the case managers in the CalWORKs Employment Services Program.

Express Employment Professionals will be responsible for working with the subsidized employment placement site supervisor on evaluation of the participant, and will communicate

any issues to the Employment & Training Lead Worker as soon as possible, but within no more than five (5) working days.

Using formats approved by the County, the Contractor shall provide all reporting by the 15th of the month following the report month. All reports required within this agreement shall be transmitted via one or more of the following methods:

- Encrypted email.
  - Note 1: Prior to emailing reports, Contractor must contact County in order to establish the encrypted email process.
  - Note 2: In addition to all regular reports, any communications with ETWs or analyst staff, which include personal identifying information of a participant, must also be sent via secured methods.

- Mail Delivery: Tehama County Department of Social Services, PO Box 1515, Red Bluff CA 96080
- In-Person Delivery: Tehama County Department of Social Services, 310 South Main Street, Red Bluff CA 96080

Monthly Reports

The following monthly reporting is required for each program participant:

- Subsidized employee name (last and first), referral date, start date, exit date, hourly wage, and total number of hours worked in the calendar month.
- Time sheets for participant for the report month.
- Written participant evaluation and feedback that includes:
  - Details about the subsidized employee's strengths and weaknesses, job readiness, service needs, and other insight and recommendations to increase employability.
    - This should include information from the worksite supervisor collected through a survey or an evaluation.

County agrees to:

- Provide ongoing monitoring, which may include at least one on-site visit over the term of this agreement.

- Provide technical assistance as needed to Contractor.

- Meet with Contractor quarterly to discuss the progress of this agreement utilizing the Tehama County Quarterly Contract Monitoring Tool (Exhibit F) and to make any necessary adjustments in order to meet the desired outcome

EXHIBIT D

BUDGETS

Express Employment Professionals
TCDSS Subsidized Employment Program **2024-25**
Projected participant hours worked, billings

	Referrals	Hours/mo.	July, 2024	Aug, 2024	Sept, 2024	Oct, 2024	Nov, 2024	Dec, 2024	Jan, 2025	Feb, 2025	Mar, 2025	Apr, 2025	May, 2025	June, 2025	Totals
Carryovers from June, 2024:															
-Feb, 2024															0
-Mar, 2024															0
-Apr, 2024															0
-May, 2024															0
-June, 2024															0
Subtotal - hours for carryovers			0	0	0	0	0	0	0	0	0	0	0	0	0
New referrals:															
July, 2024	0.00	0	0	0	0	0	0	0							0
Aug, 2024	0.00	0		0	0	0	0	0	0						0
Sept, 2024	0.00	0			0	0	0	0	0	0					0
Oct, 2024	0.00	0				0	0	0	0	0	0				0
Nov, 2024	0.00	0					0	0	0	0	0	0			0
Dec, 2024	0.00	0						0	0	0	0	0	0		0
Jan, 2025	3.00	528							528	528	528	528	528	528	3,168
Feb, 2025	3.00	528								528	528	528	528	528	2,640
Mar, 2025	3.00	528									528	528	528	528	2,112
Apr, 2025	3.00	528										528	528	528	1,584
May, 2025	3.00	528											528	528	1,056
Jun, 2025	3.00	528												528	528
Subtotal - hours for new referrals			0	0	0	0	0	0	528	1,056	1,584	2,112	2,640	3,168	11,088
Total hours - ALL			0	0	0	0	0	0	528	1,056	1,584	2,112	2,640	3,168	11,088
x Average bill rate			$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48	$31.48
Total budget			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16,622.10	$33,244.20	$49,866.30	$66,488.40	$83,110.50	$99,732.60	$349,064.10

Projected pay rates	$18.25
-Administrative bill rate - 1.65 Mark-up	$30.11
-Commercial bill rate - 1.80 Mark-up	$32.85
-Average bill rate - Admin vs. Commercial	$31.48

NOTE: Above assumptions based on average of 8 hours per day and 22 work days per month (176 hours/month/person). Each referral works for 6 month period (or 180 days).
It is also projected that 50% of placements will be administrative and 50% will be commercial/industrial, so average bill rate to be used.

EXHIBIT E

SAMPLE INVOICE

INVOICE	Attach back-up documentation to this page. If needed for more space, insert or delete rows, or attach another page(s).		
CONTRACTOR NAME AND ADDRESS	INVOICE #:		FOR MONTH(S)/YEAR:
0			
0	CONTRACT #:		PURPOSE/TITLE OF CONTRACT
0			0

BUDGET LINE ITEM	A. CONTRACT BUDGET	B. CURRENT INVOICE COSTS	C. TOTAL COSTS YEAR-TO-DATE INCLUDING THIS INVOICE	D. BALANCE REMAINING PAYABLE (A-C)
DIRECT SALARIES				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT BENEFITS/FRINGE				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT SALARIES & BENEFITS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
DIRECT COSTS				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT COSTS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
INDIRECT SALARIES				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT BENEFITS/FRINGE				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT SALARIES & BENEFITS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
INDIRECT COSTS				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT COSTS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL INVOICE		$ -		
TOTAL CONTRACT	$ -		$ -	$ -

EXHIBIT F

Tehama County Quarterly Contract Monitoring Tool				
I. General Information:				
Contractor:				
Purpose:				
Amount of Contract:				
Reporting Period:		**Date of Meeting:**		**Onsite Visit:** ☐
II. Contracted Outcomes:				
III. Current Performance:				
IV. Goals Updates From Prior Meeting:				
V. Successes:		**VI. Challenges:**		
VII. Goals for Next Quarter:		**VIII. Strategies for Improvement:**		

E-Contract Review
Approval as to Form

Department Name: Social Services

Vendor Name: Express services

Contract Description: For the purpose of administering a subsidized employment program for eligible CalWORKs participants

APPROVED AS TO FORM:

Date: 1/15/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Minutes Certification

File Number: 25-0072 **Enactment Number: MISC. AGR 2025-035**

6. SOCIAL SERVICES **25-0072**

a) AGREEMENT - Approval and authorization for the Social Services Director to sign the Agreement with Express Services Inc. dba, Express Employment Professionals for the purpose of administering a subsidized employment program for eligible CalWORKs participants, for a maximum compensation not to exceed $349,064.10, effective 1/1/25 through 6/30/25.

Enactment No: MISC. AGR 2025-035

Approval of the Consent Agenda.

A motion was made by Vice Chair Nolen, seconded by Supervisor Walker, to approve the Consent Agenda. The motion carried by the following vote:

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Pati Nolen
SECONDER:	Tom Walker
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

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 an order adopted by said Board of Supervisors on 2/4/2025.

Attest: Deputy

February 14, 2025
Date Certified

AMENDMENT

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND EXPRESS SERVICES INC., DBA EXPRESS EMPLOYMENT PROFESSIONALS

This Amendment to Agreement Number 2025-035, dated December 2, 2024, by and between the County of Tehama, through its Department of Social Services (County), and Express Services, Inc. DBA Express Employment Professionals (Contractor), for the provision of administering a subsidized employment program, shall be amended as follows:

TERM OF AGREEMENT

This agreement shall commence on January 1, 2025 and shall terminate June 30, 2026, unless terminated in accordance with Section 7 below.

EXHIBIT C

On page 19 retract bullet point stating, "Due to a hiring freeze, County positions are not to be considered for placement."

It is mutually agreed that all other terms and conditions of Agreement Number 2025-035 shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: 4/16/2025

Bekkie F. Emery, Director

EXPRESS EMPLOYMENT PROFESSIONALS

Date: 4/16/2025

Lisa Hansen, Franchisee

123262
Vendor Number

5013-53230
Budget Account Number

93.558
Federal Funding CFDA#

Tehama County

Minutes Certification

File Number: 25-0855 **Enactment Number: MISC. AGR 2025-137**

SOCIAL SERVICES

11. SOCIAL SERVICES **25-0855**

a) AGREEMENT - Request approval and authorization for the Social Services Director to sign Amendment No. 1 with Express Services Inc. dba, Express Employment Professionals (Misc. Agree. #2025-035), for the purpose of administering a subsidized employment program for eligible CalWORKs participants, updating the Scope of Work (Exhibit C), and extending the term of agreement, effective 1/1/25 through 6/30/26
Enactment No: MISC. AGR 2025-137

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Pati Nolen
SECONDER:	Tom Walker
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

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 an order adopted by said Board of Supervisors on 6/3/2025.

Attest:

June 09, 2025
Date Certified

AMENDMENT # 2

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND EXPRESS SERVICES INC., DBA EXPRESS EMPLOYMENT PROFESSIONALS

This Amendment to Agreement Number 2025-035, dated December 02, 2024, by and between the County of Tehama, through its Department of Social Services, ("County") and Express Services, Inc. DBA Express Employment Professionals ("Contractor") for the provision of administering a subsidized employment program, shall be amended as follows:

3. COMPENSATION

Shall be replaced in entirety with the following:

a. As consideration for the services set forth in Section 1, County shall pay Contractor as set forth in this Section. For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall accurately invoice County the billed rates for actual participant hours worked, as described in Section 4, for as many individual placements in subsidized employment slots as the budget will allow per fiscal year.

b. Compensation shall be paid at a maximum of $349,064.10 for the period of January 1, 2025 to June 30,2025 and $450,000.00 for the period of July 1, 2025 to June 30, 2026. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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. Payment by County for services rendered after expiration/termination of this

Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

c. Contractor agrees that the Contract Cost Principles and Procedures, 48 C.F.R., part 31, shall be used to determine the allowability of cost individual items. Contractor further agrees to comply with federal procedures in accordance with 49 C.F.R., part 18, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments. Any costs for which payment has been made to Contractor that are determined by subsequent audit to be unallowable under the Contract Cost Principles and Procedures, 48 C.F.R., part 31, or the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 48 C.F.R., part 18, are subject to repayment by Contractor to County.

d. Any subcontract entered into as a result of this Agreement, if authorized by County in accordance with Section 8, shall contain all of the provisions of this Section.

Budget, Exhibit D-2, attached hereto and incorporated by reference.

It is mutually agreed that all other terms and conditions of Agreement Number 2025-035 shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: July 16, 2025

Bekkie F. Emery, Social Services Director

EXPRESS EMPLOYMENT PROFESSIONALS

Date: 7/15/25

Lisa Hansen, Franchisee

123262
Vendor Number

5013-53230
Budget Account Number

93.558
Federal Funding CFDA #

Budget Exhibit D-2

Express Employment Professionals															
TCDSS Subsidized Employment Program					2025-26										
Projected participant hours worked, billings															
	Referrals	Hours/mo.	July, 2025	Aug, 2025	Sept, 2025	Oct, 2025	Nov, 2025	Dec, 2025	Jan, 2026	Feb, 2026	Mar, 2026	Apr, 2026	May, 2026	June, 2026	Totals
Carryovers from June, 2025:															
[redacted]			176	176											352
			176	176	176										528
			176	176	176	176									704
			176	176	176										528
			176	176	176	176									704
			176	176	176										528
			176	176	176										528
			176	176	176	176									704
			176	176	176	176	176								880
			176	176	176	176	176								860
			176	176	176	176	176								880
			176	176	176	176	176								880
			176	176	176	176	176								880
Subtotal - hours for carryovers			2,288	2,288	2,112	1,408	880	0	0	0	0	0	0	0	8,976
New referrals:															
July, 2025	1.00	176	176	176	176	176	176	176							1,056
Aug, 2025	0.00	0		0	0	0	0	0	0						0
Sept, 2025	1.00	176			176	176	176	176	176	176					1,056
Oct, 2025	0.00	0				0	0	0	0	0	0				0
Nov, 2025	1.00	176					176	176	176	176	176	176			1,056
Dec, 2025	0.00	0						0	0	0	0	0	0		0
Jan, 2026	1.00	176							176	176	176	176	176	176	1,056
Feb, 2026	0.00	0								0	0	0	0	0	0
Mar, 2026	1.00	176									176	176	176	176	704
Apr, 2026	0.00	0										0	0	0	0
May, 2026	1.00	176											176	176	352
Jun, 2026	0.00	0												0	0
Subtotal - hours for new referrals			176	176	352	352	528	528	528	528	528	528	528	528	5,280
Total hours - ALL			2,464	2,464	2,464	1,760	1,408	528	528	528	528	528	528	528	14,256
x Average bill rate			$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57	$31.57
Total budget			$77,782.32	$77,782.32	$77,782.32	$55,558.80	$44,447.04	$16,667.64	$16,667.64	$16,667.64	$16,667.64	$16,667.64	$16,667.64	$16,667.64	$450,026.28
Projected pay rates				$18.30											
-Administrative bill rate - 1.65 Mark-up				$30.20											
-Commercial bill rate - 1.80 Mark-up				$32.94											
-Average bill rate - Admin vs. Commercial				$31.57											
NOTE: Above assumptions based on average of 8 hours per day and 22 work days per month (176 hours/month/person). Each referral works for 6 month period (or 160 days).															
It is also projected that 50% of placements will be administrative and 50% will be commercial/industrial, so average bill rate to be used.															

E-Contract Review
Approval as to Form

Department Name: Tehama County Department of Social Services

Contractor Name: Express Services, Inc. DBA Express Employment Professionals

Contract Description: Amendment #2 to Agreement Number 2025-035 for Subsidized Employment Program

APPROVED AS TO FORM:

Office of the Tehama County Counsel
Brittany T. Ziegler, Deputy County Counsel

Date: 07/15/2025

Tehama County

Minutes Certification

File Number: 25-1324 **Enactment Number: MISC. AGR 2025-245**

4. SOCIAL SERVICES **25-1324**

a) AGREEMENT - Request approval and authorization for the Director of Social Services to sign Amendment No. 2 with Express Services Inc. dba, Express Employment Professionals (Misc. Agree. 2025-035 as amended by Misc. Agree. 2025-137), for the purpose of administering a subsidized employment program for eligible CalWORKs participants, increasing the total amount not to exceed from $349,064.10 to $450,000, effective 7/1/25 through 6/30/26

Enactment No: MISC. AGR 2025-245

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Greg Jones
SECONDER:	Tom Walker
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

RESULT: APPROVE

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 an order adopted by said Board of Supervisors on 8/5/2025.

Attest: **August 08, 2025**

Date Certified

Tehama County

Agenda Request Form

File #: 26-0196 **Agenda Date:** 3/3/2026 **Agenda #:** 8.

PROBATION

Requested Action(s)
a) TRANSFER OF FUNDS: PROBATION; B-44 - From CalAIM (2036-4505724), to Contingency (2002-59000), $13,182.50; and from Contingency (2002-59000) to Professional/Special Services (2036-53230), $13,182.50 **(Requires a 4/5's vote)**

Financial Impact:
There is no financial impact on the General Fund. Probation will utilize CalAIM PATH 3 funds to issue payment to Health Management Associates, Inc. (HMA).

Background Information:
The California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Initiative (JII) supports incarcerated youth in preparing for successful reentry into their communities. To facilitate this effort, the Tehama County Probation Department has partnered with HMA, a state-approved contractor under the CalAIM initiative, to develop an implementation plan ensuring access to health care services for incarcerated youth. This plan has been submitted and approved by the State of California. HMA has provided valuable consultation on multiple aspects of the initiative, including the development of Requests for Proposals (RFP) for Pharmacy Services and an Electronic Health Records (HER) system. Additionally, they have assisted in drafting job classifications for two new positions, essential to advancing the CalAIM initiative. Their expertise and support are helping the Juvenile Detention Facility move closer to meeting the State's CalAIM requirements. CalAIM PATH 3 funds will pay invoices issued by HMA for services rendered to the Tehama County Probation Department.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-44

DEPARTMENT NAME PROBATION

Date: February 11, 2026

I am requesting an increase or decrease to my budget appropriations as listed below:

Check one [ ] **"Previous Year Revenue"** [X] **"New Revenue"**

Funding Source Fund 581- Cal-AIM PATH 3

****Note** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
2036	4505724	Fund 581-CalAIM PATH 3	$ 13,182.50	2002	59000	Contingency	$ 13,182.50
2002	59000	Contingency	$ 13,182.50	2036	53230	Professional Services	$ 13,182.50
		Total Journal	**$ 26,365.00**			Total Journal	**$ 26,365.00**

INCREASE / (DECREASE) APPROVED

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 2/11/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117

Jan-19

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

Tehama County Probation Department
Att. Finance
yruiz@tcprobation.org
omorales@tcprobation.org; jwooll@tcprobation.org
Red Bluff, CA 96080

February 11, 2026
Invoice Number: 211996 - 0000025
Due Date: March 13, 2026

Current Invoice Total $13,182.50

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from January 01, 2026 to January 31, 2026

Task: Probation

Professional and Consulting Services Rendered:

	Hours	Rate	Fees	
[redacted]	4.75	400.00	1,900.00	
[redacted]	.50	310.00	155.00	
[redacted]	5.50	260.00	1,430.00	
[redacted]	11.50	440.00	5,060.00	
[redacted]	.25	420.00	105.00	
[redacted]	24.50	185.00	4,532.50	
Total Hours / Fees	47.00		13,182.50	
Subtotal Fees				**13,182.50**
		Current Invoice Total		**$13,182.50**

HMA's preferred method of payment is via ACH:

Bank of America
[redacted]

Please send remittance notice to: accounting@healthmanagement.com

2501 WOODLAKE CIRCLE, SUITE 100, OKEMOS, MI 48864
TELEPHONE: (517) 482-9236 FAX: (517) 482-0920
EMAIL: ACCOUNTING@HEALTHMANAGEMENT.COM · FEDERAL ID # 38-2599727
WWW.HEALTHMANAGEMENT.COM

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND HEALTH MANAGEMENT ASSOCIATES, INC.

On December _, 2024, this Agreement is entered into between the County of Tehama, through its Sheriff's Office and Probation Department, ("County") and Health Management Associates, Inc. ("Contractor") for the purpose of providing consulting and technical assistance to the County.

1. **RESPONSIBILITIES OF CONTRACTOR**

Contractor shall perform the following responsibilities in addition to the deliverables found in Exhibit "B":

- Consulting and technical assistance on the approach to planning and implementation of pre-release services as well as budget development
- Training regarding CalAIM, the Office of Health Care Services (DHCS) operational guidance, and the required pre-release services
- Consulting and technical assistance on 90-day pre-release eligibility and behavioral health linkage screening
- Consulting and technical assistance for completing the release readiness assessment
- Stakeholder convening, consulting, and technical assistance for reentry coordination and planning
- Consulting and stakeholder engagement for the County Behavioral Health Department, Probation and Sheriff's Office oversight, governance, and project management
- Development of the DHCS required readiness assessment template provided by DHCS, which will focus on new processes required to support the implementation of behavioral health links and includes the following components:
    1. Initial Data Sharing
    2. Data Sharing for Release
    3. Release Planning: follow-up appointments; and transportation
    4. Reentry Professional-to-Professional Clinical Handoff
    5. Follow-up Post Release: post release scheduling; and post-release follow-up
    6. Oversight and Project Management: staffing structure and plan; governance structure for partnerships; and reporting and oversight processes
- Review of medical contracts and recommendations to align with the CalAIM Justice involved Initiative.
- Develop policies and procedures, and process flows in compliance with the operational guidance minimum requirements.
- Training and technical assistance regarding billing, claiming, and pharmacy services.
- Consulting and technical assistance on the operationalization of pre-release services and continuous quality improvement
- Actuarial Analysis of projected revenue from Medi-Cal reimbursement based on 2 years of Correctional Facilities health care encounter data provided the County
- Up to two site visits to Tehama County to develop Implementation Plan and provide TA for Readiness

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 Exhibit "B", after satisfactorily completing the duties described in this Agreement. The Maximum Compensation payable under this Agreement shall be up to $211,000 for the reasonable value of services in making necessary site visits, analysis, and plans in preparation for this contract and up to $764,000 for other services completed before the end of the term for a total not to exceed $975,000.00. Contractor shall be compensated 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 terminate September 30, 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 Sheriff and/or Chief Probation Officer.

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 insure 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**

Each party shall defend, hold harmless, and indemnify the other party, 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 each party), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of each party) 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. Each party shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Each party shall also defend and indemnify the other party 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.

All information and records obtained in the course of providing services under this Contract shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program or the services provided hereunder. Both parties shall comply with State and Federal requirements regarding confidential information.

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:

NOTICES TO COUNTY:
Tehama County Sheriff's Office
Attn: Dave Kain, Sheriff
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
dkain@tehamaso.org

Tehama County Probation Department
Attn: Pam Gonzalez, Chief Probation Officer
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3026
pgonzalez@tcprobation.org

NOTICES TO CONTRACTOR:
Jeff DeVries
Health Management Associates, Inc.
2501 Woodlake Circle, Ste. 100
Okemos, MI 48864
Fax: (517) 482-0920
contracts@healthmanagement.com

INVOICES SUBMITTED TO COUNTY:
Tehama County Sheriff's Office
Attn: Finance
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
nbrummond@tehamaso.org

Tehama County Probation Department
Attn: Finance
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3028
omorales@tcprobation.org

GRANTS/CONTRACTS TO COUNTY:
Tehama County Sheriff's Office
Attn: Finance
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
nbrummond@tehamaso.org

Tehama County Probation Department
Attn: Finance
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3028
omorales@tcprobation.org

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. **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.

21. **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.

22. **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.

23. **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

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policy may cause termination of this agreement.

24. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through B, 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.

COUNTY OF TEHAMA

Date: DEC 17 2024

CHAIRMAN OF BOARD OF SUPERVISORS

Date: 12/31/2024

Dave Kain (Dec 31, 2024 10:29 PST)

DAVE KAIN, SHERIFF

Date: 12-31-24

PLG

PAM GONZALEZ, CHIEF PROBATION OFFICER

HEALTH MANAGEMENT ASSOCIATES, INC.

Date: January 6, 2025 | 9:37 PST

Signed by:
Kelly Johnson
7533E7CBA7A5470...

KELLY JOHNSON, CHIEF ADMINISTRATIVE OFFICER

TBD
Vendor Number

2032-53230
Budget Account Number

2037-53230
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"

SHERIFF'S OFFICE DELIVERABLES

Pursuant to the Scope of Services discussed above, we will provide the following deliverables for the **Tehama County Sheriff's Office:**

	Deliverable	Description	Date	Cost
1.	Project Plan	HMA will provide a detailed project plan outlining key task, deliverables, and target time frames.	8/15/2024	$334.00
2.	Gaps Analysis and Plan to Close Gaps in Report Format	HMA consultants will assess Tehama County's current readiness to ensure individuals have health coverage up to 90 days before release and upon release, the county's readiness to provide pre-release services, and billing and claiming for such services. Gaps in readiness and recommendations to close the gaps will be provided in a report. **This information will guide the development of the mandatory implementation plan and budget**. Cost includes 3-day site visit and travel.	TBD based on extension date	$115,681.00
3.	Eight Training Modules	HMA will deliver eight trainings for Sheriff's Office staff, including the Medi-Cal Transformation PATH 3 initiative, reentry services, and billing and claiming.		$10,874.00
4.	Shared, Web-Based Site for Resource Management	HMA will develop and maintain or support a web-based site to share resources with the Sheriff's Office easily.		$1,082.00
5.	Policy and Procedures Manual	HMA will develop a Medi-Cal Transformation PATH 3 policy and procedure manual		$32,420.00
6.	Process Flows	HMA will develop process flows for all reentry services, billing, and claims		$28,704.00
7.	Staffing Structure Recommendations and Job Descriptions	HMA will assess the current staffing structure, make recommendations for staffing, and help create job descriptions, as needed		Included in Gap Analysis

8.	Governance Structure Recommendations	HMA will advise on a sustainable governance structure for the county to design, implement, and ensure ongoing quality pre-release healthcare services	TBD based on extension date	$11,678.00
9.	Development and Submission of Readiness Assessment	HMA will work closely with the Sheriff's Office to develop the plan addressing the DHCS required readiness elements, draft the readiness assessment, submit the readiness assessment and make any required adjustments.		$188,455.00
10	Process and Templates	HMA will work closely with key stakeholders to establish processes and templates to collect and monitor required data, report on DHCS required measures, and implement corrective action plan processes to address operational challenges, if necessary		$26,790.00
11	Continuous Quality Improvement Training and Recommendations	HMA will train Sheriff's Office staff and contractors on continuous quality improvement techniques and provide technical assistance on implementing a comprehensive health and reentry services CQI program		$21,925.00
12	Review of Healthcare Contract and Recommendations	HMA will review the contract with your healthcare vendor and ensure it aligns with the MEDI-CAL TRANSFORMATION JI Initiative mandates. HMA will also provide actuarial services and recommended reimbursement models for your healthcare program.		$21,925.00
13	Actuarial Analysis	An actuarial memorandum including an executive summary, methodology, and discussion and summary of estimated annual Medi-Cal revenue for 90-day pre-release services, along with all corresponding assumptions used under each scenario. This also provides the Tehama County Sheriff's Office the flexibility to change assumptions and review corresponding results.		$26,210
14	Other Support as Needed	Support for additional implementation activities as requested by the Sheriff Dpt.		**$12,500**

PROBATION DELIVERABLES

Pursuant to the Scope of Services discussed above, we will provide the following deliverables for the **Tehama County Probation Department**:

	Deliverable	Description	Date	Cost
1.	Project Plan	HMA will provide a detailed project plan outlining key tasks, deliverables, and target time frames.	15 days after contract execution	$333.00
2.	Gaps Analysis and Plan to Close Gaps in Report Format	HMA consultants will assess Tehama County's current readiness to ensure individuals have health coverage up to 90 days prior to release and upon release, the county's readiness to provide pre- release services, and ensure billing and claiming for such services. Gaps in readiness and recommendations or closing the gaps will be provided in a report. **From this, HMA will lead the Probation's Department in creating the budget and implementation plan design to be submitted to DHCS.**	TBD – Based on Extension of IP Due Date	$110,681.00
3.	8 Training Modules	HMA will deliver 8 trainings for Probation's Department staff, including topics such as the Cal Aim PATH 3 initiative, reentry services, MAT in carceral settings, and billing and claiming.		$10,874.00
4.	Development of a shared, web-based site for resource management	HMA will maintain or support a web-based site to easily share resources with the Probation's Department.		$1,082.00
5.	Policy and Procedures Manual	HMA will develop a Cal AIM PATH 3 Policy and Procedure Manual		$32,420.00
6.	Process Flows	HMA will develop process flows for all reentry services, billing, and claiming.		$28,704.00
7.	Staffing Structure Recommendations and Job Descriptions	HMA will assess the current staffing structure, make recommendations for staffing, and help create job descriptions, as needed		Included in Gaps Analysis
8.	Governance Structure Recommendations	HMA will advise on a sustainable governance structure for the county to design, implement, and ensure ongoing quality pre-release healthcare services		$11,678.00
9.	Development and Submission of Readiness Assessment	HMA will work closely with the Probation Department to develop the plan addressing the DHCS required readiness elements, draft the readiness assessment, submit the readiness assessment and make any required adjustments.		$171,530.00

10.	Process and templates for the established process to collect, monitor, and report on DHCS required measures, including corrective action processes to address operational challenges.	HMA will work closely with key stakeholders to establish processes and templates to collect required data and implement corrective action plans if necessary.		$26,790.00
11.	Continuous Quality Improvement Training and Recommendations	HMA will train the Probation Department staff and contractors on continuous quality improvement (CQI) techniques and provide technical assistance on implementing a comprehensive health and reentry services CQI program.		$21,925.00
12.	Provide recommendations regarding the delivery of healthcare services and associated agreements to align with CalAIM requirements	HMA will review the contract with your healthcare vendor and ensure it aligns with the CAL AIM JI Initiative mandates. HMA will also provide actuarial services and recommended reimbursement models for your healthcare program.		$21,925.00
13.	Actuarial Analysis	An actuarial memorandum including an executive summary, methodology, and discussion and summary of estimated annual Medi-Cal revenue for 90-day pre- release services, along with all corresponding assumptions used under each scenario. This also provides the Tehama County Probation Office the flexibility to change assumptions and review corresponding results.		$26,210
14	Other Support as Needed	Support for additional implementation activities as requested by the Probation Dpt.		$12,261

STAFFING

John Volpe will serve as the project director and Tara Kelly will serve as project manager. Both will ensure timely completion of deliverables, coordinate team activities, and provide consistent communication with the Tehama County Agencies. Julie White, Daniel Dean, Rebekah Kharrazi, Christina Kadelski, and Jessica Perillo will be the primary staff on this project. Additional HMA staff will provide services for the project as appropriate. Short biographies for the individuals working on this project and an overview of HMA are provided at the end of this letter.

TERM OF AGREEMENT

This Agreement will begin on June 1, 2024, and shall continue in effect until September 30, 2026, unless terminated earlier by either party giving the other party thirty (30) days' written notice of termination. If this Agreement is terminated by a party's written notice of termination, you agree to compensate

HMA for all services rendered prior to HMA's actual knowledge of termination and for all out-of-pocket expenses incurred to date. The staffing arrangements and the scope of work stated in this letter apply to this project only.

PROJECT FEES

The services described above will be provided on a time-and-materials basis for a total of $975,000. In addition, all out-of-pocket expenses will be reimbursed. Professional hourly rates and travel time will be billed as indicated in the table below. Project fees will not be incurred beyond the ascribed amount without your prior approval and a written amendment to this agreement signed by both parties. Finally, we will submit invoices monthly for services provided in the previous month. These invoices will be payable upon receipt.

Title	HMA 2024 Professional Hourly Rates	2024 Travel Time Rates
Principal Actuarial	$495	N/A
Physician Principal	$470	$293
Managing Director	$410	$255
Managing Principal	$410	$255
Principal	$400	$250
Associate Principal	$360	$225
Senior Consultant	$315	$203
Consultant Actuary	$280	N/A
Consultant 1	$240	N/A
Consultant/ Associate	$210	$140
Research Associate	$165	$108
Project Manager	$135	$85
Clerical and Admin	$120	$60

HMA billing rates increase on January 1 of each calendar year unless agreed otherwise in writing.

CONFIDENTIALITY, NON-DISCLOSURE, CONFLICTS AND GENERAL TERMS

HMA often serves multiple clients within a certain industry or market, including those with potentially opposing interests, and HMA's relationship with you will not be an exclusive relationship. Accordingly, HMA may have served, may currently be serving, or may in the future serve, other companies whose interests may be adverse to yours. In all such situations, HMA is committed to maintaining the confidentiality of each client's information, and ensuring that your interests, proprietary and otherwise, are protected. To that end, HMA strictly adheres to our Policy and Guidelines Related to Conflicts of Interest and Proprietary Information which contain nondisclosure procedures (such as firewall protocols and other safeguards) to maintain each client's confidential information and ensure that your interests are protected.

Both parties acknowledge that, while performing work under this Agreement, a party may learn of or receive confidential, trade secret, or other proprietary information concerning the other party or third parties to whom the party is obligated to confidentiality (Confidential Information). Each party agrees to take at least such reasonable precautions to protect the other party's Confidential Information as it takes to protect its own Confidential Information and agrees to not disclose to any third party any Confidential Information belonging to the other party.

All services will be performed by HMA as an independent contractor. This Agreement does not create a relationship between the parties of employment, joint venture, or agency. You agree that, for a period of two (2) years from the date of termination of this Agreement, neither you nor any of your representatives will entice away, solicit for employment, or employ any current or former employee of HMA without the express written consent of HMA. With prior notice, HMA may change the staff assigned to provide the Consulting Services with staff of equal abilities and qualifications. HMA may enter into subcontractor agreements for the performance of the services.

Attached are our standard terms and conditions for the provision of services ("Terms and Conditions"), which are incorporated into this Letter Agreement. This Letter Agreement and the Terms and conditions will constitute the entire agreement between HMA and Tehama County related to the project described above. We are happy to discuss the proposed services and terms with you or provide any additional information you may require. The proposed services, staffing arrangements, and this Letter Agreement are valid for sixty days from the date of HMA's signature, after which the project fees and staff availability may be subject to change.

E-Contract Review
Approval as to Form

Department Name: Probation/TCSO

Vendor Name: Health Management Associates, Inc.

Document Description: Agreement for consulting for pre-release services (CalAIM)

APPROVED AS TO FORM:

Date: 12/3/24

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Minutes Certification

File Number: 24-2213 **Enactment Number: MISC. AGR 2024-378**

15. SHERIFF'S OFFICE / PROBATION DEPARTMENT - Sheriff Dave Kain and Chief Probation Officer Pam Gonzalez **24-2213**

a) AGREEMENT - Approval and authorization for the Chairman to sign the agreement with Health Management Associates, Inc., to provide consulting and technical assistance related to PATH Round 3 funding and CalAIM implementation for both correctional facilities, the Jail and Juvenile Detention Facility, set forth in Exhibit "B" with maximum compensation not to exceed $975,000, effective 6/1/24 and shall terminate 9/30/26 *(Subject to receipt of insurance documentation).*

Sheriff Dave Kain and Chief Probation Officer Pam Gonzalez explained the benefits of the departments coming together regarding the CalAIM agreement and discussed the mandate and grant funding.

In response to Supervisor Moule, Mr. Kain explained the departments overlapping responsibilities and process.

In response to Supervisor Moule, Ms. Gonzalez explained the intent of CalAIM agreement regarding services for an incarcerated persons.

RESULT: APPROVED
MOVER: Pati Nolen
SECONDER: Candy Carlson
AYES: Supervisor Moule, Supervisor Carlson, Supervisor Nolen, Vice Chair Hansen, and Chairperson Leach
Enactment No: MISC. AGR 2024-378

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 an order adopted by said Board of Supervisors on 12/17/2024.

Attest: Deputy

January 17, 2025
Date Certified

Tehama County

Agenda Request Form

File #: 26-0154 **Agenda Date:** 3/3/2026 **Agenda #:** 9.

ENVIRONMENTAL HEALTH / PERSONNEL

Requested Action(s)
a) OTHER THAN “A” STEP - Request approval to appoint the applicant as Code Compliance Coordinator at Salary Range 26, Step B, effective upon successful completion of all pre-employment requirements

Financial Impact:
Appropriate funding is available within the existing budget.

Background Information:
This candidate has a total of 7 years of experience with specialized and confidential administrative and legal duties, coordinating schedules, monitoring payments and fees and delegating between other regulating agencies as well as the public.

The Personnel Office has reviewed the candidate’s qualifications and agrees with placement at Salary Range 26, Step B, upon successful completion of all pre-employment requirements.

OTHER THAN "A" STEP REQUEST

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.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Environmental Health
TO: Board of Supervisors/Personnel Office

RE: Request to hire an applicant in the following classification:
Code Compliance Coordinator at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "B" step will be placed on the consent agenda for approval.

1. $ 24.37 Step A Request: $ $25.58 Step B

2. Total applications received during recruitment for this position: 3
   Total number of "qualified" applicants: 1

3. Justification for requesting higher step than A:

This candidate has a total of 7 years of experience with specialized and confidential administrative and legal duties, coordinating schedules, monitoring payments and fees and delegating between other regulating agencies as well as the public

4. How has the Department budgeted for this additional cost?

There is salary savings as the position is being filled at a lower step.

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all of the material facts which should be considered with this request.

Department Head Signature

Tehama County

Agenda Request Form

File #: 25-1833 **Agenda Date:** 3/3/2026 **Agenda #:** 10.

HEALTH SERVICES AGENCY / MENTAL HEALTH / DRUG & ALCOHOL

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Tehama County Health Services Agency (TCHSA) Executive Director to sign the Mental Health Plan (MHP) Memorandum of Understanding (MOU) with Partnership HealthPlan of California (MCP) for the purpose of governing the coordination between TCHSA and MCP for the delivery of care and services for members who reside in Tehama County and may be eligible for services provided, made available, or arranged for by TCHSA; effective upon signing and shall continue for three years

b) AGREEMENT - Request approval and authorization for the Tehama County Health Services Agency (TCHSA) Executive Director to sign the Drug Medi-Cal (DMC) Memorandum of Understanding (MOU) with Partnership HealthPlan of California (MCP) for the purpose of governing the coordination between TCHSA and MCP for the delivery of care and services for Members who reside in Tehama County and may be eligible for services provided, made available, or arranged for by TCHSA; effective upon signing and continue for three years

Financial Impact:
No financial impact is associated with the MOUs.

Background Information:
Partnership HealthPlan of California (MCP) is a Medi-Cal Managed Care plan that contracts with the state to provide Medi-Cal benefits to multiple Northern California counties. The California Department of Healthcare Services (DHCS) requires that MCP execute MOUs with network providers, such as county programs, to ensure that members receive services available through MHP & DMC direct service programs in a coordinated manner. In addition, the MOUs provide a process to continuously evaluate the quality-of-care coordination provided and ensures any data exchanged including Protected Health Information (PHI) or Personally Identifiable Information (PII) complies with all federal and state statutes and regulations.

ATTACHMENT E:

MHP MEMORANDUM OF UNDERSTANDING

COVER PAGE

Memorandum of Understanding

between Partnership HealthPlan of California and Tehama County Health Services Agency

This Memorandum of Understanding ("MOU") is entered into by **Partnership HealthPlan of California** ("MCP**"**) and **Tehama County Health Services Agency**, through it's Health Services Agency ("MHP"), effective as of the last date of signature ("Effective Date").

WHEREAS, the Parties are required to enter into this MOU, a binding and enforceable contractual agreement under the Medi-Cal Managed Care Contract Exhibit A, Attachment III, All Plan Letters ("APL*"*) 18-015, 22-005, 22-006, 22-028, and MHP is required to enter into this MOU pursuant to Cal. Code Regs. tit. 9 § 1810.370, MHP Contract, Exhibit A, Attachment 10, Behavioral Health Information Notice ("BHIN") 23-056 and any subsequently issued superseding BHINs, to ensure that Medi-Cal beneficiaries enrolled in MCP who are served by MHP ("Members") are able to access and/or receive mental health services in a coordinated manner from MCP and MHP;

WHEREAS, the Parties desire to ensure that Members receive MHP services in a coordinated manner and to provide a process to continuously evaluate the quality of the care coordination provided; and

WHEREAS, the Parties understand and agree that any Member information and data shared to facilitate referrals, coordinate care, or to meet any of the obligations set forth in this MOU must be shared in accordance with all applicable federal and state statutes and regulations, including, without limitation, 42 Code of Federal Regulations Part 2.

In consideration of mutual agreements and promises hereinafter, the Parties agree as follows:

1. Definitions. Capitalized terms have the meaning ascribed by MCP's Medi-Cal Managed Care Contract with the California Department of Health Care Services ("DHCS"), unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS webpage at www.dhcs.ca.gov.

a. "MCP Responsible Person" means the person designated by MCP to oversee MCP coordination and communication with MHP and ensure MCP's compliance with this MOU as described in Section 4 of this MOU.

b. "MCP-MHP Liaison" means MCP's designated point of contact responsible for acting as the liaison between MCP and MHP as described in Section 4 of this MOU. The MCP-MHP Liaison must ensure the appropriate communication and care coordination is ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MCP Responsible Person and/or MCP compliance officer as appropriate.

c. "MHP Responsible Person" means the person designated by MHP to oversee coordination and communication with MCP and ensure MHP's compliance with

this MOU as described in Section 5 of this MOU.

d. "MHP Liaison" means MHP's designated point of contact responsible for acting as the liaison between MCP and MHP as described in Section 5 of this MOU. The MHP Liaison should ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MHP Responsible Person and/or MHP compliance officer as appropriate.

e. "Network Provider" as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP, has the same meaning ascribed by the MHP Contract with the DHCS.

f. "Subcontractor" as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP, has the same meaning ascribed by the MHP Contract with the DHCS.

g. "Downstream Subcontractor" as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with the DHCS; and as it pertains to MHP, means a subcontractor of a MHP Subcontractor.

2. Term. This MOU is in effect as of the Effective Date and continues for a three year term, or as amended in accordance with Section 14.f of this MOU.

3. Services Covered by This MOU. This MOU governs the coordination between MCP and MHP for Non-specialty Mental Health Services ("NSMHS") covered by MCP and further described in APL 22-006, and Specialty Mental Health Services ("SMHS") covered by MHP and further described in APL 22-003, APL 22-005, and BHIN 21-073, and any subsequently issued superseding APLs or BHINs, executed contract amendments, or other relevant guidance. The population eligible for NSMHS and SMHS set forth in APL 22-006 and BHIN 21-073 is the population served under this MOU.

4. MCP Obligations.

a. **Provision of Covered Services.** MCP is responsible for authorizing Medically Necessary Covered Services, including NSMHS, ensuring MCP's Network Providers coordinate care for Members as provided in the applicable Medi-Cal Managed Care Contract, and coordinating care from other providers of carve-out programs, services, and benefits.

b. **Oversight Responsibility.** The Behavioral Health Administrator or designee, the designated MCP Responsible Person listed in Exhibit A of this MOU, is responsible for overseeing MCP's compliance with this MOU. The MCP Responsible Person must:

i. meet at least quarterly with MHP, as required by Section 9 of this MOU;

ii. report on MCP's compliance with the MOU to MCP's compliance officer no less frequently than quarterly. MCP's compliance officer is responsible for MOU compliance oversight reports as part of MCP's compliance program and must address any compliance deficiencies in accordance with MCP's compliance program policies;

iii. ensure there is a sufficient staff at MCP who support compliance with and management of this MOU;

iv. ensure the appropriate levels of MCP leadership (i.e., person with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from MHP are invited to participate in the MOU engagements, as appropriate;

v. ensure training and education regarding MOU provisions are conducted annually for MCP's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network Providers; and

vi. serve, or may designate a person at MCP to serve, as the MCP- MHP Liaison, the point of contact and liaison with MHP. The MCP-MHP Liaison is listed in Exhibit A of this MOU. MCP must notify MHP of any changes to the MCP-MHP Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within 5 Working Days of the change.

c. **Compliance by Subcontractors, Downstream Subcontractors, and Network Providers.** MCP must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

5. MHP Obligations.

a. **Provision of Specialty Mental Health Services.** MHP is responsible for providing or arranging for the provision of SMHS.

b. **Oversight Responsibility.** The Mental Health Director or designee, the designated MHP Responsible Person, listed on Exhibit B of this MOU, is responsible for overseeing MHP's compliance with this MOU. The MHP Responsible Person serves, or may designate a person to serve, as the designated MHP Liaison, the point of contact and liaison with MCP. The MHP Liaison is listed on Exhibit B of this MOU. The MHP Liaison may be the same person as the MHP Responsible Person. MHP must notify MCP of changes to the MHP Liaison as soon as reasonably practical but no later than the date of change. The MHP Responsible Person must:

i. meet at least quarterly with MCP, as required by Section 9 of this MOU;

ii. report on MHP's compliance with the MOU to MHP's compliance officer no less frequently than quarterly. MHP's compliance officer is responsible for MOU compliance oversight and reports as part of MHP's compliance program and must address any compliance deficiencies in accordance with MHP's compliance program policies;

iii. ensure there is sufficient staff at MHP to support compliance with and management of this MOU;

iv. ensure the appropriate levels of MHP leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from MCP are invited to participate in the MOU engagements, as appropriate;

v. ensure training and education regarding MOU provisions are conducted annually to MHP's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network providers; and

vi. be responsible for meeting MOU compliance requirements, as determined by policies and procedures established by MHP, and reporting to the MHP Responsible Person.

c. **Compliance by Subcontractors, Downstream Subcontractors, and Network Providers.** MHP must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

6. Training and Education.

a. To ensure compliance with this MOU, the Parties must provide training and orientation for their employees who for carry out activities under this MOU and, as applicable, Network Providers, Subcontractors, and Downstream Subcontractors who assist MCP with carrying out MCP's responsibilities under this MOU. The training must include information on MOU requirements, what services are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing responsibilities as of the Effective Date, the Parties must provide this training within 60 Working Days of the Effective Date. Thereafter, the Parties must provide this training prior to any such person or entity performing responsibilities under this MOU and to all such persons or entities at least annually thereafter. The Parties must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and MHP services to their contracted providers.

b. In accordance with health education standards required by the Medi-Cal Managed Care Contract, the Parties must provide Members and Providers with educational materials related to accessing Covered Services, including for services provided by MHP.

c. The Parties each must provide the other Party, Members, and Network Providers with training and/or educational materials on how MCP Covered Services and MHP services may be accessed, including during nonbusiness hours.

The Parties may develop and share outreach communication materials and initiatives to share resources about MCP and DMC State Plan County with individuals who may be eligible for MCP's Covered Services and/or DMC State Plan County services.

7. Screening, Assessment, and Referrals.

a. **Screening and Assessment.** The Parties must develop and establish policies and procedures that address how Members must be screened and assessed for mental health services, including administering the applicable Screening and Transition of Care Tools for Medi-Cal Mental Health Services as set forth in APL 22-028 and BHIN 22-065.

i. MCP and MHP must use the required screening tools for Members who are not currently receiving mental health services, except when a Member contacts the mental health provider directly to seek mental health services.

ii. MCP and MHP must use the required Transition of Care Tool to facilitate transitions of care for Members when their service needs change.

iii. The policies and procedures must incorporate agreed-upon and/or required timeframes; list specific responsible parties by title or department; and include any other elements required by DHCS for the mandated statewide Adult Screening Tool for adults aged 21 and older, Youth Screening Tool for youth under age 21, and Transition of Care Tool, for adults aged 21 and older and youth under age 21, as well as the following requirements:

1. The process by which MCP and MHP must conduct mental health screenings for Members who are not currently receiving mental health services when they contact MCP or MHP to seek mental health services. MCP and MHP must refer such Members to the appropriate delivery system using the Adult or Youth Screening Tool for Medi-Cal Mental Health Services based on their screening result.

2. The process by which MCP and MHP must ensure that Members receiving mental health services from one delivery system receive timely and coordinated care when their existing services are being transitioned to another delivery system or when services are being added to their existing mental health treatment from another delivery system in accordance with APL 22-028 and BHIN 22-065.

b. **Referrals.** The Parties must work collaboratively to develop and establish policies and procedures that ensure that Members are referred to the appropriate MHP services and MCP Covered Services**.**

i. The Parties must adopt a “no wrong door” referral process for Members and work collaboratively to ensure that Members may access services through multiple pathways and are not turned away based on which pathway they rely on, including, but not limited to, adhering to all applicable No Wrong Door for Mental Health Services Policy requirements described in APL 22-005 and BHIN 22-011. The Parties must refer Members using a patient-centered, shared decision-making process.

ii. The Parties must develop and implement policies and procedures addressing the process by which MCP and MHP coordinate referrals based on the completed Adult or Youth Screening Tool in accordance with APL 22-028 and BHIN 22-065, including:

1. The process by which MHP and MCP transition Members to the other delivery system.
2. The process by which Members who decline screening are assessed.
3. The process by which MCP:
    a. Accepts referrals from MHP for assessment, and the mechanisms of communicating such acceptance and that a timely assessment has been made available to the Member.
    b. Provides referrals to MHP for assessment, and the mechanisms of sharing the completed screening tool and confirming acceptance of referral and that a timely assessment has been made available to the Member by MHP.
    c. Provides a referral to an MHP Network Provider (if processes agreed upon with MHP), and the mechanisms of sharing the completed screening tool and confirming acceptance of the referral and that a timely assessment has been made available to the Member by MHP.
4. The process by which MHP:
    a. Accepts referrals from MCP for assessment, and the mechanisms for communicating such acceptance and that a timely assessment has been made available to the Member.
    b. Provides referrals to MCP for assessment, and the mechanisms of sharing the completed screening tool and confirming acceptance of the referral and that a timely assessment has been made available to the Member by MCP.
    c. Provides a referral to an MCP Network Mental Health Provider (if processes agreed upon with MCP), and the mechanisms of confirming the MCP Network Mental Health Provider accepted the referral and that a timely assessment has been made available to the Member by MCP.
    d. Provides a referral to MCP when the screening indicates that a Member under age 21 would benefit from a pediatrician/Primary Care Physician (“PCP”) visit.

5. The process by which MCP and MHP coordinate referrals using the Transition of Care Tool in accordance with APL 22-028 and BHIN 22-065.

6. The process by which MCP (and/or its Network Providers):

a. Accepts referrals from MHP, and the mechanisms of communicating such acceptance, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

b. Provides referrals to MHP and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a provider who accepts their care and that services have been made available to the Member.

c. Provides a referral to an MHP Network Provider (if processes have been agreed upon with MHP), and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a provider who accepts their care and that services have been made available to the Member.

d. MCP must coordinate with MHP to facilitate transitions between MCP and MHP delivery systems and across different providers, including guiding referrals for Members receiving NSMHS to transition to an SMHS provider and vice versa, and the new provider accepts the referral and provides care to the Member.

7. The process by which MHP (and/or its Network Providers):

a. Accepts referrals from MCP, and the mechanisms of communicating such acceptance, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

b. Provides referrals to MCP, and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

c. Provides a referral to an MCP Network Provider (if processes have been agreed upon with MCP), and the mechanisms of sharing the completed transition tool and confirming acceptance of the referral, including that the Member has been connected with a Network Provider who accepts their care and that services have been made available to the Member.

iii. MHP must refer Members to MCP for MCP's Covered Services, as well as any Community Supports services or care management programs for which Members may qualify, such as Enhanced Care Management ("ECM"), Complex Care Management ("CCM"), or Community Supports. However, if MHP is also an ECM Provider, MHP provides ECM services pursuant to a separate agreement between MCP and MHP for ECM services; this MOU does not govern MHP's provision of ECM.

iv. MCP must have a process for referring eligible Members for substance use disorder ("SUD") services to a Drug Medi-Cal-certified program or a Drug

Medi-Cal Organized Delivery System ("DMC-ODS") program in accordance with the Medi-Cal Managed Care Contract.

Closed Loop Referrals. The managed care plan and its subcontractor has a process to ensure closed loop referrals between the MCP and the county MHP using care coordination and the implementation of a monthly referral tracker. This process may be updated as time progresses through further automation and changed processes as agreed to by both parties.

8. **Care Coordination and Collaboration.**

a. **Care Coordination.**

i. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the specific requirements set forth in this MOU and ensure Medically Necessary NSMHS and SMHS provided concurrently are coordinated and non-duplicative.

ii. The Parties must discuss and address individual care coordination issues or barriers to care coordination efforts at least quarterly.

iii. The Parties must establish policies and procedures to maintain collaboration with each other and to identify strategies to monitor and assess the effectiveness of this MOU. The policies and procedures must ensure coordination of inpatient and outpatient medical and mental health care for all Members enrolled in MCP and receiving SMHS through MHP, and must comply with federal and State law, regulations, and guidance, including Cal. Welf. & Inst. Code Section 5328.

iv. The Parties must establish and implement policies and procedures that align for coordinating Members' care that address:

1. The specific point of contact from each Party, if someone other than each Party's Responsible Person, to act as the liaison between Parties and be responsible for initiating, providing, and maintaining ongoing care coordination for all Members under this MOU;

2. A process for coordinating care for individuals who meet access criteria for and are concurrently receiving NSMHS and SMHS consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and BHIN 22-011 to ensure the care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;

[1] CalAIM Population Health Management Policy Guide available at https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf

3. A process for coordinating the delivery of medically necessary Covered Services with the Member's PCP, including, without limitation, transportation services, home health services, and other Medically Necessary Covered Services for eligible Members;

4. Permitting Members to concurrently receive NSMHS and SMHS when clinically appropriate, coordinated, and not duplicative consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and BHIN 22-011.

5. A process for ensuring that Members and Network Providers can coordinate coverage of Covered Services and carved-out services outlined by this MOU outside normal business hours, as well as providing or arranging for 24/7 emergency access to admission to psychiatric inpatient hospital.

v. **Transitional Care.**

1. The Parties must establish policies and procedures and develop a process describing how MCP and MHP will coordinate transitional care services for Members. A "transitional care service" is defined as the transfer of a Member from one setting or level of care to another, including, but not limited to, discharges from hospitals, institutions, and other acute care facilities and skilled nursing facilities to home or community-based settings,[2] or transitions from outpatient therapy to intensive outpatient therapy. For Members who are admitted to an acute psychiatric hospital, psychiatric health facility, adult residential, or crisis residential stay, including, but not limited to, Short-Term Residential Therapeutic Programs and Psychiatric Residential Treatment Facilities, where MHP is the primary payer, MHPs are primarily responsible for coordination of the Member upon discharge. In collaboration with MHP, MCP is responsible for ensuring transitional care coordination as required by Population Health Management,[3] including, but not limited to:

a. Tracking when Members are admitted, discharged, or transferred from facilities contracted by MHP (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities) in accordance with Section 11(a)(iii) of this MOU.

b. Approving prior authorizations and coordinating services where MCP is the primary payer (e.g., home services, long-term services and supports for dual-eligible Members);

c. Ensuring the completion of a discharge risk assessment and developing a discharge planning document;

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[2] Expectations for transitional care are defined in the PHM Policy Program Guide: https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf

[3] Expectations for transitional care are defined in the PHM Policy Program Guide: https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf; *see also* PHM Roadmap and Strategy: https://www.dhcs.ca.gov/CalAIM/Documents/Final-Population-Health-Management-Strategy-and-Roadmap.pdf

d. Assessing Members for any additional care management programs or services for which they may qualify, such as ECM, CCM, or Community Supports and enrolling the Member in the program as appropriate;

e. Notifying existing CCM Care Managers of any admission if the Member is already enrolled in ECM or CCM; and

f. Assigning or contracting with a care manager to coordinate with behavioral health or county care coordinators for each eligible Member to ensure physical health follow up needs are met as outlined by the Population Health Management Policy Guide.

2. The Parties must include a process for updating and overseeing the implementation of the discharge planning documents as required for Members transitioning to or from MCP or MHP services.

3. For inpatient mental health treatment provided by MHP or for inpatient hospital admissions or emergency department visits known to MCP, the process must include the specific method to notify each Party within 24 hours of admission and discharge and the method of notification used to arrange for and coordinate appropriate follow-up services.

4. The Parties must have policies and procedures for addressing changes in a Member's medical or mental health condition when transferring between inpatient psychiatric service and inpatient medical services, including direct transfers.

vi. **Clinical Consultation.**

1. The Parties must establish policies and procedures for MCP and MHP to provide clinical consultations to each other regarding a Member's mental illness, including consultation on diagnosis, treatment, and medications.

2. The Parties must establish policies and procedures for reviewing and updating a Member's problem list, as clinically indicated (e.g., following crisis intervention or hospitalization), including when the care plan or problem list must be updated, and coordinating with outpatient mental health Network Providers.

vii. **Enhanced Care Management.**

1. Delivery of the ECM benefit for individuals who meet ECM Population of Focus definitions (including, but not limited to, the Individuals with Severe Mental Illness and Children Populations of Focus) must be consistent with DHCS guidance regarding ECM, including:

a. That MCP prioritize assigning a Member to an SMHS Provider as the ECM Provider if the Member receives SMHS from that Provider and that Provider is a contracted ECM Provider, unless the Member has expressed a different preference or MCP identifies a more appropriate ECM Provider given the Member's individual needs and health conditions;

b. That the Parties implement a process for SMHS Providers to refer their patients to MCP for ECM if the patients meet Population of Focus criteria; and

c. That the Parties implement a process for avoiding

duplication of services for individuals receiving ECM with SMHS Targeted Case Management ("TCM"), Intensive Care Coordination ("ICC"), and/or Full-Service Partnership ("FSP") services as set forth in the CalAIM ECM Policy Guide, as revised or superseded from time to time, and coordination activities.

viii. **Community Supports.**

1. Coordination must be established with applicable Community Supports providers under contract with MCP, including:

a. The identified point of contact, from each Party to act as the liaison to oversee initiating, providing, and maintaining ongoing coordination as mutually agreed upon in MCP and MHP protocols;

b. Identification of the Community Supports covered by MCP; and

c. A process specifying how MHP will make referrals for Members eligible for or receiving Community Supports.

ix. **Eating Disorder Services.**

1. MHP is responsible for the SMHS components of eating disorder treatment and MCP is responsible for the physical health components of eating disorder treatment and NSMHS, including, but not limited to, those in APL 22-003 and BHIN 22-009, and any subsequently issued superseding APLs or BHINs, and must develop a process to ensure such treatment is provided to eligible Members, specifically:

a. MHP must provide for medically necessary psychiatric inpatient hospitalization and outpatient SMHS.

b. MCP must also provide or arrange for NSMHS for Members requiring eating disorder services.

2. For partial hospitalization and residential eating disorder programs, MHP is responsible for medically necessary SMHS components, while MCP is responsible for the medically necessary physical health components.

a. MCP is responsible for the physical health components of eating disorder treatment, including emergency room services, and inpatient hospitalization for Members with physical health conditions, including those who require hospitalization due to physical complications of an eating disorder and who do not meet criteria for psychiatric hospitalization.

x. **Prescription Drugs.**

1. The Parties must establish policies and procedures to coordinate prescription drug, laboratory, radiological, and radioisotope service procedures. The joint policies and procedures must include:

a. MHP is obligated to provide the names and qualification of prescribing physicians to MCP.

b. MCP is obligated to provide MCP's procedures for obtaining authorization of prescribed rugs and laboratory services, including a list of available pharmacies and laboratories.

9. Quarterly Meetings.

a. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU but not less frequently than quarterly to address care coordination, Quality Improvement ("QI") activities, QI outcomes, systemic and case-specific concerns, and communication with others within their organizations about such activities. These meetings may be conducted virtually.

b. Within 30 Working Days after each quarterly meeting, the Parties must each post on its website the date and time the quarterly meeting occurred, and, as applicable, distribute to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill the Parties' obligations under the Medi-Cal Managed Care Contract, the MHP Contract, and this MOU.

c. The Parties must invite the other Party's Responsible Person and appropriate program executives to participate in quarterly meetings to ensure appropriate committee representation, including local presence, to discuss and address care coordination and MOU-related issues. The Parties' Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.

d. The Parties must report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS.

e. **Local Representation.** MCP must participate, as appropriate, in meetings or engagements to which MCP is invited by MHP, such as local county meetings, local community forums, and MHP engagements, to collaborate with MHP in equity strategy and wellness and prevention activities.

10. Quality Improvement. The Parties must develop QI activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and QI initiatives, including those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. Such QI activities must include processes to monitor the extent to which Members are able to access mental health services across SMHS and NSMHS, and Covered Service utilization. The Parties must document these QI activities in policies and procedures.

11. Data Sharing and Confidentiality. The Parties must establish and implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely and confidentially and in compliance with the requirements set forth below to the extent permitted under applicable state and federal law. The Parties will share protected health information ("PHI") for the purposes of medical and behavioral health care coordination pursuant to Cal. Code Regs. tit. 9, Section 1810.370(a)(3), and to the fullest extent permitted under the Health Insurance Portability and Accountability Act and its implementing regulations, as amended ("HIPAA") and 42 Code Federal

[4] CalAIM Data Sharing Authorization Guidance VERSION 2.0 June 2023 available at: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-Version-2-Draft-Public-Comment.pdf.

Regulations Part 2, and other State and federal privacy laws. For additional guidance, the Parties should refer to the CalAIM Data Sharing Authorization Guidance.[4]

a. **Data Exchange.** Except where prohibited by law or regulation, MCP and MHP must share the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must have policies and procedures for supporting the timely and frequent exchange of Member information and data, including behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data; and, if necessary, for obtaining Member consent, when required. The minimum necessary information and data elements to be shared as agreed upon by the Parties, are set forth in Exhibit C of this MOU. To the extent permitted under applicable law, the Parties must share, at a minimum, Member demographic information, behavioral and physical health information, diagnoses, assessments, medications prescribed, laboratory results, referrals/discharges to/from inpatient or crisis services and known changes in condition that may adversely impact the Member's health and/or welfare. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data. MHP and MCP must establish policies and procedures to implement the following with regard to information sharing:

i. A process for timely exchanging information about Members eligible for ECM, regardless of whether the Specialty Mental Health provider is serving as an ECM provider;
ii. A process for MHP to send regular, frequent batches of referrals to ECM and Community Supports to MCP in as close to real time as possible;
iii. A process for MHP to send admission, discharge, and transfer data to MCP when Members are admitted to, discharged from, or transferred from facilities contracted by MHP (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities), and for MCP to receive this data. This process may incorporate notification requirements as described in Section 8(a)(v)(3);
iv. A process to implement mechanisms to alert the other Party of behavioral health crises (e.g., MHP alerts MCP of Members' uses of mobile health, psych inpatient, and crisis stabilization and MCP alerts MHP of Members' visits to emergency departments and hospitals); and
v. A process for MCP to send admission, discharge, and transfer data to MHP when Members are admitted to, discharged from, or transferred from facilities contracted by MCP (e.g., emergency department, inpatient hospitals, nursing facilities), and for MHP to receive this data. This process may incorporate notification requirements as described in Section 8(a)(v)(3).

b. **Behavioral Health Quality Improvement Program**. If MHP is participating in the Behavioral Health Quality Improvement Program, then MCP and MHP are encouraged to execute a DSA. If MHP and MCP have not executed a DSA, MHP must sign a Participation Agreement to onboard with a Health Information Exchange that has signed the California Data Use and Reciprocal Support Agreement and joined the California Trusted Exchange Network.

c. **Interoperability.** MCP and MHP must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL 22-026 or any subsequent version of the APL. MCP must make available an application programming interface that makes complete and accurate Network Provider directory information available through apublic-facing digital endpoint on MCP's and MHP's respective websites pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h).

12. Dispute Resolution.

a. The Parties must agree to dispute resolution procedures such that in the event of any dispute or difference of opinion regarding the Party responsible for service coverage arising out of or relating to this MOU, the Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. The Parties must document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, MCP and MHP must continue without delay to carry out all responsibilities under this MOU unless the MOU is terminated. If the dispute cannot be resolved within 15 Working Days of initiating such negotiations, either Party may pursue its available legal and equitable remedies under California law. Disputes between MCP and DMC-ODS that cannot be resolved in a good faith attempt between the Parties must be forwarded by MCP and/or DMC-ODS to DHCS.

b. Disputes between MCP and MHP that cannot be resolved in a good faith attempt between the Parties must be forwarded to DHCS via a written "Request for Resolution" by either MHP or MCP within three business days after failure to resolve the dispute, consistent with the procedure defined in Cal. Code Regs. tit. 9, § 1850.505, "Resolutions of Disputes between MHPs and Medi-Cal Managed Care Plans" and APL 21-013. Any decision rendered by DHCS regarding a dispute between MCP and MHP concerning provision of Covered Services is not subject to the dispute procedures set forth in the Primary Operations Contract Exhibit E, Section 1.21 (Contractor's Dispute Resolution Requirements);

c. A dispute between MHP and MCP must not delay the provision of medically necessary SMHS, physical health care services, or related prescription drugs and laboratory, radiological, or radioisotope services to beneficiaries as required by Cal. Code Regs. tit. 9, § 1850.525;

d. Until the dispute is resolved, the following must apply:

i. The Parties may agree to an arrangement satisfactory to both Parties regarding how the

services under dispute will be provided; or

ii. When the dispute concerns MCP's contention that MHP is required to deliver SMHS to a Member either because the Member's condition would not be responsive to physical health care-based treatment or because MHP has incorrectly determined the Member's diagnosis to be a diagnosis not covered by MHP, MCP must manage the care of the Member under the terms of its contract with the State until thedispute is resolved. MHP must identify and provide MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to MCP provider responsible for the Member's care; or

iii. When the dispute concerns MHP's contention that MCP is required to deliver physical health care-based treatment of a mental illness, or to deliver prescription drugs or laboratory, radiological, or radioisotope services required to diagnose or treat the mental illness, MHP is responsible for providing or arranging and paying for those services until the dispute is resolved.

e. if decisions rendered by DHCS find MCP is financially liable for services, MCP must comply with the requirements in Cal. Code Regs. tit. 9, § 1850.530.

f. The Parties may agree to an expedited dispute resolution process if a Member has not received a disputed service(s) and the Parties determine that the routine dispute resolution process timeframe would result in serious jeopardy to the Member's life, health, or ability to attain, maintain, or regain maximum function. Under this expedited process, the Parties will have one Working Day after identification of a dispute to attempt to resolve the dispute at the plan level. All terms and requirements established in APL 21-013 and BHIN 21-034 apply to disputes between MCP and MHP where the Parties cannot agree on the appropriate place of care. Nothing in this MOU or provision must constitute a waiver of any of the government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, state, and federal law.

g. MHP must designate a person or process to receive notice of actions, denials, or deferrals from MCP, and to provide any additional information requested in the deferral notice as necessary for a medical necessity determination.

h. MCP must monitor and track the number of disputes with MHP where the Parties cannot agree on an appropriate place of care and, upon request, must report all such disputes to DHCS.

i. Once MHP receives a deferral from MCP, MHP must respond by the close of the business day following the day the deferral notice is received, consistent with Cal. Welf. & Inst. Code § 14715.

j. Nothing in this MOU or provision constitutes a waiver of any of the

government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, State, or federal law.

13. Equal Treatment. Nothing in this MOU is intended to benefit or prioritize Members over persons served by MHP who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., MHP cannot provide any service, financial aid, or other benefit, to an individual which is different, or is provided in a different manner, from that provided to others provided by MHP.

14. General.

a. **MOU Posting.** MCP and MHP must each post this executed MOU on its website.

b. **Documentation Requirements.** MCP and MHP must retain all documents demonstrating compliance with this MOU for at least 10 years as required by the Medi-Cal Managed Care Contract and the MHP Contract. If DHCS requests a review of any existing MOU, the Party that received the request must submit the requested MOU to DHCS within 10 Working Days of receipt of the request.

c. **Notice.** Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the Notice Address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address; (ii) delivered by messenger or overnight delivery service to the Notice Address; (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address; or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address. Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail, certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to each other in the manner provided for herein.

d. **Delegation.** MCP and MHP may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a Party to this MOU. Further, the Parties may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of the Parties' obligations under this MOU. Other than in these circumstances, the Parties cannot delegate the obligations and duties contained in this MOU.

e. **Annual Review.** MCP and MHP must conduct an annual review of this MOU to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. MCP and MHP must provide DHCS evidence of the annual review of this MOU as well as copies of any MOUs modified or renewed as a result.

f. **Amendment.** This MOU may only be amended or modified by the Parties through a writing executed by the Parties. However, this MOU is deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi-Cal Managed Care Contract, the MHP Contract, and subsequently issued superseding APLs, BHINs, or guidance, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.

g. **Governance.** This MOU is governed by and construed in accordance with the laws of the state of California.

h. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create any relationship between MHP and MCP other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this MOU. Neither MHP nor MCP, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.

i. **Counterpart Execution.** This MOU may be executed in counterparts signed electronically, and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitute one and the same instrument.

j. **Superseding MOU.** This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is hereby terminated by mutual agreement of the Parties.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

Partnership HealthPlan of California

Signature:
Name: Sonja Bjork
Title: CEO
Notice Address: 4665 Business Center Dr.
Fairfield, CA 94534

Date:

Tehama County Health Services Agency

Signature: Jayme A Bottke
Name: Jayme Bottke
Title: Executive Director
Notice Address: P.O. Box 400
Red Bluff, CA 96080

Date: 11-7-25

Exhibits A & B

Exhibit A
4b.
Mark Bontrager
Partnership Health Plan Behavioral Health Administrator/ or Designee
mbontrager@partnershiphp.org
707-419-7913
4665 Business Center Drive
Fairfield, CA 94534

Exhibit B
5b.
(County Mental Health Plan)

Natalie Shepard
Mental Health Director
natalie.shepard@tchsa.net
530-527-8491 x3026
PO Box 400
1860 Walnut Street, Suite A
Red Bluff, CA 96080

Exhibit C

Data Elements

Through the joint participation in a Health Information Exchange (HIE), the following data will be exchanged between the County Mental Health Plan and Managed Care Plan. When necessary, patient/member consent will be obtained prior to exchanging the following data as dictated by federal and state privacy rules.

#	From County Data Elements	From PHC Data Fields
	Member Demographics	
1	Member Client Identification Number (CIN)	Member Client Identification Number (CIN)
2	County	County
3	First Name	Member First Name
4	Middle Name	Member Middle Name
5	Last Name	Member Last Name
6	Social Security Number	Social Security Number
7	Date of Birth	Date of Birth
8	Race/Ethnicity	Race/Ethnicity
9	Gender	Gender
10		ECM Provider
	PCP	
11	N/A	PCP Name
12	N/A	NPI number
13	N/A	Address
14	N/A	Taxonomy
	Visit Details, all types	
15	Rendering/attending provider for encounter below - only for outpatient	Rendering/attending provider
16	Rendering/attending provider NPI number - NPI for org	Rendering/attending provider NPI number
17	Rendering/attending provider service location	Rendering/attending provider service location
18	Rendering/attending phone number	Rendering/attending phone number
19	Rendering/attending provider specialty - outpatient	Rendering/attending provider specialty: Mental Health and PCP
	SUD or MH outpatient visits from County BH	**Medical Out Patient Visits**

20	OP MH or SUD-Date of OutPatient Visit	OutPatient-Date of Visit
21	OutPatient-Office ID	OutPatient-Office ID
22	OutPatient-Office Name of Site	OutPatient-Office Name of Site
23	OutPatient-Office NPI	OutPatient-Office NPI
24	OutPatient-diagnosis codes	OutPatient-diagnosis codes
25	OutPatient-Procedure codes	OutPatient-Procedure codes
	ED Visits	
26	N/A	ED-Date of ED visit
27	N/A	ED-Hospital name
28	N/A	ED-NPI number
29	N/A	ED-All Diagnosis code
30	N/A	ED-Principle Diagnosis Codes
31	N/A	ED-Main visit procedure codes
32	N/A	ED-CPT code
	MH/SUD In Patient Admissions	**In Patient Admissions**
33	IP-Hospital name	IP-Hospital name
34	IP-NPI number	IP-NPI number
35	IP-Date of admission	IP-Date of admission
36	IP-Date of discharge	IP-Date of discharge
37	IP-Admission Diagnosis Codes	IP-Admission Diagnosis Codes
38	IP-Discharge Diagnosis	IP-Discharge Diagnosis
	County Enrollment Status	**PHC Enrollment status**
39	Enrollment date for SUD	PHC enrollment date (most recent date begun versus detail going back 1 year?)
40	Enrollment date for MH	MediCal Aid code

ATTACHMENT 1: MEMORANDUM OF UNDERSTANDING TEMPLATE

COVER PAGE

Memorandum of Understanding

between *PARTNERSHIP HEALTH PLAN OF CALIFORNIA* and *Tehama County Health Services Agency*

This Memorandum of Understanding ("MOU") is entered into by and between **PARTNERSHIP HEALTH PLAN OF CALIFORNIA** ("MCP**"**) and **COUNTY OF TEHAMA**, through its Health Services Agency ("DMC State Plan County"), effective as of date executed by both parties ("Effective Date"). DMC State Plan County, MCP, and MCP's relevant Subcontractors and/or Downstream Subcontractors, may be referred to herein as a "Party" and collectively as "Parties."

WHEREAS, the Parties are required to enter into this MOU, a binding and enforceable contractual agreement, under the Medi-Cal Managed Care Contract Exhibit A, Attachment III, All Plan Letter ("APL") 23-029 and subsequently issued superseding APLs, and the DMC State Plan Contract to ensure that Medi-Cal members enrolled in MCP who are served by DMC State Plan County (referred to herein as "Members") are able to access and/or receive substance use disorder ("SUD") services in a coordinated manner from MCP and DMC State Plan County;

WHEREAS, the Parties desire to ensure that Members receive SUD services in a coordinated manner and provide a process to continuously evaluate the quality of the services provided;

WHEREAS, the Parties understand and agree that any Member information and data shared to facilitate referrals, coordinate care, or to meet any of the obligations set forth in this MOU must be shared in accordance with all applicable federal and State statutes and regulations, including, without limitation, 42 Code of Federal Regulations Part 2; and

WHEREAS, nothing in this agreement creates any new service for either Party and is limited to administrative requirements for MCP and DMC State Plan County.

In consideration of mutual agreements and promises hereinafter, the Parties agree as follows:

1. **Definitions.** Capitalized terms have the meaning ascribed by MCP's Medi-Cal Managed Care Contract with the California Department of Health Care Services

("DHCS"), unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS webpage at www.dhcs.ca.gov.

a. "MCP Responsible Person" means the person designated by MCP to oversee MCP coordination and communication with DMC State Plan County and ensure MCP's compliance with this MOU as described in Section 4 of this MOU.

b. "MCP-DMC State Plan County Liaison" means MCP's designated point of contact responsible for acting as the liaison between MCP and DMC State Plan County as described in Section 4 of this MOU. The MCP-DMC State Plan County Liaison must ensure the appropriate communication and care coordination is ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MCP Responsible Person and/or MCP compliance officer as appropriate.

c. "DMC State Plan County Responsible Person" means the person designated by DMC State Plan County to oversee coordination and communication with MCP and ensure DMC State Plan County's compliance with this MOU as described in Section 5 of this MOU.

d. "DMC State Plan County Liaison" means DMC State Plan County's designated point of contact responsible for acting as the liaison between MCP and DMC State Plan County as described in Section 5 of this MOU. The DMC State Plan County Liaison should ensure the appropriate communication is ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the DMC State Plan County Responsible Person as appropriate.

e. "Network Provider", as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with DHCS; and as it pertains to DMC State Plan County has the same meaning as "DMC Provider" ascribed by the DMC State Plan County Contract with DHCS.

f. "DMC Provider" means any person or entity that provides direct substance use disorder treatment services in DMC State Plan County and has been certified by DHCS in accordance with Cal. Code Regs., tit. 22, Section 51000.30 Medi-Cal Provider Application for Enrollment, Continued Enrollment, or Enrollment at a New, Additional, or Changed Location.

g. "Subcontractor" as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with DHCS; and as it pertains to the DMC State Plan County, has the same meaning ascribed by the DMC State Plan County Contract with DHCS.

h. "Downstream Subcontractor", as it pertains to MCP, has the same meaning ascribed by the MCP's Medi-Cal Managed Care Contract with DHCS.

i. "Covered SUD Services" as it pertains to DMC State Plan County, has the same meaning as ascribed by "Covered Services" in the DMC State Plan County Contract; and as it pertains to MCP, has the same meaning as ascribed by the MCP's Medi-Cal Managed Care Contract with DHCS.

2. Term. This MOU is in effect as of the Effective Date and continues for a *three-year term (August 31, 2028)* or as amended in accordance with Section 14.f of this MOU.

3. **Services Covered by This MOU.** This MOU governs the facilitation of the referral of Members between MCP and DMC State Plan County for all services covered by MCP and DMC State Plan County to ensure Members receive those services in a coordinated manner, as required by MCP's Medi-Cal Managed Care Contract with DHCS.

4. **MCP Obligations.**

a. **Provision of Covered Services.** MCP is responsible for authorizing Medically Necessary Covered Services and coordinating Member care provided by the MCP's Network Providers as set forth in the applicable Medi-Cal Managed Care Contract (i.e., referrals for SUD services as required by this MOU), and other Providers of carve-out programs, services, and benefits.

b. **Oversight Responsibility.** The Behavioral Health Administrator or designee, the designated MCP Responsible Person, listed in Exhibit A, is responsible for overseeing MCP's compliance with this MOU. The MCP Responsible Person must:

i. Meet at least quarterly with DMC State Plan County, as required by Section 9 of this MOU;

ii. Report on MCP's compliance with the MOU to MCP's compliance officer no less frequently than quarterly. MCP's compliance officer is responsible for MOU compliance oversight reports as part of MCP's compliance program and must address any compliance deficiencies in accordance with MCP compliance program policies;

iii. Ensure there is sufficient staff at MCP to support compliance with and management of this MOU;

iv. Ensure an appropriate level of MCP leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the engagements and ensure the appropriate levels of leadership from DMC State Plan County are invited to participate in the MOU engagements, as appropriate;

v. Ensure training and education regarding MOU provisions are conducted annually for MCP's employees responsible for carrying out activities under this MOU, and as applicable for Subcontractors, Downstream Subcontractors, and Network Providers; and

vi. Serve, or may designate a person at MCP to serve, as the MCP-DMC State Plan County Liaison, the point of contact with DMC State Plan County. The MCP-DMC State Plan County Liaison must be listed in Exhibit A of this MOU. MCP must notify DMC State Plan County of any changes to the MCP-DMC State Plan County Liaison as soon as reasonably practical, but no later than the date of change, and must notify DHCS within five Working Days of the change.

c. **Compliance by Subcontractors, Downstream Subcontractors, and Network Providers.** MCP must require and ensure its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

5. **DMC State Plan County Obligations.**

a. **Provision of Covered Services**. DMC State Plan County is responsible for providing or arranging Covered SUD Services.

b. **Oversight Responsibility.** The Mental Health Director or designee, the designated DMC State Plan County Responsible Person, listed in Exhibit B of this MOU, is responsible for overseeing DMC State Plan County's compliance with this MOU and must ensure compliance with and manage this MOU. The DMC State Plan County Responsible Person serves or may designate a person to serve as the designated DMC State Plan County Liaison, and the point of contact with MCP. The DMC State Plan County Liaison is listed in Exhibit B of this MOU. DMC State Plan County must notify MCP of changes to the DMC State Plan County Responsible Person as soon as reasonably practical but no later than the date of change. DMC State Plan County must notify MCP of changes to the DMC State Plan County Liaison as soon as reasonably practical but no later than the date of change. The DMC State Plan County Responsible Person must:

i. Meet at least quarterly with MCP, as required by Section 9 of this MOU;

ii. Conduct MOU compliance oversight, produce reports as part of DMC State Plan County's compliance program, and must address any compliance deficiencies in accordance with DMC State Plan County's compliance program policies;

iii. Ensure that sufficient staff at DMC State Plan County are identified to support compliance with and management of this MOU;

iv. Ensure the appropriate levels of DMC State Plan County leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from MCP are invited to participate in the MOU engagements, as appropriate;

v. Ensure training and education regarding MOU provisions are conducted annually for DMC State Plan County's employees responsible for carrying out activities under this MOU, and as applicable for DMC Providers; and

vi. Be responsible for meeting MOU compliance requirements, as determined by policies and procedures established by DMC State Plan County, and reporting to the DMC State Plan County Responsible Person.

c. **Compliance by Subcontractors and DMC Providers.** DMC State Plan County must require and ensure that its Subcontractors and DMC Providers comply with all applicable provisions of this MOU.

6. Training and Education.

a. To ensure compliance with this MOU, the Parties must provide training and orientation to their respective employees who carry out activities under this MOU. MCP must provide training and orientation for their employees who carry out activities under this MOU and, as applicable, MCP Network Providers, Subcontractors, and Downstream Subcontractors who carry out MCP's responsibilities under this MOU. DMC State Plan County is responsible for applicable training and orientation for DMC Providers who carry out responsibilities under this MOU. The training must include information on MOU requirements, services that are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing these responsibilities as of the Effective Date, the Parties must provide this training within *60 Working Days* of the Effective

Date. Thereafter, the Parties must provide this training prior to any such person or entity performing responsibilities under this MOU and all such persons or entities at least annually thereafter. MCP must require its Subcontractors and Downstream Subcontractors to provide training on relevant MOU requirements and DMC State Plan County services to their contracted Providers.

b. In accordance with health education standards as required by the Medi-Cal Managed Care Contract, MCPs must provide Members and MCP Network Providers with educational materials related to accessing Covered Services, including materials for services provided by DMC State Plan County.

c. DMC State Plan County must provide Members with educational materials related to accessing services provide by DMC State Plan County, including materials related to accessing MCP Covered Services.

d. The Parties must each provide the other Party, Members, MCP Network Providers, and DMC providers with educational materials on how MCP's Covered Services and DMC State Plan County services may be accessed, including during nonbusiness hours.

[The Parties may agree to additional requirements, such as:

- *The Parties may develop and share outreach communication materials and initiatives to share resources about MCP and DMC State Plan County with individuals who may be eligible for MCP's Covered Services and/or DMC State Plan County services.*

7. Screening, Assessment, and Referrals

a. **Screening and Assessment.**

i. The Parties must work collaboratively to develop and establish policies and procedures that address how Members must be screened and assessed for MCP Covered Services and DMC State Plan County services, and must include:

1. A process for ensuring that MCP Network Providers and DMC Providers understand their responsibilities to screen all beneficiaries under 21 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as set forth in their respective contracts.

2. A process for ensuring that MCP Network Providers understand their responsibilities for providing or arranging the provision of medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings, and a process for ensuring that DMC Providers understand their responsibilities for providing or arranging the provision of medications for Addiction

Treatment (also known as Medication-Assisted Treatment) in DMC Provider settings.

ii. MCP must develop and establish policies and procedures for providing Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment ("SABIRT") to Members aged eleven (11) and older in accordance with APL 21-014. MCP policies and procedures must include, but not be limited to:

1. A process for ensuring Members receive comprehensive substance use, physical, and mental health screening services, including the use of American Society of Addiction Medicine (ASAM) Level 0.5 SABIRT guidelines.

b. **Referral Process.** The Parties must work collaboratively to develop and establish policies and procedures that ensure Members are referred to the appropriate MCP Covered Services and DMC State Plan County services.

i. MCP must facilitate referrals to DMC State Plan County for Members who potentially meet the criteria to receive DMC State Plan County SUD services and ensure DMC State Plan County has procedures for accepting referrals from MCP.

ii. MCP must refer Members using a patient-centered, shared decision-making process.

iii. DMC State Plan County should assist MCP in identifying the appropriate DMC State Plan County program and/or services when assistance is required by MCP.

iv. DMC State Plan County should refer Members to MCP for MCP's Covered Services, as well as any Community Supports services or care management programs for which Members may qualify, such as Enhanced Care Management ("ECM") or Complex Care Management ("CCM"). However, if DMC State Plan County is also an ECM Provider pursuant to a separate agreement between MCP and DMC State Plan County for ECM services, this MOU does not govern DMC State Plan County's provision of ECM services.

v. The Parties must work collaboratively to ensure that Members may access services through multiple pathways. The Parties must ensure Members receive medically necessary SUD services;

vi. MCP must have a process by which MCP accepts referrals from DMC State Plan County;

vii. MCP must have a process to confirm that the referral was accepted by DMC State Plan County;

viii. DMC State Plan County must have a process by which DMC State Plan County accepts referrals from MCP; and

ix. DMC State Plan County must have a process for communicating acceptance of the referral to MCP.

8. Care Coordination and Collaboration.

a. **Care Coordination.**

i. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the requirements set forth in this MOU.

ii. The Parties must discuss and address individual care coordination issues or barriers to care coordination efforts at least quarterly.

iii. MCP must have policies and procedures in place to maintain cross- system collaboration with DMC State Plan County and to identify strategies to monitor and assess the effectiveness of this MOU.

iv. The Parties must implement policies and procedures that align for coordinating Members' care that address:

1. The requirement for DMC State Plan County to refer Members to MCP to be assessed for care coordination and other similar programs and other services for which they may qualify provided by MCP including, but not limited to, ECM, CCM, or Community Supports;

2. The specific point of contact from each Party, if someone other than each Party's Responsible Person, to act as the liaison between Parties and be responsible for initiating, providing, and maintaining ongoing care coordination for all Members under this MOU;

3. A process for how MCP and DMC State Plan County will engage in collaborative treatment planning to ensure care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;

4. A process for coordinating the MCP's delivery of Medically Necessary Covered Services with the Member's Primary Care Provider, including without limitation transportation services, home health services, and other Medically Necessary Covered Services for eligible Members;

5. A process for how MCP and DMC State Plan County will help to ensure the Member is engaged and participates in their care program and a process for ensuring the Members, caregivers, and providers are engaged in the development of the Member's care;

6. A process for reviewing and updating a Member's problem list, as clinically indicated. The process must describe circumstances for updating problem lists and coordinating with outpatient SUD providers;

7. A process for how the Parties will engage in collaborative treatment planning and ensure communication among providers, including procedures for exchanges of medical information; and

8. Processes to ensure that Members and providers can coordinate coverage of Covered Services and carved-out services outlined by this MOU

outside of normal business hours, as well as providing or arranging for 24/7 emergency access to Covered Services and carved-out services.

v. **Transitional Care.**

1. The Parties must establish policies and procedures and develop a process describing how MCP and DMC State Plan County will coordinate transitional care services for Members. A "transitional care service" is defined as the transfer of a Member from one setting or level of care to another, including, but not limited to, discharges from hospitals, institutions, and other acute care facilities and skilled nursing facilities to home- or community-based settings,[1] level of care transitions that occur within the facility, or transitions from outpatient therapy to intensive outpatient therapy and vice versa.

2. Members who are admitted for residential SUD treatment, including Perinatal Residential Substance Use Disorder Treatment and residential SUD treatment provided to Members under the age of 21 pursuant to the EPSDT benefit mandate where DMC State Plan County is the primary payer, DMC State Plan County is primarily responsible for coordination of the Member upon discharge. In collaboration with DMC State Plan County, MCP is responsible for ensuring transitional care coordination as required by Population Health Management,[2] including, but not limited to:

a. Tracking when Members are admitted, discharged, or transferred from facilities contracted by DMC State Plan County in accordance with Section 11(a)(iii) of this MOU;

b. Approving prior authorizations and coordinating services where MCP is the primary payer (e.g., home services, long-term services, and supports for dual-eligible Members);

c. Ensuring the completion of a discharge risk assessment and developing a discharge planning document;

d. Assessing Members for any additional care management programs or services for which they may qualify, such as ECM, CCM, or Community Supports, and enrolling the Member in the program as appropriate;

e. Notifying existing CCM Care Managers of any admission if the Member is already enrolled in ECM or CCM; and

f. Assigning or contracting with a care manager to coordinate with county care coordinators to ensure physical health follow-up needs are met for each eligible Member as outlined by the Population Health Management Policy Guide.[3]

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[1] Expectations for transitional care are defined in the Population Health Management Policy Program Guide: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf

[2] The Population Health Management Policy Program Guide can be found here: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf; *see also* PHM Roadmap and Strategy: https://www.dhcs.ca.gov/CalAIM/Documents/Final-Population-Health-Management-Strategy-and-Roadmap.pdf

[3] CalAIM Population Health Management Policy Guide available at https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.

3. The Parties must include in their policies and procedures a process for updating and overseeing the implementation of the discharge planning documents as required for Members transitioning to or from MCP or DMC State Plan services;

4. For inpatient residential SUD treatment provided by DMC State Plan County or for inpatient hospital admissions or emergency department visits known to MCP, the process must include the specific method to notify each Party within 24 hours of admission and discharge and the method of notification used to arrange for and coordinate appropriate follow-up services.

vi. **Clinical Consultation.** The Parties must establish policies and procedures to ensure that Members have access to clinical consultation, including consultation on medications, as well as clinical navigation support for patients and caregivers.

vii. **Enhanced Care Management.**

1. Delivery of the ECM benefit for individuals who meet ECM Population of Focus definitions (including, but not limited to, the Individuals with Severe Mental Illness and Children Populations of Focus) must be consistent with DHCS guidance regarding ECM, including:

a. That MCP prioritizes assigning a Member to a DMC Provider as the ECM Provider if the Member receives DMC State Plan services from that Provider and that Provider is a contracted ECM Provider, unless the Member has expressed a different preference or MCP identifies a more appropriate ECM Provider given the Member's individual needs and health conditions, and;

b. That the Parties implement a process for DMC Providers to refer their patients to MCP for ECM if the patients meet Population of Focus criteria.

2. The Parties must implement a process for avoiding duplication of services for individuals receiving ECM with DMC State Plan care coordination. Members receiving DMC State Plan care coordination can also be eligible for and receive ECM.

3. MCP must have written processes for ensuring the non-duplication of services for Members receiving ECM and DMC State Plan care coordination.

viii. **Community Supports.** Coordination must be established with applicable Community Supports Providers under contract with MCP, including:

1. The identified point of contact from each Party to act as the liaison to oversee initiating, providing, and maintaining ongoing coordination as mutually agreed upon in MCP and DMC State Plan protocols;

2. Identification of the Community Supports covered by MCP; and

3. A process for specifying how DMC State Plan County will make referrals for Members eligible for or receiving Community Supports.

ix. **Prescription Drugs.** The Parties must develop a process for coordination between MCP and DMC State Plan County for prescribing drug and laboratory, radiological, and radioisotope service procedures, including a process for referring eligible Members for SUD services toa Drug Medi-Cal-certified program or a

DMC-ODS program in accordance with the Medi-Cal Managed Care Contract.

9. Quarterly Meetings.

a. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU but not less frequently than quarterly to address care coordination, Quality Improvement ("QI") activities, QI outcomes, systemic and case-specific concerns, referral process, and other matters that arise as a result of this MOU. *[MCP may conduct MOU meetings more frequently.]* These meetings may be conducted virtually.

b. Within 30 Working Days after each quarterly meeting, the Parties must each post on its website the date and time the quarterly meeting occurred, and, as applicable, distribute to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill the Parties' obligations under the Medi-Cal Managed Care Contract, the DMC State Plan County Contract, and this MOU.

c. Each party must invite the other Party's Responsible Person and appropriate program executives to participate in quarterly meetings to ensure appropriate committee representation, including a local presence, to discuss and address care coordination and MOU-related issues. The Parties' Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.

d. The Parties must report to DHCS updates from quarterly meetings in a manner and at a frequency specified by DHCS.

e. **Local Representation.** MCP must participate, as appropriate, in meetings or engagements to which MCP is invited by DMC State Plan County with reasonable notice, such as local county meetings, local community forums, and DMC State Plan County engagements, to collaborate with DMC State Plan County in equity strategy and wellness and prevention activities.

10. Quality Improvement. The Parties must develop QI activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and QI initiatives, including those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization. The Parties must document these QI activities in its policies and procedures.

11. Data Sharing and Confidentiality. The Parties must establish policies and procedures to ensure that the minimum necessary Member information and data to accomplish the goals of this MOU are exchanged timely and maintained securely, confidentially, and in compliance with the requirements set forth below to the extent permitted under applicable State and federal law. The Parties will share protected health information ("PHI") for the purposes of medical and behavioral health care

coordination pursuant to Welfare and Institutions Code Section 14184.102(j), and to the fullest extent permitted under the Health Insurance Portability and Accountability Act and its implementing regulations, as amended ("HIPAA"), 42 Code Federal Regulations Part 2, and other State and federal privacy laws. For additional guidance, the Parties should refer to the CalAIM Data Sharing Authorization Guidance.[4]

a. **Data Exchange.** Except where prohibited by law or regulation, MCP and DMC State Plan County must share only the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must implement policies and procedures that support timely and frequent exchange of Member information and data, that may include behavioral health and physical health data; for ensuring the confidentiality of exchanged information and data; and, if necessary, for obtaining Member consent. The minimum necessary information and data elements to be shared as agreed upon by the Parties are set forth in Exhibit C of this MOU. To the extent permitted under applicable law, the Parties must share, at a minimum, Member demographic information, behavioral and physical health information, diagnoses, assessments, medications prescribed, laboratory results, referrals/discharges to/from inpatient or crisis services and known changes in condition that may adversely impact the Member's health and/or welfare. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data. DMC State Plan County and MCP must establish policies and procedures to implement the following with regard to information sharing:

i. A process for timely exchanging information about Members eligible for ECM, regardless of whether the DMC Provider is serving as an ECM Provider;

ii. A process for DMC State Plan County to send regular frequent batches of referrals to ECM and Community Supports to MCP in as close to real time as possible;

iii. A process for DMC State Plan County to send admission, discharge, and transfer data to MCP when Members are admitted to, discharged from, or transferred from facilities contracted by DMC State Plan County (e.g., perinatal residential SUD treatment facilities and any other residential services provided under the EPSDT mandate, such as residential SUD treatment and withdrawal management facilities), and for MCP to receive this data; and

iv. A process for MCP to send admission, discharge, and transfer data to DMC State Plan County when Members are admitted to, discharged from, or transferred from facilities contracted by MCP (e.g., emergency department, inpatient hospitals, nursing facilities). This process may incorporate notification requirements as described in Section 8(a)(v)(3).

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[4] CalAIM Data Sharing Authorization Guidance October 2023 available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-Data-Sharing-Authorization-Guidance.pdf

b. **Interoperability.** MCP must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations Section 438.10 and in accordance with APL 22-026 or any subsequent version of the APL. MCP must make available an application program interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's website pursuant to 42 Code of Federal Regulations Sections 438.242(b) and 438.10(h).

12. Dispute Resolution.

a. The Parties must agree to dispute resolution procedures in the event any dispute or difference of opinion arises regarding which Party is responsible for service coverage arising out of or relating to this MOU. The Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. The Parties must document the dispute resolution procedures in policies and procedures. Pending resolution of any dispute, the Parties must continue without delay to carry out all its responsibilities under this MOU unless the MOU is terminated. If the dispute cannot be resolved within 15 Working Days of initiating negotiations or the time period that is mutually established by the Parties in writing, either Party may pursue its available legal and equitable remedies under State law. Disputes between MCP and DMC State Plan County that cannot be resolved in a good faith attempt between the Parties, must be forwarded by MCP and/or DMC State Plan County to DHCS.

b. Unless otherwise determined by the Parties, the DMC State Plan County Liaison must be the designated individual responsible for receiving notice of actions, denials, or deferrals from MCP, and for providing any additional information requested in the deferral notice as necessary for a medical necessity determination.

c. MCP must monitor and track the number of disputes with DMC State Plan County where the Parties cannot agree on an appropriate place of care and, upon request, must report all such disputes to DHCS.

d. Until the dispute is resolved:

i. Parties must agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided.

ii. DMC State Plan County shall only be responsible for the payment of services under dispute if those services are set forth in the DMC State Plan Contract,

and MCP shall only be responsible for the payment of services under dispute if those services are set forth in the MCP Contract.

e. Nothing in the MOU or provision constitutes a waiver of any of the governmental claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, State, or federal law.

13. Equal Treatment. Nothing in this MOU is intended to benefit or prioritize Members over persons served by DMC State Plan County who are not Members. Pursuant to Title VI, 42 United States Code Section 2000d, et seq., DMC State Plan County cannot provide any service, financial aid, or other benefit, to an individual that is different, or is provided in a different manner, from that provided to others provided by DMC State Plan County.

14. General.

a. **MOU Posting.** MCP and DMC State Plan County must each post this executed MOU on its website.

b. **Documentation Requirements.** MCP and DMC State Plan County must retain all documents demonstrating compliance with this MOU for at least 10 years in accordance with the MCP Contract and DMC State Plan County Contract, respectively. If DHCS requests a review of any existing MOU, the Party that receives the request must submit the requested MOU within 10 Working Days of receipt of the request.

c. **Notice.** Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the Notice Address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address; (ii) delivered by messenger or overnight delivery service to the Notice Address; (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address; or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address. Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail, certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to the other Party in the manner provided for herein.

d. **Delegation.** MCP and DMC State Plan County may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a Party to this MOU. Further, the Parties may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of the Parties obligations under this MOU. Other than in these circumstances, the Parties cannot delegate the obligations and duties contained in this MOU.

e. **Annual Review.** MCP and DMC State Plan County must conduct an annual review of this MOU to determine whether any modifications, amendments,

updates, or renewals of responsibilities and obligations outlined within are required. MCP must provide DHCS and DMC State Plan County evidence of the annual review of the MOU as well as copies of any MOUs modified or renewed as a result.

f. **Amendment.** This MOU may only be amended or modified by the Parties through a writing executed by the Parties. However, this MOU shall be deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi- Cal Managed Care Contract, the DMC State Plan County Contract, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.

g. **Governance.** This MOU is governed by and construed in accordance with the laws of the State of California.

h. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create, any relationship between DMC State Plan County and MCP other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this MOU. Neither DMC State Plan County nor MCP, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.

i. **Counterpart Execution.** This MOU may be executed in counterparts signed electronically and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitutes one and the same instrument.

j. **Superseding MOU.** This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is hereby terminated by mutual agreement of the Parties.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

Partnership HealthPlan of California

Signature:
Name: Sonja Bjork
Title: CEO
Notice Address: 4665 Business Center Dr.
Fairfield, CA 94534

Date:

Tehama County Health Services Agency

Signature: Jayme A Bottke
Name: Jayme Bottke
Title: Executive Director
Notice Address: P.O. Box 400
Red Bluff, CA 96080

Date: 11-7-25

Exhibits A and B

EXHIBIT A
4b.
Mark Bontrager
Partnership Health Plan Behavioral Health Administrator/ or Designee
mbontrager@partnershiphp.org
707-419-7913
4665 Business Center Drive
Fairfield, CA 94534

Exhibit B
5b.
(County Mental Health Plan)

Natalie Shepard
Mental Health Director
natalie.shepard@tchsa.net
530-527-8491 x3026
PO Box 400
1860 Walnut Street, Suite A
Red Bluff, CA 96080

Exhibit C

Data Elements

Through the joint participation in a Health Information Exchange (HIE), the following data will be exchanged between the County Mental Health Plan and Managed Care Plan. When necessary, patient/member consent will be obtained prior to exchanging the following data as dictated by federal and state privacy rules.

#	From County Data Elements	From PHC Data Fields
	Member Demographics	
1	Member Client Identification Number (CIN)	Member Client Identification Number (CIN)
2	County	County
3	First Name	Member First Name
4	Middle Name	Member Middle Name
5	Last Name	Member Last Name
6	Social Security Number	Social Security Number
7	Date of Birth	Date of Birth
8	Race/Ethnicity	Race/Ethnicity
9	Gender	Gender
10		ECM Provider
	PCP	
11	N/A	PCP Name
12	N/A	NPI number
13	N/A	Address
14	N/A	Taxonomy
	Visit Details, all types	
15	Rendering/attending provider for encounter below - only for outpatient	Rendering/attending provider
16	Rendering/attending provider NPI number - NPI for org	Rendering/attending provider NPI number
17	Rendering/attending provider service location	Rendering/attending provider service location
18	Rendering/attending phone number	Rendering/attending phone number
19	Rendering/attending provider specialty - outpatient	Rendering/attending provider specialty: Mental Health and PCP
	SUD or MH outpatient visits from County BH	**Medical Out Patient Visits**
20	OP MH or SUD-Date of OutPatient Visit	OutPatient-Date of Visit
21	OutPatient-Office ID	OutPatient-Office ID

22	OutPatient-Office Name of Site	OutPatient-Office Name of Site
23	OutPatient-Office NPI	OutPatient-Office NPI
24	OutPatient-diagnosis codes	OutPatient-diagnosis codes
25	OutPatient-Procedure codes	OutPatient-Procedure codes
	ED Visits	
26	N/A	ED-Date of ED visit
27	N/A	ED-Hospital name
28	N/A	ED-NPI number
29	N/A	ED-All Diagnosis code
30	N/A	ED-Principle Diagnosis Codes
31	N/A	ED-Main visit procedure codes
32	N/A	ED-CPT code
	MH/SUD In Patient Admissions	**In Patient Admissions**
33	IP-Hospital name	IP-Hospital name
34	IP-NPI number	IP-NPI number
35	IP-Date of admission	IP-Date of admission
36	IP-Date of discharge	IP-Date of discharge
37	IP-Admission Diagnosis Codes	IP-Admission Diagnosis Codes
38	IP-Discharge Diagnosis	IP-Discharge Diagnosis
	County Enrollment Status	**PHC Enrollment status**
39	Enrollment date for SUD	PHC enrollment date (most recent date begun versus detail going back 1 year?)
40	Enrollment date for MH	MediCal Aid code

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Partnership Health Plan of California

Contract Description: For the purpose of Specialty Mental Health Services

APPROVED AS TO FORM:

Date: 08/22/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Partnership HealthPlan

Contract Description: For the purpose of DMC State Plan

APPROVED AS TO FORM:

Date: 07/29/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Exhibit A
SCOPE OF WORK

I. Service Overview

Contractor agrees to provide to the California Department of Health Care Services (DHCS) the following services described herein:

Provide health care services to eligible Medi-Cal recipients within the scope of Medi-Cal benefits as defined in the contents of the Contract.

II. Service Location

The services must be performed at all contracting and participating facilities of Contractor.

III. Service Hours

The Services must be provided as needed on a 24-hour, seven days a week basis.

IV. Contract Representatives

A. The Contract representatives during the term of this Contract will be:

Department of Health Care Services	**Contractor**
Managed Care Operations Division Attention: Chief, Procurement & Contract Development Branch Telephone: (916) 449-5000	Contractor [Enter name] Attention: [Enter name] Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: xxxxxxxx@xxxxxxxx

B. Direct all inquiries to:

Department of Health Care Services	**Contractor**
Managed Care Operations Division Attention: Contracting Officer 1501 Capitol Avenue, Suite 71.4001 P.O. Box Number 997413, Mail Stop 4408 Sacramento, CA 95899-7413 Telephone: (916) 449-5000	Attention: [Enter name] Street address & room number, if applicable P.O. Box Number, if applicable City, State, Zip Code Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: xxxxxxxx@xxxxxxxx

Exhibit A
SCOPE OF WORK

C. Either party may make changes to the information in provision 4 of this Exhibit A by giving written notice to the other party. Said changes must not require an amendment to this Contract.

V. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement must comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973 (29 United States Code (USC) section 794d) and the Americans with Disabilities Act of 1990 (ADA) (42 USC sections 12101, *et seq*.), as amended, and regulations implementing those statutes as set forth in 36 Code of Federal Regulations (CFR) part 1194 and 28 CFR part 36, as applicable. 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 section 7405 codifies section 508 of the Rehabilitation Act (29 USC section 794d) and the regulations implementing the Rehabilitation Act at 36 CFR part 1194, requiring accessibility of EIT.

The provision of the services is subject to the provisions set forth in the Exhibits and Attachments appended hereto.

Exhibit A, ATTACHMENT I

1.0 Definitions

As used in this Contract, unless otherwise expressly provided the following definitions of terms governs the construction of this Contract:

Abuse means practices that are inconsistent with sound fiscal and business practices or medical standards, 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.

Admission, Discharge, and Transfer (ADT) Feed means a standardized data feed, updated consistently in real-time sourced from a health facility, such as a hospital, that includes Members' demographic and healthcare Encounter Data at time of admission, discharge, and/or transfer from the facility. Demographic information within the feed must meet requirements of the most recent version of the California Data Exchange Framework's Technical Requirements for Exchange Policy and Procedure and conform to United States Core Data for Interoperability (USCDI) requirements of the California Data Exchange Framework.

Administrative Cost means only those cost that arise out of Contractor's operations as specified in 28 California Code of Regulations (CCR) section 1300.78.

Administrative Subcontractor means a Subcontractor that contractually assumes administrative obligations of Contractor under the Contract. Administrative obligations include functions such as Credentialing verification or claims processing. However, functions related to coordinating or directly delivering health care services to Members, such as Care Coordination are not administrative functions.

Adult Day Health Care (ADHC) means an organized day program of therapeutic, social and health activities, and services provided to persons 55 years or older or other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care as set forth in 22 CCR section 78007.

Advance Directive means a written instruction, such as a living will or durable power of attorney for health care, recognized under California law, whether statutory or as recognized by the California courts, relating to the provision of health care when a Member is incapacitated.

Adverse Benefit Determination (ABD) means any of the following actions taken by Contractor:

A. The denial or limited authorization of a requested service, including determinations based on the type or level of a Covered Service, Medical Necessity;

B. The reduction, suspension, or termination of a previously authorized Covered Service;

C. The denial, in whole or in part, of payment for a Covered Service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of Clean Claim is not an ABD;

D. The failure to provide Covered Services in a timely manner;

E. The failure to act within the required timeframes for standard resolution of Grievances and Appeals;

F. The denial of the Member's request to obtain services out-of-Network when a Member is in an area with only one Medi-Cal managed care health plan; or

G. The denial of a Member's request to dispute financial liability.

Affiliate means an entity or an individual that directly or indirectly through one or more intermediaries' controls, or is controlled by, or is under control of Contractor and that provides services to or receives services from Contractor.

All Plan Letter (APL) or **Policy Letter (PL)** means a binding document that has been dated, numbered, and issued by Department of Health Care Services (DHCS) that provides clarification of Contractor's contractual obligations, implementation instructions for Contractor's contractual obligations due to changes in State and federal law or judicial decisions, and/or guidance with regulatory force and effect when DHCS interprets, implements, or makes specific relevant State statutes under its authority.

Allied Health Personnel means specially trained, licensed, or credentialed health workers other than physicians, podiatrists and nurses.

Alternative Format Selection (AFS) means the choice a Member or a Member's Authorized Representative (AR) makes to receive information and materials in an alternate format, such as braille, large font, and electronic media, including audio or data compact discs.

American Indian means a Member who meets the criteria for an "Indian" under 42 Code of Federal Regulations (CFR) section 438.14(a).

Appeal means a review by Contractor of an Adverse Benefit Determination (ABD) which includes one of the following actions:

A. A denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for Medical Necessity, appropriateness, setting, or effectiveness of a Covered Service;

B. A reduction, suspension, or termination of a previously authorized service;

C. The denial, in whole or in part, of payment for a Covered Service, except payment denials based solely because the claim does not meet the definition of a Clean Claim;

D. Failure to provide services in a timely manner; or

E. Failure to act within the timeframes provided in 42 CFR section 438.408(b).

Application Programming Interface (API) means a way for two or more computer programs to communicate with each other. The calls that make up the API are also known as subroutines, methods, requests, or endpoints.

Asthma Preventive Services (APS) is defined as a service that provides information about the basic facts of asthma, proper use of long-term controllers and quick relief medications, evidence-based self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms. Asthma Preventive Services includes evidence-based asthma self-management education and in-home environmental trigger assessments, consistent with the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma.

Authorized Representative (AR) means any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Hearings, Independent Medical Reviews, and in any other capacity, as specified by the Member or Potential Member.

Auxiliary Aid means "auxiliary aids and services" as defined in 28 CFR section 36.303(b) that assist disabled Members to communicate, receive and understand information.

Basic Population Health Management (Basic PHM) means an approach to care that ensures that needed programs and services are made available to each Member, regardless of the Member's Risk Tier, at the right time and in the right setting. Basic PHM includes federal requirements for Care Coordination.

Behavioral Health means mental health conditions and Substance Use Disorders (SUD).

Behavioral Health Services means Specialty Mental Health Services (SMHS), Non-specialty Mental Health Services (NSMHS), and Substance Use Disorders (SUD) treatment.

Behavioral Health Treatment (BHT) means services and treatment programs for the treatment of Autism Spectrum Disorder (ASD), as specified in the California Medicaid State Plan, including applied behavioral analysis and other evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of a Member less than 21 years of age who has been diagnosed with ASD, or for whom a licensed physician, surgeon, or psychologist has determined BHT is Medically Necessary.

BHT Provider means a Qualified Autism Services (QAS) Provider, QAS Professional, or QAS Paraprofessional.

Beneficiary Identification Card means a plastic card issued by DHCS to a Member confirming Medi-Cal eligibility.

Bright Futures Periodicity Schedule means the *Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care* and guidelines published by the American Academy of Pediatrics and Bright Futures, in accordance with which all Members less than 21 years of age must receive well child assessments, screenings, and services.

California Advancing and Innovating Medi-Cal (**CalAIM) Terms and Conditions** means those terms and conditions issued and approved by the federal Centers for Medicare & Medicaid Services (CMS), including any attachments, appendices, or similar documents, and subsequent amendments thereto, that govern implementation of the respective components of the CalAIM initiative pursuant to Article 5.1 of Chapter 7 of Part 3 of Division 9 of Welfare and Institutions Code (W&I). CalAIM Terms and Conditions must include, at a minimum, any terms and conditions specified in the following:

A. CalAIM Demonstration, Number 11-W-00193/9, as approved by CMS pursuant to 42 United States Code (USC) section 1315, including for any applicable extension period, or for any period otherwise specified in the CalAIM Terms and Conditions.

B. Any associated Medicaid waivers as approved by CMS pursuant to 42 USC section 1396n, including but not limited to the CalAIM Section 1915(b) Waiver Control Number CA 17.R10, that are necessary to implement a CalAIM component, including for any applicable extension period, or for any period otherwise specified in the CalAIM Terms and Conditions.

California Children's Services (CCS)-Eligible Condition means a medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 *et seq*.

California Children Services (CCS) Provider means any of the following Providers when used to treat Members for a CCS-Eligible Condition:

A. A medical Provider that is paneled by the CCS Program, pursuant to Health and Safety Code (H&S), Article 5 (commencing with section 123800) of Chapter 3 of Part 2 of Division 106.

B. A licensed acute care hospital approved by the CCS Program.

C. A special care center approved by the CCS Program.

CCS Case Manager means an individual identified as a single point-of-contact responsible for the provision of case management services and facilitation of Care Coordination for a Member receiving services under the California Children's Services (CCS) Program.

CCS Liaison means primary points of contact for the coordination of services between Contractor and county CCS Program who ensure the appropriate communication and care coordination are ongoing between the Contractor and county CCS Program, facilitate quarterly meetings, and provide updates to the county CCS Program as appropriate.

CCS Program means a State program administered as a partnership between the county health department and the DHCS to provide Medically Necessary services to treat California Children's Services (CCS)-Eligible Conditions.

Capitation Payment means a regularly scheduled payment made by DHCS to Contractor on behalf of each Member for each month the Member is enrolled with Contractor that is based on the actuarially sound capitation rate for the provision of Covered Services and paid regardless of whether a Member receives services during the period covered by the payment.

Care Coordination means Contractor's coordination of care delivery and services for Members, either within or- across delivery systems including:

A. Services the Member receives by Contractor;

B. Services the Member receives from any other managed care health plan;

C. Services the Member receives in Fee-For-Service (FFS);

D. Services the Member receives from out-of-Network Providers;

E. Services that the Member receives through carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and

F. Services the Member receives from community and social support Providers.

Care Management Plan (CMP) means a written plan that is developed with input from the Member and/or their family member(s), parent, legal guardian, Authorized Representative (AR), caregiver, and/or other authorized support person(s) as appropriate to assess strengths, risks, needs, goals, and preferences, and make recommendations for clinical and non-clinical service needs.

Center of Excellence means a designation assigned to a transplant program by DHCS upon confirmation that the transplant program meets DHCS' criteria.

Certified Nurse Midwife (CNM) means a registered nurse who has successfully completed a program of study and clinical experience meeting the State guidelines or has been certified by an organization recognized by the State.

Child/Children and Youth, regardless of whether the term is capitalized or not, means a Member/Members less than 21 years of age unless otherwise specified.

Children and Youth with Special Health Care Needs (CYSHCN) means Children and Youth who have or are at increased risk for chronic physical, developmental, behavioral, or emotional condition and who also require health or related services of a type or amount beyond that required by Children and Youth generally. The identification, assessment, treatment, and coordination of care for CYSHCN must comply with the requirements of 42 CFR sections 438.208(b)(3), 438.208(b)(4), and 438.208(c)(2) – (4).

Clean Claim means a claim that can be processed without obtaining additional information from the Provider or from a third party, including bills, or invoices that meet DHCS established billing and invoicing requirements.

Cold-Call Marketing means Contractor's or its agent's unsolicited personal contact with a Member or a Potential Member for the purpose of Marketing.

Community Based Adult Services (CBAS) means skilled nursing, social services, therapies, personal care, family/caregiver training and support, nutrition services, transportation, and other services provided in an outpatient, facility-based program, as set forth in the CalAIM Terms and Conditions, or as set forth in any subsequent demonstration amendment or renewal, or successive demonstration, waiver, or other Medicaid authority governing the provision of CBAS services.

CBAS Discharge Plan of Care means a discharge plan of care based on the Member's Community Based Adult Services (CBAS) assessment that is prepared by the CBAS Provider pursuant to 22 CCR section 78345 before the date of the Member's first reassessment and reviewed and updated at the time of each reassessment and prior to discharge.

CBAS Emergency Remote Services (ERS) means the following services, provided in alternative Service Locations such as a community setting or the Member's home,

and/or as appropriate, via Telehealth or live virtual video conferencing, as clinically appropriate: professional nursing care, personal care services, social services, Behavioral Health Services, speech therapy, therapeutic activities, registered dietician-nutrition counseling, physical therapy, occupational therapy, and meals.

CBAS Individual Plan of Care (IPC) means a written plan of care developed by a Community Based Adult Services (CBAS) center's multidisciplinary team, as specified in the CalAIM Terms and Conditions, or as specified in any subsequent demonstration amendment or renewal, or successive demonstration, waiver, or other Medicaid authority governing the provision of CBAS.

CBAS Provider means an Adult Day Health Care (ADHC) center that is licensed by the California Department of Public Health (CDPH) to provide ADHC services, is enrolled as a Medi-Cal Provider, and has been certified as a Community Based Adult Services (CBAS) Provider by the California Department of Aging.

Community Health Assessment (CHA) means a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. Public health departments such as State, local, territorial, or Tribal develop CHAs to meet voluntary Public Health Accreditation Board (PHAB) standards and State Future of Public Health funding requirements. A variety of tools and processes may be used to conduct these population-level assessments. The essential feature, as defined by the PHAB, is that the assessment is developed through a participatory, collaborative process with various key sectors of the community.

Community Health Improvement Plan (CHIP) means the output of the CHA when produced by public health departments (local, territorial, State, or Tribal) for Public Health Accreditation Board (PHAB) accreditation, State Local Assistance Spending Plan funding allocation, and non-profit hospitals to meet federal and State requirements.

Community Health Worker (CHW) means an individual known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, and as set forth in APL 22-016.

Community Reinvestment Plan means a document outlining the reinvestment activities in local communities.

Community Supports means substitute services or settings to those required under the California Medicaid State Plan that Contractor may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.

Community Supports Provider means entities that Contractor has determined can provide the Community Supports to eligible Members in an effective manner consistent

with culturally and linguistically appropriate care, as outlined in Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees)*.

Complex Care Management (CCM) means an approach to care management that meets differing needs of high and rising-risk Members, including both longer-term chronic Care Coordination for chronic conditions and interventions for episodic, temporary needs. Contractors must provide CCM in accordance with all National Committee for Quality Assurance (NCQA) CCM requirements.

CCM Care Manager means an individual identified as a single point-of-contact responsible for the provision of Complex Care Management (CCM) services for a Member.

Confidential Information means facts, documents, or records in any form that are recognized as "confidential" by any law, regulation, or contract.

Contract means this written agreement between DHCS and Contractor.

Contract Revenues means the amount of Medi-Cal managed health care Capitation Payments, Supplemental Payments, additional payments, and other revenue paid to Contractor by DHCS under this Contract.

Contractor's Representative means an individual appointed by Contractor who is responsible for implementing this Contract, receiving notices on this Contract, and taking actions and making representations related to the compliance with this Contract.

Correctional Facility means State prisons, county jails, and youth correctional facilities.

Corrective Actions means specific identifiable activities or undertakings of Contractor which address Contract deficiencies or noncompliance.

Cost Avoid or **Cost Avoidance** means the practice of requiring Providers to bill liable third parties prior to seeking payment from the Medi-Cal program.

County Social Services Department means a county agency responsible for determining the initial and continued eligibility of an individual for participation in the Medi-Cal program or for providing services as specified in this Contract.

Covered Services means those health care services, set forth in W&I sections 14000 *et seq.* and 14131 *et seq.,* 22 CCR section 51301 *et seq*., 17 CCR section 6800 *et seq*., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.

Covered Services do not include:

A. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (*Services for Persons with Developmental Disabilities*), 4.3.20 (*Home and Community-Based Services Programs*) regarding waiver programs, 4.3.21 (*In-Home Supportive Services*), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11.F.4 (*Targeted Case Management Services*), regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services;

B. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (*California Children's Services*), except for Contractors providing Whole Child Model (WCM) services;

C. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (*Mental Health Services*);

D. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (*Alcohol and Substance Use Disorder Treatment Services*);

E. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (*Services for All Members*);

F. Direct Observed Therapy for Treatment of Tuberculosis as specified in Exhibit A, Attachment III, Subsection 4.3.18 (*Direct Observed Therapy for Treatment of Tuberculosis*);

G. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (*Dental*) regarding dental services;

H. Prayer or spiritual healing as specified in 22 CCR section 51312;

I. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq.,

Individualized Family Service Plan (IFSP) as set forth in Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (*School-Based Services*);

J. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);

K. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;

L. State Supported Services;

M. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (*Targeted Case Management Services*). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005;

N. Childhood lead poisoning case management provided by county or State health departments;

O. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;

P. End of life services as stated in Health and Safety Code (H&S) section 443 *et seq*., and APL 16-006; and

Q. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.

Credentialing means the process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure, and professional association membership.

Deemed Exhaustion means Contractor's failure to adhere to the notice and timing requirements in responding to a Member's Appeal of an Adverse Benefit Determination (ABD), which allows a Member to immediately request a State Hearing.

Department of Health Care Services (DHCS) or **Department** means the single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health-related programs, as provided by statute and/or regulation.

DHCS Comprehensive Quality Strategy means the federally required written strategy produced by the State, pursuant to 42 CFR section 438.340 that assesses and improves the quality of health care and services furnished by Medi-Cal managed care health plans.

DHCS Contract Manager or **DHCS Program Contract Manager** means the designated DHCS employee who is the primary contact within DHCS for this Contract, and responsible for receiving and sending notices and other documents from/to Contractor relating to this Contract.

DHCS Contracting Officer means the DHCS individual authorized to act on behalf of DHCS to make decisions and direct appropriate actions under this Contract.

Department of Managed Health Care (DMHC) means the California department responsible for administering the Knox-Keene Health Care Service Plan Act of 1975.

Developmental Disability (DD) means, as defined by the Lanterman Developmental Disabilities Services Act (1977) at W&I section 4512(a)(1), a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. This term includes intellectual disability, cerebral palsy, epilepsy, and autism. This term also includes disabling conditions found to be closely related to intellectual disability, but does not include other handicapping conditions that are solely physical in nature.

Director means the Director of DHCS.

Directed Payment Initiative means a payment arrangement that directs certain expenditures made by Contractor under this Contract and that is either approved by CMS as described in 42 CFR section 438.6(c) or established pursuant to 42 CFR sections 438.6(c)(1)(iii)(A) and 438.6(c)(2)(ii) and documented in a rate certification approved by CMS.

Discharge Planning means planning that begins at the time of admission to a hospital or facility to ensure that necessary care, services, and supports are in place in the community before a Member leaves the hospital or facility in order to reduce readmission rates, improve Member and family preparation, enhance Member satisfaction, assure post-discharge follow-up, increase medication safety, and support safe transitions.

Discrimination Grievance means any complaint or grievance alleging discrimination prohibited by State non-discrimination law, including, without limitation, the Unruh Civil

Rights Act and GC section 11135, and federal non-discrimination law, including, without limitation, Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Sections 504 and 508 of the Rehabilitation Act of 1973 (29 USC sections 794 and 794d), as amended; Titles II and III of the Americans with Disabilities Act of 1990, as amended; and Section 1557 of the Patient Protection and Affordable Care Act of 2010 (42 USC section 18116).

Doula means a birth worker who provides health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons before, during, and after childbirth, otherwise known as the perinatal period, for up to one year after pregnancy and provides support during miscarriage, stillbirth, and abortion (pregnancy termination) as set forth in APL 23-024.

Downstream Subcontractor means an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

Downstream Fully Delegated Subcontractor means a Downstream Subcontractor that contractually assumes all duties and obligations of Contractor under the Contract, through the Subcontractor, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Downstream Fully Delegated Subcontractor.

Downstream Partially Delegated Subcontractor means a Downstream Subcontractor that contractually assumes some, but not all, duties and obligations of a Subcontractor under the Contract, including, for example, obligations regarding specific Member populations or obligations regarding a specific set of services. Individual physician associations and medical groups often operate as Downstream Partially Delegated Subcontractors.

Downstream Administrative Subcontractor means a Downstream Subcontractor that contractually assumes administrative obligations of a Subcontractor under the Contract. Administrative obligations include functions such as credentialing verification or claims processing. However, functions related to coordinating or directly delivering health care services for Members, such as Utilization Management (UM) or Care Coordination, are not administrative functions.

Downstream Subcontractor Agreement means a written agreement between a Subcontractor and a Downstream Subcontractor or between any Downstream Subcontractors. The Downstream Subcontractor Agreement must include a delegation of Contractor’s and Subcontractor’s duties and obligations under the Contract.

Drug Medi-Cal (DMC) means the State system wherein Members receive Covered Services from DMC-certified Substance Use Disorder (SUD) treatment Providers.

Drug Medi-Cal Organized Delivery System (DMC-ODS) means a program for the organized delivery of Substance Use Disorder (SUD) services to Medi-Cal-eligible individuals with SUD residing in a county that has elected to participate in the DMC-ODS. Critical elements of DMC-ODS include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria® for SUD treatment services, increased local control and accountability, greater administrative oversight, creation of utilization controls to improve care and efficient use of resources, evidence-based practices in substance use treatment, and increased coordination with other systems of care.

Durable Medical Equipment (DME) means Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.

Dyadic Care means to serve both parent(s) or caregiver(s) and Child together as a dyad and is a form of treatment that targets family well-being as a mechanism to support healthy Child development and mental health. It is provided within pediatric Primary Care settings whenever possible and can help identify Behavioral Health interventions and other Behavioral Health issues, provide referrals to services, and help guide the parent-Child or caregiver-Child relationship. Dyadic Care fosters team-based approaches to meeting family needs, including addressing mental health and social support concerns, and it broadens and improves the delivery of pediatric Preventive Care.

Dyadic Service means a family and caregiver-focused Model of Care intended to address developmental and Behavioral Health conditions of Children as soon as they are identified. Dyadic Services include Dyadic Behavioral Health (DBH) well-Child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational Services, and Dyadic Family Training and Counseling for Child Development.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) means the provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC sections 1396a(a)(43) and 1396d(a)(4)(B) and (r), 42 CFR section 441.50 *et seq*., and as required by W&I sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or Behavioral Health conditions.

Emergency Medical Condition 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 one or more of the following:

A. Placing the Member’s health in serious jeopardy;

B. Serious impairment to bodily functions;

C. Serious dysfunction to any bodily organ or part; or

D. Death.

Emergency Medical Transportation (EMT) means transportation services for an Emergency Medical Condition and includes emergency air transportation.

Emergency Preparedness and Response Plan means the plan identified and described in Exhibit A, Attachment III, Section 6.1 (*General Requirements*).

Emergency Services means inpatient and outpatient Covered Services that are furnished by a qualified Provider and needed to evaluate or stabilize an Emergency Medical Condition, as defined in 42 CFR section 438.114 and H&S section 1317.1(a)(1).

Encounter means an instance of direct Provider-to-Member interaction, regardless of the setting, where the Provider is diagnosing, evaluating, or treating the Member's condition.

Encounter Data means the information that describes health care interactions between Members and Providers relating to the receipt of any item(s) or service(s) by a Member under this Contract and subject to the standards of 42 CFR sections 438.242 and 438.818.

Enhanced Care Management (ECM) means a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Members who meet ECM Populations of Focus eligibility criteria through a systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered.

ECM Lead Care Manager means a Member's designated Enhanced Care Management (ECM) care manager who works for the ECM Provider organization or as staff of Contractor, and is responsible for coordinating all aspects of ECM and any Community Supports as a part of the Member's multi-disciplinary care team, which may include other care managers.

ECM Populations of Focus/Populations of Focus means the populations identified in Exhibit A, Attachment III, Subsection 4.4.2 (*Populations of Focus for Enhanced Care Management*).

ECM Provider means community-based entities with experience and expertise providing intensive, in-person care management services to Members in one or more of the Populations of Focus for Enhanced Care Management (ECM).

Enrollment means the process by which a Potential Member becomes a Member of Contractor.

Excluded Entities or **Excluded Providers** means entities, Providers, and individuals that are excluded from participation in federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid Fraud.

Excluded Service means a service that is covered by the Medi-Cal program but is not a Covered Service, and is carved out of this Contract for the provision of Covered Services.

External Quality Review (EQR) means the analysis and review by the External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that Contractor, its Subcontractor, its Downstream Subcontractor, or its Network Provider furnishes to Members.

External Quality Review Organization (EQRO) means an organization that meets the competence and independence requirements set forth in 42 CFR section 438.354, and performs EQR and other EQR-related activities as set forth in 42 CFR section 438.358 pursuant to its contract with DHCS.

Family Therapy means a type of psychotherapy covered under the Medi-Cal Non-specialty Mental Health Services (NSMHS) benefit and is composed of at least two family members. Family therapy sessions address family dynamics as they relate to mental status and behavior(s) and is focused on improving relationships and behaviors in the family and between family members, such as between a Child and parent(s) or caregiver(s).

Federal Financial Participation (FFP) means federal expenditures provided to reimburse allowable State expenditures made under the approved California Medicaid State Plan, waivers, or other similar federal Medicaid authority.

Federally Qualified Health Center (FQHC) means an entity defined in 42 USC section 1396d(l)(2)(B).

Federally Qualified Health Maintenance Organization (FQHMO) means a prepaid health delivery plan that has fulfilled the requirements of the Health Maintenance Organization Act, along with its amendments and regulations, and has obtained the federal government's qualification status under 42 USC section 300e.

Fee-For-Service (FFS) means the Medi-Cal delivery system in which Providers submit claims to and receive payments from DHCS for Medi-Cal Covered Services rendered to Medi-Cal recipients.

File and Use means a submission to DHCS that does not need review and approval prior to use or implementation, but for which DHCS can require edits on or after implementation.

Financial Performance Guarantee means cash or cash equivalents which are immediately redeemable upon demand by DHCS, in an amount determined by DHCS, which must not be less than one full month's Contract Revenues.

Financial Statements means reports prepared by Contractor to present its financial performance and position at a point in time, and include a balance sheet, income statement, statement of cash flows, statement of equity and accompanying footnotes prepared in accordance with Generally Accepted Accounting Principles (GAAP).

Fiscal Year (FY) means any 12-month period for which annual accounts are kept. The State Fiscal Year (SFY) is July 1 through June 30; the federal Fiscal Year (FY) is October 1 through September 30.

Fraud means an intentional deception or misrepresentation made by persons with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person and includes any act that constitutes Fraud under applicable federal or State law, including 42 CFR section 455.2 and W&I section 14043.1(i).

Freestanding Birthing Center (FBC) means a health facility that is not a hospital, where childbirth is planned to occur away from the pregnant woman's residence, and that is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are in their scope of work as defined in 42 USC section 1396d(I)(3)(B).

Fully Delegated Subcontractor means a Subcontractor that contractually assumes all duties and obligations of Contractor under the Contract, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Fully Delegated Subcontractor.

Governing Board means Contractor's board of directors or a similar body, and/or its executive management, that has the authority to manage and direct Contractor's affairs and activities, including, but not limited to, approving initiatives and establishing Contractor's policies and procedures.

Grievance means any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to: the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or Contractor's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by Contractor to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to

eligibility, benefits, or other Contractor processes. If contractor is unable to distinguish between a grievance and an inquiry, it must be considered a grievance.

Health Disparity means differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation, gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

Health Equity means the reduction or elimination of Health Disparities, Health Inequities, or other disparities in health that adversely affect vulnerable populations.

Health Inequity means a systematic difference in the health status of different population groups arising from the social conditions in which Members are born, grow, live, work, and/or age, resulting in significant social and economic costs both to individuals and societies.

Healthcare Effectiveness Data and Information Set (HEDIS®) means the set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance (NCQA).

Implementation Period means the period of time in which Contractor is undertaking any readiness requirements required by DHCS before performance of the Contract begins. The Implementation Period begins with DHCS awarding this Contract and extends to the effective date that begins the Operations Period.

Incentive Arrangement means any payment mechanism approved by Centers for Medicare & Medicaid Services (CMS) in accordance with the requirements of 42 CFR section 438.6(b) under which Contractor may receive incentive payments in addition to Capitation Payments for meeting targets specified in accordance with this Contract, including but not limited to Exhibit B, Subsection 1.1.14.D (*Special Contract Provisions Related to Payment*).

Independent Medical Review (IMR) means a review of Contractor's denial of a Member's request for health care service as not Medically Necessary, experimental, or investigational by an independent physician(s) who is contracted with DMHC. The IMR decision is binding on Contractor but not the Member who may still request a State Hearing after an IMR pursuant to H&S section 1374.30 and 28 CCR section 1300.74.30.

Indian Health Care Provider (IHCP) means a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, 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 (IHCIA) at 25 USC section 1603.

Indian Health Service (IHS) means an agency within the United States Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for these populations and provides them with a comprehensive Indian health care delivery system.

Indian Health Services Memorandum of Agreement Provider (IHS/MOA) means an Indian Health Service (IHS) program funded under the authority of Public Law 93-638 at 25 USC section 5301 et seq. These programs have elected to participate in Medi-Cal as IHS/MOA providers. IHS/MOAs are subject to the payment terms of APL 17-020. The list of eligible IHS/MOA providers is found in APL 17-020, Attachment #1. These providers receive a federally established All-Inclusive Rate that is updated annually by the federal Office of Management and Budgets and published in APL 17-020, Attachment #2.

In-Home Supportive Services (IHSS) means services provided to Members by a county in accordance with the requirements set forth in W&I sections 12300 *et seq.*, 14132.95, 14132.952, and 14132.956.

Initial Health Appointment (IHA), previously called Initial Health Assessment, means an assessment that must be completed within 120 days of Contractor enrollment for new Members and must include a history of the Member's physical and Behavioral Health, an identification of risks, an assessment of need for preventive screens or services and health education, and a diagnosis and plan for treatment of any diseases.

Incurred but Not Reported (IBNR) Claim Estimate means a financial accounting of all services that have been performed, but have not been invoiced or recorded, or estimates of costs for medical services provided for which a claim has not yet been filed.

Intermediate Care Facility (ICF) means a residential facility certified and licensed by the State to provide medical services at a lower level of care than is provided at Skilled Nursing Facilities (SNFs), and meets the standards specified in 22 CCR section 51212. An Intermediate Care Facility for the Developmentally Disabled (ICF/DD) includes the following types:

A. ICF/DD-Habilitative as defined in Health and Safety Code (H&S) section 1250(e);

B. ICF/DD-Nursing as defined in H&S section 1250(h); and

C. ICF/DD as defined in H&S section 1250(g) and does not include the ICF/DD-Continuous Nursing Care Program.

Joint Commission (JC) means the organization that provides health care accreditation and related services that support performance improvement in health care organization

and is composed of representatives of the American Hospital Association, the American Medical Association, the American College of Physicians, the American College of Surgeons, and the American Dental Association.

Justice Involved (JI) Individuals means individuals who are currently incarcerated, or were formerly incarcerated within the past 12 months.

Knox-Keene Health Care Service Plan Act of 1975 (KKA) means the law that regulates health care service plans and is administrated by DMHC, commencing with H&S section 1340 *et seq*.

Laboratory Testing Site means any laboratory and any Provider site, such as a Primary Care Provider (PCP) or Specialist office or clinic, that performs tests or examinations on human biological specimens derived from the human body.

Licensed Midwife (LM) means an individual licensed to practice midwifery and assist a woman in normal childbirth as defined in California Business and Professions Code (B&P) section 2507.

Limited English Proficiency (LEP) means an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with Providers or Contractor's employees.

Local Educational Agency (LEA) means a school district, county office of education, charter school, community college district, California State University campus or University of California campus.

Local Government Agency (LGA) means a local governmental entity including, but not limited to, a county Child welfare agency, county probation department, county Behavioral Health department, county social services department, county public health department, school district, or county office of education.

Local Health Department (LHD) means a municipal, county, or regional public health department.

Long-Term Care (LTC) means specialized rehabilitative services and care provided in a Skilled Nursing Facility (SNF), subacute facility, pediatric subacute facility, Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), or ICF/DD-Nursing (ICF/DD-N) homes.

Long-Term Services & Supports (LTSS) means services and supports designed to allow a Member with functional limitations and/or chronic illnesses the ability to live or work in the setting of the Member's choice, which may include the Member's home, a worksite, a Provider-owned or controlled residential setting, a nursing facility, or other institutional setting. LTSS includes both Long-Term Care (LTC) and Home and

Community-Based Services (HCBS) programs and includes carved-in and carved-out services.

Marketing means any activity conducted by or on behalf of Contractor where information regarding the services offered by Contractor is disseminated in order to persuade or influence Potential Members to enroll. Marketing also includes any similar activity to secure the endorsement of any individual or organization on behalf of Contractor.

Marketing Materials means materials produced in any medium, by or on behalf of Contractor that can be reasonably interpreted as Marketing to Potential Members. Marketing Materials include, but are not limited to, all printed materials, illustrated materials, digital materials, videos, and media scripts.

Marketing Representative means a person who is engaged in Marketing activities on behalf of Contractor.

Medi-Cal Eligibility Data System (MEDS) means the automated eligibility information processing system operated by DHCS which provides on-line access for Medi-Cal recipient information and update of Medi-Cal recipient eligibility data.

Medi-Cal FFS Rate means the rate that DHCS pays Providers on a per unit or per procedure billing code basis.

Medi-Cal Provider Manual means the multi-part document identifying Medi-Cal benefits and billing codes published and maintained by DHCS at https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx.

Medical Home means a model of organization of Primary Care that delivers the core functions of primary health care, which is comprised of comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medical Records means the record of a Member's medical information, including but not limited to medical history, care or treatments received, test results, diagnoses, and prescribed medications.

Medically Necessary or **Medical Necessity** means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I section 14059.5(a) and 22 CCR section 51303(a). Medically Necessary. services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.

For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 USC section 1396d(r)(5), as required by W&I sections 14059.5(b) and 14132(v). Without limitation, Medically

Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. Contractor must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the Child.

Member or **Enrollee** means a Potential Member who has enrolled with Contractor.

Member Assignment means the written notification and assignment of a Potential Member to the Medi-Cal managed care health plan of the Member's choice, or if as designated by DHCS when the Potential Member fails to make a timely choice.

Member Handbook or **Evidence of Coverage (EOC)** means the document that describes the health care benefits and Covered Services that are available to a Member.

Member Information means documents that are vital, or critical to obtaining benefits or services, and includes, but is not limited to: the Member Handbook, Provider Directory, welcome packets, Marketing information, form letters including Notice of Actions (NOA), notices related to Grievances or Appeals, including Grievance and Appeal acknowledgement and resolution letters, Contractor's preventive health reminders, Member surveys, notices advising of the availability of free language assistance, and newsletters.

Memorandum of Understanding (MOU) means a formal written agreement between Contractor and Local Government Agencies, county programs, and third-party entities.

Minimum Performance Level (MPL) refers to Contractor's minimum performance requirements for select Quality Performance Measures.

Minor Consent Services means those Covered Services of a sensitive nature which minors may, without parental or guardian consent, receive. Minor Consent Services include, but are not limited to the following situations:

Under Age 12

A. Pregnancy and pregnancy related services

B. Family planning services

C. Sexual assault services

Age 12 and Older

D. Pregnancy and pregnancy related services

E. Family planning services

F. Sexual assault services

G. Infectious, contagious, or communicable disease diagnosis and treatment

H. Sexually transmitted diseases (or infections) prevention, diagnosis and treatment

I. Drug and alcohol abuse treatment and counseling

J. Outpatient mental health treatment and counseling

1) Minors may obtain outpatient mental health services, if the opinion of the attending professional person determines that the minor is mature enough to participate intelligently in their health care pursuant to Family Code section 6924.

K. Intimate partner violence services.

Model of Care (MOC) means Contractor's approach for providing Enhanced Care Management (ECM) and Community Supports, including its Policies and Procedures for partnering with ECM and Community Supports Providers.

National Committee for Quality Assurance (NCQA) is an organization responsible for the accreditation of managed care plans and other health care entities and for developing and managing health care measures that assess the Quality of Care and services that Members receive.

National Provider Identifier (NPI) means a unique identification number for Providers. Contractor must use the NPIs in the administrative and financial transactions adopted under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Network means Primary Care Providers (PCPs), Specialists, hospitals, ancillary Providers, facilities, and other Providers with whom Contractor enters into a Network Provider Agreement.

Network Provider means any Provider or entity that has a Network Provider Agreement with Contractor, Contractor's Subcontractor, or Contractor's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services under this Contract. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

Network Provider Agreement means a written agreement between a Network Provider and Contractor, Subcontractor, or Downstream Subcontractor.

Network Provider Data means information concerning all Network Providers in a Network, regardless of location, which render Covered Services to Members in a Contractor's Service Area and the provider groups, Subcontractors, and/or Downstream

Subcontractors, if any, under which a Network Provider renders those services. This includes, but is not limited to, information about the contractual relationship between Network Providers, provider groups, Subcontractors, and Downstream Subcontractors within the Network, information regarding the facilities where services are rendered, and information about a Network Provider's area(s) of specialization.

No Wrong Door means Members receive timely Behavioral Health Services without delay, regardless of delivery system where they seek care and are able to maintain treatment relationships with trusted Providers without interruption. This includes concurrent service provision, whereby Contractor must cover Medically Necessary Non-specialty Mental Health Services (NSMHS) for a Member concurrently receiving Specialty Mental Health Services (SMHS) covered by the county Mental Health Plan (MHP), and ensure those services are coordinated and not duplicative. Contractor must ensure compliance with No Wrong Door pursuant to W&I section 14184.402.

Non-Emergency Medical Transportation (NEMT) means ambulance, litter van, wheelchair van, and air medical transportation services. NEMT is used when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care, and pursuant to 22 CCR sections 51323, 51231.1, and 51231.2, is rendered by licensed Providers.

Non-Medical Transportation (NMT) means transportation of Members to obtain Covered Services or Excluded Services by passenger car, taxicabs, or other forms of public or private conveyances, and mileage reimbursement when conveyance is in a private vehicle arranged by the Member and not through a transportation broker, bus passes, taxi vouchers, or train tickets. NMT does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members by ambulances, litter vans, or wheelchair vans licensed, operated, and equipped in accordance with State and local statutes, ordinances, or regulations.

Non-specialty Mental Health Services (NSMHS) means all of the following services that Contractor must provide when they are Medically Necessary, and is provided by PCPs or by licensed mental health Network Providers within their scope of practice:

A. Mental health evaluation and treatment, including individual, group and family psychotherapy;

B. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition;

C. Outpatient services for the purposes of monitoring drug therapy;

D. Psychiatric consultation; and

E. Outpatient laboratory, drugs, supplies, and supplements, excluding separately billable psychiatric drugs claimed by outpatient pharmacy providers via Medi-Cal Rx.

Operations Period means the period of time between the effective date of the first month of operations and continues on through the last month of Contractor's capitation and provision of services to Members. The Operations Period commences at the conclusion of the Implementation Period upon DHCS' acceptance of Contractor's completion of any readiness requirements required by DHCS.

Other Health Coverage (OHC) means health coverage from another entity that is responsible for payment of the reasonable value of all or part of the health care services provided to a Member. OHC may result from a health insurance policy or other contractual agreement or legal obligation to pay for health care services provided to a Member, excluding tort liability. OHC may originate under State (other than the Medi-Cal program), federal, or local medical care program, or under other contractual or legal entitlements.

Partially Delegated Subcontractor means a Subcontractor that contractually assumes some, but not all, duties and obligations of Contractor under the Contract, including, for example, obligations regarding specific Member populations or obligations regarding a specific set of services. Individual physician associations and medical groups often operate as Partially Delegated Subcontractors.

Pass-Through Payment means the "Pass-through payment," as defined in 42 CFR section 438.6(a), that has been documented in a rate certification approved by the federal Centers for Medicare & Medicaid Services (CMS).

Phaseout Period means the period of time after the date the Operations Period or Contract extension ends. The Phaseout Period extends until all activities required during the Phaseout Period for each Service Area are fully completed.

Population Health Management (PHM) means a whole-system, person-centered, population-health approach to ensuring equitable access to health care and social care that addresses Member needs. It is based on data-driven risk stratification, analytics, identifying gaps in care, standardized screening, assessment processes, and holistic care/case management interventions.

Population Health Management (PHM) Service (also known as Medi-Cal Connect) means a data backed platform that collects and links Medi-Cal beneficiary information from disparate sources and performs Risk Stratification and Segmentation (RSS) and Risk Tiering functions, conducts analytics and reporting, identifies gaps in care,

performs other population health functions, and allows for multi-party data access and use in accordance with State and federal laws, regulations, and policies.

Population Health Management Strategy (PHMS) means an annual deliverable that Contractor must submit to DHCS requiring Contractor to demonstrate that it is responding to identified community needs, to provide other updates on its PHM program as requested by DHCS, and to inform the DHCS quality assurance and Population Health Management program compliance and impact monitoring efforts.

Population Needs Assessment (PNA) means a multi-year process during which Contractor will identify and respond to the needs of its Members and the communities it serves by participating in the Community Health Assessment (CHA) of Local Health Departments (LHDs) in its Service Area. The findings of the PNA/CHA collaboration will inform Contractor's annual PHM Strategy.

Post-Payment Recovery (PPR) means Contractor's efforts to recover the cost of the services from other third-party payors responsible for the payment of a Member's health care services.

Post-Stabilization Care Services means Covered Services related to an Emergency Medical Condition that are provided after a Member's condition is stabilized, in accordance with 42 CFR section 438.114 and 28 CCR section 1300.71.4, to improve or resolve the Member's condition.

Potential Member or **Potential Enrollee** means a Medi-Cal beneficiary who resides in Contractor's Service Area and is subject to mandatory Enrollment, or who may voluntarily elect to enroll, but is not yet enrolled, in a Medi-Cal managed care health plan, and is in one of the following aid codes:

Aid Group	Mandatory Aid Codes	Non-Mandatory Aid Codes
Adult & Family/Optional Targeted Low-Income Child	01, 02, 08, 0A, 0E, 2V, 30, 32, 33, 34, 35, 38, 39, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 47, 54, 59, 5C, 5D, 5V, 72, 7A, 7J, 7S, 7W, 7X, 82, 86, 8E, 8P, 8R, 8U, E6, E7, E8, H1, H2, H3, H4, H5, K1, M3, M5, M7, M9, P5, P7, P9, R1, T1, T2, T3, T4, T5	03, 04, 06, 07, 2P, 2R, 2S, 2T, 2U, 40, 42, 43, 45, 46, 49, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 5K, 5L, 76
Adult & Family/Optional Targeted Low-Income Child Dual Eligible	0A, 0E, 2C, 2V, 30, 32, 33, 34, 35, 38, 39, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 47, 54, 59, 5C, 5D, 5V, 72, 7A, 7J, 7S, 7W, 7X, 82, 8E, 8P, 8R, 8U, E6,	03, 04, 06, 07, 40, 42, 43, 45, 46, 49, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 5K, 5L

Aid Group	Mandatory Aid Codes	Non-Mandatory Aid Codes
	E7, E8, H1, H2, H3, H4, H5, K1, M3, M5, M7, M9, P5, P7, P9, R1, T1, T2, T3, T4, T5	
SPD Dual	10, 14, 16,1E, 1H, 1X, 20, 24, 26, 2E, 2H, 36, 60, 64, 66, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 6X, L6	
SPD	10, 14, 16, 1E, 1H, 20, 24, 26, 2E, 2H, 36, 60, 64, 66, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, L6	
Adult Expansion	L1, M1, 7U	
Breast and Cervical Cancer Treatment Program (BCCTP)	0M, 0N, 0P, 0R, 0T, 0U, 0W	
Long-Term Care	13, 23, 53, 63	
Long-Term Care Dual	13, 23, 53, 63	

Prescription Drug means a drug or medication that can only be accessed through a Provider's prescription.

Preventive Care means health care designed to prevent disease, illness, injury, and/or its consequences.

Primary Care means health care usually rendered in ambulatory settings by Primary Care Providers (PCP) and mid-level practitioners that emphasizes the Member's general health needs as opposed to Specialists focusing on specific needs.

Primary Care Provider (PCP) means a Provider responsible for supervising, coordinating, and providing initial and Primary Care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, non-physician medical practitioner, or obstetrician-gynecologist (OB-GYN). For Senior and Person with Disability (SPD) Members, a PCP may also be a Specialist or clinic.

Prior Authorization means a formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.

Program Data means data that includes but is not limited to: Grievance data, Appeals data, medical exemption request denial reports and other continuity of care data, out-of-Network request data, and Primary Care Provider (PCP) assignment data as of the last calendar day of the reporting month.

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.

Provider Directory means Contractor's listing of all Network Providers and that includes the Providers' contact information, whether the Provider is accepting new Members, the hours of operation, what languages are available in the Provider's office and whether the Provider's office has accommodations, including offices, exam rooms and equipment, for people with physical disabilities.

Provider Dispute Resolution Mechanism means Contractor's obligation to include a timely, fair, and cost-effective dispute resolution process where Network Providers, Subcontractors, Downstream Subcontractors, and out-of-Network Providers can submit disputes**.**

Provider-Preventable Condition (PPC) means a condition occurring in an inpatient hospital setting, or a condition occurring in any health care setting, that meets the criteria as stated in 42 CFR section 447.26(b).

Qualified Autism Services (QAS) Paraprofessional means an individual who is employed and supervised by a QAS Provider to provide Medically Necessary Behavioral Health Treatment (BHT) services to Members.

QAS Professional means an Associate Behavioral Analyst, Behavior Analyst, Behavior Management Assistant, or Behavior Management Consultant, as defined in the California Medicaid State Plan, who provides Medically Necessary Behavioral Health Treatment (BHT) services to Members.

QAS Provider means a licensed practitioner or Board-Certified Behavior Analyst (BCBA) who designs, supervises, or provides Medically Necessary Behavioral Health Treatment (BHT) services to Members.

Quality Improvement (QI) means systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for Members.

Quality Improvement and Health Equity Committee (QIHEC) means a committee facilitated by Contractor's medical director, or the medical director's designee, in collaboration with the Health Equity officer that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.

Quality Improvement and Health Equity Transformation Program (QIHETP) means the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and this Contract.

Quality Measure Compliance Audit means a thorough assessment of Contractor's information system capabilities and compliance with each Healthcare Effectiveness Data and Information Set (HEDIS®) specification to ensure accurate, reliable, and publicly reportable data.

Quality of Care means the degree to which health services for Members increase the likelihood of desired health outcomes and are consistent with current professional standards of care and knowledge.

Quality Performance Measures means tools that help measure healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

Quantitative Treatment Limitation (QTL) means a limit on the scope or duration of a Covered Service that is expressed numerically.

Rating Period means a period selected by DHCS for which actuarially sound capitation rates are developed and documented in the rate certification submitted to CMS as required by 42 CFR section 438.7(a).

Regional Center (RC) means a non-profit, community-based entity that is contracted by Department of Developmental Services (DDS) and develops, purchases, and manages services for Members with Developmental Disabilities and their families.

Restricted Provider Database (RPD) means the database maintained by DHCS that lists Providers who are placed under a Medi-Cal payment suspension while under investigation based upon a credible allegation of Fraud, or Providers who are placed on a temporary or indefinite Medi-Cal suspension while under investigation for Fraud or Abuse, or Enrollment violations.

Retrospective Review means the process of determining Medical Necessity after treatment has been given.

Risk Sharing Mechanism means any payment arrangement, such as reinsurance, risk corridors, or stop-loss limits, documented in the CMS-approved rate certification documents for the applicable Rating Period prior to the start of the Rating Period, that is developed in accordance with 42 CFR section 438.4, the rate development standards in 42 CFR section 438.5, and generally accepted actuarial principles and practices.

Risk Stratification and Segmentation (RSS) means the process of separating Member populations into different risk groups and/or meaningful subsets, using information collected through population assessments and other data sources. RSS results in the categorization of Members with care needs at all levels and intensities.

Risk Tiering means the assigning of Members to standard Risk Tiers (low, medium-rising, or high), with the goal of determining appropriate care management programs or specific services.

Rural Health Clinic (RHC) means an entity defined in 42 USC section 1395x(aa)(2) to provide Primary Care and ambulatory services.

Safety-Net Provider means any Provider of comprehensive Primary Care or acute hospital inpatient services that provides services to a significant number of Medi-Cal recipients, patients who receives charity, and/or patients who are medically underinsured, in relation to the total number of patients served by the Provider.

School Site means a facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes. “School Site” also includes a location not owned or operated by a public school, or public school district, if the school or school district provides or arranges for the provision of Medically Necessary treatment of a mental health or Substance Use Disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services means comprehensive, integrated delivery of early intervention and treatment services for Members with Substance Use Disorders (SUD), as well as those who are at risk of developing SUDs.

Senior and Person with Disability (SPD) means a Member who falls under a specific SPD aid code as defined by DHCS.

Service Area means the county or counties that Contractor is approved to operate in under the terms of this Contract. A Service Area may be limited to designated zip codes (under the U.S. Postal Service) within a county.

Service Location means the location where a Member obtains Covered Services under the terms of this Contract.

Significant Change means changes in Covered Services, benefits, geographic Service Area, composition of payments to its Network, or Enrollment of a new population.

Site Review means surveys and reviews conducted by DHCS or Contractor to ensure that Network Provider, Subcontractor, and Downstream Subcontractor sites have sufficient capacity to provide appropriate health care services, carry out processes that support continuity and coordination of care, maintain Member safety standards and practices, and operate in compliance with all applicable federal, State, and local laws and regulations.

Skilled Nursing Care means Covered Services provided by nurses, technicians, and/or therapists during a stay in a Skilled Nursing Facility or in a Member’s home.

Skilled Nursing Facility (SNF) means any facility, place, building, agency, skilled nursing home, convalescent hospital, nursing home, or nursing facility as defined in 22 CCR section 51121, which is licensed as a SNF by California Department of Public Health (CDPH) or is a distinct part or unit of a hospital, meets the standard specified in 22 CCR section 51215 of these regulations, except that the distinct part of a hospital does not need to be licensed as a SNF, and has been certified and enrolled for participation as a SNF in the Medi-Cal program.

Social Drivers of Health (SDOH) means the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk. Also known as Health Related Social Needs.

Special Care Center means a center that provides comprehensive, coordinated health care to California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients with specific medical conditions.

Specialist means a Provider who has completed advanced education and clinical training in a specific area of medicine or surgery. Specialists include, but are not limited to, those Specialists listed in W&I section 14197.

Specialty Mental Health Provider means a person or entity who is licensed, certified, otherwise recognized, or authorized under the California law governing the healing arts and who meets the standards for participation in the Medi-Cal program to provide Specialty Mental Health Services.

Specialty Mental Health Service (SMHS) means a Medi-Cal covered mental health service provided or arranged by county mental health plans for Members in their counties that need Medically Necessary Specialty Mental Health Services.

Standing Referral means a referral by a Primary Care Provider (PCP) to a Specialist for more than one visit to the Specialist, as indicated in the treatment plan, if any, without the Primary Care Provider having to provide a specific referral for each visit.

State means the State of California.

State Hearing means a hearing with a State Administrative Law Judge to resolve a Member's dispute about an action taken by Contractor, its Network Providers, Subcontractors, or Downstream Subcontractors.

State Supported Services means Medi-Cal services that are funded entirely by the State, and for which the State does not receive matching federal funds. These services are covered by Contractor through their Secondary Contract with DHCS for State Supported Services.

Street Medicine means a set of health and social services developed specifically to address the unique needs and circumstances of individuals experiencing unsheltered homelessness, delivered directly to them in their own environment that Contractor may offer to their Members. The fundamental approach of Street Medicine is to engage people experiencing unsheltered homelessness exactly where they are and on their own terms to maximally reduce or eliminate barriers to care access and follow-through. Street Medicine utilizes a whole person, patient-centered approach to provide Medically Necessary health care services, as well as address Social Drivers of Health that impede health care access.

Street Medicine Provider means a Provider that renders Street Medicine services as offered by Contractor to their Members. Street Medicine Providers may provide services in various roles, such as the Member's assigned Primary Care Provider (PCP), through a direct contract with the Contractor, as an Enhanced Care Managed (ECM) Provider, as a Community Supports Provider, or as a referring or treating contracted Provider as set forth in APL 24-001.

Subacute Care means a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed Skilled Nursing Care than is provided to the majority of Members in a Skilled Nursing Facility (SNF), as defined in 22 CCR section 51124.5.

Subcontractor means an individual or entity that has a Subcontractor Agreement with Contractor that relates directly or indirectly to the performance of Contractor's obligations under this Contract. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.

Subcontractor Agreement means a written agreement between Contractor and a Subcontractor. The Subcontractor Agreement must include a delegation of Contractor's duties and obligations under the Contract.

Subcontractor Network means a Network of a Subcontractor or Downstream Subcontractor, wherein the Subcontractor or Downstream Subcontractor is delegated risk and is responsible for arranging for the provision of and paying for Covered Services as stated in their Subcontractor or Downstream Subcontractor Agreement.

Substance Use Disorder (SUD) means those set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.

Supplemental Payment means a payment, in addition to the Capitation Payment, made by DHCS to Contractor in accordance with Exhibit B, Section 1.7 (*Supplemental Payments*) of this Contract.

Suspended and Ineligible Provider List means the list containing the names of former Medi-Cal Providers suspended from or ineligible for participation in the Medi-Cal

program. The Suspended and Ineligible Provider List is available online at https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx.

Targeted Case Management (TCM) means services which assist Members within specified target groups to gain access to needed medical, social, educational, and other services, as set forth in 42 USC section 1396n(g). In prescribed circumstances, TCM is available as a Medi-Cal benefit and a discrete service through State or local government entities and their contractors.

Telehealth means a method of delivering health care services by using information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a Member's health care while the Member is at a separate location from the Provider.

Template Data means data reports submitted to DHCS by Contractors, which includes, but is not limited to, data of Member populations, health care benefit categories, or program initiatives.

Third Party Tort Liability (TPTL) means the contractual responsibility or tort liability of an individual or entity other than Contractor or the Member for the payment of claims for injuries, or trauma sustained by a Member.

Threshold Languages/Threshold or Concentration Standard Languages means the non-English threshold and concentration standard languages in which Contractor is required to provide written translations of Member Information, as determined by DHCS.

Transitional Care Service means a service provided to all Members transferring from one institutional care setting, or level of care, to another institution or lower level of care, including home settings.

Treatment Authorization Request (TAR) means certain Fee-For-Service (FFS) procedures and services that are subject to authorization by Medi-Cal field offices before reimbursement can be approved.

Tribal Federally Qualified Health Center (Tribal FQHC) means a Tribal Health Program funded under the authority of Public Law 93-638 at 25 USC sections 5301 et seq. These Health Programs have elected to participate in Medi-Cal Tribal FQHCs and are subject to the payment terms of APL 21-008. Reimbursement of Tribal FQHCs is through an Alternative Payment Methodology (APM), which is set at the federal Indian Health Service All-Inclusive Rate. The APM rate is updated annually and published in APL 21-008, Attachment #1. A list of Tribal FQHCs is published in APL 21-008, Attachment #2.

Tribal Health Program means an American Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact with

the Indian Health Service under the Indian Health Service under the Indian Self-Determination and Education Assistance Act and is defined in 25 USC section 1603(25).

United States Department of Health and Human Services (U.S. DHHS) means the federal agency that oversees Centers for Medicare & Medicaid Services (CMS) that works in partnership with state governments to administer the Medicaid program, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

Urban Indian Organization means a nonprofit corporate body situated in an urban center, governed by an urban American Indian controlled board of directors, as defined in 25 USC section 1603(29). Urban Indian Organizations participate in Medi-Cal as Tribal Federally Qualified Health Centers (Tribal FQHCs) or community clinics and are reimbursed via the Prospective Payment System or at Fee-For-Service rates.

Urgent Care means services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.

Utilization Management (UM) or **Utilization Review** means the evaluation of the Medical Necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities.

Vaccines for Children (VFC) Program means the federally funded program that provides free vaccines for eligible Children age 18 or younger (including all Medi-Cal eligible Children age 18 or younger) and distributes immunization updates and related information to participating Providers.

Waste means the overutilization or inappropriate utilization of services and misuse of resources.

Withhold Arrangement means any payment mechanism approved by the Centers for Medicare & Medicaid Services (CMS) in accordance with the requirements of 42 CFR section 438.6(b) under which a portion of a capitation rate is withheld from Contractor, with a portion or all of the withheld amount to be paid to Contractor for meeting targets specified in this Contract, including but not limited to Exhibit B, Subsection 1.1.14.E (*Special Contract Provisions Related to Payment*).

Working Capital Ratio means a liquidity ratio, calculated as current assets divided by current liabilities, that measures Contractor’s ability to pay its current liabilities with current assets. Working Capital Ratio is computed in accordance with Generally Accepted Accounting Principles (GAAP).

Working Day(s) means Monday through Friday, except for State holidays as identified at the California Department of Human Resources State Holidays page.

“Your Rights” Attachment means Contractor’s written notice sent to the Member that explains the Member’s rights to challenge, free of charge, Contractor’s action, and the Member’s right to file an Appeal with Contractor, a Deemed Exhaustion, and the right to request a State Hearing or an Independent Medical Review (IMR).

2.0 Acronyms

Medi-Cal Managed Care Contract Acronyms List

As used in this Contract, unless otherwise expressly provided or the context otherwise requires, the following acronyms are abbreviations for the corresponding terms. This Acronyms List is provided for the convenience of the parties and must not be deemed as an exhaustive or exclusive list of all acronyms in this Contract. In the event that the acronyms contained in this list are inconsistent with the provisions in the Contract, the Contract provisions will prevail.

Acronyms	Corresponding Terms
AAP	American Academy of Pediatrics
ABD	Adverse Benefit Determination
ACE	Adverse Childhood Experience
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetrician and Gynecologists
ADA	Americans with Disabilities Act of 1990
ADHC	Adult Day Health Care
ADL	Activity of Daily Living
ADO	Alternate Dispute Officer
ADT	Admission, Discharge, and Transfer
AFS	Alternative Format Selection
AIDS	Acquired Immune Deficiency Syndrome
APL	All Plan Letter
API	Application Programming Interface
APS	Asthma Preventive Service
AR	Authorized Representative
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
Basic PHM	Basic Population Health Management
BHT	Behavioral Health Treatment
C&L	Cultural & Linguistic
CalAIM	California Advancing and Innovating Medi-Cal
CBAS	Community Based Adult Services
CB-CME	Community-Based Care Management Entities
CCM	Complex Care Management
CCR	California Code of Regulations
CCS	California Children's Services
CDPH	California Department of Public Health
CFR	Code of Federal Regulations
CHA	Community Health Assessment

Acronyms	Corresponding Terms
CHIP	Community Health Implementation Plan
CHSP	Children's Hospital Supplemental Payment
CHW	Community Health Worker
CLIA	Clinical Laboratory Improvement Act
CLPPB	Childhood Lead Poisoning Prevention Branch
CMP	Care Management Plan
CMS	The Centers for Medicare & Medicaid Services
CNM	Certified Nurse Midwife
COBA	Coordination of Benefits Agreement
COHS	County Organized Health Systems
CPSP	Comprehensive Perinatal Services Program
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CRC	Caregiver Resource Center
CYSHCN	Children and Youth with Special Health Care Needs
DDS	Department of Developmental Services
DF	Disclosure Form
DHCS	Department of Health Care Services
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
DME	Durable Medical Equipment
DMFEA	Office of the Attorney General, Division of Medi-Cal Fraud and Elder Abuse
DMHC	Department of Managed Health Care
DOT	Direct Observed Therapy
D-SNP	Dual-Eligible Special Needs Plan
DUR	Drug Use Review
DVBE	Disabled Veteran Business Enterprises
ECM	Enhanced Care Management
EMT	Emergency Medical Transportation
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
ERS	CBAS Emergency Remote Services
FBC	Freestanding Birthing Centers
FDA	United States Food and Drug Administration
FFP	Federal Financial Participation
FFS	Fee-For-Service
FQHC	Federally Qualified Health Center
FSR	Facility Site Review
GAAP	Generally Accepted Accounting Principles

Acronyms	Corresponding Terms
GC	California Government Code
H&S	Health and Safety Code
HCBS	Home and Community-Based Services
HCO	Health Care Options
HCPCS	Healthcare Common Procedure Coding System
HEDIS®	Healthcare Effectiveness Data and Information Set
HIE	Health Information Exchange
HIPAA	The Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPA	Health Plan Accreditation
HUD	The United States Department of Housing and Urban Development
IADL	Instrumental Activity of Daily Living
ICD-10	International Classification of Diseases, Tenth Revision
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility Developmentally Disabled
ICF/DD-H	Intermediate Care Facility/Developmentally Disabled Habilitative
ICF/DD-N	Intermediate Care Facility/Developmentally Disabled Nursing
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHA	Initial Health Appointment
IHCP	Indian Health Care Provider
IHS	Indian Health Service
IHSP	Individualized Health and Support Plan
IHSS	In-Home Supportive Services
IMD	Institution for Mental Diseases
IMR	Independent Medical Review
IPA	Independent Physician/Provider Associations
IPC	Individual Plan of Care
IT	Information Technology
JC	Joint Commission
JI	Justice Involved
KKA	Knox-Keene Health Care Service Plan Act of 1975
LEA	Local Education Agency
LEP	Limited English Proficiency
LGA	Local Government Agency
LHD	Local Health Department
LM	Licensed Midwife

Acronyms	Corresponding Terms
LTC	Long-Term Care
LTSS	Long-Term Services and Support
MAT	Medications for Addiction Treatment (or Medication-Assisted Treatment)
MCH	Maternal and Child Health
MEDS	Medi-Cal Eligibility Data System
MFTP	Money Follows the Person
MHP	County Mental Health Plan
MIS	Management and Information System
MLR	Medical Loss Ratio
MOC	Model of Care
MOU	Memorandum of Understanding
MPL	Minimum Performance Level
MSSP	Multipurpose Senior Service Program
NABD	Notice of Adverse Benefit Determination
NAR	Notice of Appeal Resolution
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NEMT	Non-Emergency Medical Transportation
NISTSP	National Institute of Standards and Technology Special Publication
NMT	Non-Medical Transportation
NOA	Notice of Action
NP	Nurse Practitioner
NPI	National Provider Identifier
NQTL	Non-Quantitative Treatment Limitation
NSMHS	Non-specialty Mental Health Service
OHC	Other Health Coverage
PACE	Program for All-Inclusive Care for the Elderly
PCC	California Public Contract Code
PCP	Primary Care Provider
PHI	Protected Health Information
PHM	Population Health Management
PHMS	Population Health Management Strategy
PI	Personal Information
PIA	Prison Industry Authority
PIP	Performance Improvement Project
PIR	Privacy Incident Reporting
PIU	Program Integrity Unit
PL	Policy Letter
PNA	Population Needs Assessment

Acronyms	Corresponding Terms
PPC	Provider-Preventable Condition
PPR	Post-Payment Recovery
PSCI	Personal, Sensitive, and/or Confidential Information
QAS	Qualified Autism Services
QI	Quality Improvement
QIHEC	Quality Improvement and Health Equity Committee
QIHETP	Quality Improvement and Health Equity Transformation Program
QSO	Qualified Service Organization
QTL	Quantitative Treatment Limitation
RC	Regional Center
RHC	Rural Health Clinic
RPD	Restricted Provider Database
RSS	Risk Stratification and Segmentation
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Drivers of Health
SED	Serious Emotional Disturbance
SFTP	Secure File Transfer Protocol
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SPD	Senior and Person with Disability
STC	Special Terms and Conditions
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
TAR	Treatment Authorization Request
TB	Tuberculosis
TCM	Targeted Case Management
TDD	Telecommunication Devices for the Deaf
TNE	Tangible Net Equity
TPTL	Third Party Tort Liability
TTY	Telephone Typewriters
U.S. DHHS	United States Department of Health and Human Services
UM	Utilization Management
US DOJ	United States Department of Justice
USC	United States Code
USPSTF	United States Preventive Services Task Force
VFC	Vaccines for Children
W&I	Welfare and Institutions Code
WCM	Whole Child Model
WIC	Women, Infants and Children Supplemental Nutrition Program

Exhibit A, ATTACHMENT II

1.0 Operational Readiness Deliverables and Requirements

This Article describes a non-exhaustive list of Contractor deliverables, activities, and timeframes to be completed during the Implementation Period before beginning the Operations Period.

Upon successful completion of operational readiness deliverables and requirements, DHCS will provide Contractor a written authorization to begin its Operations Period. The Implementation Period begins with the effective date of the Contract and extends to the beginning of the Operations Period.

Once the Contract is awarded, DHCS will provide Contractor with a timeline to complete Implementation Period deliverables and requirements. The table in this Article must not be deemed as exhaustive, exclusive, or limiting. Contractor must submit all required operational deliverables consistent with all requirements set forth in this Contract on a schedule, form, and manner specified by the DHCS. Contractor may be responsible for additional deliverable requirements or activities during the Implementation Period based on changes in State and federal law and/or DHCS program needs. Contractor must comply with any additional requirements, not listed in the tables below, upon DHCS' request and in the form and manner specified by DHCS.

In the event Contractor fails to submit all deliverables in accordance with the milestones and timeframes required by DHCS, DHCS may impose Liquidated Damages and Sanctions in accordance with Exhibit E, Sections 1.1.19 (*Sanctions*) and 1.20 (*Liquidated Damages*).

Dual Special Needs Plan

Contractors located in counties that had previously participated in the Coordinated Care Initiative (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties) must have a Dual Special Needs Plan (D-SNP) available to dual eligible Members for contract year 2024 and 2025 and must have documentation of the Centers for Medicare & Medicaid approval of the D-SNP by December 2, 2023.

EXHIBIT A, ATTACHMENT I – 1.0 DEFINITIONS

No deliverables listed for this Article.

EXHIBIT A, ATTACHMENT I – 2.0 ACRONYMS

No deliverables listed for this Article.

EXHIBIT A, ATTACHMENT II –1.0 OPERATIONAL READINESS DELIVERABLES AND REQUIREMENTS

See specific contract Sections below for details.

EXHIBIT A, ATTACHMENT III – 1.1 PLAN ORGANIZATION AND ADMINISTRATION

Identifier	Operational Readiness Requirement
R.0001	Submit documentation of State employees (current and former) who may present a conflict of interest as defined in Exhibit A, Attachment III, Subsection 1.1.3 (*Conflict of Interest – Current and Former State Employees)*.
R.0002	Submit a complete organizational chart.
R.0003	If Contractor is a subsidiary organization, submit an attestation by the parent organization that this Contract will be a high priority to the parent organization.
R.0004	Submit an attestation that the medical decisions made by the medical director will not be unduly influenced by fiscal or administrative management.
R.0005	Submit policies and procedures describing the representation and participation of Medi-Cal Members on Contractor's public policy advisory committee.
R.0006	Submit the Knox-Keene license exhibits and forms reflecting current operation status, as specified in Exhibit A, Attachment III, Section 1.1 (*Plan Organization and Administration*) and 28 California Code of Regulations (CCR) section 1300.51.
R.0007	Submit supporting documentation if Contractor is not currently licensed to operate in an awarded Service Area, as specified in Exhibit A, Attachment III, Section 1.1 (*Plan Organization and Administration*).
R.0008	If, within the last five years, Contractor has had a contract terminated or not renewed for poor performance, nonperformance, or any other reason, Contractor must submit a summary of the circumstances surrounding the termination or non-renewal, a description of the parties involved, including address(es) and telephone number(s). Describe Contractor's Corrective Actions to prevent future occurrences of any problems identified.
R.0009	Identify the composition and meeting frequency of any committee participating in establishing Contractor's public policy including the percent of patient/Member consumers. Describe Contractor's Governing Board, including the percent of patient/Member consumers, the frequency of the committee's report submission to Contractor's Governing Board, and the Governing Board's process for handling reports and recommendations after receipt.
R.0010	Contractor must submit policies and procedures for ensuring that all appropriate staff and Network Providers receives annual diversity, Health Equity, and inclusion training (sensitivity, diversity, communication skills, and cultural competency/humility training) relating to Members including completion of required Continuing Medical Education on cultural competency/humility and implicit bias.

EXHIBIT A, ATTACHMENT III – 1.2 FINANCIAL INFORMATION

Identifier	Operational Readiness Requirement
R.0012	Submit most recent audited annual financial reports.
R.0013	Submit quarterly Financial Statements with the most recent quarter prior to execution of the Contract.
R.0014	Submit the Knox-Keene license exhibits reflecting projected financial viability as specified in Exhibit A, Attachment III, Section 1.2 (*Financial Information*) and 28 CCR section 1300.76.
R.0015	Submit Knox-Keene license Exhibit HH-6 as specified in Exhibit A, Attachment III, Section 1.2 (*Financial Information*) and 28 CCR section 1300.51(d)(HH).
R.0016	1) Describe any risk sharing or Incentive Arrangements. 2) Explain any intent to enter into a stop loss option with DHCS. 3) Describe any reinsurance and risk-sharing arrangements with any Subcontractors and Downstream Subcontractors shown in this Contract. 4) Submit copies of all policies and agreements. 5) Comply with assumption of financial risk and reinsurance requirements pursuant to 22 CCR sections 53863 and 53868. Comply with directed payments requirements pursuant to 42 Code of Federal Regulations (CFR) section 438.6.
R.0017	Fiscal Arrangements: Submit the Knox-Keene license exhibits as described in Exhibit A, Attachment III, Section 1.2 (*Financial Information*) and in 28 CCR section 1300.51.
R.0018	Describe systems for ensuring that Subcontractors, Downstream Subcontractors, and Network Providers who are providing services to Medi-Cal Members, have the administrative and financial capacity to meet its contractual obligations and requirements, as described in Exhibit A, Attachment III, Section 1.2 (*Financial Information*) and in 22 CCR section 53250 and 28 CCR section 1300.70.
R.0019	Submit financial policies that relate to Contractor's systems for budgeting and operations forecasting. The policies should include comparison of actual operations to budgeted operations, timelines used in the budgetary process, number of years prospective forecasting is performed, and variance analysis and follow-up procedures.
R.0020	Describe process to ensure timely filing of required financial reports as described in Exhibit A, Attachment III, Section 1.2 (*Financial Information*). Contractor must also describe how it will comply with the Administrative Cost requirements referenced in 22 CCR section 53864(b).
R.0021	Provide letters of financial support, credit, bond, or loan guarantee or other financial guarantees, if any, in at least the same amount that the obligations to Members will be performed.

EXHIBIT A, ATTACHMENT III – 1.3 PROGRAM INTEGRITY AND COMPLIANCE PROGRAM

Identifier	Operational Readiness Requirement
R.0022	Submit a Compliance Program, Standard of conduct or code of conduct, related policies and procedures, and training materials.
R.0023	Organizational chart for the Compliance Program showing key personnel.
R.0024	Submit a Fraud Prevention Program and related policies and procedures, training materials, and an organizational chart showing key personnel.
R.0025	Submit policies and procedures for the screening, Enrollment of Network Providers, if Contractor elects to screen and enroll.

EXHIBIT A, ATTACHMENT III – 2.1 MANAGEMENT INFORMATION SYSTEM

Identifier	Operational Readiness Requirement
R.0026	Submit a completed MCO Baseline Assessment Form.
R.0027	If procuring a new Management and Information System (MIS) or modifying a current system, Contractor must provide a detailed implementation plan that includes the following: 1) Outline of the tasks required; 2) The major milestones; and 3) The responsible party for all related tasks. In addition, the implementation plan must also include: 1) A full description of the acquisition of software and hardware, including the schedule for implementation; 2) Full documentation of support for software and hardware by the manufacturer or other contracted party; 3) System test flows through a documented process that has specific control points where evaluation data can be utilized to correct any deviations from expected results; and 4) Documentation of system changes related to Exhibit G, (*Business Associate Addendum*) requirements.
R.0028	Submit a detailed description, including a diagram and/or flow chart, of how Contractor will monitor the flow of Encounter Data, Network Provider Data, Program Data, Template Data, and all other data required by this Contract from origination at the Provider level to Contractor, through submission to DHCS as well as how Contractor will transmit information regarding general and specific data quality issues identified by DHCS from origination to Providers for correction.
R.0029	Submit Encounter Data, Provider data, Program Data, and Template Data test files as required by DHCS, produced using real or proxy data processed by a new or modified MIS to DHCS. Production data submissions from a new or modified MIS may not take place until this test has been successfully reviewed and approved by DHCS.

Identifier	Operational Readiness Requirement
R.0030	Submit policies and procedures for the submission of complete, accurate, reasonable and timely Encounter Data, Provider data, Program Data, Template Data, and all other data required by this Contract, including how Contractor will correct data quality issues identified by DHCS.
R.0032	Submit the data security, backup, or other data disaster processes used in the event of a MIS failure.
R.0033	Submit a detailed description, including details regarding interoperability, of the proposed and/or existing MIS as it relates to each of the subsystems described in Exhibit A, Attachment III, Section 2.1 (*Management Information System*).
R.0246	Submit policies and procedures to demonstrate how Contractor will conduct routine testing and monitoring, and update their systems as appropriate to ensure the Application Programming Interfaces (APIs) are functioning properly and complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements.

EXHIBIT A, ATTACHMENT III – 2.2 QUALITY IMPROVEMENT AND HEALTH EQUITY TRANSFORMATION PROGRAM

Identifier	Operational Readiness Requirement
R.0035	Submit a flow chart and/or organization chart identifying all components of the Quality Improvement and Health Equity Transformation Program (QIHETP) including who is involved and responsible for each activity.
R.0036	Submit a flow chart and/or organization chart identifying all components of the QIHETP including who is involved and responsible for each activity, for each Fully Delegated Subcontractor, and each health plan downstream Subcontractor.
R.0037	Submit policies that specify the responsibility of the Governing Board in the QIHETP.
R.0038	Submit policies for the Quality Improvement and Health Equity Committee (QIHEC) including membership, activities, roles and responsibilities and reporting relationships to other committees within the organization.
R.0039	Submit policies for each Fully Delegated Subcontractor's and health plan Downstream Subcontractor's QIHEC including membership, activities, roles and responsibilities, and reporting relationships to other committees within the organization.
R.0040	Submit procedures outlining how Providers, health plan Subcontractors, and health plan Downstream Subcontractors will participate in the QIHETP and Population Needs Assessment (PNA) and how the findings from both will be shared with Providers, health plan Subcontractors and health plan Downstream Subcontractors.

Identifier	Operational Readiness Requirement
R.0041	Submit policies and procedures related to the oversight of Subcontractors and Downstream Subcontractors for any delegated QIHETP activities, including a complete list of all Subcontractors, Downstream Subcontractors, and their delegated QIHETP activities.
R.0042	Submit policies and procedures that describe how Contractor will develop and submit an annual QIHETP Plan that provides a comprehensive assessment of all Quality Improvement (QI) and Health Equity activities undertaken, including an evaluation of the effectiveness of QI and Health Equity interventions, and an assessment of all Subcontractors' performance for any delegated QI and/or Health Equity activities.
R.0043	Submit policies and procedures to address how Contractor will meet each of the following requirements: 1) Quality and Health Equity Performance Measure annual reporting requirements; 2) Meet or exceed DHCS established Quality and Health Equity Performance measure benchmarks; 3) Ensure all Fully Delegated Subcontractors meet or exceed DHCS established Quality and Health Equity Performance measure benchmarks; 4) Performance Improvement Projects; 5) Consumer Satisfaction Survey; 6) Network Adequacy Validation; 7) Encounter Data Validation; 8) Focused Studies; and 9) Technical Assistance Recommendations.
R.0044	Submit policies and procedures for reporting any disease or condition to public health authorities.
R.0045	Submit policies and procedures for Credentialing and recredentialing that ensure all Network Providers who deliver Covered Services to Members are qualified in accordance with applicable standards and are licensed, certified, or registered, as appropriate.
R.0046	No later than January 1, 2024, submit either (A) or (B and C): A. Evidence of National Committee for Quality Assurance (NCQA) Health Plan Accreditation. B. Timeline that demonstrates the NCQA Health Plan Accreditation process will be started no later than January 1, 2024, and full NCQA Health Plan Accreditation will be received no later than January 1, 2026. C. Evidence of interim NCQA Health Plan Accreditation approval within five Working Days of receipt.

Identifier	Operational Readiness Requirement
R.0047	No later than January 1, 2024, submit either (A) or (B): A. Evidence of NCQA Health Equity Accreditation. B. Timeline that demonstrates the NCQA Health Equity Accreditation process will be started no later than January 1, 2024, and completed no later than January 1, 2026.
R.0048	Submit policies and procedures for identifying, evaluating, and reducing Health Disparities.
R.0049	Submit policies and procedures that describe how Contractor ensures the adoption, dissemination and monitoring of the use of clinical practice guidelines.
R.0050	Submit policies and procedures that describe the integration of Utilization Management into the QIHETP.
R.0051	Submit policies and procedures that describe how Contractor will detect both over- and under-utilization of services, including outpatient Prescription Drugs.
R.0052	Submit policies and procedures that describe how Contractor will ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services provided for Members less than 21 years of age, and how Contractor will identify and address underutilization of preventive services for such Members.
R.0053	Submit policies and procedures that describe how Contractor will promote Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and preventive services to Members less than 21 years of age, as well as outreach to Members less than 21 years of age overdue for such services.
R.0055	Submit a description of a comprehensive wellness program for Members less than 21 years of age.
R.0056	Submit policies and procedures that describe how Contractor will maintain and continually monitor, evaluate, and improve Cultural and Linguistic (C&L) services that support the delivery of Covered Services to Members less than 21 years of age.
R.0057	Submit policies and procedures that describe how Contractor will develop and maintain a school-linked statewide Network of School Site Behavioral Health counselors.
R.0058	Submit policies and procedures that describe how Contractor will inform its Network Providers about the Vaccines for Children (VFC) program and how they will promote and support Enrollment of appropriate Providers in VFC.
R.0059	Submit policies and procedures that describe Contractor's Member and family engagement strategy and how Members and/or parents and caregivers are engaged in the development of QI and Health Equity activities and interventions.

Identifier	Operational Readiness Requirement
R.0060	Submit policies and procedures that describe how Contractor will engage with local entities when developing interventions and strategies to address deficiencies in performance measures related to Members less than 21 years of age.
R.0061	Submit policies and procedures that describe how Contractor will ensure the provision of all Medically Necessary mental health and Substance Use Disorder (SUD) services to Members less than 21 years of age.

EXHIBIT A, ATTACHMENT III – 2.3 UTILIZATION MANAGEMENT PROGRAM

Identifier	Operational Readiness Requirement
R.0062	Submit written description of Utilization Management (UM) program that describes appropriate processes to be used to review, approve, modify, deny, and delay the provision of medical, mental health, and SUD services to demonstrate compliance with mental health parity.
R.0063	Submit written description of procedures for reviews and annual updates of UM program.
R.0064	Submit written description of Grievances and Appeals procedures for Providers and Members that will be published on Contractor's website.
R.0065	Submit policies and procedures for Standing Referrals.
R.0066	Submit policies and procedures on Standing Referrals when a Member condition requires a specialized medical care over a prolonged period of time.
R.0067	Submit policies and procedures for Prior Authorization, concurrent review, and Retrospective Review.
R.0068	Submit a list of services requiring Prior Authorization and the Utilization Review criteria.
R.0069	Submit policies and procedures for the Utilization Review Appeals process for Providers and Members.
R.0070	Submit policies and procedures that specify timeframes for medical authorization.
R.0072	Submit policies and procedures to detect both under- and over-utilization of health care services.
R.0073	Submit policies and procedures showing how UM functions which may be delegated to a Subcontractor or Downstream Subcontractor will be regularly evaluated for compliance with Contract requirements and, that any issues identified through the UM program are appropriately resolved; and that UM activities are properly documented and reported.
R.0074	Submit policies and procedures to refer Members who are potentially eligible for Multipurpose Senior Service Program (MSSP) services to MSSP services Providers for authorization.

EXHIBIT A, ATTACHMENT III – 3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES

Identifier	Operational Readiness Requirement
R.0075	Submit policies and procedures for a system to evaluate and monitor the financial viability of all Network Providers, Subcontractors, and Downstream Subcontractors.
R.0076	Submit executed Network Provider Agreements/Subcontractor Agreements/Downstream Subcontractor Agreements or documentation substantiating Contractor's efforts to enter into these agreements with the Local Health Department (LHD) for each of the following public health services: 1) Family Planning Services; 2) Sexually Transmitted Disease (STD) Services; 3) Human Immunodeficiency Virus (HIV) testing and counseling; and 4) Immunizations.
R.0244	Submit all Network Provider, Subcontractor, and Downstream Subcontractor Agreements templates.
R.0245	Submit Subcontractor and Downstream Subcontractor Agreement templates language showing accountability of any delegated QIHETP functions and responsibilities.

EXHIBIT A, ATTACHMENT III – 3.2 PROVIDER RELATIONS

Identifier	Operational Readiness Requirement
R.0077	Submit policies and procedures for the Provider Dispute Resolution Mechanism.
R.0078	Submit a written description of how Contractor will communicate the Provider Dispute Resolution Mechanism to Network Providers, out-of-Network Providers, Subcontractors, and Downstream Subcontractors.
R.0079	Submit protocols for payment and communication with out-of-Network Providers.
R.0080	Submit policies and procedures for ensuring out-of-Network Providers receive Contractor's clinical protocols and evidence-based practice guidelines.
R.0081	Submit copy of Contractor's Provider manual.
R.0082	Submit a schedule of Network Provider training to be conducted during year one of operation. Include date, time and location, and complete curriculum.
R.0083	Submit policies and procedures for ensuring Network Providers receive training within the required timeframes, regarding clinical protocols, evidenced-based practice guidelines, and DHCS developed cultural awareness and sensitivity instruction for Senior and Person with Disability (SPD) Members.

Identifier	Operational Readiness Requirement
R.0084	Submit protocols for communicating and interacting with emergency departments in and out of Contractor's Service Area.

EXHIBIT A, ATTACHMENT III – 3.3 PROVIDER COMPENSATION ARRANGEMENTS

Identifier	Operational Readiness Requirement
R.0085	Submit policies and procedures regarding timing of Capitation Payments to Primary Care Providers (PCP) or clinics.
R.0086	Submit description of any Provider financial incentive programs including, but not limited to, Physician incentive plans as defined in 42 CFR section 422.208.
R.0087	Submit description of efforts to promote value-based models and investments in Primary Care using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) Framework as outlined in the Alternative Payment Model (APM) Framework White Paper, https://hcp-lan.org/workproducts/apm-whitepaper.pdf.
R.0088	Submit policies and procedures for processing and payment of claims.
R.0089	Submit policies regarding the prohibition of a claim or demand for services provided under the Medi-Cal managed care contract to any Member.
R.0090	Submit any Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Network Provider Agreements to DHCS for approval.
R.0091	Submit policies and procedures for the reimbursement of non-contracting Certified Nurse Midwives (CNMs) and Nurse Practitioners (NPs).
R.0092	Submit policies and procedures for the reimbursement of Skilled Nursing Facilities and Nursing Facilities (SNF/NF).
R.0093	Submit policies and procedures for the reimbursement to LHDs and non-contracting family planning Providers for the provision of family planning services, STD episode, and HIV testing and counseling.
R.0094	Submit policies and procedures for the reimbursement of immunization services to LHD.
R.0095	Submit policies and procedures regarding payment to non-contracting Emergency Services Providers. Include reimbursement schedules for all non-contracting Emergency Service Providers, including any schedule of per diem rates and/or Fee-for-Service (FFS) Rates for each of the following Provider types: 1) PCPs; 2) Medical Groups and Independent Practice Associations; 3) Specialists; and 4) Hospitals.
R.0096	Submit policies and procedures for reporting Provider-Preventable Conditions.
R.0247	Submit policies and procedures for pre-payment and post-payment claims review.

EXHIBIT A, ATTACHMENT III – 4.1 MARKETING

Identifier	Operational Readiness Requirement
R.0097	Submit policies and procedures for training and certification of Marketing Representatives.
R.0098	Submit a description of training program, including the Marketing Representative's training/certification manual.
R.0099	Submit Contractor's Marketing plan.
R.0100	Submit copy of boilerplate request form used to obtain DHCS approval of participation in a Marketing event.

EXHIBIT A, ATTACHMENT III – 4.2 ENROLLMENTS AND DISENROLLMENTS

Identifier	Operational Readiness Requirement
R.0101	Submit policies and procedures for how Contractor will update and maintain accurate information on its contracting Providers.
R.0102	Submit policies and procedures for how Contractor will access and utilize Enrollment data from DHCS.
R.0103	Submit policies and procedures relating to Member disenrollment.

EXHIBIT A, ATTACHMENT III – 4.3 POPULATION HEALTH MANAGEMENT AND COORDINATION OF CARE

Identifier	Operational Readiness Requirement
R.0108	Submit evidence illustrating Contractor's MIS has the capacity to meet DHCS data integration and exchange requirements as outlined in Exhibit A, Attachment III, Subsection 4.3.3 (*Data Integration and Exchange*).
R.0110	Submit policies and procedures for complying with the Risk Stratification/Segmentation (RSS) requirements in Exhibit A, Attachment III, Subsection 4.3.5 (*Population Risk Stratification and Segmentation, and Risk Tiering*).
R.0111	Submit Contractor's process(es) describing how Contractor identifies Significant Changes in Members' health status or level of care and how Contractor monitors to ensure appropriate re-stratification.
R.0112	Submit a list of the data used by Contractor's RSS approach that includes the required sources in Exhibit A, Attachment III, Subsection 4.3.5.A.5 (*Population Risk Stratification and Segmentation, and Risk Tiering*) at a minimum. For each type of data listed, Contractor must include a description of the data and its origin, and how the data will be incorporated into the RSS approach.
R.0113	Submit a description of Contractor's population RSS and Risk Tiering approach, as well as the processes for how RSS and Risk Tiers are used to connect Members to appropriate services.
R.0114	Submit the method of bias analysis used to analyze Contractor's RSS and Risk Tiering approach, and the analysis of whether any biases were identified and if so, how they were corrected.

Identifier	Operational Readiness Requirement
R.0115	Submit policies and procedures for conducting an initial screening or assessment of each Member's needs within 90 days of Enrollment, for sharing that information with DHCS, other Contractors, or Providers on behalf of Members, as appropriate, and for monitoring the completion of the assessments.
R.0116	Submit a description of Contractor's Complex Care Management (CCM) program outlining the types of Members, populations and/or program criteria established, the CCM program's approach for both long-term chronic conditions and episodic, temporary interventions, and processes for fulfilling all the other CCM program requirements outlined in Exhibit A, Attachment III, Subsection 4.3.7.A.2 (*Care Management Programs*).
R.0117	Submit policies and procedures for handling care management, and the non-duplication of services when multiple Subcontractors, Downstream Subcontractors, and/or Providers are involved in a Member's care.
R.0118	Submit policies and procedures for assigning Care Managers to Members, and monitoring to ensure all Care Managers' responsibilities are fulfilled.
R.0119	Submit policies and procedures for documenting and maintaining Care Management Plans (CMPs).
R.0120	Submit policies and procedures that meet the Basic PHM requirements outlined in Exhibit A, Attachment III, Subsection 4.3.8.A (*Basic Population Health Management*). Contractor's policies and procedures should address core Basic PHM, Care Coordination, care navigation and referral needs of all Members. Contractor's policies and procedures must also address requirements regarding wellness and prevention programs and chronic disease management programs.
R.0121	Submit evidence that Contractor is providing the Provider resources as required by Exhibit A, Attachment III, Subsection 4.3.8.B (*Basic Population Health Management*).
R.0122	Submit policies and procedures for identifying, referring, and providing EPSDT case management services for Members less than 21 years of age.
R.0123	Submit policies and procedures for identifying and providing care management services for Children and Youth with Special Health Care Needs (CYSHCN).
R.0124	Submit policies and procedures for identifying, referring, and providing care management services for Members at risk of developmental delay and eligible to receive services from the local Early Start Program.
R.0125	Submit policies and procedures for the provision of comprehensive wellness and prevention programs to all Members.
R.0126	Submit policies and procedures for providing Transitional Care Services as outlined in Exhibit A, Attachment III, Subsection 4.3.11.A (*Targeted Case Management Services*).

Identifier	Operational Readiness Requirement
R.0127	Submit Contractor's standardized discharge risk assessment that identifies Members' risk for re-hospitalization, re-institutionalization, and substance use recidivism.
R.0128	Submit Contractor's strategy for developing policies and procedures for Discharge Planning and Transitional Care Services with each Network and out-of-Network Provider hospital within its Service Area(s).
R.0129	Submit policies and procedures for ensuring Discharge Planning documents are completed, and that the documents fulfill the requirements outlined in Exhibit A, Attachment III, Subsection 4.3.11.B (*Targeted Case Management Services*), and are provided to Members, parents, legal guardians, or Authorized Representatives (AR) when being discharged from a hospital, institution, or facility.
R.0131	Submit policies and procedures for coordinating care for Members who may need or are receiving services and/or programs from out-of-Network Providers.
R.0132	Submit policies and procedures for identifying and referring the target populations for Targeted Case Management (TCM) programs within Contractor's Service Area(s) and for reaching out to Local Government Agencies (LGAs) to coordinate care, as appropriate, upon notification from DHCS that Members are receiving TCM services. Policies and procedures must include processes for ensuring non-duplicative services.
R.0133	Submit policies and procedures for identifying, referring, and coordinating care for Members in need of Non-specialty Mental Health Services (NSMHS), Specialty Mental Health Services (SMHS) and/or SUD treatment services with Contractor's Network, the County Mental Health Plan (MHP), Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal, or other community resources. Contractor is required to use the State-approved screening and transition tools.
R.0134	Submit policies and procedures for identifying, referring, and coordinating care for Members requiring alcohol or SUD treatment services from both within and, if necessary, outside Contractor's Service Area(s) in partnership with the LGAs responsible for such services.
R.0135	Submit policies and procedures for identifying, referring, and coordinating care for Members with the local California Children's Services (CCS) Program.
R.0136	Submit policies and procedures for the identifying, referring, and coordinating care for Members with Developmental Disabilities (DD) in need of non-medical services from the local Regional Center (RC) that includes the duties of the RC liaison.
R.0137	Submit policies and procedures for ensuring Care Coordination of Local Education Agency (LEA) services, including PCP involvement in the development of the Member's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

Identifier	Operational Readiness Requirement
R.0138	Submit policies and procedures for identifying, referring, and ensuring Care Coordination and non-duplication of services for Members who are eligible for or who are already receiving contracted school-based services, such as EPSDT and Behavioral Health Services, from either LEAs, FQHCs or community-based organizations.
R.0139	Submit policies and procedures for providing required dental services and dental-related services that includes the duties of Contractor's dental liaison.
R.0140	Submit policies and procedures for ensuring case management and Care Coordination of Members with the LHD Tuberculosis (TB) Control Officer. Policies and procedures must include assessing and referring Members with active TB and at risk of non-compliance with TB drug therapy to the LHD.
R.0141	Submit policies and procedures for identifying and referring eligible Members for Women, Infants and Children Supplemental Nutrition Program (WIC) services.
R.0142	Submit policies and procedures for identifying and referring eligible Members to Home and Community-Based Services (HCBS) programs. Policies and procedures must include processes for ensuring non-duplicative services.
R.0143	Submit policies and procedures for identifying and referring eligible Members to the county In-Home Supportive Services (IHSS) program, the duties of Contractor's IHSS liaison. and ensure compliance with the requirements outlined in Exhibit A, Attachment III, Subsection 4.3.21 (*In-Home Supportive Services*).
R.0144	Submit policies and procedures that described the duties and responsibilities of Contractor's Indian Health Care Provider (IHCP) tribal liaison in working with IHCPs within Contractor's Service Area(s).
R.0248	Submit policies and procedures that describe the duties and responsibilities of Contractor's managed care liaisons, including training and notification requirements for each of the following required liaisons: 1) Long-Term Services and Supports (LTSS) Liaison; 2) Transportation Liaison; 3) CCS Liaison; and 4) County Child Welfare Liaison.

EXHIBIT A, ATTACHMENT III – 4.4 ENHANCED CARE MANAGEMENT

Identifier	Operational Readiness Requirement
R.0145	Submit an Enhanced Care Management (ECM) Model of Care (MOC) using the DHCS approved template. If Contractor has a previously approved MOC for implementation of ECM effective January 1, 2022, or July 1, 2022, Contractor may submit an attestation stating that there are no changes to the previously approved MOC. If Contractor has changes to a previously approved MOC, Contractor must submit an updated MOC with all changes in track-edits for DHCS review and approval. Contractor must submit to DHCS any Significant Changes to its MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, pursuant to Exhibit A, Attachment III, Subsection 4.4.5.D (*Enhanced Care Management Model of Care*) and in accordance with DHCS policies and guidance, including All Plan Letters (APLs). Significant Changes may include, but are not limited to, changes to Contractor's approach to administer or deliver ECM services, approved policies and procedures, and Subcontractor Agreements and Downstream Subcontractor Agreements boilerplates.

EXHIBIT A, ATTACHMENT III – 4.5 COMMUNITY SUPPORTS

Identifier	Operational Readiness Requirement
R.0146	Submit a Community Supports MOC using the DHCS approved template. If Contractor has a previously approved MOC for implementation of Community Supports effective January 1, 2022, or July 1, 2022, Contractor may submit an attestation stating that there are no changes to the previously approved MOC. If Contractor has changes to a previously approved MOC, Contractor must submit an updated MOC with all changes in track-edits for DHCS review and approval. Contractor must submit to DHCS any changes to its MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, pursuant to Exhibit A, Attachment III, Subsection 4.5.5.D (*Community Supports Model of Care*) and in accordance with DHCS policies and guidance, and APLs. Substantial changes may include, but are not limited to, changes to Contractor's approach to administer or deliver Community Supports services; approved policies and procedures; and Network Provider Agreement, Subcontractor Agreements, or Downstream Subcontractor Agreements boilerplates, as appropriate.

EXHIBIT A, ATTACHMENT III – 4.6 MEMBER GRIEVANCE AND APPEAL SYSTEM

Identifier	Operational Readiness Requirement
R.0147	Submit policies and procedures relating to Contractor's Member Grievance and Appeal system including compiling, aggregating, and reviewing Grievance and Appeal data.

Identifier	Operational Readiness Requirement
R.0148	Submit policies and procedures for Contractor's oversight of the Member Grievance and Appeal system for the receipt, processing and distribution of Grievance and Appeals, including the expedited review of Appeals. Include a flow chart to demonstrate the process.
R.0149	Submit policies and procedures relating to Contractor's Grievances and the expedited review of Grievances as required by 42 CFR sections 438.402, 438.406, and 438.408, 28 CCR sections 1300.68 and 1300.68.01, and 22 CCR section 53858.
R.0150	Submit policies and procedures relating to the resolution of Discrimination Grievances.
R.0151	Submit policies and procedures relating to Contractor's Appeals process. Include Contractor's responsibilities in State Hearings, Independent Medical Review, and expedited Appeals.
R.0152	Submit format for monthly Grievance and Appeal report.

EXHIBIT A, ATTACHMENT III – 5.1 MEMBER SERVICES

Identifier	Operational Readiness Requirement
R.0153	Submit policies and procedures that address Member's rights and responsibilities. Include method for communicating them to both Members and Providers.
R.0154	Submit policies and procedures for training Contractor's Member Services staff on Member rights, responsibilities, and services available under this Contract.
R.0155	Submit policies and procedures for training Contractor's Network Providers, Subcontractors, and Downstream Subcontractors on Member rights, Covered Services, and other responsibilities.
R.0156	Submit policies and procedures for handling Member Grievances not related to an Adverse Benefit Determination (ABD).
R.0157	Submit policies and procedures for providing communication access to Members in alternative formats or through other methods that ensure communication, including assistive listening systems, sign language interpreters, captioning, written communication, electronic format, plain language or written translations and oral interpreters, including Limited English Proficiency (LEP) Members, or non-English speaking.
R.0158	Submit policies and procedures regarding compliance with the Americans with Disabilities Act of 1990 (42 United States Code (USC) section 12101 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 USC section 794), Section 1557 of the Patient Protection and Affordable Care Act (42 USC section 18116), SB 223 (Atkins, Chapter 771, Statutes of 2017), and SB 1423 (Hernandez, Chapter 568, Statutes of 2018), and Government Code(GC) section 11135, as required in APL 21-011.

Identifier	Operational Readiness Requirement
R.0159	Submit the following consistent with the requirements of Exhibit E, Section 1.1.23 (*Confidentiality of Information*). Submit policies addressing Member's rights to confidentiality of medical information. Include procedures for release of medical information and the right to amend or correct Medical Records pursuant to 45 CFR sections 164.524 and 164.526.
R.0160	Submit policies and procedures for addressing Advance Directives.
R.0161	Submit policies and procedures for the training of Member services staff.
R.0162	Submit policies and procedures regarding the development content and distribution of Member information. Address appropriate reading level and translation of materials.
R.0163	Submit final approved Member Identification Card and Member Handbook.
R.0164	For non-COHS Contractors, submit policies and procedures explaining the Member's right to an Independent Medical Review (IMR) including when an expedited IMR is available to the Member.
R.0165	Submit policies and procedures explaining the Member's right to a State Hearing after receiving a Notice of Appeal Resolution or in cases of Deemed Exhaustion. These policies and procedures must also include the information on the Member's right to an expedited State Hearing if his/her health condition is in jeopardy.
R.0166	Submit policies and procedures and live notice Contractor will send to Members advising them of how to obtain Member informing materials including the Member Handbook, and Provider Directory.
R.0167	Submit policies and procedures on the Member's right to disenroll at any time to enroll in another Medi-Cal Managed Care Plan pursuant to 22 CCR section 53891(c).
R.0168	Submit policies and procedures for notifying Members of changes in availability or location of Covered Services.
R.0169	Submit policies and procedures for Member selection of a PCP or non-physician medical practitioner. Include the mechanism used for allowing SPD Members to request a Specialist to serve as their PCP.
R.0170	Submit policies and procedures for Member Assignment to a PCP. Include the use of FFS utilization data and other data in linking a SPD to a PCP, or Specialist acting as the SPD's PCP.
R.0171	Submit policies and procedures for notifying the PCP that a Member has selected or has been assigned to within ten calendar days from the selection or assignment.
R.0172	Submit policies and procedures demonstrating how, upon entry into Contractor's Network, the relationship between Traditional and Safety-Net Providers and the Member is not disrupted, to the maximum extent possible.

Identifier	Operational Readiness Requirement
R.0173	Submit policies and procedures for notifying Members of an ABD for denial, deferral, or modification of requests for Prior Authorization, including explanation of Deemed Exhaustion to the Member.
R.0249	Submit policies and procedures to demonstrate how, for dates of service on or after January 1, 2016, Contractor will make the data it maintains available within one Working Day of receipt data or information, or one Working Day after a claim is adjudicated or Encounter Data is received.
R.0250	Submit policies and procedures to demonstrate how Contractor will update its Provider Directory API at least weekly after receiving updated Provider information or being notified of any information that affects the content or accuracy of the Provider Directory.
R.0251	Submit a hard copy of the patient access API and Provider Directory API documentation and the publicly accessible link or web URL where each API is located. The documentation must be accessible without any preconditions to access, and contents must include at a minimum the following information: 1) API syntax, function names, required and optional parameters supported and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns; 2) The software components and configurations an application must use to successfully interact with the API and process its response(s); and 3) All applicable technical requirements and attributes necessary for an application's registration with any authorized server(s) deployed in conjunction with the API.
R.0252	Submit a hard copy and a link to Contractor's publicly accessible Member educational resources that will achieve the following: 1) Demonstrate the steps Member may consider taking to help protect the privacy and security of their health information and the importance of understanding the security and privacy practices of any application to which they entrust their health information; and 2) Provide an overview of which types of organizations or individuals are and are not likely to be HIPAA covered entities, the oversight responsibilities of the Office for Civil Rights (OCR) and the Federal Trade Commission (FTC), and how to submit a complaint to OCR and FTC.

EXHIBIT A, ATTACHMENT III – 5.2 NETWORK AND ACCESS TO CARE

Identifier	Operational Readiness Requirement
R.0174	Submit policies and procedures on how Contractor will assist Members in selecting PCPs who are accepting new patients and how it will afford access to Primary Care and specialty care.

Identifier	Operational Readiness Requirement
R.0175	Submit complete 274 Provider File demonstrating the ability to serve 60 percent of Potential Members, including SPD Members, in each of the counties that Contractor serves pursuant to this Contract.
R.0176	Submit policies and procedures for how Contractor will meet federal requirements for access and reimbursement Network and/or out-of-Network FQHC, RHC, Freestanding Birthing Center (FBC) services, CNMs, and Licensed Midwives (LMs).
R.0177	Submit policies and procedures that establish traditional and Safety-Net Provider participation standards.
R.0178	Submit policies and procedures describing how Contractor will monitor Provider to Member ratios to ensure they are within specified standards.
R.0179	Submit policies and procedures regarding Physician supervision of non-physician medical practitioners.
R.0180	Submit policies and procedures to monitor and ensure how Contractor, Network Providers, Subcontractors and Downstream Subcontractors comply with timely access requirements for each of the following: 1) Standards for timely appointments; 2) Appropriate clinical timeframes; 3) Shortening or expanding timeframes; 4) Follow up appointments; 5) Triaging Member calls; 6) Telephone interpreters; and 7) Contractor's customer service line.
R.0181	Submit policies and procedures for how Contractor will ensure Network Provider hours of operation are no less than the hours of operation offered to other commercial or FFS recipients.
R.0182	Submit a policy regarding the availability of Contractor's Medi-Cal director or licensed Physician 24-hours-a-day, 7-days-a-week, and procedures for communicating with emergency room personnel.
R.0183	Submit all documents outlined for the Network Certification demonstrating that the proposed Network meets the appropriate Network adequacy standards set forth in this Contract and Welfare and Institutions Code (W&I) section 14197. See APL 23-001 for document specification and submission guidelines. Network certification must be submitted in accordance with the requirements placed upon DHCS pursuant to 42 CFR section 438.66(e).
R.0184	Submit policies and procedures for providing Emergency Services including 24-hr. /day access without Prior Authorization, follow-up and coordination of emergency care services.
R.0185	Submit policies and procedures for authorizing and arranging for out-of-Network access, including arranging transportation services for Members to access the out-of-Network Providers.

Identifier	Operational Readiness Requirement
R.0186	Submit policies and procedures for the provision of and access to each of the following: 1) Family planning services; 2) STD services; 3) HIV testing and counseling services; 4) COVID therapeutics (see APL 22-009); 5) Pregnancy termination; 6) Minor Consent Services; 7) Immunizations; 8) IHCP services; 9) CNM and NP services; 10) NSMHS for minors; and 11) Medication for Addiction Treatment (MAT).
R.0187	Submit policies and procedures for the timely referral and coordination of Covered Services to which Contractor, Subcontractor, or Downstream Subcontractor has moral objections to perform or otherwise support.
R.0188	Submit policies and procedures for the provision of 24 hour interpreter services at key points of contact.
R.0189	Submit policies and procedures regarding Contractor, Subcontractor, and Downstream Subcontractor compliance with State and federal language and communication assistance requirements.
R.0190	Submit policies and procedures regarding Contractor, Subcontractor, and Downstream Subcontractor compliance with civil rights laws requiring access for Members with disabilities.
R.0191	Submit a written description of the C&L services program and policies and procedures for monitoring and evaluation of the C&L services program.
R.0192	Submit an analysis demonstrating the ability of Contractor's Network to meet the ethnic, cultural, and linguistic needs of Contractor's Members.
R.0193	Submit policies and procedures for providing cultural competency/humility, sensitivity or diversity training for staff, Network Providers, Subcontractors, and Downstream Subcontractors at key points of contact.
R.0194	Submit policies and procedures describing Contractor's Member and family engagement strategy and how Contractor will ensure Member and/or parent and caregiver input into appropriate policies and decision-making.

Identifier	Operational Readiness Requirement
R.0195	Submit policies and procedures describing how Contractor will ensure the following with regards to the Community Advisory Committee (CAC): 1) How Contractor will ensure a diverse membership on the CAC that is reflective of Contractor's Service Area and includes adolescents and/or parents/caregivers of Members less than 21 years of age; 2) How Contractor will support Member participation in the CAC; 3) How Contractor will ensure the CAC will be involved in appropriate policies and decision-making; 4) How Contractor will actively facilitate communication and connection between the CAC and Contractor leadership.
R.0196	Submit policies and procedures for providing continuity of care including the completion of Covered Services by Providers and out-of-Network Providers.
R.0197	Submit policies and procedures for performance of Facility Site Reviews (FSR) and Medical Record reviews (FSR Attachments A and B), and performance of Facility Site physical accessibility reviews (FSR Attachment C).
R.0198	Submit the aggregate results of pre-operational Site Reviews to DHCS at the request of DHCS. The aggregate results must include all data elements specified by DHCS.

EXHIBIT A, ATTACHMENT III – 5.3 SCOPE OF SERVICES

Identifier	Operational Readiness Requirement
R.0199	Submit policies and procedures, including standards, for the provision of each of the following services for Members less than 21 years of age: 1) Children's preventive services; 2) Immunizations; 3) Blood Lead screens; and 4) EPSDT services.
R.0200	Submit policies and procedures for the provision of adult preventive services, including immunizations.
R.0201	Submit policies and procedures for the provision of each of the following services to pregnant Members: 1) Prenatal and postpartum care; 2) Use of American College of Obstetricians and Gynecologists (ACOG) standards and guidelines; 3) Comprehensive risk assessment tool for all pregnant Members; and 4) Referral to Specialists.
R.0202	Submit a list of appropriate hospitals available within the Network that provide necessary high-risk pregnancy services.

Identifier	Operational Readiness Requirement
R.0203	Provide a detailed description of health education system including policies and procedures regarding delivery of services, administration, and oversight.
R.0204	Provide a list and schedule of all health education classes and/or programs.
R.0205	Submit policies and procedures for the provision of Emergency Medical Transportation (EMT), Non-Emergency Medical Transportation (NEMT), and Non-Medical Transportation (NMT).
R.0206	Submit policies and procedures that define and describe what mental health services are to be provided by a licensed mental health care Provider.
R.0208	Submit policies and procedures for the provision of Major Organ Transplants as Covered Services.
R.0209	Submit policies and procedures for the provision of Long-Term Care (LTC) as Covered Services.
R.0210	Submit policies and procedures for the provision of services at non-contracted LTC facilities.
R.0211	Submit policies and procedures for conducting a Drug Use Review (DUR).
R.0212	Submit policies and procedures for the UM of covered pharmaceutical services, demonstrating compliance with mental health parity requirements set forth in 42 CFR section 438.900 *et seq.*
R.0213	Submit policies and procedures for the coverage of clinical trials and routine patient care costs.

EXHIBIT A, ATTACHMENT III – 5.4 COMMUNITY BASED ADULT SERVICES

Identifier	Operational Readiness Requirement
R.0215	Submit policies and procedures for referring a Member to a Community Based Adult Services (CBAS) Provider.
R.0216	Submit policies and procedures on arranging for the provision of CBAS unbundled services.
R.0217	Submit all policies and procedures required by the California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions, Section V.A.23.
R.0218	Submit policies and procedures for the initial assessment and reassessment of Members for eligibility to receive CBAS, including circumstances where Contractor may forgo a face-to-face review if eligibility has already been determined through another process.
R.0219	Submit policies and procedures for an expedited assessment process.
R.0220	Submit final draft of the written notice to be sent to Members after a CBAS assessment determination that results in a change to the Member's CBAS benefit.
R.0253	Submit all policies and procedures on providing CBAS Emergency Remote Services (ERS).

Identifier	Operational Readiness Requirement
R.0254	Submit policies and procedures for community participation for Members receiving CBAS.
R.0255	Submit policies and procedures for notifying DHCS of payments made to a CBAS Provider involved in a credible allegation of Fraud.

EXHIBIT A, ATTACHMENT III – 5.5 MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

Identifier	Operational Readiness Requirement
R.0207	Submit policies and procedures for when a Member becomes eligible for SMHS and/or SUD treatment services during the course of receiving NSMHS, including how Contractor will use required State-approved transition of care tool for coordinating care between Contractor and MHPs.
R.0213	Submit policies and procedures for handling of psychiatric emergencies during non-business hours.
R.0214	Submit policies and procedures for verifying the credentials of licensed mental health Providers of NSMHS.
R.0222	Submit policies and procedures for entering into agreements with MHPs, Non-specialty Mental Health Services Providers, county DMC-ODS plans, counties administering California Medicaid State Plan benefits, and SUD treatment Providers in order to comply with access standards and Care Coordination requirements, including those concerning the concurrent provision of covered NSMHS and SMHS consistent with WI section 14184.402(f)(1).
R.0223	Submit policies and procedures for the provision of SUD services including drug and alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including: 1) Provision of SBIRT by a Member's PCP to identify, reduce, and prevent problematic substance use; 2) Referral, without requiring Prior Authorization, for SBIRT services for Members whose PCPs do not offer SBIRT services; and 3) Referral of Members to SUD treatment without requiring Prior Authorization, when there is a need beyond SBIRT services.

EXHIBIT A, ATTACHMENT III – 5.6 MOUs WITH LOCAL GOVERNMENT AGENCIES, COUNTY PROGRAMS, AND THIRD PARTIES

Identifier	Operational Readiness Requirement
R.0224	Submit executed MOUs, or documentation substantiating Contractor's efforts to negotiate MOUs to coordinate programs and services for Members with LGAs, third-party entities and county programs in Contractor's Service Area, even if Contractor is coordinating care and not financially responsible, to ensure Care Coordination, data sharing, and non-duplicative services for Members, including, but not limited to: 1) LHDs in each County within Contractor's Services Area for the following programs and services: a) CCS; b) Maternal and Child Health (MCH); c) TB Direct Observed Therapy (DOT); and d) Community Health Workers (CHW). 2) WIC agencies in each county within Contractors' Service Area. 3) LGAs such as the County Behavioral Health Department and County Social Services Department, in each county within Contractors' Service Area to assist with coordinating the following programs and services: a) SMHS; b) Alcohol and SUD treatment services, including counties administering State plan Drug Medi-Cal benefits and counties participating in DMC-ODS; and c)IHSS. 4) LGAs to coordinate programs and services for Members in each county within Contractors Service Area at a minimum: a) Social Services; and b) Child welfare departments. 5) RCs for persons with DDs.
R.0225	Submit executed MOUs, or documentation substantiating Contractor's efforts to negotiate MOUs to coordinate programs and services for Members with LGAs, third-party entities, and county programs in Contractor's Service Area, even if Contractor is coordinating care and not financially responsible, to ensure Care Coordination, data sharing, and non-duplicative services for Members, including at a minimum: 1) LEAs for IEPs or IFSPs; 2) California Department of Corrections and Rehabilitation, County Jails, and youth correctional facilities, as applicable 3) Third-party entities in each county within Contractor's Service Area, at a minimum: a) HCBS program agencies; b) Continuums of Care; c) First 5 county commissions;
R.0226	Submit policies and procedures for exchanging Member Information with MHPs and DMC-ODS or county Drug Medi-Cal Programs in compliance with State and federal privacy laws and regulations.

Identifier	Operational Readiness Requirement
R.0227	Submit policies and procedures for maintaining collaboration among the parties to the MOU and monitoring and assessing the effectiveness of MOUs. Policies and procedures should include the requirement to review its MOUs annually for any needed modifications or renewal of responsibilities and obligations.
R.0228	Submit executed MOUs, or documentation substantiating Contractor's efforts to negotiate MOUs to coordinate programs and services for Members with LGAs in each county within Contractor's Service Area to assist with coordinating, at a minimum, Targeted Case Management (TCM).

EXHIBIT A, ATTACHMENT III – 6.0 EMERGENCY PREPAREDNESS AND RESPONSE

No deliverables listed for this Article. (To Become Effective on January 1, 2025)

EXHIBIT B, BUDGET DETAIL AND PAYMENT PROVISIONS

Identifier	Operational Readiness Requirement
R.0233	Submit documentation of the Coordination of Benefits Agreement (COBA) that Contractor has entered into with Medicare.

EXHIBIT C, GENERAL TERMS AND CONDITIONS

No deliverables listed for this Exhibit.

EXHIBIT D(f), SPECIAL TERMS AND CONDITIONS

No deliverables listed for this Exhibit.

EXHIBIT E, PROGRAM TERMS AND CONDITIONS

Identifier	Operational Readiness Requirement
R.0234	Submit policies and procedures explaining Contractor's data certification reporting method. Policies and procedures must include a template certification statement.
R.0235	Submit policies and procedures for the treatment of recoveries, including retention policies, process, timeframes, and documentation for reporting, for all recovery of overpayments.
R.0236	Submit policies and procedures for how Contractor will comply with Cost Avoidance and Post-Payment Recovery for Members with Other Healthcare Coverage (OHC).
R.0237	Submit policies and procedures for how Contractor will comply with Third-Party Tort and Worker's Compensation Liability.

Identifier	Operational Readiness Requirement
R.0238	Submit policies and procedures for how Contractor will comply with an investigation or a prosecution conducted by the Division of Medi-Cal Fraud and Elder Abuse (DMFEA) and/or the United States Department of Justice (US DOJ), including communicating requirements with Subcontractors and Downstream Subcontractors.

EXHIBIT F, CONTRACTOR'S RELEASE

No deliverables listed for this Exhibit.

EXHIBIT G, BUSINESS ASSOCIATE ADDENDUM

No deliverables listed for this Exhibit.

EXHIBIT H, CONFLICT OF INTEREST AVOIDANCE REQUIREMENTS

Identifier	Operational Readiness Requirement
R.0241	Submit updated report on any conflicts of interest and/or conflict avoidance plan, if requested by DHCS.

EXHIBIT I, CONTRACTOR'S PARENT GUARANTY REQUIREMENTS

Identifier	Operational Readiness Requirement
R.0242	Submit parent guaranty, if applicable.

EXHIBIT J, DELEGATION REPORTING AND COMPLIANCE PLAN

Identifier	Operational Readiness Requirement
R.0243	Submit delegation reporting and compliance plan (Template A, B, and C).

EXHIBIT K, EXCLUDED PROVISIONS AS TO CONTRACTORS NOT LICENSED PURSUANT TO THE KNOX-KEENE HEALTH CARE SERVICE PLAN ACT OF 1975

No deliverables listed for this Exhibit.

EXHIBIT L, REQUIREMENTS SPECIFIC TO CONTRACTOR

Any deliverables for Contractor-specific requirements will be stated in Exhibit L.

Exhibit A, ATTACHMENT III

1.0 Organization

The Department of Health Care Services (DHCS) seeks to ensure that only those managed care plans that have the organizational capacity, leadership, financial well-being, commitment to invest in our communities, and demonstrated ability to ensure program integrity and compliance with all applicable federal and State requirements and standards under this Contract, may be Contractors.

Article 1.0 outlines DHCS' requirements for plan organization and administration including key leadership roles, including the designation of a Chief Health Equity Officer having the authority to design and implement policies that ensure Health Equity is prioritized and addressed. Key personnel changes, including those relevant to Contractor, Subcontractors, and Downstream Subcontractors, must be reported to DHCS in a timely fashion. The financial health and well-being of Contractors are vital to ensuring access to Medi-Cal Covered Services, and, as such DHCS, requires reporting of financial data for review. In addition, DHCS will ensure minimum loss ratios are in place for Contractors, Subcontractors, and Downstream Subcontractors who take financial risk to provide services for Members. Additionally, requiring that a portion of profits invested back into the community, will help ensure that Contractors are seeking opportunities to work at a local level to further efforts to address Social Drivers of Health (SDOH) and drive improvements in quality, equity, and access to care.

Article 1.0 also outlines requirements for Contractors to ensure that they have a clear compliance plan to meet the requisite personnel, processes, and capacity as outlined in the Contract.

1.1 Plan Organization and Administration

1.1.1 Legal Capacity
1.1.2 Key Personnel Disclosure Form
1.1.3 Conflict of Interest – Current and Former State Employees
1.1.4 Contract Performance
1.1.5 Medical Decisions
1.1.6 Medical Director
1.1.7 Chief Health Equity Officer
1.1.8 Key Personnel Changes
1.1.9 Administrative Duties/Responsibilities
1.1.10 Member Representation
1.1.11 Diversity, Equity, and Inclusion Training

Exhibit A, ATTACHMENT III

1.1 Plan Organization and Administration

1.1.1 Legal Capacity

Contractor must maintain the legal capacity to contract with Department of Health Care Services (DHCS) and, if required, maintain appropriate licensure as a health care service plan in accordance with the Knox-Keene Health Care Service Plan Act of 1975 (KKA) as amended (Health and Safety Code (H&S) section 1340 *et seq.*). If Contractor is not currently licensed to operate in an awarded Service Area, within 30 Working Days of award of Contract, it must submit a material modification to its license to the Department of Managed Health Care (DMHC) requesting authorization to operate in the Service Area. Contractor must submit proof of its material modification submission to DHCS concurrently. Operations Period will not begin until the material modification is approved by DMHC. Within three Working Days of approval, Contractor must submit a copy of its approved and amended Knox-Keene license to DHCS.

1.1.2 Key Personnel Disclosure Form

A. Contractor must file an annual statement with DHCS disclosing any purchases or leases of services, equipment, supplies, or real property from an entity in which any of the following persons have a substantial financial interest:

1) Any person or corporation having five percent or more ownership or controlling interest in Contractor;

2) Any director, officer, partner, trustee, or employee of Contractor; and

3) Any member of the immediate family of any person designated in 1) or 2) above.

B. Contractor must comply with 42 Code of Federal Regulations (CFR) sections 455.104 (Disclosure by Medicaid providers and fiscal agents: Information on ownership and control), 455.105 (Disclosure by providers: Information related to business transactions), 455.106 (Disclosure by providers: Information on persons convicted of crimes), and 438.610 (Prohibited affiliations).

1.1.3 Conflict of Interest – Current and Former State Employees

A. This Contract will be governed by the conflict of interest provisions of 42 CFR sections 438.3(f)(2) and 438.58 and 22 California Code of Regulations (CCR) sections 53874 and 53600.

B. In the performance of this Contract, Contractor will not utilize any State officer, employee in State civil service, other appointed State official, or intermittent State employee, or contracting consultant for DHCS, unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular State employment.

1.1.4 Contract Performance

Contractor must maintain the necessary organization and level of staffing to implement and operate this Contract in accordance with 28 CCR section 1300.67.3 and 22 CCR sections 53800, 53851, and 53857. Contractor must ensure the following:

A. Contractor has an accountable Governing Board;

B. 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;

C. If Contractor is a subsidiary organization, its parent organization provides an attestation confirming that this Contract will be a high priority to the parent organization and committing to supply any necessary resources to assure full performance of the Contract;

D. Adequate staffing in medical and other health services, fiscal and administrative capacity sufficient to effectively conduct Contractor’s business; and

E. 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.

1.1.5 Medical Decisions

Contractor must ensure that medical decisions, including those by Subcontractors, Downstream Subcontractors, Network Providers, and other Providers, are not unduly influenced by fiscal and administrative management.

1.1.6 Medical Director

Contractor must appoint a physician as medical director pursuant to 22 CCR section 53857 whose responsibilities must include, but should not be limited to, the following:

A. Ensuring that medical and other health services decisions are:

   1) Rendered by qualified medical personnel; and

   2) Not influenced by fiscal or administrative management considerations.

B. Ensuring that the medical and other health care provided meets acceptable standards of care;

C. Ensuring that Contractor's medical personnel follow medical protocols and rules of conduct;

D. Developing and implementing medical policy consistent with applicable standards of care;

E. Resolving Grievances related to Quality of Care;

F. Participating directly in the implementation of Quality Improvement and Health Equity activities;

G. Participating directly in the design and implementation of the Population Health Management Strategy and initiatives, including Population Needs Assessment design, planning, and implementation to inform Strategy;

H. Participating actively in the execution of Grievance and Appeal procedures;

I. Ensuring that Contractor engages with local health departments; and

J. Posting medical director contact information in an easily accessible location on their provider portal website.

1.1.7 Chief Health Equity Officer

Contractor must maintain a full-time Chief Health Equity Officer who has the necessary qualifications or training at the time of hire or within one year of hire to meet the requirements of the position. The Chief Health Equity Officer responsibilities must include, but should not be limited to, the following:

A. Provide leadership in the design and implementation of Contractor's strategies and programs to ensure Health Equity is prioritized and addressed;

B. Ensure all Contractor policy and procedures consider Health Inequities and are designed to promote Health Equity where possible, including but not limited to:

1) Marketing strategy;

2) Medical and other health services policies;

3) Member and provider outreach;

4) Community Advisory Committee;

5) Quality Improvement activities, including delivery system reforms;

6) Grievance and Appeals; and

7) Utilization Management.

C. Develop and implement policies and procedures aimed at improving Health Equity and reducing Health Disparities;

D. Engage and collaborate with Contractor staff, Subcontractors, Downstream Subcontractors, Network Providers, and entities including, but not limited to local community-based organizations, local health departments, Behavioral Health and social services, Child welfare systems and Members in Health Equity efforts and initiatives;

E. Implement strategies designed to identify and address root causes of Health Inequities, which includes but is not limited to systemic racism, Social Drivers of Health, and infrastructure barriers;

F. Develop targeted interventions designed to eliminate Health Inequities;

G. Develop quantifiable metrics that can track and evaluate the results of the targeted interventions designed to eliminate Health Inequities;

H. Ensure all Contractor, Subcontractor, Downstream Subcontractor, and Network Provider staff receive mandatory diversity, equity and inclusion training (sensitivity, diversity, communication skills, and cultural competency/humility training) as specified in Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*) annually. This includes, but is not limited to:

1) Reviewing training materials to ensure the materials are up to date with current standards of practice; and

2) Maintaining records of training completion.

1.1.8 Key Personnel Changes

Contractor must report to DHCS Contract Manager any changes in the status of the executive-level personnel including, but not limited to the chief executive officer, chief financial officer, chief operations officer, the chief medical director, the chief Health Equity officer, the compliance officer, and government relations persons within ten calendar days. Contractor must also report to DHCS Contract Manager any changes in the status of the executive-level personnel for Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors including, but not limited to the chief executive officer, chief financial officer, chief operations officer, the medical director, the chief Health Equity officer, the compliance officer, and government relations persons within 20 calendar days.

1.1.9 Administrative Duties/Responsibilities

Contractor must maintain the organizational and administrative capabilities to carry out Contractor's duties and responsibilities under the Contract. At a minimum, Contractors' responsibilities must include the following:

A. Comply with all requirements and deliverables as described in Exhibit A, Attachment II, Article 1.0 (*Operational Readiness Deliverables and Requirements*);

B. Maintain financial records and books of account on an accrual basis, in accordance with Generally Accepted Accounting Principles (GAAP), which fully disclose the disposition of all Medi-Cal program funds received, as specified in Exhibit A, Attachment III, Section 1.2 (*Financial Information*);

C. Maintain a Member and Enrollment reporting systems as specified in Exhibit A, Attachment III, Section 2.1 (*Management Information System*), Section 4.6 (*Member Grievance and Appeal System*), and Section 5.1 (*Member Services*);

D. Maintain data reporting capabilities sufficient to provide necessary and timely reports to DHCS, as required by Exhibit A, Attachment III, Section 2.1 (*Management Information System*);

E. Maintain data and information exchange capabilities as needed to meet Contractor's obligation under the Contract and to support DHCS administration of the Medi-Cal program through data sharing with other trading partners. This includes, but is not limited to, Encounter Data, Medical Record information, Network Provider and Provider information, Member demographics, and case notes;

F. Maintain Quality Improvement activities and Population Health Management activities. Comply with all National Committee for Quality Assurance (NCQA) and accreditation requirements by calendar year 2026 as described in Exhibit A, Attachment III, Section 2.2 (*Quality Improvement and Health Equity Transformation Program (QIHETP)*);

G. Maintain a Utilization Management (UM) program, as described in Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*);

H. Maintain Network adequacy as described in Exhibit A, Attachment III, Section 5.2 (*Network and Access to Care*);

I. Comply with requirements, as described in Exhibit A, Attachment III, Section 3.2 (*Provider Relations*);

J. Maintain claims processing capabilities as described in Exhibit A, Attachment III, Section 3.3 (*Provider Compensation Arrangements*);

K. Maintain adequate access and availability of Primary Care Providers (PCP) and Specialists for all Medically Necessary Covered Services for Members, as described in Exhibit A, Attachment III, Section 5.2 (*Network and Access to Care*);

L. Form a Community Advisory Committee (CAC) and meet expectations, as described in Exhibit A, Attachment III, Section 5.2 (*Network and Access to Care*), including CAC's active participation in addressing Quality of Care, Health Equity, Health Disparities, Population Health Management, Children services, and other ongoing Contractor functions;

M. Provide or arrange for all Medically Necessary Covered Services for Members, as described in Exhibit A, Attachment III, Section 5.3 (*Scope of Services*), Exhibit A, Attachment III, Section 5.4 (*Community Based Adult Services*), and Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*);

N. Provide Care Coordination, including but not limited to all Medically Necessary services delivered both within and outside Contractor's Network, as described in Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*);

O. Negotiate in good faith and execute Network Provider Agreements, Subcontractor Agreements, or Memorandums of Understanding (MOUs), as appropriate, with third party entities, including county programs, and local health jurisdictions covered by this Contract, as described in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*) and Exhibit A, Attachment III, Subsection 3.1.9 *(Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments)*;

P. Comply with the requirements described in Exhibit A, Attachment III, Section 5.1 (*Member Services*);

Q. Maintain Member Grievance procedures, as specified in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*);

R. Develop training and certification for Marketing activity, if Contractor conducts Marketing, as described in Exhibit A, Attachment III, Section 4.1 (*Marketing*);

S. Cooperate with the DHCS Enrollment program, as described in Exhibit A, Attachment III, Section 4.2 (*Enrollments and Disenrollments*); and

T. Comply with all requirements and deliverables, as described in Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*).

1.1.10 Member Representation

Contractor must ensure that Medi-Cal Members, including Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), Limited English Proficient (LEP) Members, and Members from diverse cultural and ethnic backgrounds or their representatives are included and invited to participate in establishing public policy within Contractor's advisory committee and CAC, as specified in Exhibit A, Attachment III, Subsection 5.2.11.E. (*Cultural and Linguistic Programs and Committees*), or other similar committees or groups.

1.1.11 Diversity, Equity, and Inclusion Training

Contractor must ensure that all staff who interact with, or may potentially interact with, Members and any other staff deemed appropriate by Contractor or DHCS, receive annual sensitivity, diversity, communication skills, and cultural competency/humility training as specified in Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*).

Exhibit A, ATTACHMENT III

1.2 Financial Information

1.2.1 Financial Viability and Standards Compliance
1.2.2 Contractor's Financial Reporting Obligations
1.2.3 Independent Financial Audit Reports
1.2.4 Cooperation with DHCS' Financial Audits
1.2.5 Medical Loss Ratio
1.2.6 Contractor's Obligations
1.2.7 Community Reinvestment Plan and Report

1.2 Financial Information

1.2.1 Financial Viability and Standards Compliance

Contractor must meet and maintain financial viability and standards compliance to DHCS' satisfaction for each of the following elements:

A. Tangible Net Equity (TNE).

Contractor at all times must be in compliance with the TNE requirements set forth in 28 California Code of Regulations (CCR) section 1300.76, even in circumstances where Contractor is not otherwise legally required to comply with this provision.

B. Administrative Costs.

Contractor's Administrative Costs must comply with the standards set forth in 22 CCR section 53864(b) and 28 CCR section 1300.78.

C. Standards of organization and financial soundness.

Contractor must maintain an organizational structure sufficient to conduct the operations required by this Contract and ensure that its financial resources are sufficient for sound business operations in accordance with 28 CCR sections 1300.67, 1300.67.3, 1300.75.1, 1300.75.4.1, 1300.76.3, 1300.77.1, 1300.77.2, 1300.77.3, and 1300.77.4.

D. Working Capital Ratio of one of the following:

1) Contractor must maintain a Working Capital Ratio of current assets to current liabilities of at least 1:1 in accordance with Health & Safety Code (H&S) section 1375.4(b)(1)(A)(iv); or

2) Contractor must demonstrate to DHCS that Contractor is meeting financial obligations on a timely basis and has been doing so for at least the preceding two years; or

3) Contractor must provide evidence that sufficient noncurrent assets, which are readily convertible to cash, are available to achieve an equivalent Working Capital Ratio of 1:1, if the noncurrent assets are considered current.

E. In the event DHCS finds Contractor non-compliant with any of the elements or obligations set forth in this provision, DHCS may impose a Corrective Action plan or sanctions in accordance with Exhibit E (*Program Terms and Conditions*) and Welfare and Institutions Code (W&I) section

14197.7, as set forth in in All Plan Letter (APL) 23-012. See Exhibit E, Section 1.19 (*Sanctions*).

1.2.2 Contractor's Financial Reporting Obligations

A. Form and Standards for Financial Reporting

Contractor must provide financial information and reports, including but not limited to Financial Statements, to DHCS in the form and manner specified by DHCS. Unless otherwise specified by DHCS, Contractor must prepare all financial information requested by DHCS in accordance with Generally Accepted Accounting Principles (GAAP) and the 1989 Health Maintenance Organization (HMO) Financial Report of Affairs and Conditions format. Any Department of Managed Health Care (DMHC) required reports must be prepared in DMHC-required financial reporting format, and in accordance with 28 CCR section 1300.84. Information submitted by Contractor must be based on current operations. Where appropriate, reference has been made to the Knox-Keene Health Care Service Plan Act of 1975 (KKA) rules found under 28 CCR sections 1300.51 *et seq*.

Unless otherwise specified by DHCS, all Financial Statements must include, at a minimum, the following reports/schedules unless explicitly excluded in this Attachment:

1) Jurat;

2) Report 1A and 1B: Balance Sheet;

3) Report 2: Statement of Contract Revenue, Expenses, and Net Worth;

4) Statement of Cash Flow, prepared in accordance with Financial Accounting Standards Board Statement Number 95 in lieu of Report 3: Statement of Changes in Financial Position for GAAP compliance;

5) Report 4: Enrollment and Utilization Table;

6) Schedule G: Unpaid Claims Analysis;

7) Appropriate footnote disclosures in accordance with GAAP; and
8) Schedule H: Aging of All Claims.

In addition, Contractor must prepare and submit a stand-alone Medi-Cal line of business income statement and Enrollment table on each financial

reporting period required. Contractor must prepare this income statement and Enrollment table in the DMHC required financial reporting format for each specific county or rating region of operation, as specified by DHCS and must include, at a minimum, the following reports/schedules:

1) Report 2: Statement of Contract Revenue and Expenses; and

2) Report 4: Enrollment and Utilization Table by County/Rating Region.

Medi-Cal line of business Financial Statements are to include expenses, Contract Revenues, and Enrollment only for Medi-Cal Members enrolled through direct contract with DHCS.

Contactor must submit the Medi-Cal line of business Financial Statements within the same timeframe as indicated for each required Financial Statement.

B. Monthly Reporting Obligations

Contractor must submit to DHCS, no later than 30 calendar days after the close of Contractor's fiscal month, an exact copy of any reports required be filed in accordance with 28 CCR section 1300.84.3.

C. Quarterly Reporting Obligations

Contractor must submit to DHCS, no later than 45 calendar days after the close of Contractor's fiscal quarter, an exact copy of any reports required to be filed in accordance with 28 CCR section 1300.84.2.

D. Annual Reporting Obligations

Contractor must prepare and submit to DHCS, no later than 120 calendar days after the close of Contractor's Fiscal Year, an exact copy of any reports required to be filed in accordance with 28 CCR section 1300.84.06. Contractor must also submit Medi-Cal line of business Financial Statements no later than 120 calendar days of after the close of the applicable Rating Period.

E. Annual Forecasts

Contractor must submit to DHCS annual forecasts of Contractor's next Fiscal Year no later than 60 calendar days prior to the beginning each Fiscal Year. Contractor's annual forecast must be prepared using DMHC required financial reporting forms and must include, at a minimum, the following reports/schedules:

1) Report 2: Statement of Contract Revenue and Expenses (Medi-Cal line-of-business);

2) Report 4: Enrollment and Utilization Table by County/Rating Region (Medi-Cal line-of-business);

3) TNE (All lines of business); and

4) A detailed explanation of all underlying assumptions used to develop the forecast.

F. Publication of Financial Reports

Financial Reports submitted in accordance with this Section 1.2 are public records and may be made public by DHCS.

1.2.3 Independent Financial Audit Reports

Contractor must ensure that an annual audit is performed by an independent Certified Public Accountant in accordance with 42 Code of Federal Regulations (CFR) section 438.3(m) and W&I section 14459. Except as indicated in Paragraph B of this provision, a copy of the resulting independent financial audit report must be submitted to DHCS no later than 120 calendar days after the close of Contractor's Fiscal Year.

When the delivery of care or other services is dependent upon Affiliates of Contractor, Contractor must submit combined, annual Financial Statements that reflect the financial position of Contractor's overall health care delivery system in accordance with 28 CCR section 1300.84(c). Such combined, annual Financial Statements must be presented in a form that clearly shows the financial position of Contractor separately from the combined totals set forth in the combined Financial Statements. Intra-entity or related party transactions and profits must be eliminated if consolidated Financial Statements are prepared and submitted by Contractor. Contractor also must submit to DHCS any financial audit conducted by DMHC pursuant to H&S section 1382 within 30 calendar days of Contractor's receipt thereof.

In the event that Contractor's retained independent Certified Public Accountant determines that preparation of combined, annual Financial Statements is inappropriate or impracticable under the circumstances, separate certified Financial Statements must be prepared for each entity involved in the delivery of health care services by Contractor, and such separate, annual Financial Statements must be submitted to DHCS, along with the following:

A. Contractor must provide the independent Certified Public Accountant's written statement of the reasons for not preparing combined Financial Statements;

B. Contractor must provide supplemental schedules that clearly reflect all intra-entity or related party transactions and eliminations necessary to enable DHCS to analyze the overall financial position of Contractor's entire health care delivery system. If Contractor is a public entity or a political subdivision of the State and a county grand jury conducts Contractor's financial audits, Contractor must submit its Financial Statements within 180 calendar days after the close of Contractor's Fiscal Year in accordance with H&S section 1384;

C. Contractor must authorize its independent Certified Public Accountant to allow DHCS' designated representatives or agents, upon written request, to inspect any and all working papers related to the preparation of the audit report;

D. Contractor must submit to DHCS all financial reports relevant to Affiliates as specified in 28 CCR section 1300.84(c); and

E. Contractor must submit to DHCS copies of any financial reports submitted to any other public or private organization within ten calendar days of submission to such other public or private organization.

1.2.4 Cooperation with DHCS' Financial Audits

DHCS must conduct, or contract for the conduct of, periodic audits of the accuracy, truthfulness, and completeness of the financial data submitted by, or on behalf of, Contractor in accordance with 42 CFR section 438.602(e). Contractor must cooperate with these audits and provide all information and materials requested by DHCS, or its contracted auditor, for this purpose. Please see Exhibit A, Attachment III, Section 2.1 (*Management Information System*) for related requirements.

1.2.5 Medical Loss Ratio

Contractor must annually report a Medical Loss Ratio (MLR) as described in this provision and in accordance with 42 CFR section 438.8. Contractor must impose equivalent MLR reporting requirements on Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors.

A. Contractor must calculate and report a MLR as stated in 42 CFR sections 438.8 and 438.604(a)(3) in a form and manner specified by DHCS.

1) Contractor must ensure that revenues, expenditures, and other amounts are appropriately identified and classified including by distinguishing which amounts were actually paid for benefits~~,~~ or activities that improve health care quality, and which amounts were actually paid for administrative services, taxes, or other activities in accordance with the Centers for Medicare & Medicaid Services (CMS) Informational Bulletin published May 15, 2019, with the subject "Medical Loss Ratio Requirements Related to Third-Party Vendors."

2) Contractor must, in compliance with 42 CFR section 438.230(c)(1) and California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions, in particular Paragraph 11 of the 1915(b) Waiver STCs, require all applicable Subcontractors and Downstream Subcontractors to comply with the MLR reporting responsibilities in this Section, including the requirement to distinguish which amounts are actually paid for benefits or activities that improve health care quality, and which amounts were actually paid for administrative services, taxes, or other activities in accordance with the CMS Informational Bulletin published May 15, 2019 with the subject "Medical Loss Ratio Requirements Related to Third-Party Vendors." Payments to a Subcontractor or Downstream Subcontractor that are not the amount actually paid to a Provider or supplier for furnishing Covered Services must not be included in incurred claims.

B. The MLR experienced by Contractor in a MLR reporting year is the ratio of the numerator, as stated in Paragraph E of this Section, to the denominator, as stated in Paragraph F of this Section. A MLR may be increased by a credibility adjustment in accordance with Paragraph HH of this provision.

C. DHCS utilizes a materiality threshold for determining whether Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors are subject to the reporting and remittance requirements. The materiality threshold may be based on one or more of the following:

1) Annual Medi-Cal revenue;

2) The Medi-Cal lives for which risk is delegated;

3) The scope of Medi-Cal services for which risk is delegated; or

4) Other factors.

D. Subcontractors and Downstream Subcontractors that fall below the materiality threshold for an MLR reporting year, as specified by DHCS, are not subject to MLR reporting for that MLR reporting year. DHCS reserves the right to reestablish the threshold annually, may require reporting by certain Subcontractors and Downstream Subcontractors regardless of materiality, and will communicate details of the materiality threshold and subsequent updates and/or changes through APLs or other instruction.

E. The numerator of Contractor's, Subcontractors', and Downstream Subcontractors' MLR for a MLR reporting year is the sum of Contractor's, Subcontractors', and Downstream Subcontractors' incurred claims, expenditures for activities that improve health care quality, and Fraud prevention activities.

1) Contractor's, Subcontractors', and Downstream Subcontractors' Incurred Claims

a) Incurred claims must include the following:

i. Direct claims that Contractor, Subcontractors, and Downstream Subcontractors, as applicable, paid to Providers, including under capitated contracts with Network Providers, for Covered Services or supplies under this Contract, a Subcontractor Agreement, or a Downstream Subcontractor Agreement, as applicable, and meeting the requirements of 42 CFR section 438.3(e);

ii. Unpaid claims liabilities for the MLR reporting year, including claims reported that are in the process of being adjusted or claims Incurred but Not Reported;

iii. Withholds from payments made to Network Providers;

iv. Claims that are recoverable for anticipated coordination of benefits;

v. Claims payments recoveries received due to subrogation;

vi. Incurred but Not Reported claims based on past experience, and modified to reflect current conditions,

such as changes in exposure or claim frequency or severity;

vii. Changes in other claims-related reserves; and

viii. Reserves for contingent benefits and the medical claim portion of lawsuits.

b) Amounts that must be deducted from incurred claims include the following:

i. Identified unrecovered Overpayments and Overpayment recoveries received from Network Providers;

ii. Prescription Drug rebates received and accrued; and

iii. Amounts received as remittances from Subcontractors and Downstream Subcontractors, as applicable, in accordance with Paragraph P of this provision and Exhibit B of this Contract. Subcontractors and Downstream Subcontractors must deduct amounts received as remittances from their downstream entities. The contracts between all downstream entities in Contractor's delegation arrangement must include this reference.

c) Expenditures that must be included in incurred claims include the following:

i. The amount of incentive and bonus payments made, or expected to be made, to Network Providers that are tied to clearly-defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to Providers; and

ii. The amount of claims payments recovered through Fraud reduction efforts, not to exceed the amount of Fraud reduction expenses. The amount of Fraud reduction expenses must not include activities specified in E.2.c of this provision.

iii. The amount of payments made to providers under Directed Payment Initiatives.

d) Amounts that must either be included in or deducted from incurred claims include, respectively, net payments or receipts related to solvency funds mandated by DHCS.

e) The following amounts must be excluded from incurred claims.

i. Non-claims costs, which include:

(1) the amounts paid to third-party vendors for secondary network savings;

(2) amounts paid to third-party vendors for network development, administrative fees, claims processing, and Utilization Management (UM);

(3) amounts paid for professional or administrative services, including amounts paid to a Provider, that do not represent compensation or reimbursement for California Medicaid State Plan services or services defined in 42 CFR section 438.3(e) and provided to Members; and

(4) amounts paid for fines and penalties assessed by regulatory authorities; and

ii. Amounts paid to DHCS as remittances in accordance with Paragraph P of this provision and Exhibit B of this Contract; and

iii. Amounts paid to upstream entities as remittance in accordance with Paragraph P of this Subsection. The contracts between all downstream entities in Contractor's delegation arrangement must include this reference; and

iv. Amounts paid to Network Providers under 42 CFR section 438.6(d).

f) Incurred claims paid by an entity that is later assumed by another entity must be reported by the assuming entity for the entire MLR reporting year and no incurred claims for that MLR reporting year may be reported by the ceding entity.

2) Activities that improve health care quality must be in one of the following categories:

a) Contractor's, Subcontractors', and Downstream Subcontractors', as applicable, activity that meets the requirements of 45 CFR section 158.150 (a) and (b) and is not excluded under 45 CFR section 158.150(c);

b) Contractor's, Subcontractors', and Downstream Subcontractors', as applicable, activity related to any External Quality Review-related activity as described in 42 CFR sections 438.358(b) and (c); or

c) Contractor's, Subcontractors', and Downstream Subcontractors', as applicable, expenditure that is related to Health Information Technology (HIT) and meaningful use, meets the requirements placed on issuers set forth in 45 CFR section 158.151, and is not considered incurred claims, as defined in this Subsection.

3) Contractor's, Subcontractors', and Downstream Subcontractors', as applicable, expenditures on activities related to Fraud prevention as described in 45 CFR part 158, and not including expenses for Fraud reduction efforts as stated in Paragraph E.1.c.ii of this Subsection.

F. The denominator of Contractor's, Subcontractors', and Downstream Subcontractors' MLR for a MLR reporting year must equal the adjusted premium revenue for Contractor's, Subcontractors', and Downstream Subcontractors' Medi-Cal line of business. The adjusted premium revenue is Contractor's, Subcontractors', and Downstream Subcontractors' premium revenue minus Contractor's, Subcontractors', and Downstream Subcontractors' federal, State, and local taxes and licensing and regulatory fees, and is aggregated in accordance with this Subsection.

1) Premium revenue includes the following for the MLR reporting year:

a) Capitation Payments, developed in accordance with 42 CFR section 438.4, and excluding payments made per 42 CFR section 438.6(d);

b) One-time payments for Member life events as specified in this Contract, including, but not limited to, Supplemental Payments and Additional Payments as set forth in provisions 1.7 and 1.8 of Exhibit B, respectively;

c) Other payments to Contractor approved under 42 CFR section 438.6(b)(3);

d) All changes to unearned premium reserves; and

e) Net payments or receipts related to Risk Sharing Mechanisms developed in accordance with 42 CFR sections 438.5 or 438.6.

f) Payments to Contractor for expenditures under Directed Payment Initiatives.

g) Notwithstanding (a)-(c), for Subcontractors and Downstream Subcontractors, premium revenue includes all payments received pursuant to a Subcontractor Agreement or Downstream Subcontractor Agreement, excluding payments received in accordance with 42 CFR section 438.6(d).

2) Taxes, licensing, and regulatory fees for the MLR reporting year must include:

a) Statutory assessments to defray the operating expenses of any State or federal department;

b) Examination fees in lieu of premium taxes as specified by State law;

c) Federal taxes and assessments allocated to Contractor, Subcontractors, or Downstream Subcontractors, as applicable, excluding federal income taxes on investment income, capital gains, and federal employment taxes;

d) State and local taxes and assessments including:

i. Any industry-wide or subset assessments, other than surcharges on specific claims, paid to the State or a locality directly.

ii. Guaranty fund assessments.

iii. Assessments of State or local industrial boards or other boards for operating expenses, or for benefits to sick employed persons in connection with disability benefit laws or similar taxes levied by the State.

iv. State or local income, excise, and business taxes,

other than premium taxes and State employment and similar taxes and assessments.

v. State or local premium taxes, plus State or local taxes based on reserves, if in lieu of premium taxes.

e) Payments made by Contractor, Subcontractors, and Downstream Subcontractors, as applicable, that are otherwise exempt from federal income taxes, for community benefit expenditures as defined in 45 CFR section 158.162(c), limited to the higher of either:

i. 3 percent of earned premium; or

ii. The highest premium tax rate in the State, multiplied by Contractor's, Subcontractors', or Downstream Subcontractors', as applicable, earned premium in the State.

3) If Contractor, or any Subcontractor or Downstream Subcontractor, is later assumed by another entity that becomes the new Contractor, Subcontractor, or Downstream Subcontractor under this Contract, a Subcontractor Agreement, or a Downstream Subcontractor Agreement, the new Contractor, Subcontractor, or Downstream Subcontractors must report the total amount of the denominator for the entire MLR reporting year, and no amount under this Paragraph for that year may be reported by the ceding Contractor, Subcontractor, or Downstream Subcontractor.

G. In the allocation of expense, Contractor, Subcontractors, and Downstream Subcontractors must include each expense under only one type of expense, unless a portion of the expense fits under the definition of, or criteria for, one type of expense and the remainder fits into a different type of expense, in which case the expense must be pro-rated between types of expenses. Expenditures that benefit multiple contracts or populations, or contracts other than those being reported, must be reported on a pro rata basis. Contractor, Subcontractors, and Downstream Subcontractors must use the following methods to allocate expenses:

1) Allocation to each category must be based on a Generally Accepted Accounting Principles (GAAP) method that is expected to yield the most accurate results;

2) Shared expenses, including expenses under the terms of a management contract, must be apportioned pro rata to the contract incurring the expense; and

3) Expenses that relate solely to the operation of a reporting entity, such as staff costs associated with the adjusting and paying of claims, must be borne solely by the reporting entity and are not to be apportioned to the other entities.

H. Contractor, Subcontractors, and Downstream Subcontractors may add a credibility adjustment to a calculated MLR if the MLR reporting year experience is partially credible to account for a difference between the actual and target MLRs that may be due to random statistical variation. The credibility adjustment is added to the reported MLR calculation before calculating any remittance.

1) Contractor, Subcontractors, and Downstream Subcontractors may not add a credibility adjustment to a calculated MLR if the MLR reporting year experience is fully credible.

2) If Contractor's, Subcontractors, or Downstream Subcontractor's experience is Non-Credible, it is presumed to meet or exceed the MLR calculation standards in this Subsection.

3) Non-credible and partially-credible Contractors, Subcontractors, and Downstream Subcontractors that meet the materiality threshold must submit an MLR report regardless of credibility.

4) Contractor, Subcontractors, and Downstream Subcontractors must fulfill these requirements by using the base credibility factors that CMS publishes in accordance with 42 CFR section 438.8(h)(4).

5) Contractor must submit a MLR report regardless of credibility. DHCS may require MLR reporting by certain Subcontractors or Downstream Subcontractors regardless of credibility.

I. Contractor, Subcontractors, and Downstream Subcontractors must aggregate data by Member groups as defined in this Contract, or as otherwise directed by DHCS. This may require separate reporting and MLR calculations for specific populations.

J. Contractor must report its MLR to DHCS by county or rating region. Subcontractors and Downstream Subcontractors must report their MLR at the Subcontractor or Downstream Subcontractor arrangement level, by county or rating region, to their upstream entity.

K. MLR Reporting requirements.

1) Contractor, Subcontractors, and Downstream Subcontractors must submit a report to DHCS that includes at least the following information for each MLR reporting year:

   a) Total incurred claims;

   b) Expenditures on Quality Improvement activities;

   c) Expenditures related to activities compliant with 42 CFR sections 438.608(a) – (5), (7), (8), and (b);

   d) Non-claims costs;

   e) Premium revenue;

   f) Taxes, licensing, and regulatory fees;

   g) Methodology(ies) for allocation of expenditures, which must include a detailed description of the methods used to allocate expenses, including incurred claims, quality improvement expenses, federal and State taxes and licensing or regulatory fees, and other non-claims costs, as described in 45 CFR section 158.170(b);

   h) Any credibility adjustment applied;

   i) The calculated MLR;

   j) Any remittance owed to DHCS, if applicable;

   k) A comparison of the information reported with the audited financial report required under 42 CFR section 438.3(m);

   l) A description of the method used to aggregate data; and

   m) The number of Member months.

2) Contractor must submit this report in a timeframe and manner determined by DHCS, but no longer than 12 months after the end of the MLR reporting year.

3) Contractor must require any Subcontractor or other third-party vendor providing claims adjudication activities to provide all underlying data associated with MLR reporting to Contractor within 180 calendar days from the end of the MLR reporting year, or within 30 calendar days of being requested by Contractor, whichever is

sooner, regardless of current contracting limitations, to calculate and validate the accuracy of MLR reporting.

4) Contractor must require Subcontractors impose reporting requirements equivalent to the information required in 42 CFR section 438.8(k) on Downstream Subcontractors who accept financial risk to perform delegated activities and reporting responsibilities specific for those services they do not directly provide to Members, in accordance with 42 CFR section 438.230(c)(1). Subcontractors must comply with all applicable Medi-Cal laws and regulations, including applicable sub-regulatory guidance and provisions of this Contract, in accordance with 42 CFR section 438.230(c)(2).

5) Contractor, Subcontractors, and Downstream Subcontractors must attest to the accuracy of the MLR calculation in accordance with requirements of this provision when submitting the MLR report.

6) Contractor must ensure Subcontractor submissions are in accordance with the information required in 42 CFR section 438.8(k). Contractor is expected to review and provide oversight of Subcontractor MLR submissions. Specific expectations include, but are not to be limited to:

    a) Review of each applicable Subcontractor's MLR and reported medical cost per Member per month to identify and investigate outliers;

    b) Review of reported expenses to ensure medical and non-medical expenses are appropriately accounted for in the MLR calculation;

    c) Verification that reported expenses align with service volume reported in encounters;

    d) Verification that reported revenues align with the upstream entities' reported payments;

    e) Review of the reasonableness of methodologies for allocation of expenditures across multiple lines of business;

    f) Review of the reasonableness of IBNR estimates.

Contractor will impose the aforementioned review and oversight expectations on Subcontractors and Downstream Subcontractors, as applicable, for their downstream entities. The contracts between all

downstream entities in Contractor's delegation arrangement must include a reference to Exhibit A, Attachment III, Subsection 1.2.5.K.4 and 6 (*Medical Loss Ratio*).

L. Contractor may be excluded from the reporting requirements in this provision in the first MLR reporting year of its operation. Contractor then must comply with these requirements beginning with the next MLR reporting year in which it contracts with DHCS, even if the first MLR reporting year was not a full 12 months.

M. Consistent with 42 CFR section 438.8(l), Contractor may exempt newly contracted Subcontractors and Downstream Subcontractors from the MLR reporting requirements in the Subcontractor's or Downstream Subcontractor's first MLR reporting year of its operation. Contractor then must require Subcontractors and Downstream Subcontractors to comply with the MLR reporting year requirements in the next reporting year even if the first MLR reporting year did not cover a full 12 months of operation.

1) Contractors must report any excluded Subcontractors and Downstream Subcontractors to DHCS by the end of the third quarter of that MLR reporting year utilizing DHCS' reporting form.

2) DHCS retains the discretion to reverse any exemption based on information obtained during the initial review of MLR reporting and/or subsequent State or federal reviews or audits. Contractor must comply, and must require their Subcontractors and Downstream Subcontractors to comply, with any such reversal and submit or amend MLR reporting as needed.

N. In any instance where DHCS makes a retroactive change to the Capitation Payments for a MLR reporting year and the MLR report has already been submitted to DHCS, Contractor must re-calculate the MLR for all MLR reporting years affected by the change and submit a new report meeting the reporting requirements in this Subsection.

O. Contractor must impose the above retroactive reporting requirements on its Subcontractors and Downstream Subcontractors where DHCS makes a retroactive change to the Capitation Payments for a MLR reporting year and the MLR report has already been submitted to Contractor or upstream Subcontractor. In its sole discretion, DHCS reserves the right to limit MLR re-reporting for Subcontractors and Downstream Subcontractors to no more than one instance and may require re-reporting on an ad hoc basis. Subcontractors and Downstream Subcontractors must not re-report a MLR more than once for any MLR reporting year absent DHCS' review and express permission for any such MLR re-reporting. DHCS has the

sole authority and discretion to grant or deny permission to any request for a Subcontractor or Downstream Subcontractor to re-report more than once for any MLR reporting year. The contracts between all downstream entities in Contractor's delegation arrangement must include this reference.

P. Contractor must, if applicable, provide a remittance for a MLR reporting year in accordance with W&I section 14197.2(c)(1) and Exhibit B of this Contract. Starting January 1, 2025, Contractor must impose equivalent remittance requirements on Subcontractors and Downstream Subcontractors.

Q. In accordance with the CalAIM 1915(b) Waiver STCs, DHCS will work with CMS to effectuate an audit of MLR reports no sooner than the 2028 calendar year. The MLR audit will include the time period covered by the CalAIM 1915(b) Waiver (January 1, 2022 through December 31, 2026).

1) To allow DHCS and CMS to complete an accurate audit of the MLR reports, Contractors, Subcontractors, and Downstream Subcontractors must maintain all records and documents relating to MLR reports for a minimum of 10 years as described in 42 CFR section 438.3(u).

2) Pursuant to 42 CFR section 438.3(h), DHCS and its contractor(s) may, at any time, request, inspect, and audit any of Contractor's, Subcontractors', and Downstream Subcontractors' records or documents. Record retention requirements are also referenced in Exhibit E of this Contract.

1.2.6 Contractor's Obligations

A. Contractor is required to provide any other financial reports, data, or information not listed above as requested by DHCS to evaluate or monitor Contractor's financial condition.

B. If Contractor's incurred claims reported in accordance with Exhibit A, Attachment III, Subsection 1.2.5, Paragraph C.1.a.iii above includes withholds from payments made to Network Providers, Contractor must provide to DHCS a report, in a form and manner specified by DHCS, detailing the basis for those withholds.

1.2.7 Community Reinvestment Plan and Report

A. Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must annually submit a Community Reinvestment Plan for DHCS' approval that details its anticipated

community reinvestment activities, pursuant to Exhibit B, Section 1.17 (*Community Reinvestment*), in a form and manner specified by DHCS through APLs or similar guidance. The Community Reinvestment Plan must detail the expected Members of Contractor's community reinvestment, how they will benefit, and any additional information requested by DHCS. DHCS will make available the parameters for allowable community reinvestment activities through APLs or similar guidance.

B. If Contractor has a Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor, Contractor must require the Fully Delegated Subcontractor and Downstream Fully Delegated Subcontractor to annually submit a Community Reinvestment Plan for approval that details its anticipated community reinvestment activities, pursuant to Exhibit B, Section, 1.17 (*Community Reinvestment*), in a form and manner specified by DHCS through APLs or similar guidance. Contractor must submit the Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's Community Reinvestment Plan to DHCS.

C. Contractor must annually submit a Community Reinvestment Report, including information related to any Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's Community Reinvestment Plan, to DHCS in a form and manner specified by DHCS through APLs or similar guidance. The Community Reinvestment Report must detail Contractor's community reinvestment activities in accordance with the Community Reinvestment Plan, and the outcomes thereof. DHCS will make available the minimum information requirements for the report through APLs or similar guidance.

Exhibit A, ATTACHMENT III

1.3 Program Integrity and Compliance Program

1.3.1 Compliance Program
1.3.2 Fraud Prevention Program
1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing
1.3.4 Contractor's Obligations Regarding Suspended, Excluded, and Ineligible Providers
1.3.5 Disclosures
1.3.6 Treatment of Overpayment Recoveries
1.3.7 Federal False Claims Act Compliance and Support

1.3 Program Integrity and Compliance Program

Contractor must establish administrative and management policies and procedures which are designed to prevent and detect Fraud, Waste, and Abuse. In furtherance of this goal, Contractor must establish a Compliance program, a Fraud, Waste, and Abuse prevention program, and other program integrity processes, as set forth in this Exhibit A, Attachment III, Section 1.3 (*Program Integrity and Compliance Program*). In establishing these policies, procedures, and programs, Contractor must meet the requirements of 42 Code of Federal Regulations (CFR) section 438.608.

While Contractor may contract with entities to support Contractor on compliance activities (such as training and auditing), Contractor may not delegate program integrity and compliance program functions to Subcontractors or Downstream Subcontractors.

Contractors must ensure that all Subcontractors and Downstream Subcontractors also have a robust program integrity and compliance program in place. This requirement may be fulfilled by Contractor maintaining all program integrity and compliance program functions on behalf of Subcontractor or Downstream Subcontractor.

1.3.1 Compliance Program

Contractor must have a compliance program that includes, at a minimum, the following elements:

A. A compliance plan which:

1) Outlines the key elements of the compliance program;

2) Includes reference to the standards of conduct or code of conduct;

3) Allows the compliance program to act independently of operational and program areas without fear of repercussions for uncovering deficiencies or noncompliance;

4) Details how it will implement and maintain elements of the compliance program;

5) Includes the compliance reporting structure and positions of key personnel involved in ensuring compliance, including the compliance officer;

6) References the delegation reporting and compliance plan

7) References policies and procedures operationalizing the compliance program;

8) Is reviewed and approved by the board of director's compliance and oversight committee routinely, but not less than annually; and

9) Is publicly posted on Contractor's website.

B. Standard of conduct or code of conduct must clearly articulate Contractor's commitment to comply with all applicable requirements and standards under this Contract, and all applicable federal and State requirements. It must describe the organizational expectations that all employees, officers, board of directors, Network Providers, Subcontractors, and Downstream Contractors act ethically and have a responsibility in ensuring compliance. Standard of conduct must be approved by Contractor's full board of directors annually.

C. Written policies and procedures which address the following:

1) Detail how elements of the compliance program are operationalized, including the titles of persons responsible for specific activities;

2) Describe how Contractor will oversee all Network Providers, Subcontractors, Downstream Subcontractors, and third-party entities compliance with all applicable terms and conditions of the Contract. See also, Exhibit A, Attachment III, Subsection 3.1.4 (*Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance*); and

3) Outline Contractor's process to ensure policies and procedures are reviewed at least annually and how changes are disseminated to impacted operational areas. Contractor must update the policies and procedures to incorporate changes in applicable laws, regulations, and requirements.

D. A delegation reporting and compliance plan as described in Exhibit A, Attachment III, Subsection 3.1.3 (*Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan*) and Exhibit J *(Delegation Reporting and Compliance Plan)*;

E. The designation of a compliance officer who is responsible for developing, implementing, and ensuring compliance with the requirements and standards under the Contract and who reports directly to the chief executive officer and the board of directors. Contractor's policies and

procedures must include the criteria for selecting a compliance officer and a job description, including responsibilities and the authority of this position. The compliance officer must be a full-time employee and must be independent, which means they must not serve in both a compliance and operational role, for example, when the compliance officer is the chief operating officer, finance officer or general counsel.

F. The establishment of a regulatory compliance and oversight committee of the board of directors and at the senior management level charged with overseeing Contractor's compliance program and compliance with the requirements under this Contract. Contractor's policies and procedures must include the criteria for selecting members to the committee. The committee must review the compliance plan on an annual basis. The committee must meet at least quarterly to oversee the compliance program, including, reviewing areas of non-compliance and implementation and monitoring of corrective actions.

G. A system for training and educating the compliance officer, senior management, and employees on federal and State standards and requirements of this Contract. Trainings must address Contractor's standards of conduct, compliance plan, and compliance policies and procedures compliance training completion must be verified such as through a certification or attestation upon training completion and review of the standard of conduct, compliance program, and compliance policies and procedures. Contractor must ensure that training for the compliance officer, senior management, and employees on the compliance program is completed within 90 days of employment and annually thereafter.

H. A system for board members, officers, senior management, and employees to receive training on policies and procedures related to compliance for specific job functions including but not limited to:

1) Compliance officer, senior management, and employees training and education on the overall compliance program, Fraud, Waste, and Abuse, and code of conduct in accordance with Exhibit A, Attachment III, Section 1.3 (*Program Integrity and Compliance Plan*);

2) Network Providers completion of required initial and ongoing Network Provider training within the established timeframes in accordance with Exhibit A, Attachment III, Subsection 3.2.5 (*Network Provider Training*), Members' rights as required under Exhibit A, Attachment III, Section 3.2 (*Provider Relations*), and Advanced Directives in accordance with 42 CFR sections 422.128 and 438.3(j) set forth in Exhibit A, Attachment III, Subsection 5.1.1 (*Members Rights and Responsibilities*);

3) Member Services staff completion of required training as set forth in Exhibit A, Attachment III, Subsection 5.1.2 (*Member Services Staff*) and include diversity, equity and inclusion training in accordance with Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*); and

4) For staff carrying out obligations under MOUs, the training required under Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*)

I. Effective lines of communication between the compliance officer and employees. For example, Contractor must establish a consistent process for distributing and communicating new regulations, regulatory changes, or changes relevant to this Contract. Contractor will communicate this process to all Subcontractors, Downstream Subcontractors, and Network Providers, as applicable. Lines of communication must be accessible to all employees, and include a mechanism to enable anonymous and confidential good faith reporting of potential compliance issues by any employee, Member, Network Provider, Subcontractor, or other person or entity, as they are identified.

J. Enforcement of standards through well-publicized disciplinary guidelines. This includes, but is not limited to:

1) Establishment and implementation of disciplinary policies and procedures that reflect clear and specific disciplinary standards as well as Contractor's expectation for reporting of issues related to noncompliance or illegality; training expectations and disciplinary or enforcement standards when noncompliant activity is found.

2) To demonstrate that disciplinary guidelines are enforced, Contractor must maintain records of disciplinary actions for a period of ten years years at a minimum, including date of and description of violation, date of investigation, findings and date and description disciplinary action.

K. Contractor must develop and maintain effective systems for routine monitoring and auditing, and identification of compliance risks including but not limited to:

1) Dedicated staff for routine internal monitoring and auditing of compliance risks;

2) Methods and tools for assessing whether Contractor activities required under this Contract comply with State and federal law and

this Contract. This includes having methods and tools to evaluate and trend an activity over time to assess noncompliance;

3) Routine and periodic reporting of internal monitoring and auditing activities and results to compliance and oversight committee of the board; and

4) Unannounced audits of Subcontractors and Downstream Subcontractors to assess the compliance with requirements set forth in this Contract as relevant to delegated functions.

L. Contractor must develop and maintain effective systems for prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under this Contract (42 CFR section 438.608(a)).

1) This includes policies and procedures for constructing and implementing effective Corrective Action plans, including root cause analysis and tailoring Corrective Action plans to address specific compliance concerns;

2) Corrective action plans must be reviewed and signed by the compliance officer and the executive officer responsible for the area subject to the Corrective Action plan;

To demonstrate effective systems to address compliance concerns and implement effective corrective action, Contractor must maintain and publicly post records of Corrective Action plans and the rectifying actions to close out the findings, including but not limited to, committee meeting minutes detailing discussion of corrective action plans and description of outcomes; and

3) Contractor must ensure contractual provisions are in place through Subcontractor Agreements and Downstream Subcontractor Agreements, as relevant, to enforce compliance with Corrective Action plans when they are not met, such as financial sanctions, payment withholds, or liquidated damages.

1.3.2 Fraud Prevention Program

Contractor must have a Fraud prevention program that at a minimum sets forth policies and procedures for the elements identified in this Exhibit A, Attachment III, Subsection 1.3.2 (*Fraud Prevention Program*).

A. Fraud Prevention Officer

Contractor must designate a Fraud prevention officer who is responsible for developing, implementing, and ensuring compliance with Contractor's Fraud prevention program and who reports directly to the chief executive officer and the board of directors. The Fraud prevention officer must attend and participate in DHCS' quarterly program integrity meetings, as scheduled. The same individual may serve as both the compliance officer and the Fraud prevention officer.

B. Notification of Changes in Member's Circumstances

Contractor must promptly notify DHCS when Contractor receives information about changes in a Member's circumstances that may affect the Member's eligibility including changes in the Member's residence, income, insurance status, and death (42 CFR section 438.608(a)(3)). This notification will be in a form and manner specified by DHCS through All Plan Letters (APLs), or other similar instructions.

C. Method to Verify Services Received

Contractor must have a regular method to verify, by sampling or other methods, confirming that services that have been represented to have been delivered by Network Providers were received by Members (42 CFR section 438.608(a)(5)). Contractor must provide proof of compliance with this requirement when requested by DHCS, in a form and manner specified by DHCS through APLs, or other similar instruction.

D. Contractor's Reporting Obligations

In accordance with 42 CFR section 438.608(a)(7), Contractor must refer, investigate, and report all Fraud, Waste, and Abuse activities that Contractor identifies to DHCS' Program Integrity Unit (PIU), in a manner prescribed by PIU, as follows:

1) Preliminary Fraud, Waste, and Abuse Reports

Contractor must file a preliminary report with DHCS' PIU detailing any suspected Fraud, Waste, or Abuse identified by or reported to Contractor, its Subcontractors, its Downstream Subcontractors, and/or its Network Providers within ten Working Days of Contractor's discovery or notice of such Fraud, Waste, or Abuse. Contractor must submit a preliminary report in accordance with requirements set forth in APLs or other similar instructions. Subsequent to the filing of the preliminary report, Contractor must

promptly conduct a complete investigation of all reported or suspected Fraud, Waste, and Abuse activities.

2) Completed Investigation Report

Within ten Working Days of completing its Fraud, Waste, or Abuse investigation (including both Contractor-initiated and DHCS-initiated referrals), Contractor must submit a completed report to DHCS' PIU. This report must include Contractor's findings, actions taken, and include all documentation necessary to support any action taken by Contractor, and any additional documentation as requested by DHCS or other State and federal agencies.

3) Quarterly Fraud, Waste, Abuse Status Report

Contractor must submit a quarterly report to DHCS' PIU on all Fraud, Waste, and Abuse investigative activities ten Working Days after the close of every calendar quarter. The quarterly report must contain the status of all preliminary, active, and completed investigations and must include both Contractor-initiated and DHCS-initiated referrals. In addition to quarterly reports, Contractor must provide updates and available documentation as DHCS may request from time to time.

4) Manner of Report Submission

Contractor must electronically submit each Fraud, Waste, and Abuse report required under the Contract in a manner prescribed by DHCS' PIU. The required reports must include but not be limited to the preliminary Fraud report, the completed investigation report, and the quarterly status report, including all supporting documents, and any additional documents requested by DHCS, in a form and manner specified by DHCS through APLs, or other similar instructions.

5) Contractor's Obligation to Investigate State, federal, and other Medi-Cal managed care plans' Referrals of Fraud, Waste, and Abuse.

DHCS may, from time to time, share with Contractor relevant Fraud, Waste, and Abuse referrals received from State and federal agencies and other Medi-Cal managed care plans. Contractor may also receive Fraud, Waste, and Abuse referrals directly from other federal agencies, State agencies (other than DHCS), and Medi-Cal managed care plans.

Contractor must conduct a complete investigation of all Fraud, Waste, and Abuse referrals received from DHCS, other State and federal agencies, and other Medi-Cal managed care plans, relating to Contractor's Subcontractors, Downstream Subcontractors, and Network Providers. Contractor must submit a completed investigation report and a quarterly status report, as set forth above in this Exhibit A, Attachment III, Subsection 1.3.2.D (*Contractor's Reporting Obligations*), in connection with all DHCS, State and federal agency, and Medi-Cal managed care plan referrals of Fraud, Waste, and Abuse.

6) Confidentiality

Contractor acknowledges that information shared by DHCS, other State and federal agencies, and other Medi-Cal managed care plans in connection with any Fraud, Waste, or Abuse referral must be considered confidential, until formal criminal proceedings are made public. Contractor further acknowledges that it is receiving this Confidential Information as a DHCS business associate in order to facilitate Contractor's contractual obligations to maintain a Fraud, Waste, and Abuse prevention program. Contractor must receive and maintain this Confidential Information in its capacity as a Medi-Cal managed care plan and will use the Confidential Information only for conducting an investigation into any potential Fraud, Waste, or Abuse activities and in furtherance of any other program integrity activities.

In the event Contractor is required to share this Confidential Information with a Subcontractor, Downstream Subcontractor, or Network Provider, Contractor must ensure that Subcontractor, Downstream Subcontractor and Network Provider acknowledge that such information must be kept confidential by Subcontractor, Downstream Subcontractor, and Network Provider, and a similar provision of confidentiality must be included in all Subcontractor Agreements, Downstream Subcontractor Agreements, and Network Provider Agreements.

1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing

A. Screening and Enrolling

All Network Providers must be screened and enrolled in accordance with this Contract, applicable State and federal law, including 42 CFR section 438.602(b), and APL 22-013.

1) If Contractor chooses not to utilize the State level Enrollment pathway, Contractor must notify DHCS and send to DHCS its policies and procedures for review and approval before conducting its own Enrollment process.

2) Contractor may allow Network Providers to participate in their Network for up to 120 calendar days if the Network Provider has a pending Enrollment application in review with DHCS or with Contractor in accordance with 42 CFR section 438.602(b)(2).

3) Contractor must terminate its contract with the provider no later than 15 calendar days of the provider receiving notification from DHCS that the provider has been denied Enrollment in the Medi-Cal program, or upon the expiration of the first 120-day period. Contractor cannot continue to contract with providers during the period in which the provider resubmits its Enrollment application to DHCS or Contractor and can only re-initiate a contract upon the provider's successful enrollment.

B. Credentialing/Recredentialing

Contractor has an on-going obligation to credential and recredential Providers and Network Providers in accordance with this Contract (Exhibit A, Attachment III, Subsection 2.2.13 (*Credentialing and Recredentialing*)), applicable State and federal law, including 42 CFR section 438.602(b), and APL 22-013.

1.3.4 Contractor's Obligations Regarding Suspended, Excluded, and Ineligible Providers

Contractor has a continuing obligation to verify that Contractor's Network Providers are enrolled and remain enrolled in the Medi-Cal program. Contractor is responsible for knowledge of all ineligible Providers and individuals on these lists.

A. Tracking Suspended, Excluded, and Ineligible Providers

Contractor must review the following exclusionary databases and lists no less frequently than monthly and take appropriate action in accordance with APL 15-026 and APL 21-003.

1) List of Suspended and Ineligible Providers located at https://www.medi-cal.ca.gov;

2) List of excluded individuals and entities maintained by the U.S. Department of Health and Human Services (U.S. DHHS), Office of Inspector General located at https://oig.hhs.gov;

3) The System of Award Management (SAM);

4) The Social Security Administration Death Master File (SSADMF);

5) To the extent applicable, National Plan and Provider Enumeration System (NPPES); and

6) Restricted Provider Database

Contractor must notify DHCS' PIU within ten Working Days of removing a suspended, excluded, or ineligible Providers or individual from its Network and confirm that the ineligible Provider is no longer receiving payments, either directly or indirectly, in connection with the Medi-Cal program. A suspended, excluded, and ineligible Provider report must be sent to DHCS PIU in a manner prescribed by DHCS' PIU.

B. No Contracts with Excluded, Suspended, or Ineligible Providers

Contractor is prohibited from employing, paying, contracting, or maintaining a Medi-Cal contract with Providers that are excluded, suspended, or ineligible to participate, either directly or indirectly, in the Medicare or Medi-Cal programs (42 CFR section 438.610(a)-(c) and APL 21-003).

C. Notification and Termination of Contracts

Contractor must promptly notify DHCS when Contractor receives information about a change in a Network Provider's, Subcontractor's, or Downstream Subcontractor's circumstances that may affect the Network Provider's, Subcontractor's, or Downstream Subcontractor's eligibility to participate in the Medi-Cal managed care program, including the termination of their Network Provider Agreement, Subcontractor Agreement, or Downstream Subcontractor Agreement with Contractor in accordance with this Contract, State and federal law, including 42 CFR section 438.608(a)(4), and APL 21-003.

D. Actions to be taken where Credible Allegation of Fraud

If DHCS, Division of Medi-Cal Fraud and Elder Abuse (DMFEA), or United States Department of Justice (US DOJ), or any other authorized State or federal agency, determines there is a credible allegation of Fraud against

Contractor's Subcontractor, Downstream Subcontractor, or Network Provider, Contractor must comply with this Contract, all applicable State and federal laws, APL 15-026, and APL 21-003. Contractor must have procedures in place to immediately suspend payments to Subcontractors, Downstream Subcontractors, and Network Providers for which a State or federal agency determines there is a credible allegation of Fraud (42 CFR section 438.608(a)(8)). In addition, Contractor may conduct additional monitoring, temporarily suspend, and/or terminate the Network Provider, Subcontractor, or Downstream Subcontractor.

1.3.5 Disclosures

In accordance with 42 CFR section 438.608(c), Contractor, its Subcontractors, and its Downstream Subcontractors must:

A. Provide written disclosure of any prohibited affiliation under 42 CFR section 438.610; and

B. Provide written disclosures of information on ownership and control as required under 42 CFR section 455.104.

C. Report and return any payment to DHCS within 60 calendar days of when it has identified any Capitation Payments or other payments it has received or paid in excess of the amounts specified in this Contract.

1.3.6 Treatment of Overpayment Recoveries

A. Retention, Reporting, and Payment of Recoveries

Contractor must comply with guidelines issued by DHCS pertaining to retention policies for the treatment of recoveries of all overpayments from Contractor to a Provider, including for the treatment of recoveries of overpayments due to Fraud, Waste, or Abuse. Contractor must also comply with the process, timeframes, and documentation required for reporting and paying to DHCS the recovery of overpayments, as set forth in APL 23-011. APL 23-011 requires Contractor to notify DHCS of any identified or recovered overpayments to a Provider due to potential fraud, waste or abuse. Contractor must notify its Managed Care Operations Division (MCOD) Contract Manager (CM) within 10 calendar days of the date that the overpayment, and the DHCS Audits and Investigations Unit regardless of the amount.

Contractor must split equally overpayment recoveries of $25 million or more with DHCS. Contractor must report an overpayment of $25 million or more to DHCS through their assigned MCOD CM within 60 calendar days of the date that the overpayment. In addition, Contractor must comply with

this Contract, and all applicable State and federal law regarding overpayment recoveries, including 42 CFR sections 438.608(a)(2) and (d).

A Contractor can retain each overpayment recovery that is less than $25 million. Contractor is required to report all overpayments in their annual report to DHCS, using the rate development template, including recoveries that are less than $25 million. Contractor does not need to report overpayments that are less than $25 million within 60 calendar days of when the overpayment was identified.

B. Annual Report

Contractor must annually report to DHCS its recoveries of overpayments using the rate development (42 CFR section 438.608(d)(3)).

1.3.7 Federal False Claims Act Compliance and Support

A. Employee Education about False Claims Recovery

Contractor must provide to all its employees, Subcontractors, Downstream Subcontractors, and Network Providers written policies containing detailed information about the False Claims Act and other federal and State laws described in 42 United States Code (USC) section 1396a(a)(68), including information about rights of employees to be protected as whistleblowers (See also 42 CFR section 438.608(a)(6)).

Upon request by DHCS, Contractor must demonstrate compliance with this Exhibit A, Attachment III, Subsection 1.3.7.A (*Employee Education about False Claims Recovery*), which may include providing DHCS with copies of Contractor's applicable written policies and procedures and any relevant employee handbook excerpts.

B. Cooperation with the Office of the Attorney General, DMFEA, or the US DOJ Investigations and Prosecutions.

Contractor must fully cooperate in any investigation or prosecution conducted by the Office of the Attorney General, DMFEA or the US DOJ. Contractor’s cooperation must include, but is not limited to, providing upon request, information, and access to records. Contractor is also responsible for making their staff available for in-person interviews, consultation, grand jury proceedings, pre-trial conference, depositions, and hearings at DHCS headquarters in Sacramento.

C. Money Recovered from State Action Belongs to the State

In the event that DHCS receives a monetary recovery from the Office of the Attorney General, DMFEA, or the US DOJ, as a result of DMFEA's or US DOJ's prosecution of a Subcontractor, Downstream Subcontractor, or Network Provider under the California False Claims Act (Government Code (GC) § 12650 *et seq.*), the Federal False Claims Act (31 USC section 3729 *et seq.*), or any other applicable laws, the entirety of such monetary recovery belongs exclusively to DHCS, and Contractor waives any claim to any portion of the recovery, except as determined by DHCS in its sole discretion.

D. Payment to Contractor is from Government Funds

Medi-Cal payments to Contractor, Subcontractors, Downstream Subcontractors, Network Providers, and Providers are made from federal and State government funds. DHCS retains the right to recover overpayments made to Contractor, Subcontractors, Downstream Subcontractors, Network Providers, and/or Providers of Medi-Cal services, medical supplies, or drugs as set forth in part in Exhibit B, Section 1.9 (*Recovery of Amounts Paid to Contractor*). In addition to DHCS' recovery rights, DMFEA and US DOJ may prosecute any act of health care Fraud involving such government funds under the California False Claims Act (GC § 12650 *et seq.*), the Federal False Claims Act (31 USC section 3729 *et seq.*), or any other applicable laws.

E. Contractor's Settlements with Subcontractors, Downstream Subcontractors, and Network Providers do not bind DHCS, DMFEA, or the US DOJ.

Any settlement or resolution of a disputed matter involving Fraud, Waste, or Abuse between Contractor and its Subcontractor, Downstream Subcontractor, or Network Provider must include a written provision that provides notice to the Subcontractor, Downstream Subcontractor, or Network Provider that the settlement and/or resolution is not binding on DHCS, DMFEA, or the US DOJ and does not preclude DHCS, DMFEA, or the US DOJ from taking further action against Contractor or its Subcontractor, Downstream Subcontractor, or Network Provider.

Exhibit A, ATTACHMENT III

2.0 Systems and Processes

DHCS is committed to ensuring Contractors have the capabilities, systems and processes that enable delivery of high-quality health care. The provisions in this Article lay out DHCS' expectations of Contractors to have Management Information Systems (MIS) to collect, report, and analyze data to identify Members' needs and support Population Health Management. Contractors must be able to not only submit Encounter Data, but have systems to ensure the data are complete, accurate, reasonable, and timely, including for Subcontractors, Downstream Subcontractors, and Network Providers.

The provisions of this Article are also intended to ensure that Medi-Cal systems and processes are innovative and adapting to the way in which Members seek and access care. DHCS expects Contractors to build upon their MIS capabilities to enable interoperability for data exchange with Health Information Technology (HIT) systems and Health Information Exchange (HIE) Networks. Further, Contractors must comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access Final Rule set forth at CMS-9115-F and ensure that they and their Subcontractors, Downstream Subcontractors, and Network Providers have the system capabilities to comply with the California Health and Human Services Data Exchange Framework set forth in H&S section 130290. These requirements will enable the delivery system to have information for Members where and when they need care.

To further drive standards of high quality care and Health Equity, this Article includes provisions requiring Contractors to have both National Committee for Quality Assurance (NCQA) Health Plan Accreditation and Health Equity Accreditation by January 1, 2026. Further, DHCS specifies alignment of Quality Improvement and Health Equity activities that align in principle with the DHCS Comprehensive Quality Strategy and imposes requirements for Contractors to meet or exceed minimum performance standards.

DHCS is committed to transparency to demonstrate accountability to the public and community it serves. Consequently, DHCS requires public reporting of information related to access, quality, delegation, quality improvement, and Health Equity activities. Specific to public posting, this Article includes provisions requiring Contractors to make available on their websites their annual Quality Improvement and Health Equity Transformation Plan, meeting minutes from their Quality Improvement and Health Equity Committee (QIHEC), and Utilization Management policies and procedures.

2.1 Management Information System

2.1.1 Management Information System Capability
2.1.2 Encounter Data Reporting
2.1.3 Participation in the State Drug Rebate Program
2.1.4 Network Provider Data Reporting
2.1.5 Program Data Reporting
2.1.6 Template Data Reporting
2.1.7 Management Information System/Data Audits
2.1.8 Management Information System/Data Correspondence
2.1.9 Tracking and Submitting Alternative Format Selections
2.1.10 Interoperability Application Programming Interface System Requirements

2.1 Management Information System

2.1.1 Management Information System Capability

Contractor's Management and Information System (MIS) must be fully compliant with 42 Code of Federal Regulations (CFR) section 438.242 requirements and must have the capability to capture, edit, and utilize various data elements for both internal management use as well as to meet the data quality and timeliness requirements of DHCS's Encounter Data submission. Contractor must make available to DHCS and to the Centers for Medicare & Medicaid Services (CMS) upon request all data related to this Contract.

A. Contractor must have and maintain a MIS that supports, at a minimum:

1) All Medi-Cal eligibility data;

2) Information on Members enrolled with Contractor,

3) Provider claims status and payment data;

4) Health care services delivery Encounter Data;

5) Network Provider Data;

6) Program Data;

7) Template Data;

8) Screening and assessment data;

9) Referrals including tracking of referred services to follow up with Members to ensure that services were rendered;

10) Electronic health records;

11) Prior Authorization requests and a specialty referral system as specified in Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*);

12) Complex Care Management (CCM) Care Manager assignment as specified in Exhibit A, Attachment III, Subsection 4.3.7 *(Care Management Programs*);

13) Financial information as specified in Exhibit A, Attachment III, Subsection 1.2.2 (*Contractor's Financial Reporting Obligations*);

14) Social Drivers of Health (SDOH) data per All Plan Letter (APL) 21-009;

15) Member and Member's Authorized Representative (AR) Alternative Format Selection(s) (AFS); and

16) Data sources specified in DHCS policies and guidance, including APLs, the Enhanced Care Management (ECM) Policy Guide, Community Supports Policy Guide, the Population Health Management (PHM) Policy Guide, and the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Re-entry Initiative.

B. Contractor's MIS must have processes that support the interactions between financial data, Member/eligibility data, Network Provider Data, Encounter Data, claims data, Program Data, Template Data, quality management/quality improvement/Utilization Management data, and report generation subsystems. The interactions of Contractor's MIS subsystems must be interoperable, efficient, and successful with Contractor's other MIS subsystems and DHCS' systems and processes.

C. Contractor's MIS must have the capability to transmit and consume data files with and from DHCS, Subcontractors, Downstream Subcontractors, Network Providers, other State and federal and local governmental agencies, and other sources as needed to support Care Coordination and overall administration of the Medi-Cal program. Data that must be able to be transmitted and consumed include, but are not limited to:

1) Encounter Data;

2) Fee-For-Service (FFS) claims data; including carved-out claims data, such as Medically Necessary services carved out of this Contract and data available from partner organizations, including but not limited to the Local Education Agency Medi-Cal Billing Option Program (LEA BOP) and incarceration in-reach services;

3) Dental claims data;

4) Specialty mental health data;

5) Substance Use Disorder (SUD) data;

6) Medi-Cal FFS Treatment Authorization Request data;

7) California Children's Services (CCS) Program data;

8) Targeted Case Management (TCM) data;

9) Pharmacy claims data;

10) Risk Tier assignment data;

11) Authorization and referral data; and

12) Medical record information including case notes.

Contractor must have processes in place for utilizing all data made available in order to meet the requirements for and support of Care Coordination, other administrative functions of the Contract with DHCS, and Operational Readiness Requirements and Deliverables as described in Exhibit A, Attachment II.

D. Contractor must implement and maintain a publicly accessible, standards-based Patient Access Application Programming Interface (API), and a Provider Directory API, as described in 42 CFR sections 431.60 and 431.70, and in APL 22-026. Contractor must operate the API in the manner specified in 45 CFR section 170.215 and include information per 42 CFR section 438.242(b)(5) and (6).

2.1.2 Encounter Data Reporting

A. Contractor must maintain a MIS that consumes Encounter Data and/or claims data and transmits Encounter Data, including allowed amounts and paid amounts as required, to DHCS in compliance with 42 CFR sections 438.242 and 438.818 and in accordance with APLs.

B. Contractor must implement policies and procedures for ensuring the complete, accurate, reasonable, and timely submission of Encounter Data to DHCS, as defined in State and federal law, APLs, and this Contract, for all items and services furnished to a Member under this Contract, whether directly or through Subcontractor Agreements, Downstream Subcontractor Agreements, or Network Provider Agreements.

C. Contractor must require all Network Providers, Subcontractors, Downstream Subcontractors, and out-of-Network Providers to submit claims and Encounter Data to Contractor to ensure compliance with this Contract. Contractor must have mechanisms, including edit and reporting systems, sufficient to ensure Encounter Data is complete, accurate, reasonable, and timely, as defined in State and federal law and APLs, prior to submission to DHCS. Contractor must ensure the completeness, accuracy, reasonableness, and timeliness of all Network Provider, Subcontractor, Downstream Subcontractor, and out-of-Network Provider

Encounter Data regardless of contracting arrangements or whether the Network Provider, Subcontractor, Downstream Subcontractor, or out-of-Network Provider is reimbursed on a FFS or capitated basis.

D. Contractor must submit complete, accurate, reasonable, and timely Encounter Data within six Working Days of the end of each month following the month of payment, under this Contract or as otherwise agreed upon by DHCS, and in the format specified by DHCS.

E. DHCS will review and validate Contractor's Encounter Data, including Encounter Data submitted by Contractor on behalf of its Subcontractors, Downstream Subcontractors, and Network Providers, for completeness, accuracy, reasonableness, and timeliness.

F. If DHCS finds deficiencies regarding the completeness, accuracy, reasonableness, or timeliness of Contractor's Encounter Data and notifies Contractor in writing of the deficiencies and requests correction and resubmission of the relevant Encounter Data, Contractor must ensure that corrected Encounter Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law. Upon Contractor's written request, DHCS may, in its sole discretion, grant an extension for submission of corrected Encounter Data.

G. DHCS or its agent will periodically, but not less frequently than once every three years, conduct an independent audit of the Encounter Data submitted by, or on behalf of, Contractor, in accordance with 42 CFR section 438.602(e). Contractor must comply with the requirements set forth in Exhibit A, Attachment III, Subsection 2.2.9.E (*Encounter Data Validation*).

2.1.3 Participation in the State Drug Rebate Program

A. Contractor must participate in the federal and State drug rebate program by including all utilization data for both current and retroactive outpatient drugs in its Encounter Data as necessary to meet federal requirements in 42 United States Code (USC) section 1396r - 8(k)(2).

1) Encounter Data for outpatient drugs must comply with 42 USC section 1396r - 8(b)(1)(A); and

2) All outpatient drug Encounter Data must include, at a minimum, the total number of units of each dosage form, strength, and package size, by 11 numeric digit National Drug Code (NDC), for each claim, including eligible Physician administered drug claims.

B. Pursuant to 42 CFR section 438.3(s), Contractor must ensure that Encounter Data for outpatient drugs from participating organizations or covered entities in the federal 340B program contains DHCS-required identifiers to maintain compliance with the requirements of 42 USC section 256b(a)(5)(A)(i). Contractor must also comply with the provisions of Welfare and Institutions Code (W&I) section 14105.46.

C. Contractor must assist DHCS in resolving manufacturer rebate disputes related to Network Provider Data or Encounter Data submissions. Encounter Data identified by DHCS or Contractor as having inaccurate or incomplete units, NDCs, procedure codes, 340B identifiers, or other data elements necessary to resolve manufacturer drug rebate disputes are required to be corrected and resubmitted in compliance with APLs.

2.1.4 Network Provider Data Reporting

A. Contractor must maintain a MIS that collects and transmits Network Provider Data to DHCS in compliance with 42 CFR sections 438.207, 438.604(a)(5), and 438.606, and in accordance with APLs.

B. Contractor must implement policies and procedures for ensuring the complete, accurate, reasonable, and timely submission of Network Provider Data, Subcontractor data, and Downstream Subcontractor data to DHCS, as defined in State and federal law, APLs, DHCS 274 companion guide, and this Contract, that accurately represents Contractor's Network, whether directly or through Subcontractor Agreements, Downstream Subcontractor Agreements, or Network Provider Agreements.

C. Contractor must require all Network Providers, Subcontractors, and Downstream Subcontractors to submit Network Provider Data to Contractor to ensure compliance with this Contract. Contractor must have mechanisms, including edit and reporting systems, sufficient to ensure Network Provider Data is complete, accurate, reasonable, and timely, as defined in State and federal law and APLs, prior to submission to DHCS. Contractor must ensure the completeness, accuracy, reasonableness, and timeliness of all Network Provider, Subcontractor, and Downstream Subcontractor Network Provider Data regardless of contracting arrangements.

D. Contractor must submit complete, accurate, reasonable, and timely Network Provider Data within ten calendar days following the end of each month, or as mandated through federal law, and in a form and manner specified by DHCS. Contractor must certify all Network Provider Data as set forth in 42 CFR section 438.606. Subcontractors, Downstream

Subcontractors and Network Providers must comply with this Section for submission of Network Provider Data to Contractor.

E. DHCS will review and validate Contractor's Network Provider Data for completeness, accuracy, reasonableness, and timeliness.

F. If DHCS finds deficiencies regarding the completeness, accuracy, reasonableness, or timeliness of Contractor's Network Provider Data and notifies Contractor in writing of the deficiencies and requests correction and resubmission of the relevant Network Provider Data, Contractor must ensure that corrected Network Provider Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law. Upon Contractor's written request, DHCS may, in its sole discretion, grant an extension for submission of corrected Network Provider Data.

2.1.5 Program Data Reporting

A. Contractor must maintain a MIS that consumes and transmits Program Data to DHCS in compliance with Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*) and in accordance with APLs.

B. Contractor must implement policies and procedures for ensuring the complete, accurate, reasonable, and timely submission of Program Data to DHCS, as defined in State and federal law, APLs, and this Contract, including, but not limited to, all Grievances, Appeals, referrals, out-of-Network requests, medical exemption request denial reports and other continuity of care requests, and Primary Care Provider (PCP) and Risk Tier assignments received or determined by Contractor, whether directly or through Subcontractor Agreements, Downstream Subcontractor Agreements, or Network Provider Agreements.

C. Contractor must require all Network Providers, Subcontractors, Downstream Subcontractors, and out-of-Network Providers to submit Program Data to Contractor to ensure compliance with this Contract. Contractor must have mechanisms, including edit and reporting systems, sufficient to ensure Program Data is complete, accurate, reasonable, and timely, as defined in State and federal law and APLs, prior to submission to DHCS. Contractor must ensure the completeness, accuracy, reasonableness, and timeliness of all Network Provider, Subcontractor, Downstream Subcontractor, and out-of-Network Provider Program Data regardless of contracting arrangements.

D. Contractor must submit complete, accurate, reasonable, and timely Program Data within ten calendar days following the end of each month,

or as mandated through federal law, and in a form and manner specified by DHCS. Contractor must certify all Program Data as set forth in 42 CFR section 438.606. Network Providers, Subcontractors, Downstream Subcontractors, and out-of-Network Providers must comply with this Subsection for submission of Program Data to Contractor.

E. DHCS will review and validate Contractor's Program Data for completeness, accuracy, reasonableness, and timeliness.

F. If DHCS finds deficiencies regarding the completeness, accuracy, reasonableness, or timeliness of Contractor's Program Data and notifies Contractor in writing of the deficiencies and requests correction and resubmission of the relevant Program Data, Contractor must ensure that corrected Program Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law. Upon Contractor's written request, DHCS may, in its sole discretion, grant an extension for submission of corrected Program Data.

2.1.6 Template Data Reporting

A. Contractor must maintain a MIS that collects and reports Template Data to DHCS in compliance with Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*) and in accordance with APLs.

B. Contractor must implement policies and procedures for ensuring the complete, accurate, reasonable, and timely submission of Template Data to DHCS, as defined in State and federal law, APLs, and this Contract, for all items and services furnished to a Member under this Contract, whether directly or through Subcontractor Agreements, Downstream Subcontractor Agreements, or Network Provider Agreements.

C. Contractor must require all Network Providers, Subcontractors, and Downstream Subcontractors to submit Template Data to Contractor to ensure compliance with this Contract. Contractor must have mechanisms, including edit and reporting systems, sufficient to ensure Template Data is complete, accurate, reasonable, and timely, as defined in State and federal law and APLs, prior to submission to DHCS. Contractor must ensure the completeness, accuracy, reasonableness, and timeliness of all Network Provider, Subcontractor, and Downstream Subcontractor Template Data regardless of contracting arrangements.

D. Contractor must submit complete, accurate, reasonable, and timely Template Data on a regular basis, or as mandated through federal law, and in a form and manner specified by DHCS. Contractor must certify all Template Data as set forth in 42 CFR section 438.606. Subcontractors,

Downstream Subcontractors, and Network Providers must comply with this Subsection for submission of Template Data to Contractor.

E. DHCS will review and validate Contractor's Template Data for completeness, accuracy, reasonableness, and timeliness.

F. If DHCS finds deficiencies regarding the completeness, accuracy, reasonableness, or timeliness of Contractor's Template Data and notifies Contractor in writing of the deficiencies and requests correction and resubmission of the relevant Template Data, Contractor must ensure that corrected Template Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law. Upon Contractor's written request, DHCS may, in its sole discretion, grant an extension for submission of corrected Template Data.

2.1.7 Management Information System/Data Audits

Contractor must conduct MIS and data audits to the extent directed by DHCS, in accordance with this Contract, APLs, or other similar instructions which will be no less frequently than once every three years.

2.1.8 Management Information System/Data Correspondence

When DHCS provides Contractor with written notice of any problems or deficiencies related to the submittal of data to DHCS, or of any changes or clarifications related to Contractor's MIS system, Contractor must submit to DHCS a Corrective Action plan with measurable benchmarks within 15 calendar days from the date of DHCS' written notice to Contractor. DHCS will approve Contractor's Corrective Action plan or request revisions within 30 calendar days of receipt of Contractor's Corrective Action plan. If DHCS requests revisions, Contractor must submit a revised Corrective Action plan for DHCS' approval within 15 calendar days after receipt of the request. Contractor's failure to complete the Corrective Action plan as approved by DHCS will subject it to sanctions, pursuant to Exhibit E, Section 1.19 (*Sanctions*). DHCS may publicly disclose on the DHCS website any Contractors that have entered into Corrective Action plans or have been subject to sanctions due to non-compliance under this Section.

2.1.9. Tracking and Submitting Alternative Format Selections

A. Contractor must have and maintain systems that are able to, at a minimum, perform the following functions:

1) Collect and store Member Alternative Format Selection (AFS), as well as the AFS of a Member's AR;

2) Share Member AFS data with DHCS as specified in the Alternative Format Data Process Guide included in APL 22-002; and

3) Track Member's AR AFS data and submit to DHCS when requested.

B. Contractor must submit all Member AFS data that has been collected in a one-time file upload to the DHCS Alternate Formats database, in the time and manner specified in APL 22-002.

C. After Contractor's one-time file upload is completed, Contractor must submit to DHCS all new Member AFS at the time of the Member's request. Contractor must send submissions online through the AFS application system, or by calling the AFS Helpline at (833) 284-0040.

D. DHCS will share Member AFS data with Contractor on an ongoing basis. DHCS will send Contractor a weekly AFS file from the DHCS Alternative Format Database. The DHCS weekly file data elements and file path are included in the APL 22-002 AFS Technical Guidance attachment. Contractor must utilize the weekly DHCS AFS file data to update their records and provide Member materials in the requested alternative formats.

E. Contractor must submit to DHCS policies and procedures for collecting and sharing AFS data in accordance with the requirements in APL 22-002.

2.1.10 Interoperability Application Programming Interface System Requirements

A. In order to ensure Contractor applies the same standards for Encounter Data contained in Exhibit A, Attachment III, Section 2.1.2 (*Encounter Data Reporting*), to data collected and made available through its API, Contractor must verify that data collected from Network Providers, Subcontractors, and Downstream Subcontractors to be made available through the API is complete, accurate, reasonable, and timely, and collected in accordance with the oversight and monitoring requirements in APL 22-026. Contractor must make all collected data available to DHCS and CMS, upon request.

B. Contractor must conduct routine testing and monitoring of its API functions, and applying system updates as appropriate, to ensure that the API is compliant and functional.

C. Contractor may deny or discontinue any third-party application connection to its API if Contractor determines that continued access presents an unacceptable level of risk to the security of protected health information on its systems. Contractor's determination must be made in accordance with

the requirements provided in APL 22-026.

Exhibit A, ATTACHMENT III

2.2 Quality Improvement and Health Equity Transformation Program

2.2.1 Quality Improvement and Health Equity Transformation Program Overview
2.2.2 Governing Board
2.2.3 Quality Improvement and Health Equity Committee
2.2.4 Provider Participation
2.2.5 Subcontractor and Downstream Subcontractor Quality Improvement Activities
2.2.6 Quality Improvement and Health Equity Transformation Program Policies and Procedures
2.2.7 Quality Improvement and Health Equity Annual Plan
2.2.8 National Committee for Quality Assurance Accreditation
2.2.9 External Quality Review Requirements
2.2.10 Quality Care for Children
2.2.11 Skilled Nursing Facilities—Long-Term Care
2.2.12 Disease Surveillance
2.2.13 Credentialing and Recredentialing

2.2 Quality Improvement and Health Equity Transformation Program

Contractor must implement a Quality Improvement and Health Equity Transformation Program (QIHETP) that includes, at a minimum, the standards set forth in 42 Code of Federal Regulations (CFR) sections 438.330 and 438.340, and 28 California Code of Regulations (CCR) section 1300.70, and be consistent with the principles outlined in the DHCS Comprehensive Quality Strategy and and a forthcoming All Plan Letter (APL). Contractor must monitor, evaluate, and take timely action to address necessary improvements in the Quality of Care delivered by all its Providers in any setting, and take appropriate action to improve upon Health Equity. Contractor is responsible for the quality and Health Equity of all Covered Services regardless of whether or not those services have been delegated to a Subcontractor, Downstream Subcontractor, or Network Provider.

A. Contractor must deliver quality care that enables all its Members to maintain health and improve or manage a chronic illness or disability. Contractor must ensure quality care in each of the following areas:

   1) Clinical quality of physical health care;

   2) Clinical quality of Behavioral Health care focusing on prevention, recovery, resiliency, and rehabilitation;

   3) Access to primary and specialty health care Providers and services;

   4) Availability and regular engagement with Primary Care Providers (PCP);

   5) Continuity of care and Care Coordination across settings and at all levels of care, including transitions in care, with the goal of establishing consistent Provider-patient relationships; and

   6) Member experience with respect to clinical quality, access and availability, culturally and linguistically competent health care and services, continuity of care, and Care Coordination.

B. Contractor must apply the principles of continuous quality improvement (CQI) to all aspects of Contractor's service delivery system through analysis, evaluation, and systematic enhancements of the following:

   1) Quantitative and qualitative data collection and data-driven decision-making;

   2) Up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified

professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field;

3) Feedback provided by Members, community partners, and Network Providers in the design, planning, and implementation of its CQI activities; and

4) Other issues identified by Contractor or DHCS.

C. Contractor must develop Population Health Management interventions designed to address Social Drivers of Health (SDOH), reduce disparities in health outcomes experienced by different subpopulations of Members, and work towards achieving Health Equity by:

1) Developing equity-focused interventions intended to address disparities in the utilization and outcomes of physical and Behavioral Health care services; and

2) Engaging in a Member and family-centric approach in the development of interventions and strategies, and in the delivery of all health care services.

D. Contractor must ensure that the QIHETP requirements of this Contract are applied to the delivery of both physical and Behavioral Health Services.

2.2.1 Quality Improvement and Health Equity Transformation Program Overview

Contractor must maintain a QIHETP which includes the following, at a minimum:

A. Oversight and participation of Contractor's Governing Board;

B. Creation and designation of a Quality Improvement and Health Equity Committee (QIHEC) whose activities are supervised by Contractor's medical director or the medical director's designee, in collaboration with Contractor's Chief Health Equity Officer;

C. Supervision of QIHETP activities by Contractor's medical director and the Chief Health Equity Officer; and

D. The participation of a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Community Health Workers (CHWs), and other non-clinical Providers in the process of QIHETP development and performance review.

2.2.2 Governing Board

Contractor must implement and maintain written policies and procedures that specify the responsibilities of its Governing Board, which include the following, at a minimum:

A. Approving the overall QIHETP and the annual plan of the QIHETP;

B. Appointing an accountable entity or entities within Contractor's organization responsible for the oversight of the QIHETP;

C. Receiving written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, and improvements made; and

D. Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the Quality Improvement (QI) and Health Equity standards in this Contract and the DHCS Comprehensive Quality Strategy.

2.2.3 Quality Improvement and Health Equity Committee

A. Contractor must implement and maintain a Quality Improvement and Health Equity Committee (QIHEC) designated and overseen by its Governing Board. Contractor's medical director or the medical director's designee must head QIHEC in collaboration with Contractor's Chief Health Equity Officer. Contractor must ensure that a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, Network Providers, and Members, actively participate in the QIHEC or in any sub-committee that reports to the QIHEC. The Subcontractors, Downstream Subcontractors, and Network Providers that are part of QIHEC must be representative of the composition of Contractor's Network and include, at a minimum, Network Providers who provide health care services to Members affected by Health Disparities, Limited English Proficiency (LEP) Members, Children and Youth with Special Health Care Needs (CYSHCN), Seniors and Persons with Disabilities (SPDs), and persons with chronic conditions.

The QIHEC's responsibilities include the following:

1) Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other Contractor committees such as the Community Advisory Committee (CAC);

2) Institute actions to address performance deficiencies, including policy recommendations; and

3) Ensure appropriate follow-up of identified performance deficiencies.

B. Contractor must ensure Member confidentiality is maintained in QI discussions and ensure avoidance of conflict of interest among the QIHEC members.

C. Contractor must ensure that the QIHEC meets at least quarterly, and more frequently if needed. A written summary of QIHEC activities, as well as QIHEC activities of its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, findings, recommendations, and actions must be prepared after each meeting and submitted to Contractor's Governing Board. Contractor must also submit the written summary to DHCS quarterly.

D. Contractor must make the written summary of the QIHEC activities publicly available on Contractor's website at least on a quarterly basis.

E. Contractor must ensure that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors maintain a QIHEC that meets the requirements set forth in this Section. Contractor must also ensure that they report to Contractor's QIHEC quarterly, at a minimum.

2.2.4 Provider Participation

Contractor must ensure that its Network Providers, Fully Delegated Subcontractors, and Downstream Fully Delegated Subcontractors participate in the QIHETP and Population Needs Assessment (PNA) as described in Exhibit A, Attachment III, Subsection 4.3.2 (*Population Needs Assessment*). Contractor must incorporate its Fully Delegated Subcontractor and Downstream Fully Delegated Subcontractor data and results into the development of its PNA, as described in Exhibit A, Attachment III, Subsection 4.3.2 (*Population Needs Assessment*). Contractor must regularly update its Network Providers, Fully Delegated Subcontractors, and Downstream Fully Delegated Subcontractors on activities, findings, and recommendations of the QIHEC's QIHETP and PNA results.

2.2.5 Subcontractor and Downstream Subcontractor Quality Improvement Activities

A. Contractor is accountable for all QI and Health Equity functions and responsibilities that are delegated to Subcontractors and any Downstream Subcontractors, in accordance with Exhibit A, Attachment III, Subsection 3.1.1 (*Overview of Contractor's Duties and Obligations*). Contractor must, at a minimum, specify the following requirements in its Subcontractor Agreements and Downstream Subcontractor Agreements, as applicable:

1) QI or Health Equity responsibilities, and specific subcontracted functions and activities of Subcontractor and Downstream Subcontractor;

2) The schedule for Contractor's ongoing oversight, monitoring, and evaluation of Subcontractor and Downstream Subcontractor, including quarterly reporting and an annual review of Subcontractor's and Downstream Subcontractor's performance;

3) Subcontractor's and Downstream Subcontractor's reporting requirements and Contractor's approval procedure of Subcontractor's and Downstream Subcontractor's reports;

4) Subcontractor's and Downstream Subcontractor's obligation to report findings and actions of QI or Health Equity activities at least quarterly to Contractor; and

5) Contractor's actions and remedies if Subcontractor's and Downstream Subcontractor's obligations are not satisfactorily performed.

B. Contractor must maintain an adequate oversight procedure to ensure Subcontractor's and Downstream Subcontractor's compliance with all QI or Health Equity delegated activities that, at a minimum:

1) Evaluates Subcontractor's and Downstream Subcontractor's ability to perform the delegated activities, including an initial determination that Subcontractor and Downstream Subcontractor have the administrative capacity, experience, and budgetary resources to fulfill their contractual obligations;

2) Ensures Subcontractor and Downstream Subcontractor meet QI and Health Equity standards set forth in this Contract; and

3) Includes Contractor's continuous monitoring, evaluation and approval of its delegated functions to Subcontractor and Downstream Subcontractor. Contractor must make the findings of its continuous monitoring and evaluation of the Subcontractor and Downstream Subcontractor available to DHCS at least annually, but more frequently when directed by DHCS.

2.2.6 Quality Improvement and Health Equity Transformation Program Policies and Procedures

Contractor must develop, implement, maintain, and periodically update its QIHETP policies and procedures that include, at a minimum, the following:

A. Contractor's commitment to the delivery of quality and equitable health care services;

B. Contractor's, Fully Delegated Subcontractor's, and Downstream Fully Delegated Subcontractor's organizational chart, listing the key staff and the committees responsible for QI and Health Equity activities, including reporting relationships of QIHEC to executive staff;

C. Qualification and identification of staff who are responsible for QI and Health Equity activities;

D. A process for sharing QIHETP findings with its Subcontractors, Downstream Subcontractors, and Network Providers;

E. The role, structure, and function of the QIHEC;

F. The policies and procedures to ensure that all Covered Services are available and accessible to all Members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, health status, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, and that all Covered Services are provided in a culturally and linguistically appropriate manner;

G. The policies and procedures designed to identify, evaluate, and reduce Health Disparities, by performing the following:

1) Analyzing data to identify differences in Quality of Care and utilization, as well as the underlying reasons for variations in the provision of care to its Members;
2) Developing equity-focused interventions to address the underlying factors of identified Health Disparities, including SDOH; and

3) Meeting disparity reduction targets for specific populations and/or measures as identified by DHCS and as directed under Exhibit A, Attachment III, Subsection 2.2.9.A (*Quality Performance Measures*).

H. Description of the integration of Utilization Management (UM) activities into the QIHETP as specified in Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*), including a process to integrate reports on the number and types of service requests, denials, deferrals, modifications, Appeals, and Grievances to the medical director or the medical director's designee;

I. Policies and procedures to adopt, disseminate, and monitor the use of clinical practice guidelines that:

1) Are based on valid and reliable clinical evidence or a consensus of health care professionals in the relevant field;

2) Consider the needs of Members;

3) Stem from recognized organizations that develop or promulgate evidence-based clinical practice guidelines, or are developed with involvement of board-certified Providers from appropriate specialties;

4) Have been reviewed by Contractor's medical director, as well as Subcontractors, Downstream Subcontractors, and Network Providers, as appropriate; and

5) Are reviewed and updated at least every two years;

J. The inclusion of Population Health Management (PHM) activities, including the findings of the annual PNA, as required in Exhibit A, Attachment III, Subsection 4.3.2 (*Population Needs Assessment*);

K. Policies and procedures that ensure the delivery of Medically Necessary non-specialty and Specialty Mental Health Services as outlined in Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*);

L. Policies and procedures that ensure that Contractor and its Subcontractors, Downstream Subcontractors, Network Providers, and other entities with which Contractor contracts for the delivery of health care services comply with all mental health parity requirements in 42 CFR section 438.900 *et seq*.;

M. Mechanisms to detect both over- and under-utilization of services including, but not limited to, outpatient Prescription Drugs;

N. Mechanisms to continuously monitor, review, evaluate, and improve access to and availability of all Covered Services. The mechanisms must include oversight processes that ensure Members are able to obtain Medically Necessary appointments within established standards for time or distance, timely access, and alternative access in accordance with APL 23-001, and Welfare and Institutions Code (W&I) sections 14197 and 14197.04;

O. Mechanisms to continuously monitor, review, evaluate, and improve quality and Health Equity of clinical care services provided, including, but not limited to, preventive services for Children and adults, perinatal care, Primary Care, specialty, emergency, inpatient, Behavioral Health and ancillary care services; and

P. Mechanisms to continuously monitor, review, evaluate, and improve coordination and continuity of care services to all Members, including SPDs, CYSHCNs, Members with chronic conditions, including Behavioral Health, Members experiencing homelessness, Members recently released from incarceration, Members who use Long-Term Services & Supports (LTSS), and Children receiving Child welfare services.

2.2.7 Quality Improvement and Health Equity Annual Plan

Through regional quality and health equity teams, Contractor must develop and submit an annual QI and Health Equity plan to DHCS, as directed below and in and a forthcoming APL.

A. Develop QI and Health Equity plan annually for submission to DHCS that includes the following, at a minimum:

1) A comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions;

2) A written analysis of required Quality Performance Measure results, and a plan of action to address performance deficiencies, including analyses of each Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's performance measure results and actions to address any deficiencies;

3) An analysis of actions taken to address any Contractor-specific recommendations in the annual External Quality Review (EQR) technical report and Contractor's specific evaluation reports;

4) An analysis of the delivery of services and Quality of Care of Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, based on data from multiple sources, including quality performance results, Encounter Data, Grievances and Appeals, Utilization Review and the results of consumer satisfaction surveys;

5) Planned equity-focused interventions to address identified patterns of over- or under-utilization of physical and Behavioral Health care services;

6) A description of Contractor's commitment to Member and/or family focused care through Member and community engagement such as review of CAC findings, Member listening sessions, focus groups or surveys, and collaboration with local community organizations; and how Contractor utilizes the information from this engagement to inform Contractor policies and decision-making;

7) PHM activities and findings as outlined in Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*); and

8) Outcomes/findings from Performance Improvement Projects (PIPs), consumer satisfaction surveys and collaborative initiatives.

To the extent that Contractor delegates its QI and Health Equity activities to its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, Contractor's QI and Health Equity annual plan must include evaluation and findings specific to the Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's performance.

B. Provide annual copies of all final reports of independent private accrediting agencies (e.g. the National Committee for Quality Assurance (NCQA)) relevant to Contractor's, Fully Delegated Subcontractor's, and Downstream Fully Delegated Subcontractor's Medi-Cal line of business, including:

1) Accreditation status, survey type, and level, as applicable;

2) Accreditation agency results, including recommended actions or improvements, Corrective Action plans, and summaries of findings; and

3) Expiration date of the accreditation.

In addition, pursuant to 42 CFR section 438.332, Contractor must authorize independent private accrediting agencies to provide DHCS a copy of Contractor's most recent accreditation review annually.

C. Provide an annual report to DHCS that includes an assessment of all Subcontractors' and Downstream Subcontractors' performance of its delegated QI or Health Equity activities.

D. Contractor must make the QI and Health Equity plan publicly available on its website on an annual basis.

E. Contractor must attend regional collaborative meetings which may include additional regional partners including but not limited to county Mental Health Plans (MHPs), Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), Local Government Agencies, public hospitals, and community-based organizations (CBOs).

2.2.8 National Committee for Quality Assurance Accreditation

Contractor must have full NCQA Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation by no later than January 1, 2026. Contractor must maintain full NCQA HPA and Health Equity Accreditation throughout the term of this Contract and submit every 3 years NCQA Health Plan Accreditation and Health Equity Accreditation results. Contractor must also complete additional NCQA accreditation programs as directed by DHCS.

In accordance with W&I section 14184.203, Contractor must also ensure that all its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors have full NCQA HPA and Health Equity Accreditation by no later than January 1, 2026. Contractor must also ensure all its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors maintain full NCQA HPA and Health Equity Accreditation throughout the term of this Contract. Contractor must ensure that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors also complete additional NCQA accreditation programs as directed by DHCS.

Contractor must provide DHCS with the following components of Contractor's, Fully Delegated Subcontractor's, and Downstream Fully Delegated Subcontractor's NCQA HPA and Health Equity Accreditation status and reviews within 30 calendar days of the receipt of the completed report from NCQA:

A. Accreditation status;

B. Survey type;

C. Results of the review;

D. Healthcare Effectiveness Data and Information Set (HEDIS ®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS ®) summary level data;

E. Recommended actions or improvements;

F. Corrective Action plans and summaries of findings; and

G. Expiration date of the accreditation.

Contractor must notify DHCS of the date of its NCQA site visit within 15 calendar days of confirmation of the site visit by NCQA. Contractor must make available all written materials submitted to NCQA available to DHCS and allow DHCS representative(s) to participate in the NCQA audit activities, including but not limited to, the NCQA site visit.

Contractor must notify DHCS of any change in NCQA HPA and Health Equity Accreditation status within 30 calendar days of receipt of the final NCQA report. In addition to complying with the Corrective Actions imposed by NCQA, Contractor must also comply with any additional Corrective Actions imposed by DHCS to address a change in Contractor's accreditation status.

If Contractor fails to obtain or maintain its HPA or Health Equity Accreditation status within the timeframe described above and anytime thereafter, Contractor will be subject to Corrective Actions by DHCS, including but not limited to, the actions set forth in Exhibit E, Sections 1.16 (*Termination*), 1.19 (*Sanctions*), and 1.20 (*Liquidated Damages*).

Contractor must have policies and procedures in place to oversee the HPA and Health Equity Accreditation status of its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors throughout the term of this Contract. Contractor must have policies and procedures in place to subject its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors to Corrective Actions if Contractor's Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor fails to maintain its HPA and Health Equity Accreditation status, including, but not limited to, termination of Subcontractor Agreements or Downstream Subcontractor Agreements with Fully Delegated Subcontractors or Downstream Fully Delegated Subcontractors, sanctions, and damages.

2.2.9 External Quality Review Requirements

At least annually or more frequently as directed by DHCS, Contractor must cooperate with and assist the External Quality Review Organization (EQRO) designated by DHCS in conducting its EQR reviews of Contractor in accordance with 42 USC section 1396u-2(c)(2), 42 CFR section 438.310 *et seq.*, and 22 CCR section 53860(d).

Contractor must comply with all requirements set forth in 42 CFR section 438.310 *et seq*., the forthcoming APL, and the Centers for Medicare & Medicaid Services (CMS) EQR protocols, which provide detailed instructions on how to complete the EQR activities.

In addition, Contractor must also comply with the following requirements:

A. Quality Performance Measures

On an annual basis, Contractor must track and report on a set of Quality Performance Measures and Health Equity measures identified by DHCS in accordance with all of the following requirements:

1) Contractor must work with the EQRO to conduct an onsite assessment of the Quality Measure Compliance Audit and DHCS-required Quality Performance Measures;

2) Contractor must calculate and report all required Quality Performance Measures and Health Equity measures at the county or regional reporting unit level and possibly Skilled Nursing Facility (SNF) level as directed by DHCS. Contractor must separately report to DHCS all required performance measure results at the county or reporting unit level and SNF level for certain measures for its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors

    a) Contractor must calculate performance measure rates, to be verified by the EQRO;

    b) Contractor must report audited results on the required performance measures to DHCS no later than June 15 of each year or on another date as established by DHCS. Contractor must initiate reporting on required Quality Performance Measures for the reporting cycle following the first year of this Contract operation;

3) Contractor must meet or exceed the DHCS-established Minimum Performance Level (MPL) for each required Quality Performance Measure and Health Equity measure selected by DHCS. Contractor must ensure that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors whose rates Contractor separately reports to DHCS also meet or exceed the DHCS-established MPL for each required Quality Performance Measure and Health Equity measure selected by DHCS.

4) Contractor must meet Health Disparity reduction targets for specific populations and measures as identified by DHCS.

5) In accordance with 42 CFR section 438.700 *et seq.*, W&I section 14197.7, and Exhibit E, DHCS may impose financial sanctions, administrative sanctions, and/or Corrective Actions on Contractor for failure to meet or exceed required MPLs as detailed in APL 23-012. DHCS may require Contractor to make changes to its executive personnel if a Contractor has persistent and pervasive

poor performance as evidenced by multiple performance measures consistently below the MPL over multiple years. DHCS may also limit Contractor's Service Area expansion or suspend Member Enrollment based on Contractor's persistent and pervasive poor performance on Quality Performance Measures.

In addition to sanctions and Corrective Actions, DHCS reserves the right, subject to actuarial judgment and generally accepted actuarial principles and practices, to consider Contractor's performance on specified quality and equity benchmarks, as determined by DHCS and communicated to Contractors in advance of each applicable Rating Period, within the determination of Capitation Payment rates for that Rating Period.

Contractor is responsible for ensuring that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors also meet or exceed the DHCS-established MPL. If its Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor fails to meet or exceed the DHCS-established MPL, Contractor must have policies and procedures in place to subject its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors to appropriate enforcement actions, which may include, but are not limited to, financial sanctions, corrective action plans, and a requirement to change its executive personnel.

B. PIPs

1) Contractor must conduct or participate in PIPs, including any PIP required by CMS, in accordance with 42 CFR section 438.330. Contractor must conduct or participate in, at a minimum, two (2) PIPs per year, as directed by DHCS. At its sole discretion, DHCS may require Contractor to conduct or participate in additional PIPs, including statewide PIPs. DHCS may also require Contractor to participate in statewide collaborative PIP workgroups.

2) Contractor must have policies and procedures in place to ensure that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors also conduct and participate in PIPs and any collaborative PIP workgroups as directed by CMS or DHCS.

3) Contractor must comply with the PIP requirements outlined in a forthcoming APL and must use the PIP reporting format as designated therein to request DHCS' approval of proposed PIPs.

4) Each PIP must include the following:

a) Measurement of performance using objective quality indicators;

b) Implementation of equity-focused interventions to achieve improvement in the access to and Quality of Care;

c) Evaluation of the effectiveness of the interventions based on the performance measures; and

d) Planning and initiation of activities for increasing or sustaining improvement.

5) Contractor must report the status of each PIP at least annually to DHCS.

C. Consumer Satisfaction Survey

1) On an annual basis until January 1, 2026, Contractor must timely provide all data requested by the EQRO in a format designated by the EQRO in conducting a consumer satisfaction survey.

2) Beginning January 1, 2026, concurrent with the requirement for HPA by the NCQA, Contractor must publicly post the annual results of its, and its Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's, CAHPS survey on Contractor's website, including results of any supplemental questions as directed by DHCS.

3) If Contractor has HPA prior to January 1, 2026 and reports its CAHPS data to the NCQA, Contractor must publicly post the annual results of its, and its Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's, CAHPS survey on Contractor's website, including results of any supplemental questions as directed by DHCS.

4) Contractor must incorporate results from the CAHPS survey in the design of QI and Health Equity activities.

D. Network Adequacy Validation

Contractor must participate in the EQRO's validation of Contractor's Network adequacy representations from the preceding 12 months to comply with requirements set forth in 42 CFR sections 438.14(b), 438.68, and 438.358.

E. Encounter Data Validation

As directed by DHCS, Contractor must participate in EQRO's validation of Encounter Data from the preceding 12 months to comply with requirements set forth in 42 CFR sections 438.242(d) and 438.818.

F. Focused Studies

As directed by DHCS, Contractor must participate in an external review of focused clinical and/or non-clinical topic(s) as part of DHCS' review of quality outcomes and timeliness of, and access to, services provided by Contractor.

G. Technical Assistance

In accordance with 42 CFR section 438.358(d) and at the direction of DHCS, Contractor must implement EQRO's technical guidance provided to Contractor in conducting mandatory and optional activities described in 42 CFR section 438.358 and this Contract.

2.2.10 Quality Care for Children

Contractor must maintain a robust program to ensure the provision of all physical, behavioral, and oral health services to Members less than 21 years of age. Contractor must also maintain mechanisms to identify and improve on gaps in the quality of and access to care in each of the following areas:

A. Scope of Services

1) Contractor must ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age in accordance with Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age*);

2) Contractor must actively promote Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings and American Academy of Pediatrics (AAP) Bright Futures preventive services to Members and their families. Per APL 23-005, on an annual basis by January 1 of each year, Contractor must mail or share electronically, DHCS Medi-Cal for Kids and Teens Materials for existing Members under the age of 21. For new Members, Contractor is required to mail or share electronically, DHCS Medi-Cal for Kids and Teens Materials within seven calendar days of the enrollment. Additionally, Contractor must ensure Network Providers receive standardized training on EPSDT utilizing the developed

DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit;

3) Contractor must identify Members who have not utilized EPSDT screening services or AAP Bright Futures preventive services and ensure outreach to these Members in a culturally and linguistically appropriate manner;

4) Contractor must maintain Memorandums of Understanding (MOUs) with Local Health Departments (LHDs) and Local Government Agencies (LGAs), in Contractor's Service Area(s), including but not limited to California Children's Services (CCS), the Women, Infants and Children Supplemental Nutrition Program (WIC), maternal and Child health, social services, Regional Centers, and Child welfare departments, as outlined in Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*) in order to facilitate the provision of EPSDT services to Members less than 21 years of age;

5) Contractor must comply with APL 23-005 requirements to include conducting ongoing training, at least once every two years, for Network Providers on required preventive healthcare services, including EPSDT services for Members less than 21 years of age as outlined in Exhibit A, Attachment III, Subsection 3.2.5.B (*Network Provider Training*), to ensure Providers are able to support Members and families in fully utilizing EPSDT services.

B. Utilization Management

Contractor must ensure that all requirements outlined in Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*) apply to the review and provision of Medically Necessary services for Members less than 21 years of age.

C. Population Health Management (PHM) and Coordination of Care

1) Contractor must ensure that all requirements outlined in Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*), including the development of the annual PNA, apply to Members less than 21 years of age;

2) Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must provide a comprehensive wellness and prevention program to all Members less than 21 years of age, which includes but is not limited to (see full requirements in Exhibit A, Attachment III, Subsection 4.3.8 (*Basic Population Health Management))* initiatives, programs, and evidence-based

approaches to improving access to preventive health visits, developmental screenings, and services for Members less than 21 years of age, as described in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age*).

D. Network and Access to Care

1) Contractor must ensure that each Member less than 21 years of age has an assigned PCP as well as access to Specialists for Covered Services and Medically Necessary services, in accordance with Exhibit A, Attachment III, Subsection 5.2.1 (*Access to Network Providers and Covered Services*);

2) Contractor must provide information to all Network Providers regarding the Vaccines for Children (VFC) Program and is expected to promote and support Enrollment of applicable Network Providers in the VFC program in order to improve access to immunizations; and

3) Contractor must maintain and continually monitor, improve, and evaluate cultural and linguistic services that support the delivery of Covered Services to Members less than 21 years of age, in accordance with Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees*).

E. Quality and Health Equity

1) Contractor must identify and address underutilization of Children's preventive services including but not limited to EPSDT services such as well Child visits, developmental screenings and immunizations;

2) Contractor must report on DHCS-identified Quality Performance Measures and Health Equity performance measures related to health care services for Members less than 21 years of age, and must exceed any DHCS-specified MPL, in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A (*Quality Performance Measures*);

3) Contractor must engage with local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age;

4) Contractor must meet any Health Disparity reduction targets for specific populations and measures for Members less than 21 years

of age, as identified by DHCS and in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A.2 (*Quality Performance Measures*);

5) Contractor must participate in any value-based payment programs for services provided to Members less than 21 years of age, as directed by DHCS;

6) Contractor must engage in planned Health Equity-focused interventions to address identified gaps in the quality of and access to care for Members less than 21 years of age, including preventive and screening services; and

7) Contractor must engage in a Member and family-oriented engagement strategy to QI and Health Equity, including Children and caregiver representation on the Community Advisory Committee (CAC), and using CAC findings and recommendations, and the results of Member listening sessions, focus groups and surveys, to inform QI and Health Equity interventions, as outlined in Exhibit A, Attachment III, Subsection 5.2.11.D. (*Cultural and Linguistic Programs and Committees*).

F. Mental Health and Substance Use Disorder Services

Contractor must adhere to all requirements of Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*) for the provision of mental health and Substance Use Disorder services to Members less than 21 years of age, as appropriate, including collaborating with county Behavioral Health plans and complying with APL 23-010 and all mental health parity requirements in 42 CFR section 438.900 *et seq*.

Contractor must collaborate with DHCS in its effort to implement the California Children and Youth Behavioral Health Initiative.

G. School-Based Services

To facilitate the provision of Medically Necessary services to Children, Contractor must collaborate with, and, by January 1, 2025 execute, an MOU with Local Education Agencies (LEAs) in each county within Contractor's Service Area for school-based services, including but not limited to EPSDT and Behavioral Health Services for Members less than 21 years of age. Contractor must also ensure that Members' PCP (PCP) cooperate and collaborate with LEAs in the development of Individualized Education Plans (IEPs) or Individualized Family Service Plans (IFSPs) and ultimately ensure that care is coordinated regardless of financial

responsibility, as outlined in Exhibit A, Attachment III, Subsections 4.3.16 (*School-Based Services*) and 5.6.1 (*MOU Purpose*).

2.2.11 Skilled Nursing Facilities – Long-Term Care

Contractor must implement and maintain policies and procedures for providing applicable Long-Term Care (LTC) services for Members as detailed in Exhibit A Attachment III, Subsection 5.3.7.G *(Services for All Members).* Contractors must maintain a comprehensive Quality Assurance Performance Improvement (QAPI) program for LTC services provided. Contractors must have a system in place to collect quality assurance and improvement findings from CDPH to include, but not be limited to, survey deficiency results, site visit findings, and complaint findings. Contractor's comprehensive QAPI program must incorporate all requirements in APL 23-004.

2.2.12 Disease Surveillance

Contractor must implement and maintain procedures for reporting any serious diseases or conditions to both local and State public health authorities and to implement directives from the public health authorities as required by law, including but not limited to, 17 CCR section 2500 *et seq*.

2.2.13 Credentialing and Recredentialing

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must implement and maintain written policies and procedures regarding the initial Credentialing, recredentialing, recertification, and reappointment of Network Providers in accordance with 42 CFR section 438.214 and APL 22-013. Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must ensure its policies and procedures are reviewed and approved by its Governing Board. Contractor must ensure that the responsibility for recommendations regarding Credentialing decisions rests with a Credentialing committee or other peer review body.

A. Standards

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must ensure that all their Network Providers who deliver Covered Services and have executed Network Provider Agreements with Contractor are qualified in accordance with current applicable legal, professional, and technical standards, and are appropriately licensed, certified, or registered.

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must ensure that all their Network Providers have good standing in the Medicare and Medicaid/Medi-Cal programs and

have a valid National Provider Identifier (NPI) number. Contractor must ensure that Providers that have been terminated from either Medicare or Medicaid/Medi-Cal cannot participate in Contractor's Network.

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must ensure that all contracted Laboratory Testing Sites have either a Clinical Laboratory Improvement Act (CLIA) certificate or waiver of a certificate of registration along with a CLIA identification number.

B. Subcontractor and Downstream Subcontractor Credentialing

Contractor may delegate Credentialing and recredentialing activities, but Contractor remains ultimately responsible for the completeness and accuracy of these activities, as outlined in Exhibit A, Attachment III, Subsection 3.1.1 (*Overview of Contractor's Duties and Obligations*).

C. Credentialing Provider Organization Certification
Contractor may obtain Credentialing provider organization certification (POC) from the NCQA. Contractor may accept evidence of NCQA POC certification in lieu of a monitoring visit at Network Provider's facilities.

D. Disciplinary Actions

Contractor must implement and maintain a system for the reporting of serious quality deficiencies that result in suspension or termination of a practitioner, including dentists, to the appropriate authorities. Contractor must implement and maintain policies and procedures for disciplinary actions including, reducing, suspending, or terminating the privileges of practitioners, including dentists. Contractor must implement and maintain a Provider appeal process.

E. Medi-Cal and Medicare Provider Status

Contractor must verify that its Subcontractors, Downstream Subcontractors, and Network Providers have not been terminated as Medi-Cal or Medicare Providers or have not been placed under a restriction (payment or temporary suspension) resulting in placement on the Suspended and Ineligible Provider List, List of Excluded Entities, or Restricted Provider Database. Contractor cannot maintain contracts with Network Providers, Subcontractors, or Downstream Subcontractors who have been terminated by either Medicare or Medi-Cal or placed on the Suspended and Ineligible Provider List.

F. Contractor's NCQA Health Plan Accreditation

If Contractor has received an accredited status from NCQA, Contractor will be deemed to meet the DHCS requirements for Credentialing and may be exempt from the DHCS medical review audit for Credentialing.

G. Credentialing of Other Non-Physician Providers

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must develop and maintain policies and procedures that ensure that the credentials of Nurse Practitioners, Certified Nurse Midwives (CNMs), clinical nurse Specialists, Physician Assistants, mental health Providers, and substance use treatment Providers have been verified in accordance with State requirements applicable to the Provider category.

Exhibit A, ATTACHMENT III

2.3 Utilization Management Program

2.3.1 Prior Authorizations and Review Procedures
2.3.2 Timeframes for Medical Authorization
2.3.3 Review of Utilization Data
2.3.4 Delegating Utilization Management Activities

2.3 Utilization Management Program

Contractor must develop, implement, update as needed (but at least annually), and improve its Utilization Management (UM) program to ensure appropriate processes are used to review and approve the provision of Medically Necessary Covered Services for its Members. Contractor must ensure that its UM program:

A. Includes a designated medical director or clinical director responsible for the UM process in accordance with Health & Safety Code (H&S) section 1367.01, and qualified staff responsible for the UM program.

B. Prohibits medical decisions to be influenced by fiscal and administrative management. Compensation of individuals or entities that conduct UM activities must not be structured to provide incentives to deny, limit, or discontinue Medically Necessary Covered Services.

C. Allows for a second opinion from a qualified health professional within the Network, if available. If a qualified health professional within the Network is not available, Contractor must authorize an out-of-Network Provider to provide the second opinion at no cost to the Member, in accordance with 42 Code of Federal Regulations (CFR) section 438.206.

D. Makes available to Network Providers all relevant UM policies and procedures upon request.

E. Makes available to Members all relevant UM policies and procedures upon request. Makes available to Members clinical criteria used by Contractor, Subcontractors, and Downstream Subcontractors, as applicable for assessing Medical Necessity for Covered Services.

F. Provides training to Network Providers on the procedures and services that require Prior Authorization for Medically Necessary Covered Services, and ensures that all Network Providers are aware of the procedures and timeframes necessary to obtain Prior Authorization for Medically Necessary Covered Services, within 30 calendar days of executing this Contract and within 30 calendar days of contracting with a Network Provider.

G. Has a Standing Referral process providing a determination within three Working Days from the date the request is made by the Member or the Member’s Primary Care Providers (PCP) and all appropriate Medical Records and other items of information necessary to make the determination are provided. Once a determination is made, the referral must be made within four Working Days of the date that the proposed treatment plan, if any, is submitted to Contractor’s medical director or the medical director’s designee, in accordance with H&S section 1374.16.

H. Has a specialty referral system to track and monitor referrals requiring Prior Authorization by Contractor. When Prior Authorization is delegated to Subcontractors and Downstream Subcontractors, Contractor must ensure that Subcontractors and Downstream Subcontractors have systems in place to track and monitor referrals requiring Prior Authorization and must furnish documentation of Subcontractor's and Downstream Subcontractor's referrals to DHCS upon request. Contractor's specialty referral systems must include authorized, denied, deferred, or modified referrals, and the timeliness of the referrals. Contractor's specialty referral systems must include information on requested out-of-Network services. Contractor must ensure that all Network Providers are aware of the specialty referral processes and tracking procedures.

I. Integrates UM activities into the Quality Improvement System (QIS) specified in Exhibit A, Attachment III, Section 2.2 (*Quality Improvement and Health Equity Transformation Program (QIHETP)*), including a process to integrate reports on the number and types of service requests, denials, deferrals, modifications, Appeals, and Grievances to the medical director or their designee.

J. Has timelines and processes that do not impose Quantitative Treatment Limitations (QTL) or Non-Quantitative Treatment Limitations (NQTL) more stringently on covered mental health and Substance Use Disorder (SUD) services than are imposed on medical/surgical services, in accordance with the parity in mental health and SUD requirements in 42 CFR section 438.900, et seq.

K. Makes Contractor's UM policies and procedures available to Members and Providers on Contractor's website and upon request. These policies and procedures must set out how Contractor authorizes, modifies, delays, or denies health care services via Prior Authorization, concurrent authorization, or Retrospective Review, under the services provided by Contractor in accordance with 42 CFR section 438.915.

1) Contractor must ensure that policies and procedures for authorization decisions are based on the Medical Necessity of a requested Covered Service and are consistent with criteria or guidelines supported by sound clinical principles and evidence-based practice.

2) Contractor must ensure that policies, processes, strategies, evidentiary standards, and other factors used for UM are consistently applied to medical/surgical, mental health, and SUD services and benefits.

3) Contractor must notify Network Providers, as well as Members and Potential Members upon request, of all services that require Prior Authorization, concurrent authorization, or Retrospective Review, and ensure that all Network Providers are aware of the procedures and timeframes necessary to obtain authorization for these services.

All UM activities must be performed in accordance with H&S sections 1363.5 and 1367.01 and 28 California Code of Regulations (CCR) section 1300.70(a)(3), (b)(2)(H), and (c).

2.3.1 Prior Authorizations and Review Procedures

Contractor must ensure that its Prior Authorization, concurrent review, and Retrospective Review authorization procedures meet the following minimum requirements, in accordance with H&S section 1367.01:

A. Contractor must consult with Providers as needed for Prior Authorization requests for the purposes of determining Medical Necessity for Covered Services unless doing so would lead to undue delay in care;

B. Decisions to deny or to authorize an amount, duration, or scope that is less than requested must be made by a qualified health care professional with appropriate clinical expertise in treating the medical or Behavioral Health condition and disease or Long-Term Services and Supports (LTSS) needs. Appropriate clinical expertise may be demonstrated by relevant specialty training, experience, or certification. Qualified health care professionals do not have to be an expert in all conditions and may use other resources to make appropriate decisions;

C. Qualified health care professionals must supervise the review of medical decisions, including service reductions, and must review all denials that are made, in whole or in part, based on Medical Necessity. Contractor is not responsible for the review of Prior Authorizations for physician administered drugs, medical supplies, enteral nutritional products, and covered outpatient Prescription Drugs provided by an outpatient pharmacy. Contractor must review Prior Authorizations for physician administered drugs which include Prescription Drugs administered by a health care professional in a clinic, physician’s office, or outpatient setting; medical supplies; and enteral nutritional products. These Prescription Drugs and supplies are covered under the medical benefit and would be included in the medical claim or encounter;

D. Contractor must establish written criteria or guidelines for UM that are developed with practicing health care Providers. The written criteria or guidelines must be based on sound clinical practices and processes which

are evaluated and updated when necessary, and at least annually, in accordance with H&S section 1363.5;

E. Contractor must provide a clear and concise written explanation of the reasons for denying, deferring, or modifying a service; a description of the criteria or guidelines used; and the clinical reasons for the decision based on Medical Necessity. Any written communication to a Provider of a denial, delay, or modification of a request must include the name and telephone number of Contractor's health care professional responsible for the denial, delay, or modification;

F. Contractor must notify Members regarding denied, deferred or modified referrals as specified in Exhibit A, Attachment III, Subsection 5.1.5, (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*). Contractor must publish on its website an Appeals procedure for both Providers and Members;

G. Decisions and Appeals must be made in a timely manner and not be unduly delayed when Member's medical condition requires time sensitive services;

H. Prior Authorization requirements must not be applied to Emergency Services, family planning services, preventive services, basic prenatal care, sexually transmitted disease services, Human Immunodeficiency Virus (HIV) testing, or initial mental health and SUD assessments;

I. Records relating to Prior Authorization requests, including any Notices of Action (NOA), must meet the retention requirements described in Exhibit E, Section 1.22 (*Inspection and Audit of Records and Facilities*);

J. Contractor must notify the requesting Provider of any decision to deny, approve, modify, or delay a service authorization request, a request by a Member or a Member's Provider for the provision of a Covered Service, or when authorizing a service in an amount, duration, or scope that is less than requested. The notice to the Provider may be oral or in writing; and

K. All of Contractor's authorization requirements must comply with the requirements for parity in mental health and SUD benefits in 42 CFR section 438.900, et seq.

2.3.2 Timeframes for Medical Authorization

A. Emergency Services: Contractor must not require Prior Authorization for Emergency Services for complaints or conditions that a prudent layperson would determine could seriously jeopardize their physical or mental health.

B. Post-Stabilization Care Services: Contractor must respond to a Network Provider's or out-of-Network Provider's request for authorization for Post-Stabilization Care Services within 30 minutes or the service is deemed approved, in accordance with All Plan Letter (APL) 23-009.

C. Non-Urgent Care Following an Exam in the Emergency Room: Contractor must respond to a Provider's request for Post-Stabilization Care Services within 30 minutes or the service is deemed approved.

D. Retrospective Review Authorization Request for Treatment Received: Contractor must accept requests for Retrospective Review authorization within a reasonably established time limit, not to exceed 365 calendar days from the date of service. Contractor must communicate decisions to the Provider and to the Member who received the services or to the Member's Authorized Representative (AR) within 30 calendar days of the receipt of information that is reasonably necessary to make this determination, in accordance with 42 CFR section 438.404(a) and H&S section 1367.01(h)(1).

E. Routine Authorizations: Contractor must respond to routine requests and concurrent requests as expeditiously as the Member's condition requires, but no longer than five Working Days from receipt of the information reasonably necessary and requested by Contractor to render a decision, and no longer than 14 calendar days from Contractor's receipt of the request, in accordance with 42 CFR section 438.210 and H&S section 1367.01.

F. Expedited Authorizations: Contractor must make expedited authorization decisions for service requests where a Member's Provider indicates, or Contractor, Subcontractor, Downstream Subcontractor, or Network Provider determines that, following the standard timeframe for Prior Authorizations and concurrent requests could seriously jeopardize the Member's life; health; or ability to attain, maintain, or regain maximum function, in accordance with 42 CFR section 438.210 and H&S section 1367.01. Contractor must provide its authorization decision as expeditiously as the Member's health condition requires, but no longer than 72 hours after Contractor's receipt of the request for services. All Contractors must also expedite Prior Authorization requests for Members who are transitioning from an acute care hospital to all settings including Contractor chosen Community Supports and make an authorization decision in a timeframe that is appropriate for the nature of the Member's condition but is no longer than 72 hours after Contractor's receipt of all information needed to make an authorization decision.

G. Hospice Services: Contractor may only require Prior Authorization for inpatient hospice care. Contractor must respond to inpatient hospice care

authorization requests in accordance with 22 CCR section 51003 and APLs.

H. Therapeutic Enteral Formula: Contractor must comply with all timeframes for medical authorization of Medically Necessary therapeutic enteral formula billed on a medical or institutional claim and the equipment and supplies necessary for delivery of enteral formula billed on a medical or institutional claim, as set forth in all applicable DHCS APLs, Welfare and Institutions Code (W&I) section 14103.6, and H&S section 1367.01.

I. Physician Administered Drugs: Contractor must respond to requests for authorization of physician administered drugs billed on a medical or institutional claim within 24 hours of receipt of the request, in accordance with 42 USC section 1396r-8, 42 CFR sections 438.210 and 438.3, and W&I section 14185. If the physician administered drug is a "covered outpatient drug," as defined in 42 USC section 1396r-8(k)(2) and (k)(3), Contractor cannot obtain an extension of time to respond. However, if the physician administered drug is not a "covered outpatient drug," Contractor may obtain an extension of time to respond, as set forth in 42 CFR section 438.210.

2.3.3 Review of Utilization Data

A. Contractor must include within the UM program mechanisms to detect both under- and over-utilization of health care services including Behavioral Health Services. Contractor's internal reporting mechanisms used to detect Member utilization and Provider prescribing patterns must be reported to DHCS no later than 30 calendar days after the beginning of each calendar year and upon request.

B. Contractor must monitor utilization data to appropriately identify Members eligible for Enhanced Care Management (ECM) and applicable Community Supports as specified in Exhibit A, Attachment III, Subsection 4.4.6 (*Member Identification for Enhanced Care Management)* and Subsection 4.5.6 (*Identifying Members for Community Supports)*.

C. Contractor must monitor and track Non-specialty Mental Health Services (NSMHS) utilization data for both Members. Upon request, Contractor must submit data to DHCS.

2.3.4 Delegating Utilization Management Activities

Contractor may delegate UM activities. If Contractor delegates any UM activities, Contractor must comply with Exhibit A, Attachment III, Subsection 2.2.5 (*Subcontractor and Downstream Subcontractor Quality Improvement Activities*).

Exhibit A, ATTACHMENT III

3.0 Providers, Network Providers, Subcontractors, and Downstream Subcontractors

DHCS is committed to ensuring that all Contractors are aware of their obligations under this Contract and are committed to being accountable not only for their own obligations, but for those of their Subcontractors and Downstream Subcontractors for delegated functions. In this Article, DHCS includes provisions requiring Contractors to disclose what entities provide delegated functions through Subcontractor Agreements and Downstream Subcontractor Agreements as applicable.

In addition, Contractors are to demonstrate that they have robust compliance, monitoring, and oversight programs, including for all delegated entities to ensure Members receive quality care and have access to services. This Article requires Contractors to not only disclose delegation arrangements but include justification for the use of delegated entities to ensure that the Member's experience and outcomes are front and center. DHCS is particularly focused on those entities that take risk; thus this Article includes provisions requiring reporting of Subcontractors and Downstream Subcontractors that assume responsibility for taking that risk and managing the health care of a portion of assigned lives.

This Article articulates DHCS' commitment in moving the delivery system towards value-based payment. Contractors are to report on the proportion of spend that is tied to value. In addition, Contractors are to implement Financial Arrangements that link payments to value in the form of higher quality of care, better health care outcomes, and lower cost of care. Such arrangements include, but are not limited to, incentive payment arrangements that reward Providers for high or improved performance on selected measures or benchmarks. Finally, Contractors are to report on the proportion of spend on Primary Care specifically in an effort to encourage investment in Primary Care as appropriate.

3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties

3.1.1 Overview of Contractor's Duties and Obligations
3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements
3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan
3.1.4 Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance
3.1.5 Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements
3.1.6 Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers
3.1.7 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Federally Qualified Health Centers and Rural Health Clinics
3.1.8 Network Provider Agreements with Safety-Net Providers
3.1.9 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments
3.1.10 Nondiscrimination in Provider Contracts
3.1.11 Public Records
3.1.12 Requirement to Post

3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties

3.1.1 Overview of Contractor's Duties and Obligations

A. Contractor is fully responsible for all duties and obligations set forth in this Contract. However, Contractor may enter into agreements with other individuals, groups, or entities to fulfill its obligations and duties under the Contract, including Network Provider Agreements and Subcontractor Agreements. Some individuals, groups, or entities may be a combination of Network Provider, Subcontractor, and/or Downstream Subcontractor, in which case they would need to comply with the requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements, as applicable. Subcontractors and Downstream Subcontractors may enter into agreements to fulfill their obligations and duties under the Contract, in which case they would need to comply with the requirements of Downstream Subcontractor Agreements or Network Provider Agreements, as applicable.

B. Contractor must ensure that all Subcontractors and Downstream Subcontractors comply with all Contract requirements related to the delegated functions undertaken by each Subcontractor or Downstream Subcontractor. Contractor remains fully responsible for the performance of all duties and obligations it delegates to Subcontractors and Downstream Subcontractors. To ensure Subcontractor's and Downstream Subcontractor's compliance, Contractor must, at a minimum, do the following:

1) Include all Contract duties and obligations relating to the delegated duties in the Subcontractor Agreement;

2) Ensure Subcontractor includes all Contract obligations relating to the delegated duties in all Downstream Subcontractor Agreements;

3) Provide policies and procedures to Subcontractors applicable to the delegated functions and ensure Subcontractor provides the relevant policies and procedures as applicable to delegated functions;

   Monitor and oversee all delegated functions, including those that may flow down to Downstream Subcontractors; and

4) Provide to DHCS a delegation reporting and compliance plan, as set forth in Exhibit A, Attachment III, Subsection 3.1.3 (*Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan*).

C. Contractor must ensure that Network Providers comply with all applicable Contract requirements and all requirements set forth in their Network Provider Agreements (See Exhibit A, Attachment III, Subsection 3.1.5.A (*Network Provider Agreement Requirements).*

3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements

A. Submission and Approval of Network Provider Agreements Templates

1) Contractor must submit to DHCS all Network Provider Agreement templates, and any proposed amendments thereto, for review and approval before use. The contents of the Network Provider Agreement templates are set forth in All Plan Letter (APL) 19-001.

2) Within 60 calendar days of receipt, DHCS will make all reasonable efforts to approve in writing the use of all Network Provider Agreement templates. DHCS will provide Contractor with a written explanation indicating whether the template is approved, disapproved, or an estimated date for completion of DHCS' review. If DHCS does not complete its review of Network Provider Agreement templates within 60 calendar days of receipt, or within DHCS' estimated date of completion, whichever is later, Contractor may elect to implement or use the material at Contractor's sole risk and subject to possible subsequent disapproval by DHCS.

B. Submission and Approval of Subcontractor Agreements and Downstream Subcontractor Agreements Templates

1) Contractor must submit to DHCS all Subcontractor Agreement and Downstream Subcontractor Agreement templates, and any amendments thereto, as follows:

a) For Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, Contractor must submit all Subcontractor Agreement and Downstream Subcontractor Agreement templates and any amendments thereto, to DHCS for review and approval before use. Contractor must also file with DHCS all executed Subcontractor Agreements with Fully Delegated Subcontractors and all executed Downstream Subcontractor Agreements with Downstream Fully Delegated Subcontractors.

b) For Partially Delegated Subcontractors and Administrative Subcontractors, and Downstream Partially Delegated

Subcontractors and Downstream Administrative Subcontractors, Contractor must submit all Subcontractor Agreements and Downstream Subcontractor Agreements templates, and any amendments thereto, to DHCS for review and approval prior to execution of the Subcontractor Agreement or Downstream Subcontractor Agreement.

2) Within 60 calendar days of receipt, DHCS will make all reasonable efforts to approve in writing the use of Subcontractor Agreement and Downstream Subcontractor Agreement templates submitted by Contractor. DHCS will provide Contractor with a written explanation indicating whether the template is approved, disapproved, or an estimated date for completion of DHCS review. If DHCS does not complete its review of the submitted material within 60 calendar days of receipt, or by DHCS estimated date of completion, whichever is later, Contractor may elect to implement or use the template at Contractor's sole risk and subject to possible subsequent disapproval by DHCS.

3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan

A. Content of Delegation Reporting and Compliance Plan

Contractor must report its delegation and compliance plan using the templates provided in Exhibit J *(Delegation Reporting and Compliance Plan),* which includes, but is not limited to, the following:

1) All Contractor's contractual relationships with Subcontractors and Downstream Subcontractors;

2) Contractor's oversight responsibilities for all delegated obligations; and

3) How Contractor intends to oversee all delegated activities, including, but not limited to, details regarding key personnel who will be overseeing each delegated function.

B. Timing of Submission

Contractor must submit its delegation reporting and compliance plan to DHCS as follows:

1) During the operational readiness period;

2) Annually, whether or not changes have been made to its delegation structure; and

3) Anytime there is a change in the delegation reporting and compliance plan, including but not limited to a change in a Subcontractor and/or a change in the scope of the delegation.

The report must be submitted within 30 calendar days from either the beginning of the annual reporting period or any change, as identified above.

3.1.4 Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance

Contractor must maintain policies and procedures approved by DHCS to ensure that Network Providers, Subcontractors, and Downstream Subcontractors fully comply with all applicable terms and conditions of this Contract and all duties delegated to Subcontractors and Downstream Subcontractors as set forth above. Contractor must evaluate each prospective Network Provider's, Subcontractor's, and Downstream Subcontractor's ability to perform the contracted services or functions, must oversee and remain responsible and accountable for any services or functions undertaken by a Network Provider, Subcontractor, or Downstream Subcontractor, and must meet all applicable requirements set forth in State and federal law, regulation, any APLs or DHCS guidance, and this Contract.

3.1.5 Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements

A. Network Provider Agreement Requirements

Network Provider Agreements must contain the following provisions:

1) Specification of the Covered Services to be ordered, referred, or rendered;

2) The term of the agreement, including the beginning and ending dates as well as methods of extension, renegotiation, phaseout, and termination, if any;

3) Full disclosure of the method and amount of compensation or other consideration to be received by Network Provider;

4) Specification that the agreement will be governed by and construed in accordance with all applicable laws and regulations governing the Contract, including but not limited to, Knox-Keene Health Care Service Plan Act of 1975 (KKA), Health and Safety Code (H&S)

section 1340 *et seq*. (unless excluded under this Contract); Welfare and Institutions Code (W&I) sections 14000 and 14200 *et seq.*; 28 California Code of Regulations (CCR) section 1300.43 *et seq.*; and 22 CCR sections 53800 *et seq.*, 22 CCR sections 53900 *et seq*;

5) Network Provider will comply with all applicable requirements of the DHCS Medi-Cal Managed Care Program, including but not limited to, all applicable federal and State Medicaid and Medi-Cal laws, regulations, sub-regulatory guidance, APLs, and provisions of this Contract;

6) Network Provider will submit to Contractor, either directly or through a Subcontractor or Downstream Subcontractor as applicable, complete, accurate, reasonable, and timely Encounter Data and Provider Data, and any other reports or data as requested by Contractor, in order for Contractor to meet its data reporting requirements to DHCS;

7) Network Provider will maintain and make available to DHCS, upon request, copies of all contracts it enters into related to ordering, referring, or rendering Covered Services under the Network Provider Agreement, and will ensure that all such contracts are in writing;

8) Network Provider will make all of its premises, facilities, equipment, books, records, contracts, and computer and other electronic systems pertaining to the Covered Services ordered, referred, or rendered under the terms of the Network Provider Agreement, available for the purpose of an audit, inspection, evaluation, examination or copying, including but not limited to Access Requirements and State's Right to Monitor, as set forth in Exhibit E, Section 1.22 (*Inspection and Audit of Records and Facilities*), as follows:

   a) In accordance with inspections and audits, as directed by DHCS, The Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services (DHHS) Inspector General, the Comptroller General, Department of Justice (DOJ), the Department of Managed Health Care (DMHC), or their designees; and

   b) At all reasonable times at Network Provider's place of business or at such other mutually agreeable location in California.

9) Network Provider will maintain all of its books and records, including Encounter Data, in accordance with good business practices and generally accepted accounting principles for a term annual of at least ten years from the final date of the Contract period or from the date of completion of any audit, whichever is later;

10) Network Provider will timely gather, preserve and provide to DHCS, CMS, the Division of Medi-Cal Fraud and Elder Abuse (DMFEA), and any authorized State or federal regulatory agencies, any records in Network Provider's possession, in accordance with Exhibit E, Section 1.27 (*Litigation Support*);

11) Network Provider will assist Contractor, or if applicable a Subcontractor or Downstream Subcontractor, in the transfer of Member's care in accordance with Exhibit E, Section 1.17 (*Phaseout Requirements*) in the event of Contract termination, or in the event of termination of the Network Provider Agreement for any reason;

12) Network Providers will be terminated, or subject to other actions, fines, and/or penalties, if DHCS or Contractor determine that the Network Provider has not performed satisfactorily;

13) Network Provider will hold harmless both the State and Members in the event Contractor or, if applicable a Subcontractor or Downstream Subcontractor, cannot or will not pay for Covered Services ordered, referred, or rendered by Network Provider pursuant to the Network Provider Agreement;

14) Network Provider will not bill a Member for Medi-Cal Covered Services;

15) Contractor must inform Network Provider of prospective requirements added by State or federal law or DHCS related to this Contract that impact obligations undertaken through the Network Provider Agreement before the requirement would be effective, and agreement by Network Provider to comply with the new requirements within 30 calendar days of the effective date, unless otherwise instructed by DHCS;

16) Network Provider must ensure that cultural competency/humility, sensitivity, Health Equity, and diversity training is provided for employees and staff at key points of contact with Members in accordance with Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*);

17) Network Provider must provide interpreter services for Members and comply with language assistance standards developed pursuant to H&S section 1367.04;

18) Network Provider must notify Contractor, and Contractor's Subcontractor or Downstream Subcontractor, within ten Working Days of any suspected Fraud, Waste, or Abuse and a provision that allows Contractor to share such information with DHCS in accordance with Exhibit A, Attachment III, Subsection 1.3.2.D (*Contractor's Reporting Obligations*) and Subsection 1.3.2.D.6 (*Confidentiality*);

19) Network Provider must report to Contractor, or Contractor's Subcontractor or Downstream Subcontractor, when it has received an overpayment; return the overpayment to Contractor, or Contractor's Subcontractor or Downstream Subcontractor, within 60 calendar days of the date the overpayment was identified; and notify Contractor, or Contractor's Subcontractor or Downstream Subcontractor, in writing of the reason for the overpayment in accordance with Exhibit A, Attachment III, Subsection 1.3.6 (*Treatment of Overpayment Recoveries*) and 42 Code of Federal Regulations (CFR) section 438.608(d)(2);

20) Confirmation of Network Provider's right to all protections afforded them under the Health Care Providers' Bill of Rights, including, but not limited to Network Provider's right to access Contractor's dispute resolution mechanism and submit a Grievance pursuant to H&S section 1367(h)(1).

21) Network Provider must execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to H&S section 130290.

B. Subcontractor and Downstream Subcontractor Agreement Requirements

Subcontractor Agreements and Downstream Subcontractor Agreements must contain the following provisions, as applicable to the specific obligations and functions that Contractor delegates in the Subcontractor Agreement or that the Subcontractor or Downstream Subcontractor delegates in the Downstream Subcontractor Agreement:

1) Specification of Contractor's obligations and functions undertaken by the Subcontractor or Downstream Subcontractor;

2) The term of the Subcontractor Agreement or Downstream Subcontractor Agreement, including the beginning and ending dates as well as methods of extension, renegotiation, phaseout, and termination, if any;

3) Full disclosure of the method and amount of compensation or other consideration to be received by Subcontractor or Downstream Subcontractor per unit of service;

4) Specification that the Subcontractor Agreement or Downstream Subcontractor Agreement and amendments as set forth in this Exhibit A, Subsection 3.1.2 (*DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements*);

5) Subcontractor's assignment or delegation of an obligation or responsibility under a Subcontractor Agreement to any Downstream Subcontractor is void unless prior written approval is obtained from DHCS;

6) Downstream Subcontractor's assignment or delegation of an obligation or responsibility under a Downstream Subcontractor Agreement to any Downstream Subcontractor is void unless prior written approval is obtained from DHCS;

7) Specification that the Subcontractor Agreement or Downstream Subcontractor Agreement is governed by and construed in accordance with all applicable laws and regulations governing the Contract, including but not limited to 42 CFR section 438.230; KKA, H&S section 1340 *et seq*. (unless otherwise excluded under this Contract); 28 CFR section 1300.43 *et seq.*; W&I sections 14000 and 14200 *et seq.*; and 22 CCR sections 53800 *et seq.*, 22 CCR sections 53900 *et seq*;

8) Subcontractor and Downstream Subcontractors must comply with all applicable requirements of the DHCS Medi-Cal Managed Care Program, pertaining to the obligations and functions undertaken pursuant to the Subcontractor Agreement or Downstream Subcontractor Agreement, including but not limited to, all applicable federal and State Medicaid and Medi-Cal laws, regulations, sub-regulatory guidance, APLs, and the provisions of this Contract;

9) Language comparable to Exhibit A, Attachment III, Subsection 3.3.16 (*Emergency Services and Post-Stabilization Care Services*), for those Subcontractors or Downstream Subcontractors obligated to reimburse Providers of Emergency Services;

10) Subcontractor and Downstream Subcontractors must submit to Contractor, either directly or through a Subcontractor or Downstream Subcontractor as applicable, complete, accurate, reasonable, and timely Encounter Data and Provider Data, and any other reports and data as requested by Contractor, in order for Contractor to meet its reporting requirements to DHCS;

11) Subcontractor and Downstream Subcontractors must comply with all monitoring provisions of this Contract and any monitoring requests by DHCS;

12) Subcontractor and Downstream Subcontractors must maintain and make available to DHCS, upon request, copies of all contracts it enters into related to the performance of the obligations and functions it undertakes pursuant to the Subcontractor Agreement, and to ensure that such contracts are in writing;

13) Subcontractor and Downstream Subcontractors must make all of their premises, facilities, equipment, books, records, contracts, computer and other electronic systems pertaining to the obligations and functions undertaken pursuant to the Subcontractor Agreement or Downstream Subcontractor Agreement, available for the purpose of an audit, inspection, evaluation, examination or copying, including but not limited to Access Requirements and State's Right to Monitor, as set forth in Exhibit E, Section 1.22 (*Inspection and Audit of Records and Facilities*), as follows:

    a) In accordance with inspections and audits, as directed by DHCS, CMS, U.S. DHHS Inspector General, the Comptroller General, DOJ, DMHC, or their designees; and

    b) At all reasonable times at Subcontractor's or Downstream Subcontractor's place of business or at such other mutually agreeable location in California.

14) Subcontractor and Downstream Subcontractors must maintain all of its books and records, including Encounter Data, in accordance with good business practices and generally accepted accounting principles for a term of at least ten years from the final date of the Contract period or from the date of completion of any audit, whichever is later;

15) Subcontractor and Downstream Subcontractors must timely gather, preserve, and provide to DHCS, CMS, DMFEA, and any authorized State or federal regulatory agencies, any records in Subcontractor's

possession, in accordance with Exhibit E, Section 1.27 (*Litigation Support*);

16) Subcontractor and Downstream Subcontractors must assist Contractor as applicable in the transfer of the Member's care as needed, and in accordance with Exhibit E, Section 1.17 (*Phaseout Requirements*), in the event of Contract termination, or in the event of termination of the Subcontractor Agreement or Downstream Subcontractor Agreement for any reason;

17) Subcontractor and Downstream Subcontractors must notify DHCS in the event the Subcontractor Agreement or any Downstream Subcontractor Agreement is amended or terminated for any reason;

18) Subcontractor and Downstream Subcontractors must hold harmless both the State and Members in the event Contractor, or another Subcontractor or Downstream Subcontractor as applicable, cannot or will not pay for the obligations and functions undertaken pursuant to the Subcontractor Agreement or Downstream Subcontractor Agreement;

19) Subcontractor and Downstream Subcontractors must participate and cooperate in Contractor's Quality Improvement System as applicable;

20) If Subcontractor or Downstream Subcontractors takes on Quality Improvement activities, the Subcontractor Agreement or Downstream Subcontractor Agreement must include those provisions stipulated in Exhibit A, Attachment III, Subsection 2.2.5 (*Subcontractor and Downstream Subcontractor Quality Improvement Activities*);

21) To the extent Subcontractor or Downstream Subcontractor undertakes coordination of care obligations and functions for Members, an agreement to share with Subcontractor and Downstream Subcontractor any utilization data that DHCS has provided to Contractor, and agreement by the Subcontractor and Downstream Subcontractors to receive the utilization data provided and use it solely for the purpose of Member Care Coordination;

22) Contractor must inform Subcontractor of prospective requirements added by federal or State law or DHCS related to this Contract that impact obligations and functions undertaken pursuant to the Subcontractor Agreement before the requirement is effective, and Subcontractor's agreement to comply with the new requirements

within 30 calendar days of the effective date, unless otherwise instructed by DHCS;

23) Subcontractor or Downstream Subcontractors must inform the Downstream Subcontractor taking on delegated functions of prospective requirements added by federal or State law or DHCS related to this Contract that impact obligations and functions undertaken pursuant to the Downstream Subcontractor Agreement before the requirement is effective, and the agreement of the Downstream Subcontractor taking on delegated functions to comply with the new requirements within 30 calendar days of the effective date, unless otherwise instructed by DHCS;

24) Subcontractor and Downstream Subcontractors must ensure that cultural competency/humility, sensitivity, Health Equity, and diversity training is provided for Subcontractor's and Downstream Subcontractor's staff at key points of contact with Members in accordance with Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*);

25) Subcontractor and Downstream Subcontractors must provide interpreter services for Members and comply with language assistance standards developed pursuant to H&S section 1367.04;

26) Subcontractor and Downstream Subcontractors must notify Contractor within ten Working Days of any suspected Fraud, Waste, or Abuse and a provision that allows Contractor to share such information with DHCS in accordance with Exhibit A, Attachment III, Subsection 1.3.2.D (*Contractor's Reporting Obligations*) and Subsection 1.3.2.D.6) (*Confidentiality*);

27) Subcontractor and Downstream Subcontractors must report directly to Contractor, or through the Subcontractor or Downstream Subcontractor, as applicable, when it has received an overpayment; return the overpayment to Contractor within 60 calendar days after the date the overpayment was identified; and notify Contractor in writing of the reason for the overpayment in accordance with Exhibit A, Attachment III, Subsection 1.3.6 *(Treatment of Overpayment Recoveries) and* 42 CFR section 438.608(d)(2);

28) Subcontractor and Downstream Subcontractors must perform the obligations and functions of Contractor undertaken pursuant to the Subcontractor Agreement or Downstream Subcontractor Agreement, including but not limited to reporting responsibilities, in

compliance with Contractor's obligations under this Contract in accordance with 42 CFR section 438.230(c)(1)(ii); and

29) Express agreement and acknowledgement by Subcontractor and Downstream Subcontractors that DHCS is a direct beneficiary of the Subcontractor Agreement or Downstream Subcontractor Agreement with respect to all obligations and functions undertaken pursuant to the Subcontractor Agreement or Downstream Subcontractor Agreement, and that DHCS may directly enforce any and all provisions of the Subcontractor Agreement or Downstream Subcontractor Agreement.

30) Subcontractors and Downstream Subcontractors must execute the California Health and Human Services Data Exchange Framework data sharing agreement, if applicable, pursuant to H&S section 130290.

31) Specification of Subcontractors', including Downstream Subcontractors', MLR reporting and remittance obligations pursuant to 42 CFR sections 438.8 and 438.230(c) and Paragraph 11 of the 1915(b) CalAIM SpecialTerms and Conditions (STCs), which include, but are not limited to, the requirements in:

    a) Exhibit A, Attachment III, Subsection 1.2.5.A.2 (*Medical Loss Ratio*) for the CalAIM 1915(b) STC downstream requirements and four-part test;

    b) Exhibit A, Attachment III, Subsection 1.2.5.B (*Medical Loss Ratio*) for the MLR Experience Defined;

    c) Exhibit A, Attachment III, Subsections 1.2.5. C and D (*Medical Loss Ratio*) for the Materiality Threshold;

    d) Exhibit A, Attachment III, Subsection 1.2.5. E (*Medical Loss Ratio*) for the MLR numerator and incurred claims for Subcontractors and Downstream Subcontractors;

    e) Exhibit A, Attachment III, Subsection 1.2.5.E.1.b.iii (*Medical Loss Ratio*) for remittances received by Subcontractors and Downstream Subcontractors must be deducted from incurred claims;

    f) Exhibit A, Attachment III, Subsection 1.2.5.E.1.e.iii (*Medical Loss Ratio*) for remittances paid by Subcontractors and Downstream Subcontractors must be excluded from incurred claims;

g) Exhibit A, Attachment III, Subsection 1.2.5.F (*Medical Loss Ratio*) for MLR denominator;

h) Exhibit A, Attachment III, Subsection 1.2.5.G (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor allocation of expenses;

i) Exhibit A, Attachment III, Subsection 1.2.5.H (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor credibility adjustments;

j) Exhibit A, Attachment III, Subsection 1.2.5.I (*Medical Loss Ratio*) for materiality threshold;

k) Exhibit A, Attachment III, Subsection 1.2.5.J (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor MLR reporting at Subcontractor or Downstream Subcontractor arrangement level by county or rating region;

l) Exhibit A, Attachment III, Subsection 1.2.5.K (*Medical Loss Ratio*) for general MLR reporting requirement imposed on Subcontractors and Downstream Subcontractors;

m) Exhibit A, Attachment III, Subsection 1.2.5.K.4 (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor reporting requirements on downstream entities that accept financial risk;

n) Exhibit A, Attachment III, Subsection 1.2.5.K.5 (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor MLR submission accuracy attestation;

o) Exhibit A, Attachment III, Subsection 1.2.5.K.6 (*Medical Loss Ratio*) for requirements for Subcontractor and Downstream MLR submissions and oversight requirements;

p) Exhibit A, Attachment III, Subsection 1.2.5.M (*Medical Loss Ratio*) for newer experience exemptions for Subcontractors and Downstream Subcontractors;

q) Exhibit A, Attachment III, Subsection 1.2.5.O (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor re-reporting requirements following a retroactive change to the Capitation Payments for a MLR reporting year;

r) Exhibit A, Attachment III, Subsection 1.2.5.P (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor remittance requirements; and

s) Exhibit A, Attachment III, Subsection 1.2.5.Q (*Medical Loss Ratio*) for Subcontractor and Downstream Subcontractor audit and record retention requirements.

3.1.6 Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers

Contractor must maintain a system to evaluate and monitor the financial viability of all Network Providers, Subcontractors, and Downstream Subcontractors that accept financial risk for the provision of Covered Services including, but not limited to, Medi-Cal managed care plans, independent Physician/Provider associations, medical groups, hospitals, risk-bearing organizations as defined by 28 CCR section 1300.75.4(b), Federal Qualified Health Centers (FQHC), and other clinics.

3.1.7 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Federally Qualified Health Centers and Rural Health Clinics

Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with FQHCs, Rural Health Clinics (RHCs), and other clinics must meet the requirements of Exhibit A, Attachment III, Subsections 3.1.5.A and B (*Network Provider Agreement Requirements* and *Subcontractor and Downstream Subcontractor Agreement Requirements*), above, and the reimbursement requirements set forth in Exhibit A, Attachment III, Subsection 3.3.7 (*Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider)*. Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements with FQHCs, RHCs, and other clinics also must contain a provision stating that any negotiated and agreed-upon rate with an FQHC, RHC, or other clinic constitutes complete reimbursement and payment in full for the Covered Services rendered to a Member.

3.1.8 Network Provider Agreements with Safety-Net Providers

A. Except as provided in subdivisions (1), (2), or (3), Contractor must offer a Network Provider Agreement to, and maintain a Network Provider Agreement with, any Safety-Net Provider physically located and operating within Contractor’s contracted geographic service areas if the Safety-Net Provider agrees to provide its applicable scope of services under the same terms and conditions that Contractor requires of other similar Providers.

1) If a Safety-Net Provider is no longer willing to accept a Network Provider Agreement on the same terms and conditions required of other similar Providers, and Contractor elects to terminate or not renew the Network Provider Agreement as a result, Contractor must notify DHCS of its intent to terminate or not renew that Network Provider Agreement with the applicable Safety-Net Provider at least 60 calendar days prior to the effective date of the intended Network Provider Agreement termination or non-renewal.

2) If Contractor determines that the Safety-Net Provider has engaged in Fraud, Waste, or Abuse of the Medi-Cal program; that there are quality of care concerns relating to the Safety-Net Provider's services; or that the Safety-Net Provider has materially breached its Network Provider Agreement, and Contractor elects to terminate or not renew the Network Provider Agreement as a result, Contractor must notify DHCS of its intent to terminate or not renew that Network Provider Agreement with the applicable Safety-Net Provider at least 60 calendar days prior to the effective date of the intended Network Provider Agreement termination or non-renewal.

3) If DHCS or Contractor determines that the health or welfare of a Medi-Cal Member is threatened by the Provider, Contractor may terminate or not renew the Network Provider Agreement with the applicable Safety-Net Provider immediately, but Contractor must notify DHCS and the Safety-Net Provider of the termination or non-renewal concurrently.

4) If the license of the Safety-Net Provider is revoked or suspended, Contractor must terminate the Network Provider Agreement with the applicable Safety-Net Provider immediately upon discovery of such revocation or suspension, but Contractor must notify DHCS and the Safety-Net Provider of the termination concurrently.

3.1.9 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments

A. Contractor must negotiate in good faith and execute Network Provider Agreements and Subcontractor Agreements, as appropriate, with the Local Health Department (LHD) in each county within Contractor's Service Area for the following public health services:

1) Family Planning Services, as specified in Exhibit A, Attachment III, Subsection 3.3.9 (*Non-Contracting Family Planning Providers*);

2) Sexually Transmitted Disease (STD) services, as specified in Exhibit A, Attachment III, Subsection 3.3.10 (*Sexually Transmitted*

Disease), including diagnosis and treatment of the following: syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, trichomoniasis, human papilloma virus, non-gonococcal urethritis, lymphogranuloma venereum, and granuloma inguinal;

3) Human Immunodeficiency Virus (HIV) testing and counseling as specified in Exhibit A, Attachment III, Subsection 3.3.11 (*Human Immunodeficiency Virus Testing and Counseling*); and

4) Immunizations as specified in Exhibit A, Attachment III, Subsection 3.3.12 (*Immunizations*).

B. Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with LHDs must specify the scope and responsibilities of both parties in the provision of services to Members, billing and reimbursements, reporting responsibilities, and how services are to be coordinated between the LHD and Contractor, including exchange of medical information as necessary. Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements must also meet the requirements described in Exhibit A, Attachment III, Subsection 3.1.5 (*Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements*).

3.1.10 Nondiscrimination in Provider Contracts

Contractor must not discriminate against Providers, in connection with the participation, reimbursement, or indemnification of any Provider, who is acting within the scope of practice of their license or certification under applicable State law, solely on the basis of that license or certification. If Contractor declines to include individual or groups of Providers in its Network, it must give the affected Providers written notice of the reason for its decision. Contractor's Provider selection policies must not discriminate against Providers that serve high-risk populations or specialize in conditions requiring costly treatment. Upon request, Contractor must provide to DHCS its selection of Providers chosen to meet the need of Contractor's Members. This section will not be construed to require Contractor to contract with Providers beyond the number necessary to meet the needs of Contractor's Members, preclude Contractor from using different reimbursement amounts for different specialties or for different practitioners in the same specialty, or preclude Contractor from establishing measures that are designed to maintain quality of services and control costs and is consistent with Contractor's responsibilities to Members.

3.1.11 Public Records

To the extent DHCS receives Contractor's Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, these agreements and all information received in accordance with these agreements will be public records on file with DHCS, except as specifically exempted in statute. The names of the officers and owners of the Network Provider, Subcontractor or Downstream Subcontractor; stockholders owning more than 5 percent of the stock issued by the Network Provider, Subcontractor or Downstream Subcontractor; and major creditors holding more than 5 percent of the debt of the Network Provider, Subcontractor, or Downstream Subcontractor must be attached to the Network Provider Agreement, Subcontractor Agreement, or Downstream Subcontractor Agreement at the time that agreement is submitted to DHCS.

3.1.12 Requirement to Post

Contractor must post on its website a summary of its delegation model that outlines how it delegates obligations and duties of this Contract to Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors.

Exhibit A, ATTACHMENT III

3.2 Provider Relations

3.2.1 Exclusivity
3.2.2 Provider Dispute Resolution Mechanism
3.2.3 Out-of-Network Provider Relations
3.2.4 Contractor's Provider Manual
3.2.5 Network Provider Training
3.2.6 Emergency Department Protocols
3.2.7 Prohibited Punitive Action Against the Provider
3.2.8 Submittal of Inpatient Days Information

3.2 Provider Relations

3.2.1 Exclusivity

Contractor must not, by use of any exclusivity provision, clause, agreement, nor in any other way, prohibit any Network Provider from providing services to other persons enrolled in Medi-Cal who are not Contractor's Members.

3.2.2 Provider Dispute Resolution Mechanism

In accordance with Health and Safety Code (H&S) section 1367(h)(1), Contractor must have a fast, fair, and cost-effective Provider Dispute Resolution Mechanism in place for Network Providers and out-of-Network Providers to submit disputes.

A. Contractor must have a formal procedure to accept, acknowledge, and resolve Network Provider and out-of-Network Provider disputes. The Provider Dispute Resolution Mechanism must occur in accordance with the timeframes set forth in H&S sections 1371 and 1371.35 for both Network Providers and out-of-Network Providers. Any Provider of Medi-Cal services may submit a dispute to Contractor regarding:

   1) The authorization or denial of a service;

   2) The processing of a payment or non-payment of a claim by Contractor; or

   3) The timeliness of the reimbursement on an uncontested Clean Claim and any interest Contractor is required to pay on claims reimbursement per APL-23-020.

B. Contractor's Provider Dispute Resolution Mechanism must be set forth in all Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements.

C. Contractor must inform all Network Providers, out-of-Network Providers, Subcontractors, and Downstream Subcontractors that provide services to Contractor's Members of its Provider Dispute Resolution Mechanism, regardless of contracting status.

D. Contractor must resolve Network Provider and out-of-Network Provider disputes within the timeframes set forth in H&S section 1371.35 of receipt of the dispute, including supporting documentation.

E. Contractor must submit a Provider Dispute Resolution Mechanism report annually to DHCS which includes information on the number of Providers who utilized the Provider Dispute Resolution Mechanism and a summary

of the disposition of those disputes, in accordance with H&S section 1367(h)(3). This report must be delineated by Network Providers and out-of-Network Providers, and by Contractor, Subcontractor, or Downstream Subcontractor.

F. On an annual basis, Contractor must assess the Network Providers and out-of-Network Providers that utilize the Provider Dispute Resolution Mechanism to identify trends and systemic issues. Contractor must submit the results of its annual assessment to DHCS with discussion on how it is addressing trends and systemic issues identified based on the assessment.

3.2.3 Out-of-Network Provider Relations

A. Contractor must develop and maintain protocols for payment of claims to out-of-Network Providers, and for communicating and interacting with out-of-Network Providers regarding services and claims payment.

B. Contractor must provide its clinical protocols and evidence-based practice guidelines governing Prior Authorization, Utilization Management (UM) and Retrospective Review to all out-of-Network Providers providing services to its Members. Contractor must arrange to provide these protocols and guidelines at the time that Contractor enters into an agreement with an out-of-Network Provider or anytime an out-of-Network Provider submits a claim for services provided to Contractor's Members.

3.2.4 Contractor's Provider Manual

Contractor must issue a Provider manual to Network Providers, Subcontractors, and Downstream Subcontractors that includes information regarding Medi-Cal Covered Services and responsibilities for the provision of services including Basic Population Health Management (Basic PHM); Care Coordination for Excluded Services; policies and procedures; quality assurance; improvement and monitoring; clinical protocols governing Prior Authorization and UM; timeliness standards; Credentialing; prohibited claims; statutes; regulations; telephone access; special requirements; data reporting; and the Member Grievance, Appeal, and State Hearing process. Contractor must ensure the most updated Provider manual is available through Provider portals, the internet, or upon request. When updates are made to the Provider manual, Contractor must notify Network Providers, Subcontractors, and Downstream Subcontractors.

Contractor must solicit feedback from Contractor committees including but not limited to the Community Advisory Committee (CAC) and Quality Improvement Committee (QIC), to inform the development of Contractor Provider manual and clarify new and revised policies and procedures contained therein.

Contractor must conduct an annual review of its Provider manual and document that the review has been conducted by the appropriate Contractor committees including the QIC. Contractor must update its Provider manual annually or at any time to ensure that the information reflects current requirements.

Contractor's Provider manual must include and inform Network Providers, Subcontractors, and Downstream Subcontractors of the following Member rights information, as set forth in Exhibit A, Attachment III, Section 5.1 (*Member Services*):

A. Member's right to file Grievances and Appeals, and the requirements and timeframes for filing, including the right to have the Member's Medical Record and to have an Authorized Representative (AR) or Provider appeal on the Member's behalf, with written consent from the Member;

B. Availability of assistance in filing a Grievance, Appeal, or State Hearing;

C. Toll-free numbers to file oral Grievances and Appeals;

D. Member's right to request continuation of benefits during an Appeal or State Hearing;

E. Member's right to a State Hearing, how to obtain a State Hearing, and representation rules at a State Hearing; and

F. Member's right to an Independent Medical Review (IMR), if applicable.

3.2.5 Network Provider Training

Contractor must ensure that all Network Providers receive training regarding the Medi-Cal Managed Care program to ensure they operate in full compliance with the Contract and all applicable federal and State statutes, regulations, All Plan Letters (APLs), and Policy Letters (PLs). Contractor must conduct training for all Network Providers. Contractor must start training within ten Working Days and complete training within 30 Working Days after Contractor places a newly contracted Network Provider on active status. Contractor may conduct Network Provider training online or in-person. Contractor must maintain records of attendance to validate that Network Providers received training on a bi-annual basis.

A. Contractor must ensure that Network Provider training includes education on Covered Services, policies and procedures for clinical protocols governing Prior Authorization and UM, and carved out services including, how to refer to and coordinate care with agencies, programs and third parties with which Contractor has a Memorandum of Understanding (MOU) as required under this Contract.

B. Contractor must conduct ongoing training, at least once every two years, for Network Providers on required preventive healthcare services, including Early Periodic Screening, Diagnosis and Testing (EPSDT) services for Members less than 21 years of age; appropriate medical record documentation; and coding requirements. This must include training on existing Contractor data collection and reporting requirements and Quality Improvement programs to ensure required preventive services are offered and provided. This training also must include, but is not limited to, training on Population Health Management (PHM) program requirements (i.e., care management services) including referrals, health education resources, and Provider and Member incentive programs.

C. Contractor must immediately notify Network Providers when changes to its existing policies and procedures impact Network Providers' provision of Medi-Cal Covered Services to Members and not wait until the next biennial mandatory training.

D. Contractor's training must educate Network Providers on Member access, including compliance with appointment waiting time standards and ensuring telephone, translation, and language access is available for Members during hours of operation. Training must also include education on secure methods for sharing information between Contractor, Network Providers, Subcontractors, Downstream Subcontractors, Members, and other healthcare professionals. This must include training on ensuring Providers have accurate contact information for the Member and all Network Providers involved in the Member's care. Contractor must also provide training on how to refer and coordinate care for Members who need access to Excluded Services.

E. Contractor must ensure that Network Provider biennial mandatory training includes information on all Member rights specified in Exhibit A, Attachment III, Section 5.1 (*Member Services*), and diversity, equity and inclusion training (sensitivity, diversity, communication skills, and cultural competency/humility training) as specified in Exhibit A, Attachment III, Subsection 5.2.11.C. (*Cultural and Linguistic Programs and Committees*). This process must also include an educational program for Network Providers regarding health needs to include but not be limited to, the Seniors and Persons with Disabilities (SPD) population, Members with chronic conditions, Members with Specialty Mental Health Service (SMHS) needs, Members with Substance Use Disorder (SUD) needs, Members with intellectual and Developmental Disabilities (DDs), and Children and Youth with Special Health Care Needs (CYSHCN). Trainings must include Social Drivers of Health (SDOH) and disparity impacts on Members' health care. Attendance records must be reviewed and maintained by Contractor's Health Equity officer.

F. Trainings must be reviewed by the appropriate Contractor committees, including Contractor's board of director's compliance and oversight committee and QIC, routinely, but not less than biennially, to ensure consistency and accuracy with current requirements and Contractor's policies and procedures.

G. In compliance with 42 Code of Regulations (CFR) section 438.236(b), Contractor must ensure that practice guidelines are based on valid and reliable clinical evidence or a consensus of Providers in that particular field, consider the needs of Contractor's Members, are adopted in consultation with Network Providers, and are reviewed and updated periodically as appropriate. In addition to Network Provider training, Contractor must disseminate their practice guidelines to all affected Providers.

3.2.6 Emergency Department Protocols

Contractor must develop and maintain protocols for communicating and interacting with emergency departments in and out of its Service Area. Contractor's protocols must be distributed to all emergency departments in the Service Area and must include, at a minimum, the following:

A. All information on telephone or other secure methods of communicating with Contractor's triage and advice systems;

B. Contact information for Contractor's designated contact person responsible for coordinating Emergency Services who is available 24 hours a day for the coordination of Emergency Services and Post-Stabilization Care Services;

C. Written referral procedures (including after-hours instruction) that emergency department personnel can provide to Members who present at the emergency department for Non-Emergency services;

D. Procedures for emergency departments to report Contractor's system and/or protocol failures and Contractor's processes for correcting deficiencies when failures occur;

E. Procedures for the authorization and payment of Medically Necessary Post-Stabilization Care Services consistent with 42 CFR section 438.114, APL 19-008, and APL 23-009;

F. Procedures for screening and referral of Members who meet Enhanced Care Management (ECM) Population of Focus eligibility criteria, especially

the Individuals at risk for avoidable hospital or Emergency Department utilization Population of Focus; and

G. Procedures for screening and referral of Members who meet medical necessity eligibility criteria for Community Health Workers CHW services.

3.2.7 Prohibited Punitive Action Against the Provider

Contractor is prohibited from taking punitive action against a Provider who either requests an expedited resolution or supports a Member's Appeal. Further, Contractor may not prohibit, or otherwise restrict, a health care professional acting within their lawful scope of practice, from advising, or advocating on behalf of, a Member about:

A. The Member's health status, medical care, treatment options, or alternative treatment options (including any alternative treatment that may be self-administered), including obtaining any information the Member needs in order to decide among all relevant treatment options;

B. The risks, benefits, and consequences of treatment or non-treatment; or

C. The Member's right to participate in decisions regarding their health care, including the right to refuse treatment and to express preferences about future treatment decisions.

3.2.8 Submittal of Inpatient Days Information

Contractor must report hospital inpatient days to DHCS as required by Welfare and Institutions Code (W&I) section 14105.985(b)(2). Upon DHCS' written request, Contractor must also provide these reports for the time period and in the form and manner specified in DHCS' request, within 30 calendar days of receipt of the request. Contractor must submit additional reports to DHCS, as requested, for the administration of the Disproportionate Share Hospital program.

Exhibit A, ATTACHMENT III

3.3 Provider Compensation Arrangements

3.3.1 Compensation and Value Based Arrangements
3.3.2 Capitation Arrangements
3.3.3 Provider Financial Incentive Program Payments
3.3.4 Identification of Responsible Payor
3.3.5 Claims Processing
3.3.6 Prohibited Claims
3.3.7 Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider
3.3.8 Non-Contracting Certified Nurse Midwife, Nurse Practitioner, and Licensed Midwife Providers
3.3.9 Non-Contracting Family Planning Providers
3.3.10 Sexually Transmitted Disease
3.3.11 Human Immunodeficiency Virus Testing and Counseling
3.3.12 Immunizations
3.3.13 Community Based Adult Services
3.3.14 Organ and Bone Marrow Transplants
3.3.15 Long-Term Care Services
3.3.16 Emergency Services and Post-Stabilization Care Services
3.3.17 Provider-Preventable Conditions
3.3.18 Prohibition Against Payment to Excluded Providers
3.3.19 Compliance with Directed Payment Initiatives and Related Reimbursement Requirements

3.3 Provider Compensation Arrangements

3.3.1 Compensation and Value Based Arrangements

A. Except as otherwise specified in this Contract, Contractor may compensate Providers as Contractor and Provider negotiate and agree.

B. DHCS encourages Contractor to utilize value-based and alternative payment models to compensate Network Providers, especially for Primary Care Covered Services, in ways that ensure Provider accountability for both quality and total cost of care with a focus on population health management. Contractor must monitor and must report, within 90 calendar days of DHCS' request, the number or amount, and percent, of Contractor's Members, Network Providers, and medical expenditures that are made under such payment models, separately for hospital services, professional services, and other services at a minimum.

C. Payment to support Networks based on value: To continue to build and strengthen Networks based on value, Contractors must support their Providers through value-based payment models that promote high-quality, affordable, and equitable care.

On an annual basis, as specified by DHCS, Contractor must report on its Network payment models using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) framework categories as outlined.

D. Effective Primary Care: Contractor must support effective Primary Care and integrated care through use of alternative payment models, such as population-based payment and shared savings. Specifically, Contractor must:

1) Ensure investment in Primary Care service delivery

a) Contractor must report on total Primary Care spend, as defined by the Integrated Healthcare Association (IHA), and the percent of spend within each HCP LAN APM Framework Category. Contractor must report the percentage of spend within each HCP LAN APM Framework Category as a percentage of its total spend.

b) Contract must stratify the reporting of Primary Care spend (and as a percentage of total spend) by age (Children and youth ages zero to 20; adults ages 21+), by race/ethnicity, and as requested by DHCS.

c) Contractor must work with DHCS and other stakeholders to analyze the relationship between the percent of spend for Primary Care services with performance of the overall delivery system. If the evidence shows that rebalancing to increase Primary Care spend improves quality or drives lower total cost of care, DHCS may set a target or floor for Primary Care spend in future requirements, and Contractor will be required to meet these targets for minimum Primary Care spend.

2) Ensure promotion of Primary Care delivery through alternative payment models

a) As specified by DHCS, Contractor must report on its Primary Care payment models using the HCP LAN APM Framework Categories.

b) As specified by DHCS, Contractor must report on an annual basis the number and percent of its contracted Primary Care clinicians paid using each HCP LAN APM Framework Category.

c) A description of Contractor's payment model for its five largest medical groups, as defined by the number of Providers, and how its Primary Care clinicians are paid. Contractor must adopt and progressively expand the percent of Primary Care clinicians paid through the HCP LAN APM Framework Categories of population-based payment (Category 4) and alternative payment models built on a fee-for-service structure such as shared savings (Category 3).

3.3.2 Capitation Arrangements

Payments by Contractor to a Network Provider on a capitation basis must be payable effective the date the Member's Enrollment is assigned to the Network Provider. Capitation Payments by Contractor to a Network Provider must be payable no later than 30 calendar days after the Member Assignment.

3.3.3 Provider Financial Incentive Program Payments

A. Contractor may compensate Providers through financial incentive program payments, so long as:

1) Financial incentive program payments to Providers are not designed to induce Providers to reduce or limit Medically Necessary Covered Services provided to a Member;

2) Financial incentive program payments comply with the requirements of All Plan Letter (APL) 19-005, where applicable; and

3) All financial incentive programs related to this Contract are reported in the form, manner, and frequency specified by DHCS.

B. Contractor may implement and maintain a physician incentive plan, as defined in 42 Code of Federal Regulations (CFR) section 422.208, so long as:

1) No specific payment is made directly or indirectly under the physician incentive plan as an inducement to reduce or limit Medically Necessary Covered Services provided to a Member; and

2) The physician incentive plan complies with the requirements of 42 CFR sections 438.3(i) and 438.10(f)(3).

3.3.4 Identification of Responsible Payor

Contractor must provide information to the DHCS fiscal intermediary that identifies the payor(s) responsible for reimbursement of Covered Services provided to a Member. Contractor must identify the Network Provider, Subcontractor, or Downstream Subcontractor responsible for payment, if applicable, and the name and telephone number of the Provider responsible for providing care. Contractor must provide this information upon DHCS' request and in a manner prescribed by DHCS.

3.3.5 Claims Processing

Contractor must pay all Clean Claims submitted by Providers in accordance with this section, unless the Provider and Contractor have agreed in writing to an alternate payment schedule, subject to the following:

A. Contractor must comply with 42 United States Code (USC) section 1396u-2(f) and Health and Safety Code (H&S) sections 1371 - 1371.36 and their implementing regulations. Contractor must be subject to any penalties and sanctions, including interest at the rate of 15 percent per annum, provided by law if Contractor fails to meet the standards specified in this section.

B. Contractor is expected to pay Clean Claims within 30 calendar days of receipt. For the purpose of establishing compliance thresholds, Contractor must pay at least 90 percent of all Clean Claims from Providers within 30 calendar days of the date of receipt and 99 percent of all Clean Claims within 90 calendar days. For purposes of calculation, the date of receipt is considered the date Contractor receives the claim, as indicated by its date

stamp on the claim, and the date of payment is considered be the date of the check or other form of payment. Pursuant to H&S section 1371(a), if Contractor does not pay a Clean Claim within 45 Working Days of receipt, it will owe the Provider interest at the rate of 15 percent per annum beginning on the first day after a 45 Working Day period. For the purposes of calculating interest, the first day is considered to be the first calendar day after 45 Working Days following the receipt of the claim. Contractor must automatically include all accrued interest in any late payment.

C. Contractor must provide direct instruction, training, and technical assistance to its providers to support information transmission and the submission of Clean Claims, including bills or invoices submitted by ECM providers; Community Support providers; Doulas, or other community-based providers that are unable to submit claims through an electronic file format. Contractor must make claiming, billing or invoicing guides and notices readily available to its Providers, including through Provider portals and/or Provider manuals. Contractor is required to train Network Providers to effectively use electronic systems to facilitate timely submission of Clean Claims, equivalent encounters, or bills or invoices.

D. If claims are denied, rejected, or contested in whole or in part, Contractor must specify the reason(s) for contesting or denying a claim and specify the additional information necessary to complete the claim as well as offering technical assistance to remediate deficiencies.

E. Contractor must maintain procedures for pre-payment and post-payment claims review, including review of any data associated with Providers, Members, and the Covered Services for which payment is claimed.

F. Contractor must maintain sufficient claims processing, tracking, and payment systems capability to comply with applicable State and federal law, regulations, and Contract requirements, to determine the status of received claims and to provide an Incurred but Not Reported Claim Estimate as specified by 28 CCR sections 1300.77.1 and 1300.77.2.

3.3.6 Prohibited Claims

A. Contractor must comply with 22 CCR sections 53866, 53220, and 53222 regarding the submission and recovery of claims for services provided under this Contract. Contractor must ensure that its Subcontractors and Downstream Subcontractors also comply with 22 CCR sections 53866, 53220, and 53222.

B. Contractor must hold harmless and indemnify Members for Contractor's debt to Providers for services rendered and billed to Members.

3.3.7 Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider

A. Reimbursement of Non-Contracting Federally Qualified Health Centers (FQHCs) and Rural Health Center (RHCs)

If FQHC and RHC services are not available in Contractor's Network in a particular county of Contractor's Service Area, Contractor must reimburse non-contracting FQHCs and RHCs for Covered Services in that county provided to Members at a level and amount of payment that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a Provider which is not a FQHC or RHC.

B. Required Terms and Conditions for Network Provider Agreements with FQHCs and RHCs

1) Contractor must submit to DHCS, within 30 calendar days of a request and in the form and manner specified by DHCS, documentation of the services provided, the reimbursement level, and amount for each of Contractor's FQHC and RHC Network Provider Agreements.

2) Contractor must certify in writing to DHCS within 30 calendar days of DHCS' written request that, pursuant to Welfare and Institutions Code (W&I) sections 14087.325(b) and (d), Contractor's Network Provider Agreement terms and conditions with FQHCs and RHCs are the same as those offered to other Network Providers providing similar services, and that reimbursement is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a Provider which is not a FQHC or an RHC.

3) Contractor is not required to pay FQHCs and RHCs the Medi-Cal per-visit rate for that clinic.

4) Contractor must fully cooperate with any DHCS review and audit of Contractor's operations and records related to FQHC and RHC reimbursement to ensure compliance with State and federal law.

5) Contractor must submit any FQHC and RHC Network Provider Agreements to DHCS for approval in accordance with W&I section 14087.325.

6) To the extent that an Indian Health Care Provider (IHCP) Facility chooses to participate as an FQHC or RHC, the above

requirements in this Paragraph B must apply to a Network Provider Agreement with an IHCP. Moreover, Contractor must pay any non-contracted IHCP that qualifies as an FQHC or RHC an amount equal to what Contractor would pay a contracted FQHC or RHC, and DHCS must make any additional payment needed to comply with 42 CFR section 438.14(c).

7) Contractor or its Subcontractors and Downstream Subcontractors may enter into financial incentive payment arrangements with FQHC and RHC Network Providers provided such agreements meet all applicable conditions of federal and State law and of APL 19-005 including, but not limited to, the following:

a) Contractor must establish and maintain clear, objective criteria for the financial incentive payments and the conditions under which payments will be made.

b) The financial incentive payment arrangement must enumerate specific metrics and/or performance terms for the FQHC or RHC to attain the financial incentive payment.

c) Contractor must have written agreements in place with the FQHC or RHC prior to the start of the financial incentive payment arrangement, including the methodology used to determine the total incentive payment amount.

d) The financial incentive payments must be similar to, and not less in amount than, other financial incentive payments Contractor makes to non-FQHC or non-RHC Network Providers who are providing similar services.

e) Financial incentive payment arrangements must not result in payments that are less than the payments made by Contractor to non-FQHC or non-RHC Network Providers who are providing similar services.

f) Contractor must evaluate the effectiveness of the financial incentive payments and adjust or discontinue them if they are determined ineffective upon evaluation.

g) Contractor must provide to DHCS, upon request, written agreements for, as well as policies and procedures for oversight and monitoring of, such financial incentive payments.

C. Indian Health Care Providers

1) Contractor must attempt to contract with each IHCP in its Service Area as set forth in 22 CCR sections 55120 - 55180. Contractor must reimburse an IHCP that qualifies as a FQHC but is not a Network Provider as set forth in 42 CFR section 438.14(c)(1).

2) For services provided to Members who are qualified to receive services from an IHCP pursuant to the California Medicaid State Plan, Supplement 6, Attachment 4.19-B, regardless of whether the IHCP is a Network Provider:

   a) Contractor must reimburse IHCP at the most current and applicable outpatient per-visit rate published in the Federal Register by the Indian Health Service (IHS) in accordance with APL 17-020 and APL 21-008.

   b) Contractor must ensure compliance with any retroactive changes to the outpatient per-visit rates published in the Federal Register by the IHS by appropriately reimbursing IHCPs in accordance therewith.

   c) Contractor must reimburse IHCPs at the Medi-Cal Fee-For-Service (FFS) Rate for services that, pursuant to the California Medicaid State Plan, Supplement 6, Attachment 4.19-B, are not eligible for the outpatient per-visit rate published in the Federal Register by the IHS.

3.3.8 Non-Contracting Certified Nurse Midwife, Nurse Practitioner, and Licensed Midwife Providers

In accordance with 22 CCR section 51345 *et seq*. and APL 18-022, if there are no non-contracting Certified Nurse Midwife (CNM), Nurse Practitioner (NP), or Licensed Midwife (LM) Providers in Contractor's Network, Contractor must reimburse non-contracting CNMs, NPs, or LMs for services provided to Members at no less than the applicable Medi-Cal FFS Rates. For hospitals, the requirements of Exhibit A, Attachment III, Subsection 3.3.16.A.3 (*Emergency Services*), if applicable, apply. For Free Standing Birthing Centers, Contractor must reimburse non-contracting Free Standing Birthing Centers at no less than the applicable Medi-Cal FFS Rate. If an appropriately licensed non-contracting Free Standing Birthing Center is used, Contractor also must pay the Center's facility fee.

3.3.9 Non-Contracting Family Planning Providers

Pursuant to federal law, including but not limited to 42 USC sections 1396a(a)(23) and 1396n(b) and 42 CFR section 431.51, Contractor must

reimburse non-contracting family planning Providers at no less than the appropriate Medi-Cal FFS Rate, for services listed in Exhibit A, Attachment III, Subsection 5.2.8 (*Specific Requirements for Access to Programs and Covered Services*), provided to Members of childbearing age to temporarily or permanently prevent or delay pregnancy.

3.3.10 Sexually Transmitted Disease

Pursuant to federal law, including but not limited to 42 USC sections 1396a(a)(23) and 1396n(b) and 42 CFR section 431.51, Contractor must reimburse non-contracted family planning Providers, including local health departments, at no less than the Medi-Cal FFS Rate for the diagnosis and treatment of a Sexually Transmitted Disease (STD) episode, as defined in Policy Letter (PL) 96-09. Contractor must provide reimbursement only if the STD treatment Provider provides treatment records or documentation of the Member's refusal to release Medical Records to Contractor along with billing information.

3.3.11 Human Immunodeficiency Virus Testing and Counseling

Pursuant to federal law, including but not limited to 42 USC sections 1396a(a)(23) and 1396n(b) and 42 CFR section 431.51, Contractor must reimburse non-contracting family planning Providers, including local health departments, at no less than the Medi-Cal FFS Rate for Human Immunodeficiency Virus (HIV) testing and counseling in accordance with PL 97-08. Contractor must provide reimbursement only if such non-contracting family planning Providers make reasonable efforts to report confidential test results to Contractor in accordance with applicable laws and regulations, including but not limited to H&S section 121025 *et seq*.

3.3.12 Immunizations

Contractor must reimburse local health departments for the administration fee for immunizations given to Members, in accordance with the terms set forth in APL 18-004, who are not already immunized as of the date of the immunization. The local health department must provide immunization records when immunization services are billed to Contractor. Other than local health departments, Contractor is not obligated to reimburse Providers for immunizations under this provision unless the Provider enters into an agreement with Contractor.

3.3.13 Community Based Adult Services

Contractor must reimburse Network Providers for Community Based Adult Services (CBAS) pursuant to a reimbursement structure that must include an all-inclusive per-Member, per-day of attendance rate, or otherwise be reflective of the acuity and/or level of care of the Member population served by Network Providers of CBAS. In accordance with W&I section 14184.201(d)(4), Contractor

must reimburse Network Providers of CBAS the amount the Provider could collect if the Member accessed those services in the FFS delivery system, as defined by DHCS in the California Medicaid State Plan and other applicable guidance, including but not limited to guidance issued pursuant to W&I section 14184.102(d), unless Contractor and the Network Provider mutually agree to reimbursement in a different amount. Contractor may include incentive payment adjustments and performance and/or quality standards in its rate structure in paying Network Providers of CBAS.

3.3.14 Organ and Bone Marrow Transplants

In accordance with W&I section 14184.201(d), and for applicable dates of service, Contractor must reimburse a Provider furnishing organ or bone marrow transplant surgeries to a Member the amount the Provider could collect for those same services if the Member accessed those services in the FFS delivery system, as defined by DHCS in the California Medicaid State Plan, a Directed Payment Initiative, and other applicable guidance, including but not limited to guidance issued pursuant to W&I section 14184.102(d).

3.3.15 Long-Term Care Services

In accordance with W&I sections 14184.201(b) and (c), and for applicable dates of service, Contractor must reimburse a Network Provider furnishing institutional Long-Term Care LTC services to a Member the amount the Provider could collect if the Member accessed those services in the FFS delivery system, as defined by DHCS in the California Medicaid State Plan, a Directed Payment Initiative, and other applicable guidance, including but not limited to guidance issued pursuant to W&I section 14184.102(d). As used in this provision, “institutional LTC services” has the same meaning as set forth in the California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions and, subject to W&I section 141814.201(g), includes, at a minimum, all of the following services: Skilled Nursing Facility (SNF) services; subacute facility services; pediatric subacute facility services; and Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), and ICF/DD-Nursing (ICF/DD-N) services.

3.3.16 Emergency Services and Post-Stabilization Care Services

A. Emergency Services

1) Subject to 42 CFR section 422.113(b), Contractor is responsible for coverage and payment of Emergency Services and must cover and pay for Emergency Services regardless of whether the Provider that furnishes the services has a contract with Contractor. Contractor must not deny payment for treatment obtained when a Member had an Emergency Medical Condition, including cases in

which the absence of immediate medical attention would not have had the outcomes specified in 42 CFR section 438.114(a)(i) – (iii). Further, Contractor must not deny payment for treatment obtained when a representative of Contractor instructs the Member to seek Emergency Services. Emergency Services must not be subject to Prior Authorization by Contractor.

2) Contractor must not limit what constitutes an Emergency Medical Condition on the basis of lists of diagnoses or symptoms or refuse to reimburse Emergency Services based on the emergency room Provider, hospital, or fiscal agent not notifying the Member's Primary Care Providers, Contractor, or DHCS of the Member's screening and treatment for Emergency Services. A Member who has an Emergency Medical Condition must not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the Member.

3) Contractor must reimburse Providers for Emergency Services received by a Member from out-of-Network Providers. Payments to non-contracting Providers must be for the treatment of the Emergency Medical Condition, including Medically Necessary inpatient services rendered to a Member until the Member's condition has stabilized sufficiently to permit referral and transfer in accordance with instructions from Contractor or the Member is stabilized sufficiently to permit discharge. The treating Provider is responsible for determining when the Member is sufficiently stabilized for transfer or discharge and that determination is binding on Contractor. Emergency Services must not be subject to Prior Authorization by Contractor.

4) At a minimum, Contractor must reimburse the non-contracting emergency department and, if applicable, its affiliated Providers for physician services at the lowest level of the emergency department evaluation and management physician's Current Procedural Terminology (CPT) codes, unless a higher level is clearly supported by documentation, and for the facility fee and diagnostic services such as laboratory and radiology.

5) For all non-contracted Emergency Services Providers, reimbursement by Contractor or by a Subcontractor or Downstream Subcontractor who is at risk for out-of-Network Emergency Services for properly documented claims for services rendered by out-of-Network Provider pursuant to this provision must be made in accordance with Exhibit A, Attachment III, Subsection 3.3.5 (*Claims Processing*) above and 42 USC section 1396u-2(b)(2)(D).

B. Post-Stabilization Care Services

1) Except for the response time periods set forth in 42 CFR section 422.113(c)(2)(ii) and (iii)(A), Post-Stabilization Care Services must be covered by and paid for in accordance with 42 CFR section 422.113(c) and APL 23-009. Applicable response time periods involving Post-Stabilization Care Services is governed by Exhibit A, Attachment III, Subsection 2.3.2(B) (*Timeframes for Medical Authorization*) of this Contract and APL 23-009. Contractor is financially responsible for Post-Stabilization Care Services obtained within or outside Contractor's Network that are authorized by Contractor, Subcontractor, or Downstream Subcontractor.

2) In accordance with 28 CCR section 1300.71.4, Contractor must approve or disapprove a request for Post-Stabilization Care Services made by a Provider on behalf of a Member within 30 minutes of the request. If Contractor fails to approve or disapprove authorization within the required timeframe, the authorization is deemed approved.

3) Contractor is also financially responsible for Post-Stabilization Care Services obtained within or outside Contractor's Network that are not authorized by Contractor, Subcontractor, or Downstream Subcontractor, but administered to maintain, improve, or resolve the Member's stabilized condition if Contractor, Subcontractor, or Downstream Subcontractor does not respond to a request for authorization within 30 minutes; Contractor, Subcontractor, or Downstream Subcontractor cannot be contacted; or Contractor, Subcontractor, or Downstream Subcontractor and the treating Provider cannot reach an agreement concerning the Member's care. In this situation, the treating Provider may continue with care of the Member until Contractor, Subcontractor, or Downstream Subcontractor is reached and assumes responsibility for the Member's care or one of the criteria of 42 CFR section 422.113(c)(3) is satisfied.

4) Contractor's financial responsibility for Post-Stabilization Care Services it has not authorized ends when a Network Provider with privileges at the treating hospital assumes responsibility for the Member's care; a Network Provider assumes responsibility for the Member's care through transfer; Contractor's Representative and the treating Provider reach an agreement concerning the Member's care; or the Member is discharged.

5) Consistent with 42 CFR sections 438.114(e), 422.113(c)(2), and 422.214, Contractor is financially responsible for payment of Post-

Stabilization Care Services, following an emergency admission, at the hospital's Medi-Cal FFS Rate for general acute care inpatient services rendered by a non-contracting, Medi-Cal certified hospital, unless a lower rate is agreed to in writing and signed by the hospital.

a) For the purposes of this Subsection 3.3.16 (*Emergency Services and Post-Stabilization Care Services*), the FFS payment amounts for dates of service when the Post-Stabilization Care Services were rendered must be the FFS payment method known as diagnosis-related groups, which for the purposes of this Paragraph 5 must apply to all acute care hospitals, including public hospitals that are reimbursed under the certified public expenditure basis methodology (W&I section 14166 *et seq.*), less any associated direct or indirect medical education payments to the extent applicable.

b) Payment made by Contractor to a hospital that accurately reflects the payment amounts required by this Paragraph 5 must constitute payment in full and must not be subject to subsequent adjustments or reconciliations by Contractor, except as provided by Medicaid law and regulations. A hospital's tentative and final cost settlement processes required by 22 CCR section 51536 must not have any effect on payments made by Contractor pursuant to this Paragraph 5.

C. Disputed claims involving Emergency Services and/or Post-Stabilization Care Services may be submitted for resolution under provisions of W&I section 14454 and 22 CCR section 53620 *et seq.* (except section 53698) to:

Department of Health Care Services
Office of Administrative Hearings and Appeals
3831 North Freeway Blvd, Suite 200
Sacramento, CA 95834

Contractor agrees to implement DHCS' determination and reimburse the out-of-Network Provider within 30 calendar days of the effective date of a decision that Contractor is liable for payment of a claim and must provide proof of reimbursement in such form as DHCS directs. Failure to reimburse the out-of-Network Provider within 30 calendar days must result in capitation offsets in accordance with W&I sections 14454(c) and 14115.5 and 22 CCR section 53702 and may subject Contractor to sanctions pursuant to W&I section 14197.7.

3.3.17 Provider-Preventable Conditions

Contractor, Subcontractor, or Downstream Subcontractor, or Network Provider must not pay any Provider claims nor reimburse a Provider for a Provider-Preventable Condition (PPC) in accordance with 42 CFR section 438.3(g). Contractor must report and require any and all of its Network Providers, Subcontractors, and Downstream Subcontractors to report PPCs in the form and frequency required by APL 17-009.

3.3.18 Prohibition Against Payment to Excluded Providers

In accordance with 42 USC section 1396b(i)(2), Contractor must not pay any amount for any services or items, other than Emergency Services, to an Excluded Provider as defined in Exhibit A, Attachment III, Subsection 1.3.4.A, (*Tracking Suspended, Excluded, and Ineligible Providers*) of this Contract. This prohibition applies to non-emergent services furnished by a Provider at the medical direction or prescribed by an Excluded Provider when the Provider knew or had a reason to know of the exclusion or prescribed by an Excluded Provider to whom DHCS has failed to suspend payment while pending an investigation of a credible allegation of Fraud.

3.3.19 Compliance with Directed Payment Initiatives and Related Reimbursement Requirements

Contractor must reimburse eligible Providers in accordance with the terms of applicable Pass-Through Payments and Directed Payment Incentives as specified in Exhibit B, Section 1.14 (Special Contract Provisions Related to Payment). Contractor must provide Provider-level data to DHCS and Providers eligible for Directed Payment Initiatives in a form and manner specified by DHCS through APLs or other technical guidance.

Exhibit A, ATTACHMENT III

4.0 Member

DHCS is committed to ensuring that the Medi-Cal Member's experience is at the center of health care delivery from the point of Enrollment into a managed care plan throughout their time as a Member.

This Article makes explicit DHCS' commitment to a comprehensive population health managed approach that ensures all Members have equitable access to necessary wellness and prevention services, Care Coordination, Complex Care Management (CCM), Transitional Care Services, and Enhanced Care Management (ECM). From assessing the needs of Members on a population basis, to identifying and stratifying Members' risk on an individual basis, Contractors are required to have the systems (including data analytic capabilities), processes, and people (including ECM Providers in network with direct experience working with specific Populations of Focus) to support appropriate Population Health Management functions.

This Article also makes explicit DHCS' commitment to ensure that Members are appropriately accessing Covered Services, including when they are referred to community-based Providers. For example, Contractor must ensure referrals to services provided by Community Health Workers (CHWs), peer counselors, and local community organizations providing Community Support services.

This Article includes provisions that directly address Social Drivers of Health (SDOH) – from capturing and tracking SDOH data to providing Community Support services. Community Support services, such as medically tailored meals and short-term post-hospitalization services, are intended to address SDOH and can be provided by Contractors to the extent they are medically appropriate, cost-effective substitutes for Covered Services.

Finally, this Article outlines provisions related to Grievances and Appeals which includes processes by which Contractors must inform Members of their rights and ensure seamless processes by which Members can exercise their rights. DHCS also includes reporting requirements to enable DHCS to effectively monitor, oversee, and enforce Contract provisions when needed.

4.1 Marketing

4.1.1 Training and Certification of Marketing Representatives
4.1.2 Marketing Plan

4.1 Marketing

4.1.1 Training and Certification of Marketing Representatives

Before conducting any Marketing, Contractor must develop a training and certification program for Contractor's Marketing Representatives, and ensure that all staff performing any Marketing activities or distributing Marketing Materials are appropriately certified.

A. Contractor is responsible for all Marketing activities conducted on its behalf. Contractor is liable for all violations committed by any of its Marketing Representatives. Marketing staff must not provide Marketing services for more than one Contractor, and Marketing strategies must align with Contractor's efforts in improving Health Equity. Marketing Representatives must not engage in Marketing practices that illegally discriminate against a Member or Potential Member on the basis of any characteristic protected by federal or State law. Such protected characteristics include, without limitation, sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56. Contractor must ensure all Marketing activities and Marketing Materials are culturally and linguistically competent in compliance with Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*) and Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees*).

B. Training Program

Contractor must develop a training program that will train staff and prepare Marketing Representatives for certification. Prior to implementation, Contractor must obtain written approval from DHCS for Contractor's training and certification program, and any changes in the program. Contractor must develop and provide to Marketing Representatives a staff orientation and Marketing Representative training/certification manual. At a minimum, the manual must explain:

1) The Medi-Cal program, including Medi-Cal Fee-For-Service (FFS), Medi-Cal managed care, Network Providers, Subcontractors, Downstream Subcontractors, and program eligibility;

2) The Medi-Cal scope of services;

3) Contractor's administrative operations and health delivery system program, including the Service Area covered, Excluded Services,

additional services, conditions of Member Enrollment, and aid categories;

4) Contractor's Utilization Management policy, including, but not limited to, how Members are obligated to obtain all Non-Emergency medical care through Contractor's Network and a description of all prerequisites to medical care and other health care services, such as referrals and Prior Authorizations;

5) Contractor's Grievance and Appeals procedures; the State Hearing process; and, as applicable to Contractor's plan model, the Independent Medical Review (IMR) process;

6) When Members can disenroll from Contractor, including qualifying conditions for both voluntary and mandatory disenrollment;

7) Contractor's obligation to keep confidential any information obtained from Members and Potential Members, including information regarding eligibility under any public welfare or social services program;

8) How Contractor will supervise and monitor its Marketing Representatives and staff to ensure compliance with applicable statutes and regulations;

9) The types of acceptable and prohibited communication methods and sales techniques Marketing Representatives may or may not use;

10) Contractor's anti-discrimination policy and the prohibition against the Enrollment or failure to enroll a Member or Potential Member due to a pre-existing medical condition (except for conditions requiring Excluded Services); and

11) The consequences of Marketing misrepresentation and Abuse, including, but not limited to, discipline, suspension of Marketing activities, termination, and civil and criminal prosecution. The Marketing Representative and Contractor must understand that any Abuse of Marketing requirements can result in termination of this Contract.

4.1.2 Marketing Plan

Before conducting any Marketing, or implementing any Marketing plan, Contractor must develop and obtain DHCS written approval for its Marketing plan or changes to a Marketing plan as specified below. The Marketing plan must be

specific to the Medi-Cal program only and Marketing Materials must be distributed within Contractor's entire Service Area. Contractor must ensure that the Marketing plan and all related materials are accurate and do not mislead, confuse, or defraud Members, Potential Members, or the Medi-Cal program.

A. Contractor must submit a Marketing plan to DHCS for review and approval on an annual basis and any time Contractor desires to change its Marketing plan. The Marketing plan, whether new or revised, must describe all of Contractor's current and proposed Marketing, including, but not limited to, all procedures, activities, events, and methods.

B. Contractor's Marketing plan must contain the following:

1) A table of contents section that divides the Marketing plan into chapters, sections, or pages. Each page must be dated and numbered so that chapters, sections, or pages can be easily identified and replaced when revised.

2) A mission statement or statement of purpose for the Marketing plan.

3) An organizational chart including key staff positions and the Marketing director's name, address, telephone, and facsimile number.

4) A narrative description explaining how Contractor's internal Marketing department operates by identifying key staff positions, roles, and responsibilities. The narrative must also report relationships including, if applicable, how Contractor's commercial Marketing staff and functions interface with Contractor's Medi-Cal Marketing staff and functions.

5) Copies of all Member incentives Contractor will distribute during any Marketing event or through any other Marketing activities, in accordance with All Plan Letter (APL) 16-005.

6) An explicit description of all of Contractor's expected Marketing methods and activities.

7) Documentation of all agreements between Contractor and the organizations with which it is undertaking Marketing activities.

8) All Marketing Materials Contractor will use, including those for English-speaking populations, non-English speaking populations, and alternative formats for people with disabilities (including Braille,

large-size print font no smaller than 20-point, accessible electronic format, and audio format).

9) A description of the methods Contractor will use to distribute Marketing Materials in compliance with APLs, this Contract, and State and federal law, including, but not limited to, the Telephone Consumer Protection Act of 1991 (47 United States Code (USC) section 227).

10) Copies of a sample Marketing identification badge and business card clearly identifying Marketing Representatives as Contractor's employees. Marketing identification badges and business cards must not resemble those of a government agency.

11) Written formal procedures for monitoring the performance of Contractor's Marketing Representatives to ensure Marketing integrity, pursuant to Welfare and Institutions Code (W&I) section 14408(c).

12) All sites for proposed Marketing activities, such as annual health fairs and community events in which Contractor proposes to participate.

13) All other information requested by DHCS to assess Contractor's Marketing program.

C. If Contractor wishes to conduct a Marketing activity not included in the approved Marketing plan, Contractor must submit a written request and obtain prior written approval for that Marketing activity from DHCS. Contractor must submit the written request, a copy of the proposed Marketing Materials, and all other required documentation at least 30 calendar days prior to the Marketing activity, unless DHCS agrees to a shorter review period.

D. At least 30 calendar days before Contractor's participation in any proposed Marketing events, Contractor must notify its designated DHCS Contract Manager in writing and provide required documentation for DHCS review and approval. In cases where Contractor learns of a Marketing event less than 30 calendar days before the event, Contractor must immediately provide written notification and required documentation to DHCS for review and approval. In no instance may notification be less than two Working Days before the Marketing event.

E. At least 30 calendar days before Contractor's participation in any proposed Marketing events, Contractor must submit a community event Marketing agreement for DHCS review and approval. Along with the

community event Marketing agreement, there must be an attestation from the event organization stating that:

1) Contractor will not distribute Marketing Materials or conduct Marketing presentations at a Network Provider, Subcontractor, Downstream Subcontractor, or out-of-Network Provider site, including hospitals and their property; and

2) There are trained Marketing staff at the Marketing event and, if the Marketing event is educational, there are trained health educators at the Marketing event.

F. Contractor must obtain prior DHCS approval before performing in-home Marketing presentations and must provide strict accountability, including documentation from the Potential Member requesting an in-home Marketing presentation or a telephone log entry documenting the Potential Member's request.

G. Contractor must submit any advertisement intended for Marketing purposes to DHCS for prior approval. Such advertisements include, but are not limited to, mass media, magazines, newspapers, radio, telephonic Marketing, TV, billboards, bus sides, and any mobile advertisements.

H. Contractor must not position any mobile advertisements at any Network Provider, Subcontractor, Downstream Subcontractor, or non-contracted Provider sites, including hospitals and their property.

I. When conducting Marketing, Contractor must comply with W&I sections 10850(b), 14407.1, 14408, 14409, 14410, and 14411 and 22 California Code of Regulations (CCR) sections 53880 and 53881.

J. Contractor must not engage in door-to-door, telephone, e-mail, texting, or other Cold-Call Marketing for the purpose of enrolling Potential Members, or for any other purpose.

K. Contractor must not distribute Marketing Materials or conduct Marketing presentations at any Network Provider, Subcontractor, Downstream Subcontractor, or out-of-Network Provider sites, including hospitals and their property.

L. Contractor must not seek to influence Enrollment in conjunction with the sale or offering of any private insurance.

M. Contractor's Marketing Materials must not contain any statements that suggest Enrollment is necessary to obtain or to avoid losing Medi-Cal

benefits, or that Contractor is endorsed by DHCS, Center for Medicare & Medicaid Services (CMS), or any other State or federal government entity.

N. All of Contractor's Marketing must be accurate and not mislead, confuse, or defraud Members, Potential Members, or the Medi-Cal program, pursuant to 42 Code of Federal Regulations (CFR) section 438.104.

Exhibit A, ATTACHMENT III

4.2 Enrollments and Disenrollments

4.2.1 Enrollment
4.2.2 Disenrollment

4.2 Enrollments and Disenrollments

4.2.1 Enrollment

Contractor must cooperate with the DHCS Enrollment processes and the DHCS Enrollment contractor in enrolling all Potential Members into Medi-Cal managed care health plans. DHCS and its Enrollment contractor will verify eligibility status and notify the Potential Member of the available Medi-Cal managed care health plans in their County. Contractor must ensure mandatory and voluntary Potential Members residing in its Service Area, are properly enrolled pursuant to the requirements of this provision.

A. Non-Discrimination in Enrollment

Contractor must accept as Members all Potential Members who select or are assigned to Contractor without regard to sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, pre-existing medical condition(s), genetic information, health status, marital status, gender, gender identity, sexual orientation, existing or prior involvement in the justice system, or identification with any other persons or groups defined in California Penal Code section 422.56.

B. Enrollment Processing Criteria

1) Contractor must accept as Members all Potential Members who meet the Enrollment criteria in 22 California Code of Regulations (CCR) section 53845, as follows:

a) Potential Members with a Mandatory aid code unless they qualify for an exemption from Enrollment pursuant to 22 CCR section 53887 or meet the criteria in 22 CCR section 53891(c).

b) Potential Members with a Mandatory aid code who are default enrolled because they did not select a Medi-Cal managed care plan during the choice timeframe.

c) Potential Members with a Justice Involved aid code who are default enrolled per the Justice Involved Reentry Initiative, as described in the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative.

d) Potential Members with a Voluntary aid code who select Contractor as their Medi-Cal managed care plan.

C. Enrollment Process

1) Contractor will receive an effective Enrollment date from DHCS that is no later than 90 calendar days from the date that Medi-Cal Eligibility Data System (MEDS) lists the individual as meeting the required Enrollment criteria contained in 22 CCR section 53845(a).

2) DHCS or its Enrollment contractor will assign Potential Members meeting the Enrollment criteria contained in 22 CCR section 53845(a) to Medi-Cal Managed Care Health Plans in accordance with 22 CCR section 53884, if the Potential Member fails to select a plan after receiving notice that they are required to enroll in Medi-Cal Managed Care.

3) Notwithstanding any other provision in this Contract, Paragraphs 1) and 2) above do not apply to Potential Members without a current valid deliverable address or with an address designated as a county post office box for homeless Members.

D. Enrollment Disputes

1) Contractor must notify DHCS of Enrollment disputes, pursuant to the requirements and procedures contained in Exhibit E, Section 1.21 (*Contractor's Dispute Resolution Requirements*).

2) DHCS has 120 calendar days from the date of DHCS' receipt of Contractor's Enrollment dispute notice (the "cure period") to make necessary Enrollment corrections or adjustments, identified in Contractor's dispute notice, without incurring any financial liability to Contractor. For purposes of this Provision, DHCS will be deemed to have corrected or adjusted any issues identified in Contractor's notice if, within the cure period, any of the following occurs:

a) Mandatory plan Members receive an effective Member Assignment date that is within the cure period; or

b) DHCS corrects or adjusts an Enrollment issue by redirecting Enrollment from Contractor to another Contractor within the cure period; or

c) Within the cure period, DHCS changes the distribution of Member Assignment, subject to the requirements of 22 CCR section 53845, to the maximum extent new Members are available to be assigned, to adjust for the number of incorrectly assigned Members.

3) If it is necessary to redirect Enrollment or change the distribution of Member Assignment and such change varies from the requirements of 22 CCR section 53884(b)(5) or (b)(6), Contractor agrees it will neither seek legal nor equitable relief for such variance or the results of such variance if DHCS resumes assignment consistent with 22 CCR sections 53884(b)(5) or (b)(6) after any necessary Enrollment correction or adjustment.

4) DHCS will not be financially liable to Contractor for any Enrollment dispute, in an affected county (on a county-by-county basis) if Contractor's loss of mandatory plan Members, in a month in which a dispute occurs, is less than 5 percent of Contractor's total Members in that affected county. The parties acknowledge that the above referenced 5 percent threshold will apply on a county-by-county basis, not in the aggregate. DHCS' financial liability must not exceed 15 percent of Contractor's monthly Capitation Payment.

E. Coverage

1) Member coverage begins at 12:01 a.m. on the first day of the calendar month for which the Potential Member's name is included on the list of new Members assigned to Contractor. The term of Enrollment continues indefinitely until this Contract expires, is terminated, or the Member is disenrolled pursuant to the conditions described in Exhibit A, Attachment III, Subsection 4.2.2 (*Disenrollment*) below.

2) Contractor must authorize and provide coverage for Medically Necessary Covered Services to a Child born to a Member for the month of birth and the following month. No additional Capitation Payment is owed Contractor for the services provided to the newborn Child for month of birth and the month following birth.

F. Temporary Exemption from Mandatory Enrollment

A Member in a mandatory aid code category who currently has a DHCS approved medical exemption request pursuant to 22 CCR section 53887 will not be assigned to Contractor until the medical exemption expires or the medical exemption is subsequently denied by DHCS.

G. Mandatory Assignment Restrictions

Assignment will continue on a monthly basis unless restricted by DHCS. DHCS will impose assignment restrictions and provide written notice to Contractor at least ten calendar days prior to the start of the restriction

period. DHCS will notify Contractor at least ten calendar days before the end of the restriction period.

4.2.2 Disenrollment

DHCS or its agent will process a Member's disenrollment from Contractor under the following conditions, in accordance with the provisions of 22 CCR section 53891:

A. Disenrollment from Contractor is mandatory when:

1) The Member requests disenrollment with a request for Enrollment in the competing Medi-Cal managed care plan pursuant to 22 CCR section 53891(c), subject to any lock in restrictions on disenrollment under the federal lock in option, if applicable, or when the Member enrolls in a Medicare Advantage plan that is affiliated with a competing Medi-Cal managed care plan.

2) The Member is no longer eligible for Enrollment with Contractor because they lost Medi-Cal eligibility, including the death of a Member.

3) Contractor's contract is terminated or Contractor no longer participates in the Medi-Cal Program.

4) Enrollment was in violation of 22 CCR section 53891(a)(2), or requirements of this Contract regarding Marketing.

5) The Member requests disenrollment in accordance with Welfare and Institutions Code (W&I) section 14303.1, following a merger with other organizations, or W&I section 14303.2, following a reorganization or merger, with a parent or subsidiary corporation. In these circumstances, Contractor must give Members the option to disenroll for any cause, and request Enrollment in another Medi-Cal managed care plan within 60 calendar days following the date of the reorganization or merger. Contractor must not disenroll the Member to Fee-For-Service (FFS).

6) A Member's change of residence is outside of Contractor's Service Area.

Mandatory disenrollment from Contractor will be effective on the first day of the next month after DHCS receives all documentation it determines are necessary to process the disenrollment, provided disenrollment was requested at least 30 calendar days prior to that date.

B. Except as provided in above Paragraph A.6) of this Subsection, Enrollment terminates no later than midnight on the last day of the first calendar month after DHCS receives the Member's disenrollment request and all required supporting documentation for Enrollment in a competing plan. On the first day after Enrollment ceases, Contractor is relieved of all obligations to provide Covered Services to the Member under the terms of this Contract. Contractor agrees in turn to return to DHCS any Capitation Payment forwarded to Contractor for Members no longer enrolled with Contractor under this Contract.

C. Contractor must implement and maintain procedures to ensure that all Members requesting disenrollment are provided an explanation of the Member's right to disenroll at any time, with the requirement that the Member enroll in the competing Medi-Cal managed care plan in the county, subject to the requirements in 22 CCR section 53891(c), and any restricted disenrollment period. Additionally, Contractor must immediately refer Members requesting disenrollment from Contractor to the DHCS Enrollment contractor so the Member may be enrolled in another Medi-Cal managed care plan or disenrolled because they require a carved-out service.

Exhibit A, ATTACHMENT III

4.3 Population Health Management and Coordination of Care

4.3.1 Population Health Management Program Requirements
4.3.2 Population Needs Assessment
4.3.3 Data Integration and Exchange
4.3.4 Medi-Cal Connect (DHCS' PHM Service)
4.3.5 Population Risk Stratification and Segmentation, and Risk Tiering
4.3.6 Screening and Assessments
4.3.7 Care Management Programs
4.3.8 Basic Population Health Management
4.3.9 Other Population Health Requirements for Children
4.3.10 Transitional Care Services
4.3.11 Targeted Case Management Services
4.3.12 Mental Health Services
4.3.13 Alcohol and Substance Use Disorder Treatment Services
4.3.14 California Children's Services
4.3.15 Services for Persons with Developmental Disabilities
4.3.16 School-Based Services
4.3.17 Dental
4.3.18 Direct Observed Therapy for Treatment of Tuberculosis
4.3.19 Women, Infants, and Children Supplemental Nutrition Program
4.3.20 Home and Community-Based Services Programs
4.3.21 In-Home Supportive Services
4.3.22 Indian Health Care Providers
4.3.23 Justice Involved Reentry Coordination
4.3.24 Managed Care Liaisons

4.3 Population Health Management and Coordination of Care

4.3.1 Population Health Management Program Requirements

A. Contractor must develop and maintain a Population Health Management (PHM) program that ensures all Members have equitable access to necessary wellness and prevention services, Care Coordination and care management. Contractor must assessMember needs across the continuum of care based on Member preferences, data-driven risk stratification, identified gaps in care and standardized assessment processes at both the individual Member level, and at the community level. Contractor must maintain a PHM program that seeks to improve the health outcomes of all Members consistent with the requirements set forth in this Section and DHCS guidance. Contractor must report on PHM program operations, effectiveness, and outcomes based on DHCS guidance specified in the PHM Policy Guide, as noted in All Plan Letter (APL) 22-024.

B. Contractor must ensure its PHM program meets, at a minimum, all National Committee for Quality Assurance (NCQA) PHM standards as well as applicable federal and State requirements as set forth in APL 22-024. As described in Exhibit A, Attachment III, Subsection 4.3.2 (*Population Needs Assessment*) and in accordance with APL 23-021, Contractor must fulfill its Population Needs Assessment (PNA) requirement by meaningfully participating in the local health jurisdiction (LHJ) Community Health Assessment (CHA)/ Community Health Implementation Plan (CHIP) process in the Service Area county(ies) in which it operates, and submit a PHM Strategy, informed by PNA findings, to DHCS. PHM Strategy submission documentation will include an NCQA-approved PHM strategy for accredited Plans. Contractor that has not yet obtained NCQA accreditation is still responsible for submitting PHM Strategy documentation prepared for near-future NCQA submission in line with NCQA Health Plan Accreditation standards, inclusive of population assessment documentation informing PHM Strategy and accreditation application process if Contractor is without current accreditation, upon DHCS request.

4.3.2 Population Needs Assessment

A. Contractor must conduct a Population Needs Assessment (PNA) by participating in the CHA/CHIP processes led by Local Health Departments (LHDs) in the Service Area county(ies) where Contractor operates, as defined further in APL 23-021 and the PHM Policy Guide.

B. Contractor operating in multiple LHD jurisdictions must participate in the CHA/CHIP process for each jurisdiction in which it operates.

C. Contractor must submit an annual PHM Strategy that demonstrates that Contractor is responding to community needs and provides PHM updates as specified and, in the format prescribed by DHCS.

D. Contractor must ensure that any populations covered by a Fully Delegated Subcontractor, Partially Delegated Subcontractor, or Downstream Subcontractor are included in the PNA and PHM Strategy process.

E. Contractor must publish on its website all LHD CHAs/CHIPs in the Service Area along with a brief description of how Contractor participated in the CHA/CHIP process. Contractor must also share findings from the CHA/CHIPs in Service Area with their Community Advisory Committees (CACs).

F. Based on participation in the CHA/CHIP process in the Service Area, Contractor must annually review and update the following in accordance with the population-level needs and the DHCS Comprehensive Quality Strategy:

1) Targeted health education materials for Members, including Member-facing outreach materials for any identified gaps in services and resources, including but not limited, to Non-Specialty Mental Health Services;

2) Cultural and linguistic and quality improvement strategies to address identified population-level health and social needs; and

3) Wellness and prevention programs.

G. Contractor's MOU with an LHD must include a requirement that Contractor coordinate with the LHD to develop a process to implement DHCS guidance regarding the PNA and PHM Strategy requirements.

H. The PNA and PHM Strategy requirements, as outlined in this Subsection, and other PHM deliverables, as described in this Contract, remain consistent with 22 CCR, sections 53876, 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), 28 CCR, section 1300.67.04; 42 CFR sections 438.206(c)(2), 438.330(b)(4) and 438.242(b)(2); and APL 23-021.

I. Additional operational details on the PNA and PHM Strategy are located in the PHM Policy Guide. Any future updates will also be communicated to Contractor via the PHM Policy Guide.

4.3.3 Data Integration and Exchange

In accordance with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access final rule (CMS-9115-F) and applicable federal and State data exchange requirements, Contractor must integrate its PHM data by expanding its Management Information System (MIS) capabilities outlined in Exhibit A, Attachment III, Section 2.1 (*Management Information System*), as follows:

A. Integrate additional data sources in accordance with all NCQA PHM standards to ensure the ability to assess the needs and characteristics of all Members;

B. Enhance interoperability of its MIS to allow for data exchange with Health Information Technology (HIT) systems and Health Information Exchange (HIE) networks as specified by the DHCS;

C. Enhance interoperability of the PHM Service, in support of population health principles, integrated care, and Care Coordination across delivery systems;

D. Provide DHCS with administrative, clinical, and other data requirements as specified by the DHCS; and

E. Comply with all data sharing agreements, including data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with Health & Safety Code (H&S) section 130290.

F. Comply with the CMS Interoperability and Patient Access Final Rule set forth at CMS-9115-F.

4.3.4 Medi-Cal Connect (DHCS' PHM Service)

Contractor must use the PHM Service in accordance with all applicable federal and State laws and regulations, and in a manner specified by DHCS. Contractor must use the PHM Service, at a minimum, to:

A. Perform Risk Stratification and Segmentation (RSS) activities and Risk Tiering functions as described in this Subsection;

B. Identify and assess Member-level risks and needs through use of the PHM Service's Risk Tiering functionality, which places Members into high, medium-rising, or low Risk Tiers, and use the RSS and Risk Tiering functionality to identify and assess Member-level risks and needs as specified in the PHM Policy Guide;

C. Inform and enable Member screening and assessment activities, including pre-populating screening and assessment tools; and

D. Support Member engagement and education activities.

4.3.5 Population Risk Stratification and Segmentation, and Risk Tiering

A. Contractor must use RSS and Risk Tiering to identify and assess Member-level risks and needs and, as needed, connect Members to services in a manner specified in the PHM Policy Guide and detailed below:

1) Consider findings from the PNA and all Members' behavioral, developmental, physical, oral health, and Long-Term Services and Supports (LTSS) needs, as well as health risks, rising-risks, and health-related social needs due to SDOH;

2) Comply with NCQA PHM standards;

3) Risk stratify and/or segment all Members at least annually and during each of the following timeframes:

a) Upon each Member's Enrollment;

b) Annually after each Member's Enrollment;

c) Upon a Significant Change in the health status or level of care of the Member; and

d) Upon the occurrence of events or new information that Contractor determines as potentially changing a Member's needs, including but not limited to, referrals for Complex Care Management (CCM), Enhanced Care Management (ECM), and Transitional Care Services.

4) Submit its processes to DHCS upon request regarding how it identifies Significant Changes in Members' health status or level of care and how it is monitoring appropriate re-stratification;

5) Incorporate a minimum list of data sources, as specified in the PHM Policy Guide;

6) Avoid and reduce biases in its RSS approach, such as only using utilization data, by using evidence-based methods to prevent further exacerbation of Health Disparities; and

7) Continuously reassess the effectiveness of the RSS methodologies and tools.

B. Once the PHM Service RSS and Risk Tiering functionality is available for use by Contractor, Contractor must use RSS and PHM Service Risk Tiers to:

1) Connect all Members, including those with rising risk, to an appropriate and available Contractor-identified level of service, including but not limited to, care management programs, Basic PHM, and Transitional Care Services; and

2) Contractor may supplement the PHM Service outputs with local data sources and methodologies.

C. Upon request, Contractor must ensure that its RSS and Risk Tiering approach is submitted to DHCS for review and approval in a form and method prescribed by DHCS.

4.3.6 Screening and Assessments

A. In accordance with 42 CFR section 438.208, Contractor must conduct an initial screening or assessment of each Member's needs within 90 days of Enrollment and share that information with DHCS, and other managed care health plans or Providers serving the Member, to prevent duplication of those activities. Contractor must make at least three attempts to contact a Member to conduct the initial screening or assessment using available modalities.

B. Contractor must conduct necessary screening and assessments to gain timely information on the health and social needs of all Members, in accordance with applicable State and federal laws and regulations, and NCQA PHM standards.

C. Contractor must abide by DHCS guidance for Member screening and assessment, including guidance for how to use the PHM Service for the screening and assessment process.

D. Contractor must monitor what percentage of required assessments are completed per the specifications above.

4.3.7 Care Management Programs

Contractor must maintain a PHM delivery infrastructure to ensure that the needs of its entire Member population are met across the continuum of care. The infrastructure must provide Members with the appropriate level of care

management through person-centered interventions based on the intensity of health and social needs and services required. The care management interventions described in this Subsection are intended for specific segments of the population that require more intensive engagement than the Basic PHM described in Exhibit A, Attachment III, Subsection 4.3.8 (*Basic Population Health Management*). Members receiving the care management services described in this Subsection must have an assigned CCM Care Manager and a Care Management Plan (CMP).

Enhanced Care Management

Enhanced Care Management (ECM) is a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high need and/or high-cost Members**.** ECM provides systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. This benefit is intended for the highest risk Medi-Cal managed care health plan Members who meet the Populations of Focus criteria. ECM is described in Exhibit A, Attachment III, Section 4.4 (*Enhanced Care Management*).

Complex Care Management

Complex Care Management (CCM) (which equates to “Complex Case Management” as defined by NCQA) is an approach to comprehensive care management that meets differing needs of high and medium rising-risk Members through both ongoing, chronic Care Coordination and interventions for episodic, temporary needs. The overall goal of CCM is to help Members regain optimum health or improved functional capability, in the right setting, and in a cost-effective manner. Contractor must consider CCM to be an opt-out program, i.e. Members have the right to participate or to decline to participate.

Both ECM and CCM are inclusive of Basic PHM, which Contractor must provide to all Members, at minimum. Care Managers conducting ECM or CCM must integrate all elements of Basic PHM into their ECM or CCM approach.

A. Care Management Programs

Contractor must operate and administer the following care management programs:

1) ECM as described in Exhibit A, Attachment III, Section 4.4 (*Enhanced Care Management*).

2) CCM

a) Contractor must operate and administer CCM in accordance with all NCQA CCM standards and requirements, and coordinate services for high and medium/rising-risk Members through Contractor's CCM approach. To the extent NCQA's standards are updated, Contractor must comply with most recent standards. Contractor must maintain and provide DHCS with policies and procedures that, at a minimum, include the following details regarding its CCM program:

   i. Contractor's CCM program must be designed and implemented to help Members gain or regain optimum health or improved functional capability in the right setting;

   ii. Contractor's CCM program must include comprehensive assessment of the Member's condition; determination of available benefits and resources; and development and implementation of a CMP with performance goals, monitoring and follow-up;

   iii. Contractor's CCM program must have an opt-out method under which Members meeting criteria for CCM have the right to decline to participate;

   iv. Contractor's CCM program must include a variety of interventions for Members that meet the differing needs of high and medium/rising-risk populations, including longer-term chronic Care Coordination and interventions for episodic, temporary needs;

   v. Contractor's CCM program must incorporate disease-specific management programs (including, but not limited to, asthma and diabetes) that include self-management support and health education;

   vi. For Members under age 21, Contractor's CCM program must include Early Periodic Screening, Diagnosis and Testing (EPSDT); all Medically Necessary services, including those that are not necessarily covered for adult Members, must be provided as long as they could be Medi-Cal-services.

b) Contractor must assess Members for the need for Community Supports as part of its CCM program to eligible Members.

c) A description of the CCM program must be included, in a manner to be prescribed by DHCS, in Contractor's annual PHMS for DHCS review and approval, outlining all the components of its CCM program, including all those listed in this Subsection.

B. CCM Care Manager Role

1) Assignment of CCM Care Manager

a) Contractor must identify and assign a CCM Care Manager for every Member receiving CCM. Following NCQA requirements, Contractor may delegate CCM to Network Providers or other entities that are NCQA-certified. PCPs may be assigned as CCM Care Managers when they are able to meet all the requirements specified in this Subsection.

b) When a CCM Care Manager other than the Member's PCP is assigned, Contractor must provide the Member's PCP with the identity of the Member's assigned CCM Care Manager, and a copy of the Member's CMP.

c) When multiple Providers perform separate aspects of Care Coordination for a Member, Contractor must:

i. Identify a lead CCM Care Manager and communicate the identity of the Care Manager to all treating Providers and the Member; and

ii. Maintain policies and procedures to ensure compliance and non-duplication of Medically Necessary services and delegation of responsibilities between Contractor and the Member's Providers in meeting all care management requirements.

2) CCM Care Manager Responsibilities

a) Contractor is responsible for ensuring CCM Care Managers comply with all of the Basic PHM requirements in Exhibit A, Attachment III, Subsection 4.3.8 (*Basic Population Health Management*) and all NCQA CCM standards.

b) Contractor must ensure that the CCM Care Manager performs the following duties:

i. Conduct Member assessments as needed to identify and close any gaps in care and address the Member's physical, mental health, Substance Use Disorder (SUD), developmental, oral health, dementia, palliative care, chronic disease, and LTSS needs as well as needs due to SDOH;

ii. Complete a CMP for all Members receiving CCM, consistent with the Member's goals in consultation with the Member. The CMP must:

a. Address a Member's health and social needs, including needs due to SDOH;

b. Be reviewed and updated at least annually, upon a change in Member's condition or level of care, or upon request of the Member;

c. Be in an electronic format and a part of the Member's Medical Record, and document all of the Member's services and treating Providers;

d. Be developed using a person-centered planning process that includes identifying, educating, and training the Member's parents, family members, legal guardians, Authorized Representatives (ARs), caregivers, or authorized support persons, as needed; and

e. Include referrals to community-based social services and other resources even if they are not Covered Services under this Contract.

iii. Ensure continuous information sharing and communication with the Member and their treating Providers; and

iv. Specify the responsibility of each Provider that provides services to the Member.

c) Ensure Members receive all Medically Necessary services, including Community Supports, to close any gaps in care

and address the Member's mental health, SUD, developmental, physical, oral health, dementia, palliative care needs as well as needs due to SDOH;

d) Support and assist the Member in accessing all needed services and resources, including across the physical and Behavioral Health delivery systems;

e) Communicate to Members' parents, family members, legal guardians, ARs, caregivers, or authorized support persons all Care Coordination provided to Members, as appropriate;

f) Provide referrals to Community Health Workers (CHWs), peer counselors, and other community-based social services including, but not limited to, personal care services, LTSS, Community Supports and local community organizations and other programs or services offered by other agencies and third-party entities with which Contractor has or will have a MOU;

g) Assess the Member's understanding of the referral instructions and follow-up to determine whether the referral instructions were completed or whether the Member needs further assistance to access the services, and if so, provide such assistance;

h) Review and/or modification of Member's CMP, when applicable, to address unmet service needs;

i) Facilitate and encourage the Member's adherence to recommended interventions and treatment; and

j) Ensure timely authorization of services to meet the Member's needs in accordance with the Member's CMP.

4.3.8 Basic Population Health Management

A. Contractor must provide Basic PHM to all Members, in accordance with 42 CFR section 438.208. Contractor must maintain policies and procedures that meet the following Basic PHM requirements, at a minimum:

1) Ensure that each Member has an ongoing source of care that is appropriate, ongoing and timely to meet the Member's needs;

2) Ensure Members have access to needed services including Care Coordination, navigation and referrals to services that address

Members' developmental, physical, mental health, SUD, dementia, LTSS, palliative care, and oral health needs;

3) Ensure that each Member is engaged with their assigned PCP and that the Member's assigned PCP plays a key role in the Care Coordination functions described in this Subsection, in partnership with Contractor;

4) Ensure each Member receives all needed preventive services in partnership with the Member's assigned PCP;

5) Ensure efficient Care Coordination and continuity of care for Members who may need or are receiving services and/or programs from out-of-Network Providers;

6) Ensure Members are provided with resources and education about how to access the various programs and services offered by agencies and third-party entities with whom Contractor has or will have an executed MOU;

7) Review Member utilization reports to identify Members not using Primary Care; stratify such reports, at minimum, by race and ethnicity to identify Health Disparities that result from differences in utilization of outpatient and preventive services; and develop strategies to address differences in utilization;

8) Facilitate access to care for Members by, at a minimum, helping to make appointments, arranging transportation, ensuring Member health education on the importance of Primary Care for Members who have not had any contact with their assigned Medical Home/PCP or have not been seen within the last 12 months, particularly Members less than 21 years of age;

9) Ensure all services are delivered in a culturally and linguistically competent manner that promotes Health Equity for all Members;

10) Coordinate health and social services between settings of care, across other Medi-Cal managed care health plans, delivery systems, and programs (e.g., Targeted Case Management, Specialty Mental Health Services), with external entities outside of Contractor's Network, and with Community Supports and other community-based resources, even if they are not Covered Services under this Contract, to address Members' needs and to mitigate impacts of SDOH;

11) Coordinate referrals to ensure Care Coordination with public benefits programs, including without limitation, as required by this Contract under the requirements set forth for Memorandums of Understanding (MOUs) in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*);

12) Assist Members, Members' parents, family members, legal guardians, ARs, caregivers, or authorized support persons with navigating health delivery systems, including Contractor's Subcontractor and Downstream Subcontractor Networks, to access Covered Services as well as services not covered under this Contract;

13) Provide Members with resources to address the progression of disease or disability, and improve behavioral, developmental, physical, and oral health outcomes;

14) Communicate to Members' parents, family members, legal guardians, ARs, caregivers, or authorized support persons all Care Coordination provided to Members, as appropriate;

15) Ensure that Providers furnishing services to Members maintain and share, as appropriate, Members' Medical Records in accordance with professional standards and State and federal law;

16) Facilitate exchange of necessary Member Information in accordance with any and all State and federal privacy laws and regulations, including data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with H&S section 130290, specifically pursuant to 45 CFR parts 160 and 164 subparts A and E, to the extent applicable; and

17) Maintain processes to ensure no duplication of services occurs.

B. Wellness and Prevention Programs

1) Contractor must provide wellness and prevention programs that meet NCQA PHM standards, including for the provision of evidence-based self-management tools;

2) Contractor must ensure that the wellness and prevention programs align with the DHCS Comprehensive Quality Strategy;

3) Contractor must provide wellness and prevention programs in a manner specified by DHCS, and in collaboration with LGAs as appropriate, that include the following, at a minimum:

a) Identification of specific, proactive wellness initiatives and programs that address Member needs;

b) Evidence-based disease management programs including, but not limited to, programs for diabetes, cardiovascular disease, asthma, and depression that incorporate health education interventions, target Members for engagement, and seek to close care gaps for Members participating in these programs;

c) Initiatives, programs, and evidence-based approaches to improving access to preventative health visits, developmental screenings and services for Members less than 21 years of age, as described in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age*);

d) Initiatives, programs, and evidence-based approaches on improving pregnancy outcomes for women, including through 12 months post-partum;

e) Initiatives, programs, and evidence-based approaches on ensuring adults have access to Preventive Care, as described in Exhibit A, Attachment III, Subsection 5.3.5 (*Services for Adults*) and in compliance with all applicable State and federal laws;

f) A process for monitoring the provision of wellness and preventive services by PCPs as part of Contractor's Site Review process, as described in Exhibit A, Attachment III, Subsection 5.2.14 (*Site Review*);

g) Health education materials, in a manner that meets Members' health education and cultural and linguistic needs, in accordance with Exhibit A, Attachment III, Subsection 5.3.7 (*Services for All Members*); and

h) Initiatives and programs that implement evidence-based best practices that are aimed at helping Members set and achieve wellness goals.

4) Contractor must ensure that its wellness and prevention programs are submitted to DHCS for review and approval in a form and method prescribed by DHCS.

5) Contract must report annually through the PHMS on how community-specific information and stakeholder input from the PNA is used to design and implement evidence-based wellness and prevention strategies.

4.3.9 Other Population Health Requirements for Children

For Members less than 21 years of age, Contractor must provide as part of care management and Basic PHM the following services for Children:

A. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Case Management Responsibilities

Contractor must provide case management to assist Members less than 21 years of age in gaining access to all Medical Necessary medical, Behavioral Health, dental, social, educational, and other services, as defined in 42 United States Code (USC) sections 1396d(a), 1396d(r), and 1396n(g)(2), and Welfare and Institutions Code (W&I) section 14059.5(b). Case management services for Members less than 21 years of age also include the data exchange necessary for the provision of services as well as the coordination of non-covered services such as social support services. Additionally, Contractor must provide EPSDT case management services as Medically Necessary services for Members less than 21 years of age, as required in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age*), and must ensure that all Medically Necessary services for Members less than 21 years of age are initiated within timely access standards whether or not the services are Covered Services under this Contract.

B. Children and Youth with Special Health Care Needs

Contractor must develop and implement policies and procedures to provide services for CYSHCN. Contractor must ensure that the policies and procedures include the following information, at a minimum, to encourage CYSHCN Member participation:

1) Methods for ensuring and monitoring timely access to pediatric Specialists, sub-Specialists, ancillary therapists, transportation, and Durable Medical Equipment (DME) and supplies. These may include assignment to a Specialist as PCP, Standing Referrals, or other methods.

2) Methods for monitoring and improving the quality, Health Equity and appropriateness of care for CYSHCN.

3) Methods for ensuring Care Coordination with Department of Developmental Services (DDS), local health departments and local California Children's Services (CCS) Programs, as appropriate and as required under any applicable MOUs between Contractor and local health departments and DDS for the CCS Program.

C. Early Intervention Services

Contractor must develop and implement systems to identify Members who may be eligible to receive services from the Early Start program and refer them to the local Early Start program. These Members include those with a condition known to lead to developmental delay, those in whom a developmental delay is suspected, or whose early health history places them at risk for delay. Contractor must collaborate with the local RC or local Early Start program in determining the Medically Necessary diagnostic and preventive services and treatment plans for Members. Contractor must provide case management and Care Coordination to the Member to ensure the provision of all Medically Necessary Covered Services identified in the Individualized Family Service Plan (IFSP) developed by the Early Start program, with PCP participation.

4.3.10 Transitional Care Services

Contractor must provide Transitional Care Services (TCS) to all Members transferring from one setting, or level of care, to another in accordance with 42 CFR section 438.208, other applicable federal and State laws and regulations, APL 22-024, and the PHM Policy Guide. Transferring from one setting, or level of care, to another includes, but is not limited to, discharges from hospitals, institutions, acute care facilities, and Skilled Nursing Facilities (SNFs) to home or community-based settings, Community Supports, post-acute care facilities, or Long-Term Care (LTC) settings.

Contractor must identify every Member undergoing a transition as high-risk or lower-risk according to the criteria in the PHM Policy Guide.

For all identified high-risk Members, Contractor must ensure a Member has a single point of contact for the duration of the transition. If a Member identified as high risk is not receiving CCM or ECM, Contractor must identify a care manager who is a single point of contact responsible for ensuring the completion of all Transitional Care Services, including making referrals and ensuring no gaps in care. For Members identified as lower risk, a single point of contact is not required, but there must be a dedicated care management team available, as described further in the PHM Policy Guide.

Contractor must ensure that TCS processes meet the requirements of A-C below, for both high and lower risk Members. The PHM Policy Guide describes in further detail how the requirements below apply to high and lower risk Members.

Additional guidance is forthcoming on the specific TCS requirements for different populations.

A. General Requirements for Transitional Care Applicable to All Members in Transition, including High- and Lower-Risk Members

Contractor must implement transitional care processes that meet the following further requirements as specified in the PHM Policy Guide, at minimum:

1) Ensure each Member is evaluated for all care settings appropriate to the Member's condition, needs, preferences and circumstances. Members must not be discharged to a setting that does not meet their medical and/or LTSS needs;

2) Ensure that permission is obtained from Members, Members' parents, legal guardians, or ARs, as appropriate to share information with Providers to facilitate transitions, in accordance with federal and State privacy laws and regulations;

3) Ensure referrals to Community Supports and coordination with county social service agencies and waiver agencies for In-Home Supportive Services (IHSS) and other Home and Community-Based Services (HCBS) for Members who may be eligible for such services, and in accordance with any MOU executed between Contractor and such agencies;

4) Ensure referrals to ECM and Community Supports for Members identified as having unstable housing, experiencing homelessness, or needing nursing facility care, for whom transition to home/assisted living facility or short term post hospitalization/recuperative care are alternatives;

5) Ensure all Prior Authorizations required for the Member's discharge are processed within timeframes consistent with the urgency of the Member's condition, not to exceed five Working Days for routine authorizations, or 72 hours for expedited authorizations, in accordance with Exhibit A, Attachment III, Subsection 2.3.2 (*Timeframes for Medical Authorization*). Prior Authorizations should be complete prior to discharge. This includes Prior Authorizations for therapy, home care, medical supplies, prescription medications

for which Contractor is responsible, and DME that are processed in accordance with 42 CFR section 438.210, H&S section 1367.01, and Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*) of this Contract;

6) Ensure all Network Provider hospitals, institutions, and facilities educate their Discharge Planning staff on the services, supplies, medications, and DME needing Prior Authorization;

7) Ensure that mutually agreed-upon policies and procedures for Discharge Planning and Transitional Care Services exist between Contractor and each of its Network Provider and out-of-Network Provider hospitals within its Service Area;

8) Prevent delayed discharges of a Member from a hospital, institution, or facility due to circumstances such as, but not limited to, Contractor authorization procedures or transitions to a lower level of care, by determining and addressing the root causes of why delays occur;

9) Require all of its contracted hospitals, and all SNFs with electronic health records, to send Admission, Discharge, and Transfer (ADT) notifications to Contractor for each of its assigned Members in accordance with Interoperability and Patient Access Final Rule set forth at CMS-9115-F, and in accordance with the California Health and Human Services Data Exchange Framework set forth in H&S section 130290, and as further specified in the PHM Policy Guide; and

10) Ensure all Members being discharged from discharging facilities, including SNFs, have a PCP who can provide follow-up care, as appropriate, and that the discharging facilities have contact information for PCPs.

B. Responsibility to Ensure Completion of Facility's Discharge Planning Process, Including Member Engagement for All Members, Including Both High and Lower Risk Members.

Contractor must ensure the discharging facility completes a Discharge Planning process that engages Members, Members' parents, legal guardians, or Authorized Representatives, as appropriate, when being discharged from a hospital, institution or facility. Contractor must ensure that the facility's process is consistent with CMS Conditions of Participation, State regulations, and Joint Commission Requirements, as applicable, including as follows:

1) Contractor must ensure the discharging facility focuses on the Member's goals and treatment preferences during the discharge process, and that they are documented in the Medical Record. Contractor must ensure the discharging facility uses a consistent assessment process and/or assessment tools to identify Members who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning.

    a) For high-risk Members, Contractor must ensure the facility shares this information with the care manager. Contractor must also ensure the discharging facility has processes and procedures in place to refer Members to ECM or Community Supports as needed.

    b) For lower risk Members, Contractor must ensure the hospital has processes and procedures to leverage this assessment to identify Members who may benefit from services and refer Members to Contractor for high risk TCS, ECM, or Community Supports.

2) For discharge instructions, Contractor must ensure that the Member and their designated caregiver are informed of the continuing health care requirements following discharge from the facility. This information must include, but is not limited to, education and counseling about the Member's medications, including dosing and proper use of medication delivery devices, when applicable. The information must be provided in a culturally and linguistically appropriate format to the Member and caregiver, and must include the opportunity for the caregiver to ask questions about the post-hospital needs of the Member per H & S section 1262.5.

3) For discharge coordination, Contractor must ensure discharging facility has process in place for coordinating care with the following:

    a) For Member's designated family caregiver, Contractor must ensure the discharging facility has processes to ensure Member's designated family caregiver is notified of the Member's discharge or transfer to another facility per H&S section 1262.5.

    b) For post-discharge Providers, Contractor must ensure discharging facility provides necessary clinical information to the appropriate post-discharge Providers, including the discharge summary per 42 CFR section 482.43.

C. Transitional Care Services for High and Lower Risk Members

1) Contractor must identify every Member undergoing a transition as high risk or lower-risk. For the criteria for high and lower-risk, and detailed requirements for each, refer to the PHM Policy Guide.

2) For Members identified as high risk, Contractor must ensure the Member has a single point of contact for the duration of the transition who is responsible for ensuring a successful transition. If the Member is receiving CCM or ECM, Contractor must ensure that the Member's assigned care manager provides all TCS. The single point of contact is responsible for:

a) Outreach to Member;

b) Assessing Member's risk for adverse outcomes to inform needed TCS and identify Members that may require ECM, CCM (if not already enrolled), or Community Supports, using the discharging facility data and Member engagement;

c) Reviewing facility discharge summary;

d) Ensuring Member receives appropriate discharge instructions;

e) Ensuring follow up Providers receive appropriate clinical information;

f) Ensuring medication reconciliation is complete post discharge;

g) Ensuring Members with SUD and mental health needs receive treatment for those conditions upon discharge;

h) Ensuring the completion of all recommended follow-up, including any needed specialty or primary care follow-up, any SUD or mental health treatment, or any needed community or home-based services.

3) For Members identified as lower risk, Contractor must, in addition to meeting all general requirements in Paragraphs A and B above:

a) Ensure Member has, at minimum, telephonic access to a dedicated TCS team for at least 30 days from the discharge. The team must:

i. Be able to access the Member's discharge documents to be able to assist Member with questions, including but not limited to medication changes;

ii. Assist Member with any TCS needs identified by Member, including but not limited to access to ambulatory care, appointment scheduling, referrals, arranging Non-Emergency Medical Transport (NEMT);

iii. Provide escalation to meet any TCS needs as needed, including connecting Members with a licensed Provider, if necessary; and

iv. Place and coordinate referrals to longer term care management programs such as ECM/CCM, and/or Community Supports for eligible Members at any point in the transition.

b) Ensure Member can access the TCS team through a dedicated phone number as follows:

i. During business hours, Contractor must ensure Members can connect with live TCS team member within no more than one automated phone selection option.

ii. Outside of business hours, Members must be able to be referred to Emergency Services as needed and be able to leave a message. TCS team must respond to Members within one Working Day of message.

iii. Contractor must ensure the Member is notified of the TCS support team and phone line directly, and make best efforts to ensure Member is notified directly within 24 hours of discharge.

c) Ensure Member completes follow-up with ambulatory PCP, Specialist, or advanced practice Provider that has prescribing authority within 30 calendar days to ensure medication reconciliation. For a Member who has not had a visit with their assigned PCP within the last 12 months, ensure the Member completes PCP follow-up in addition to any necessary non-primary care ambulatory visits within 30 calendar days.

d) Use data from discharges to assess and identify Members that may newly qualify for ECM/CCM or Community Supports.

D. Nursing Facility Transitions

1) For diversion from the need for a nursing facility with supports, Contractor must evaluate all Members who have been identified as requiring nursing facility care for Community Supports. This includes the following, as appropriate: short term post-hospitalization, recuperative care, and respite services; day habilitation services; Community Supports supporting transitions to home, or a Residential Care Facility for the Elderly/ Adult Residential Facility, and personal care/homemaker services; as well as for ECM, IHSS, and/or waiver programs that may allow the Member to live at home or in alternative settings with support, as aligned with the Member's goals.

2) When transitioning Members to and from SNFs, Contractor must comply with APL 23-004. Contractor must ensure timely Member transitions that do not delay or interrupt any Medically Necessary services or care by meeting the following requirements, at a minimum:

a) Coordinate with facility discharge planners, care or Case Managers, or social workers to provide case management and Transitional Care Services during all transitions;

b) Assist Members being discharged or Members' parents, legal guardians, or ARs by evaluating all medical needs and care settings available including, but not limited to, discharge to a home or community setting, and referrals and coordination with IHSS, Community Supports, LTSS, and other HCBS programs;

c) Maintain contractual requirements for SNFs to share Minimum Data Set (MDS) Section Q, have appropriate systems to import and store MDS Section Q data and incorporate MDS Section Q data into transition assessments;

d) Ensure all Members being discharged from nursing facilities, have a PCP that can provide follow-up care, as appropriate, and that the discharging facilities have contact information for PCPs;

e) Ensure Member outpatient appointment(s) or other immediate follow-ups are scheduled prior to discharge;

f) Verify with facilities or at-home settings that Members arrive safely at the agreed upon care setting and have their medical needs met; and

g) Follow-up with Members, Members' parents, legal guardians, or ARs, as appropriate, regarding the new care setting to ensure compliance with Transitional Care Services requirements.

4.3.11 Targeted Case Management Services

A. Contractor must identify the target populations for Targeted Case Management (TCM) programs within their Service Area, and maintain procedures to refer Members to TCM services. If upon notification from DHCS that Members are receiving TCM services Contractor is not already aware of, Contractor must reach out to LGAs to coordinate care, as appropriate.

B. Contractor must coordinate with LGAs to provide Care Coordination for all Medically Necessary Covered Services identified by TCM Providers in their Member care plans, including referrals and Prior Authorization for out-of-Network medical services. Coordination with LGAs must continue for Members receiving TCM services until the LGA notifies Contractor that TCM services are no longer needed for the Member.

C. Because TCM can be a direct duplication of services such as, but not limited to, Basic PHM, CCM, ECM, and Community Supports, Contractor must have processes to ensure Members receiving TCM are not receiving duplicative services. For specific guidance on ECM overlap with county-based TCM, see the ECM Policy Guide.

D. Contractor must designate a representative responsible for coordinating TCM services with LGAs for the Member. Contractor representative's responsibilities include, but are not limited to, sharing the appropriate Member Provider(s) information and PCP and/or Care Manager assignment with LGAs and resolving all related operational issues.

E. Contractor must also notify Members' PCPs and/or Care Managers when Members are receiving TCM services and provide them with the appropriate LGA contact information.

F. For Members less than 21 years of age, Contractor must ensure that all Medically Necessary services are provided timely as required in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age)*. Notwithstanding medical services recommended in TCM care plans or arranged by LGAs or TCM Providers for Members less than 21 years of age, Contractor remains responsible for the provision of the EPSDT benefit, as described in Exhibit A, Attachment III, Section 5.3 (*Scope of Services*).

4.3.12 Mental Health Services

Contractor must use DHCS-approved standardized screening tools as identified in APL 22-028 to ensure Members seeking mental health services who are not currently receiving Non-specialty Mental Health Services (NSMHS) or Specialty Mental Health Services (SMHS) receive referrals to the appropriate delivery system for mental health services, either in Contractor's Network or the MHP network, in accordance with the No Wrong Door policies set forth in W&I section 14184.402(f) and specified in Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*).

A. Non-specialty Mental Health Services

Contractor must provide timely NSMHS for Members consistent with the No Wrong Door policies even when:

1) NSMHS were provided:

a) During the assessment process;

b) Prior to determination of a diagnosis; or

c) Prior to determination of whether NSMHS criteria set forth in W&I section 14184.402(b)(2) are met;

2) NSMHS were not included in a Member's individual treatment plan;

3) Member has a co-occurring mental health condition and SUD; or

4) NSMHS are provided to a Member concurrently with SMHS, if those services are not duplicative and coordinated between Contractor and the MHP.

B. Specialty Mental Health Services

1) Contractor must maintain policies and procedures to refer Members who meet the criteria for SMHS to the MHP in accordance with the No Wrong Door policies.

2) Contractor must also enter into a MOU with the MHP in accordance with Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*) to ensure services for its Members are properly coordinated and provided in a timely and non-duplicative manner.

3) If a Member receiving NSMHS is determined to meet the criteria for SMHS due to a change in the Member's condition, Contractor must use DHCS-approved standardized transition tools in accordance with Exhibit A, Attachment III, Subsection 5.5.2 (*Non-specialty Mental Health Services and Substance Use Disorder Services*), and continue to provide NSMHS to the Member concurrently receiving SMHS when those services are not duplicative and coordinated between Contractor and the MHP.

C. Mental Health Services Disputes

1) Disputes between Contractor and MHP must not delay the provision of Medically Necessary services by Contractor or MHP.

2) If Contractor and MHP cannot agree on the appropriate place of care, disputes must be resolved pursuant to APL 21-013, and as specified in Exhibit A, Attachment III, Subsection 5.5.5 (*Mental Health and Substance Use Disorder Services Disputes*). Specifically, as set forth in APL 21-013, Contractor and MHPs must complete the plan level dispute resolution process within 15 Working Days of identifying the dispute.

3) Contractor and MHP may seek to enter into an expedited dispute resolution process if a Member has not received a disputed service(s) and Contractor and/or MHP determine that the routine dispute resolution process timeframe would result in serious jeopardy to the Member's life, health, or ability to attain, maintain, or regain maximum function. Under this expedited process, Contractor and MHP will have one Working Day after identification of a dispute to attempt to resolve the dispute at the plan level. All terms and requirements established in APL 21-013 apply to disputes between Contractor and MHP.

4.3.13 Alcohol and Substance Use Disorder Treatment Services

A. Contractor must identify and refer Members requiring alcohol and/or SUD treatment services to the County Department responsible for alcohol and

SUD treatment, other community resources when services are not available through the County Department, or to outpatient heroin and other opioid detoxification Providers available through the Medi-Cal Fee-For-Service (FFS), as appropriate. Contractor must assist Members in locating available treatment service sites. To the extent that alcohol and/or SUD treatment services are not available within Contractor's Service Area, Contractor must coordinate with the County Department responsible for SUD treatment to refer Members to available treatment outside of Contractor's Service Area.

B. Contractor must have MOUs with each County Department responsible for alcohol and SUD treatment services within Contractor's Service Area in accordance with the MOU requirements in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*). The MOU must delineate the roles and responsibilities between Contractor and County Departments for coordinating care, and ensuring non-duplication of services and timeliness of care for the Members.

C. For Members receiving alcohol and SUD treatment services through County Departments, Contractor must continue to provide all Medically Necessary Covered Services and coordination and referral of services between its Network Providers and other treatment programs for the Member.

D. Prescribing and medication management of buprenorphine and other prescribed medications for SUD treatment (also known as medication-assisted treatment or MAT) are the responsibility of Contractor when they are provided in Primary Care offices, departments, hospitals, or other contracted medical facilities.

E. Contractor must enter into a data sharing agreement with the County Department responsible for alcohol and SUD treatment, other community resources when services are not available through the County Department, or to outpatient opioid disorder treatment. Contractor's data sharing agreement with such County Departments must also require such County Departments, and all Part 2 programs contracting with such County Departments that provide services to Members, to use authorization forms that align with DHCS data sharing and authorization guidance for the disclosure of information that
provide the following:

1) Comply with 42 CFR part 2;

2) Name both Contractor and DHCS as potential recipients of the data being disclosed;

3) Indicate that Contractor and DHCS are permitted to use such data for payment and health care operations purposes, as defined by HIPAA; and

4) If 42 CFR Part 2 is modified to permit such a practice, include a statement indicating that any information disclosed to a covered entity or business associate may be redisclosed to the extent permitted by the HIPAA privacy rule, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.

4.3.14 California Children's Services

A. Notwithstanding any other provisions in W&I section 14094.4 *et seq*. for Contractors operating in COHS counties, Contractor must maintain policies and procedures to identify and refer Members with a potential California Children's Services (CCS)-Eligible Conditions to the local CCS Program for determination of CCS eligibility. These policies and procedures must include the following, at a minimum:

1) The requirement that Network Providers complete the appropriate baseline health assessments and diagnostic evaluations, which provide sufficient clinical detail to establish, or raise a reasonable suspicion, that a Member has a potential CCS-Eligible Condition;

2) The requirement that Contractor supports CCS program referral pathways in the non-Whole Child Model counties including but not limited to identifying children who may be eligible for the CCS program through internal reports, Provider directed referrals, or direct referrals from Contractor;

3) Instruct Network Providers that CCS reimburses only CCS-paneled Providers and CCS-approved hospitals within Contractor's Network, and that reimbursement is only from the date of referral;

4) The requirement that Network Providers complete the initial referrals of Members with suspected CCS-Eligible Conditions same day using modalities accepted by the local CCS Program. The initial referral must be followed by submission of supporting medical documentation sufficient to allow for CCS eligibility determination by the local CCS Program;

5) Instruct Network Providers of their requirement to continue to provide all Covered Services to the Member until CCS Program eligibility is confirmed;

6) The requirement that once eligibility for the CCS Program is established for a Member, Contractor must continue to provide all Covered Services that are not authorized by CCS Program and must ensure the coordination of services and joint case management between the Member's PCP, CCS Providers, and the local CCS Program. Contractor must continue to provide case management services to ensure all Covered Services authorized through the CCS Program are provided timely as required in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members Less Than 21 Years of Age*). Without limitation, Contractor must, as necessary, including upon a Member's request, arrange for all in-home nursing hours authorized by the CCS Program that a Member desires to utilize, as required by APL 20-012; and

7) The requirement that Contractor ensure all Medically Necessary Covered Services are provided to the Member if the local CCS Program does not approve CCS Program eligibility. If the local CCS Program denies authorization for any service, Contractor remains responsible for providing and reimbursing for the cost of the ser vice if it is determined to be Medically Necessary.

B. Authorization for payment must be retroactive to the date the CCS Program was informed about the Member through an initial referral by Contractor or a Network Provider. In an emergency admission, Contractor or a Network Provider must be allowed until the next Working Day to inform the CCS Program about the Member.

C. Contractor must maintain policies and procedures for identifying CCS-eligible Members that are aging out of the CCS Program. Within 12 months of a CCS Member aging out of the program, Contractor must develop a Care Coordination plan to assist the Member in transitioning out of the CCS Program. The policies and procedures must include, the following, at a minimum:

1) Identifying the Member's CCS-Eligible Condition; and any other programs the Member may be eligible for based upon their CCS eligible condition;

2) Planning for the needs of the Member to transition from the CCS Program;

3) A communication plan with the Member in advance of the transition;

4) Identification and coordination of Primary Care and specialty care Providers appropriate to the Member's CCS-Eligible Condition(s); and

5) Continued assessment of the Member through first 12 months of the transition.

D. Contractor must have Memorandums of Understanding (MOUs) with each CCS Program within its Service Area that are in accordance with the MOU requirements in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*). The MOU must delineate the roles and responsibilities of Contractor and the CCS Program for coordinating care and ensuring the non-duplication of services.

4.3.15 Services for Persons with Developmental Disabilities

A. Contractor must maintain policies and procedures for identifying and tracking Members with Developmental Disabilities (DD), including all services they receive.

B. Contractor must designate its own liaison to coordinate with each RC operating within Contractor's Service Area to assist Members with DD in understanding and accessing services, and to act as a central point of contact for questions, access and care concerns, and problem resolution, as required by W&I section 14182(c)(10).

C. Contractor must refer Members with DD to a RC for evaluation and for access to non-medical services provided by the RC, including, but not limited to, respite, out-of-home placement, and supportive living. Contractor must have an MOU in place as required in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*) to coordinate services for the Member with RC staff to ensure the non-duplication services and to create the individual developmental services plan required for all Members with DD, which includes identification of the Member's medical needs and the provision of Medically Necessary services such as medical care, NSMHS, and Behavioral Health Treatment (BHT).

D. Contractor must maintain policies and procedures to identify and refer eligible Members to the HCBS program administered by the Department of Developmental Services (DDS).

E. Contractor must refer to Exhibit A, Attachment III, Subsection 4.3.20 (*Home and Community-Based Services Programs*) for further coordination

of care requirements related to providing HCBS programs through the HCBS-DD Waiver.

4.3.16 School-Based Services

A. Contractor must have an MOU in place with all LEAs in its Service Area in accordance with Exhibit A, Attachment III, Section 5.6 (*MOUs with Third Parties*) to ensure there are processes that account for facilitating cooperation and collaboration between the Member's PCP and the LEA in the development of the Member's Individualized Education Plan (IEP) or the IFSP. Contractor must provide case management and Care Coordination to the Member, or the parent, legal guardian, or AR, to ensure the provision of all Medically Necessary Covered Services identified in the IEP developed by the LEA, with PCP participation.

B. Contractor must cover Medically Necessary mental health and SUD services as specified by DHCS when delivered by school-linked behavioral health providers to a Member who is 25 years of age or younger. Contractor must cover these services in accordance with DHCS guidance related to the Children and Youth Behavioral Initiative (CYBHI) and at the DHCS established fee schedule Contractor must execute agreements in accordance with DHCS guidance and in accordance with H&S section 1374.722 and W&I section 5963.4(c).

C. By 2025, Contractor is required to provide Covered Services, including preventive services and adolescent health services provided in schools or by school-affiliated health providers.

D. Contractor must implement interventions that increase access to preventive, early intervention, and Behavioral Health Services by school-affiliated Behavioral Health Providers for Children in publicly funded childcare and preschool, and TK-12 Children in public schools, in accordance with the interventions, goals, and metrics set forth in W&I section 5961.3(b).

4.3.17 Dental

A. Contractor must cover and ensure that dental screenings and oral health assessments are included for all Members. Contractor must ensure that all Members are given referrals to appropriate Medi-Cal dental Providers. Contractor must provide Medically Necessary Federally Required Adult Dental Services (FRADS), fluoride varnish, and dental services that may be performed by a medical professional. Dental services that are exclusively provided by dental Providers are not covered under this Contract.

B. For Members less than 21 years of age, Contractor must ensure that a dental screening and an oral health assessment are performed as part of every periodic assessment, with annual dental referrals beginning with the eruption of the Member's first tooth or at 12 months of age, whichever occurs first.

C. Contractor must ensure the provision of Medically Necessary dental-related Covered Services that are not exclusively provided by dentists or dental anesthetists. Contractor must also have an identified Contractor liaison available to Medi-Cal dental Providers to assist with referring the Member to other Covered Services. Other Covered Services include, but are not limited to laboratory services, and pre-admission physical examinations required for admission to an outpatient surgical service center, or an in-patient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services). Contractor may require Prior Authorization for Medically Necessary Covered Services needed in support of dental procedures.

   If Contractor requires Prior Authorization in support of dental procedures, Contractor must develop and publish the policies and procedures for obtaining Prior Authorization for dental services to ensure that services are provided to the Member in a timely manner. Contractor must coordinate with DHCS Medi-Cal Dental Services Division in the development of their policies and procedures pertaining to Prior Authorization for dental services and must submit such policies and procedures to DHCS for review and approval.

4.3.18 Direct Observed Therapy for Treatment of Tuberculosis

Contractor must assess the risk of treatment resistance or noncompliance with drug therapy for each Member who requires placement on anti-tuberculosis drug therapy.

A. The following groups are at risk for treatment resistance or noncompliance for the treatment of Tuberculosis (TB):

   1) Members with demonstrated resistance to Isoniazid and Rifampin;

   2) Members whose treatment has failed or who have relapsed after completing a prior regimen;

   3) Substance users;

   4) Members with mental health conditions or SUD;

5) Elderly, Children and adolescent Members;

6) Members with unmet housing needs;

7) Members with language and/or cultural barriers; and

8) Members who have demonstrated noncompliance by failing to keep office appointments.

B. Contractor must refer Members with active TB and Members who have treatment resistance or non-compliance issue risks to the TB control officer of the LHD for Direct Observed Therapy (DOT). If a Provider finds that a Member is at risk for treatment resistance or noncompliance with treatment, Contractor must refer the Member to the LHD for DOT.

C. Contractor must have an MOU in place as required in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*) to ensure joint case management and Care Coordination with the LHD TB Control Officer. Contractor must provide all Medically Necessary Covered Services to Members with TB on DOT.

4.3.19 Women, Infants, and Children Supplemental Nutrition Program

A. Women, Infants, and Children (WIC) services are not covered under this Contract. However, Contractor must maintain procedures to identify and refer eligible Members for WIC services. Contractor must also have an MOU in place as required in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*) to ensure referrals. As part of the referral process, Contractor must provide the WIC program with the Member's current hemoglobin or hematocrit laboratory value. Contractor must also document the laboratory values and the referral in the Member's Medical Record.

B. Contractor must refer, and document the referral of, Members who are pregnant, breastfeeding, or postpartum, or a legal guardian for a Member under the age of five, to the WIC program either as part of the initial evaluation of newly pregnant women pursuant to 42 CFR section 431.635(c) and PL 98-010.

4.3.20 Home and Community-Based Services Programs

A. DHCS administers, either directly or through another State entity, a number of Medi-Cal Home and Community-Based Services (HCBS) programs authorized under the Medi-Cal program. HCBS programs provide long-term community-based services and supports to eligible

Members in the community setting of their choice instead of in an institution.

B. Contractor must continue to provide all Covered Services to a Member when that Member is enrolled in, or applying to enroll in, receiving, or applying to receive an HCBS program other than this Contract. Contractor must continuously collaborate and exchange Member health care and medical information with all third-party entities providing the Member with Medi-Cal HCBS or administering a Medi-Cal-funded HCBS program pursuant to the third-party entity's contractual or legal authority to administer Medi-Cal-funded HCBS programs and/or provide HCBS to the Member. Such third-party entities include, but are not limited to:

1) DHCS;

2) State departments that operate or administer Medi-Cal programs offering HCBS pursuant to legal authority and/or Inter-Agency Agreements with DHCS, including but not limited to, the California Department of Social Services; the California Department of Developmental Services, the California Department of Public Health (CDPH), and the California Department of Aging;

3) Home and Community Based Alternatives Waiver agencies;

4) Assisted Living Waiver Care Coordination agencies;

5) RCs;

6) Multipurpose Senior Services Program sites;

7) Medi-Cal Waiver Program agencies; and

8) California Community Transitions lead organizations.

C. Contractor must maintain procedures to identify Members who may benefit from Medi-Cal HCBS programs and refer Members to the third-party entity administrating the HCBS program. The HCBS programs include, but are not limited to HCBS programs authorized under the Social Security Act (SSA) at 42 USC section 1396n(c), the California Medicaid State Plan option authorized under 42 USC section 1396n(k), California Medicaid State Plan HCBS benefits authorized under 42 USC section 1396n(k), and other State and federally-funded Medi-Cal HCBS programs. If the Member is then authorized to receive Medi-Cal-funded HCBS program services, the Member must remain enrolled with Contractor and Contractor must continue to provide all services and benefits covered under this Contract to the Member.

D. Contractor's collaboration with third-party entities providing the Member with HCBS program services or administering a HCBS program pursuant to the third-party entity's contractual or legal authority to administer HCBS programs and/or provide HCBS program services to the Member, must include, but is not limited to:

1) Maintaining staff assigned to coordinate with such third-party entities that is sufficient to assist Members in understanding and accessing HCBS program services, and to act as a central point of contact for questions, access, and Care Coordination concerns.

2) Working in collaboration with such third-party entities' care managers and Providers to coordinate Covered Services, all HCBS program services, and any other relevant medical or supportive services. Such coordination must include, but is not limited to, the timely exchange of information regarding the Member and their health care needs, services, and efforts to obtain and arrange for the provision of both Medi-Cal and non-Medi-Cal programs pursuant to DHCS guidance to Contractor and HCBS Providers.

3) As contracted delegates of the State, Contractor and such third-party entities administering HCBS programs and/or providing HCBS program services are authorized to share Member information with one another, including PHI/Personal Identifiable Information (PII) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Exhibit G of this Contract, because both are under a contract with DHCS, are legally authorized to receive such information, and/or are responsible for administration of the Medi-Cal program, complying with the provisions within their respective Business Associate Agreements with the State, and sharing this information with each other as part of their contractual responsibilities pursuant to and in compliance with 45 CFR sections 164.502(a)(1)(ii), 164.502(a)(3), and 164.506(c).

4.3.21 In-Home Supportive Services

Contractor must maintain policies and procedures for identifying and referring eligible Members to the county IHSS program. Contractor's procedures must address the following requirements, at a minimum:

A. Processes for coordinating with the county IHSS agency that ensures Members do not receive duplicative services through ECM, Community Supports, and other services;

B. Track all Members receiving IHSS and continue coordinating services with the county IHSS agency for Members until IHSS notifies Contractor that IHSS is no longer needed for the Member;

C. Designate a person to serve, as the day-to-day IHSS liaison with county IHSS agency.

1) Contractor, in collaboration with county IHSS agency, must ensure Contractor's IHSS liaison is sufficiently trained on IHSS assessment and referral processes and providers, and how Contractor and Primary Care Providers can support IHSS eligibility applications and coordinate care across IHSS, medical services, and long-term services and supports. This includes training on IHSS referrals for Members in inpatient and Skilled Nursing Facility settings as a part of Transitional Care Service requirements, to support safe and stable transitions to home and community-based settings.

2) The IHSS liaison functions may be assigned to the LTSS liaison as long as they meet the training requirements and have the expertise to work with the county IHSS liaison.

D. Outreach and coordinate with the county IHSS agency for any Members identified by DHCS as receiving IHSS;

E. Upon identifying Members receiving, referred to, or approved for IHSS, conduct a reassessment of Members' Risk Tier, per the population RSS and Risk Tiering requirements in this Section; and

F. Continue to provide Basic PHM and Care Coordination of all Medically Necessary services while Members receive IHSS.

4.3.22 Indian Health Care Providers

Contractor must have an identified tribal liaison dedicated to working with each Indian Health Care Provider (IHCP) in its Service Area and responsible for coordinating referrals and payment for services provided to Indian Members who are qualified to receive services from an IHCP, in accordance with the requirements in Exhibit A, Attachment III, Subsection 3.3.7 (*Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider*).

4.3.23 Justice Involved Reentry Coordination

Contractor must maintain policies and procedures for coordinating with Correctional Facilities and pre-release care managers in order to support Members who are leaving a Correctional Facility and reentering the community.

Such policies and procedures must include all requirements as detailed in the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Initiative, including:

A. A designated Justice Involved liaison, as required in Exhibit A, Attachment III, Subsection 4.3.24 (*Managed Care Liaisons*);

B. Assigning ECM Providers to serve as pre-release care managers and/or as post-release ECM Providers for Justice Involved Individuals;

C. Coordinating the Member's transition from the pre-release to the post-release period, including any needed data sharing; and

D. Ensuring the provision of any Medically Necessary Covered Services including ECM, physical and behavioral health services, Community Supports, NEMT, and Non-Medical Transportation (NMT).

4.3.24 Managed Care Liaisons

Contractor must designate an individual or set of individuals to serve as the day-to-day liaisons for specific services and programs as set forth in the list below to ensure services are closely coordinated with Member's other services and to ensure effective oversight and delivery of services.

Liaisons must receive training on the full spectrum of rules and regulations pertaining to the service they are coordinating, including referral requirements and processes, care management, and authorization processes.

Contractor must notify the other party, for which they are serving as a liaison, of any changes to the liaison as soon as reasonably practical but no later than the date of change and must notify DHCS within five (5) days of the change.

Pursuant to the obligations set forth in this section, Contractor must designate the following liaisons:

A. Tribal liaison as required in Exhibit A, Attachment III, Subsection 4.3.22 (*Indian Health Care Providers*)

B. Long-Term Services and Supports (LTSS) Liaison

LTSS Liaisons must receive training on the rules and regulations pertaining to Medi-Cal covered LTC, including payment and coverage policies; prompt claims payment requirements; Provider resolutions, policies and procedures; and care management, coordination and transition policies.

C. Transportation Liaison

Contractor must have a direct line for Providers and Members to receive real-time assistance directly from Contractor with unresolved transportation issues that can result in missed appointments. The liaison role may not be delegated to a transportation broker. Contractor must also have a process to triage urgent transportation calls when the Member or Provider communicates that they have attempted to work with the broker but the issue remains unresolved and is time sensitive.

D. California Children's Services Liaison

Contractor must have a CCS liaison(s) that serves as the primary point(s) of contact for the coordination of services between Contractor and county CCS Program to ensure the appropriate communication and care coordination are ongoing between the Contractor and county CCS Program, facilitate quarterly meetings, and provide updates to the county CCS Program as appropriate. CCS liaison(s) must receive training on the full spectrum of rules and regulations pertaining to the CCS Program, including referral requirements and processes, annual medical review processes with counties, care management and authorization processes for CCS Children.

E. County Child Welfare Liaison

1) Contractor must designate at least one individual to serve as the county child welfare liaison who will serve as a leader within Contractor to be the point of contact for child welfare departments and be the advocate on behalf of Members involved in county child welfare. Additional county child liaisons must be designated as needed to ensure the needs of Members involved with county child welfare are met.

2) Contractor's county child welfare liaison(s) will follow DHCS-issued standards and expectations as set forth in APLs or other similar instructions. Contractor's county child welfare liaison must:

   a) Have expertise in Child welfare services, County Behavioral Health Services.

   b) Ensure appropriate ECM staff, including the ECM Lead Care Manager whenever possible, attend meetings of the Child and family teams, in accordance W&I section 16501(a)(4), and ensure Covered services are closely coordinated with other services, including social services and Specialty Mental Health Care Services.

c) Act as a resource to ECM Providers providing services to Child welfare-involved Children and youth, provide technical assistance to Contractor and ECM Provider staff as needed, and serve as a point of escalation for care managers if they face operational obstacles when working with County and community partners.

d) Be sufficiently trained on County Care Coordination and assessment processes.

e) Provide resources and support to Member's care manager about Medi-Cal managed care plan Enrollment and disenrollment when they are made aware that the Member will move to a different county.

F. Justice Involved Liaison

1) Contractor must have an assigned Justice Involved liaison for justice involved reentry coordination, which may be one individual or multiple identified individuals, and make available information related to the Justice Involved liaison's title, name, contact phone number and email address.

2) The Justice Involved liaison must be available to support Correctional Facilities, pre-release care management Providers, and/or ECM Providers in the reentry planning process as required in Exhibit A, Attachment III, Subsection 4.3.23 (*Justice Involved Reentry Coordination)* and further specified in the Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative.

G. RC Liaison as required in Exhibit A, Attachment III, Subsection 4.3.15 (*Services for Persons with Developmental Disabilities*)

H. Dental Liaison as required in Exhibit A, Attachment III, Subsection 4.3.17 (*Dental*)

I. IHSS Liaison as required in Exhibit A, Attachment III, Subsection 4.3.21 (*In-Home Support Services*)

Exhibit A, ATTACHMENT III

4.4 Enhanced Care Management

4.4.1 Contractor's Responsibilities for Administration of Enhanced Care Management
4.4.2 Populations of Focus for Enhanced Care Management
4.4.3 Enhanced Care Management Providers
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4.4 Enhanced Care Management

4.4.1 Contractor's Responsibilities for Administration of Enhanced Care Management

A. Contractor must follow all provisions in the Enhanced Care Management (ECM) Policy Guide, in addition to provisions outlined in this Contract.

B. Contractor must take a whole-person approach to offering ECM, ensuring that ECM addresses the clinical and non-clinical needs of high-need and high-cost Members in distinct Populations of Focus, Exhibit A, Attachment III, Subsection 4.4.2 (*Populations of Focus for Enhanced Care Management*), through systematic coordination of services and comprehensive care management.

C. Contractor must ensure ECM is community-based, interdisciplinary, high-touch, and person-centered.

D. Contractor must ensure ECM is available throughout its Service Area.

E. Contractor must ensure ECM is offered primarily through in-person interaction where Members and their family members, legal guardians, Authorized Representatives (ARs), caregivers, and authorized support persons live, seek care, or prefer to access services in their local community. Contractor must ensure its ECM Providers focus on building relationships with Members, and in-person visits may be supplemented with secure teleconferencing and Telehealth, when appropriate and with the Member's consent.

F. In situations where Contractor is performing ECM functions using Contractor's own staff, Contractor must follow the same requirements as an ECM Provider that is a Network Provider or Subcontractor**,** specifically that all such services are community-based, interdisciplinary, high-touch and person-centered. All such situations require DHCS approval through the exemption process and plans must be also making demonstrable progress to moving these ECM functions to community-based providers.

G. Contractor must follow the appropriate processes to ensure Members who may benefit from ECM receive ECM as defined in this Contract.

H. Contractor must ensure ECM provided to each Member encompasses the ECM core service components described in Exhibit A, Attachment III, Subsection 4.4.11 (*Core Service Components of Enhanced Care Management*).

I. Contractor must ensure a Member receiving ECM is not receiving duplicative case management services from other sources, including but not limited to county-specific Targeted Case Management (TCM) services administered by Local Governmental Agencies (LGAs).

J. For Members who are dually eligible for Medicare and Medi-Cal and enrolled in a Medicare Advantage Plan, Contractor must coordinate with the Medicare Advantage Plan for the provision of ECM for those Members.

K. Contractor must develop Member-facing written material about ECM for use across its network of ECM Providers. The written material must be submitted for DHCS review and approval prior to use. This material must include the following, at a minimum:

1) Explain ECM and how a Member may to request it;

2) Maintain a list of ECM Providers as part of its Provider Directory, adherent to requirements established in the ECM Policy Guide;

3) Explain that ECM participation is voluntary and can be discontinued at any time;

4) Explain that the Member must authorize ECM-related data sharing;

5) Describe the process by which the Member may choose a different ECM Lead Care Manager or ECM Provider; and

6) Meet standards for culturally and linguistically appropriate communication Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees*) and in Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*).

4.4.2 Populations of Focus for Enhanced Care Management

A. Subject to the phase-in and Member transition requirements described in Exhibit A, Attachment III, Subsection 4.4.6 (*Member Identification for Enhanced Care Management*).

B. Contractor must provide ECM to Members that meet the eligibility criteria for at least one of the following Populations of Focus, as described in the ECM Policy Guide:

1) Members experiencing homelessness:

a) Members without dependent Children/youth living with them experiencing homelessness; and

b) Homeless families or unaccompanied Children/youth experiencing homelessness.

2) Members at risk for avoidable hospital or emergency department utilization;

3) Members with serious mental health and/or Substance Use Disorder (SUD) needs;

4) Members transitioning from incarceration;

5) Adult Members living in the community and at risk for Long-Term Care (LTC) institutionalization;

6) A Member residing in an adult nursing facility transitioning to the community;

7) Children enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition;

8) Children involved in Child welfare; and

9) Birth equity population of focus.

C. Contractor may offer ECM to Members who do not meet Population of Focus criteria in full but may benefit from ECM.

D. Contractor must follow all applicable DHCS policies and guidance, including All Plan Letters (APLs) and the ECM Policy Guide, that further define the approach to ECM for each Population of Focus, including the eligibility criteria for each Population of Focus and the phase-in timeline for Populations of Focus, and the JI Policy and Operations guide, that further define the approach to ECM for the Justice Involved Population of Focus.

E. To avoid duplication between existing care management and coordination approaches, Members are excluded from ECM while enrolled in the following programs:

1) 1915(c) waiver programs including:

a) Multipurpose Senior Services Program (MSSP);

b) Assisted Living Waiver (ALW);

c) Home and Community-Based Alternatives (HCBA) Waiver;

d) Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver;

e) HCBS programs for Individuals with Developmental Disabilities (DD); and

f) Self-Determination Program for Individuals with intellectual and DD.

2) Fully integrated programs for Members dually eligible for Medicare and Medicaid including:

a) Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs);

b) Program for All-Inclusive Care for the Elderly (PACE);

c) Exclusively Aligned Enrollment (EAE) Dual Special Needs Plans (D-SNPs); and

d) Non EAE D-SNPs.

3) California Community Transitions (CCT) Money Follows the Person (MFTP)

4) Complex Care Management (CCM)

4.4.3 Enhanced Care Management Providers

A. Contractor must ensure ECM is provided primarily through in-person interaction in settings that are most appropriate for the Member, such as where the Member lives, seeks care, or prefers to access services in their local community.

B. ECM Providers may include, but are not limited to, the following entities:

1) Counties;

2) County Behavioral Health Providers;

3) Primary Care Provider (PCP) or Specialist or Physician groups;

4) Federally Qualified Health Centers (FQHCs);

5) Community health centers;

6) Community-based organizations;

7) Hospitals or hospital-based Physician groups or clinics (including public hospitals or district or municipal public hospitals);

8) Rural Health Clinics (RHCs) or Indian Health Care Providers (IHCP);

9) Local Health Departments (LHDs);

10) Behavioral Health entities;

11) Community mental health centers;

12) SUD treatment Providers;

13) Community Health Workers (CHW);

14) Organizations serving individuals experiencing homelessness;

15) Organizations serving justice-involved individuals;

16) CCS Providers; and

17) Other qualified Providers or entities that are not listed above, as approved by DHCS.

C. For the Population of Focus for eligible individuals with Serious Mental Illness (SMI) or SUD and the Population of Focus for eligible individuals with Contractor must prioritize county Behavioral Health staff or Behavioral Health Providers to serve in the ECM Provider role, provided they agree and are able to coordinate all services needed by those Populations of Focus, not just their Behavioral Health Services.

D. Contractor must attempt to contract with each IHCP as set forth in 22 CCR sections 55110 through 55180 to provide ECM, when applicable, as described in Exhibit A, Attachment III, Subsection 3.3.7 (*Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider*).

E. Contractor must ensure ECM Providers meet the requirements set forth in APLs including but not limited to the requirements regarding the use of a care management documentation system.

F. Care management documentation systems may include certified electronic health record technology, or other documentation tools that can:

1) Document Member goals and goal attainment status;

2) Develop and assign care team tasks;

3) Define and support Member Care Coordination and Care Management needs; and

4) Gather information from other sources to identify Member needs and support care team coordination and communication; and support notifications regarding Member health status and transitions in care (e.g., discharges from a hospital, LTC facility, housing status).

G. Contractor must also comply with requirements on data exchange pursuant to Exhibit A, Attachment III, Subsection 4.4.12 (*Data System Requirements and Data Sharing to Support Enhanced Care Management*).

H. Contractor must ensure all ECM Providers for whom a State-level Enrollment pathway exists enroll in Medi-Cal, pursuant to relevant APLs, including APL 22-013 (Provider Credentialing/Recredentialing and Screening/Enrollment). If APL 22-013 does not apply to an ECM Provider, Contractor must have a process for verifying qualifications and experience of ECM Providers, which must extend to individuals employed by or delivering services on behalf of the ECM Provider. Contractor must ensure that all ECM Providers meet the capabilities and standards required to be an ECM Provider.

I. Contractor must not require eligible ECM Providers to be National Committee for Quality Assurance (NCQA) certified or accredited as a condition of entering into a Subcontractor Agreement or Network Provider Agreement, as appropriate.

J. Contractor must ensure ECM Providers serving the Justice Involved Population of Focus meet not only the standard ECM Provider requirements, but requirements outlined in the JI Policy and Operational Guide for Planning and Implementing the Justice Involved Initiative, including, but not limited to:

1) Meeting the following criteria pertaining to participation in pre-release care management services and warm handoffs:

a) If the Correctional Facilities in the ECM Provider's county of operation leverage an in-reach care management model, Contractor must ensure that JI ECM Providers offer pre-release care management services as in-reach care management Providers and continue to serve the Member post-release as the Member's ECM Provider.

b) If the Correctional Facilities in the ECM Provider's county of operation leverage an embedded care management model, Contractor must ensure that the ECM Provider participates in a warm handoff with the pre-release embedded care manager and the Member.

2) ECM Providers must bill Fee-for-Service (FFS) for all pre-release care management services and warm handoffs by either enrolling through the Provider Application and Validation for Enrollment (PAVE) system or contracting with the Correctional Facility to provide services billed under the Correctional Facility National Provider Identifier (NPI).

4.4.4 Enhanced Care Management Provider Capacity

A. Contractor must develop and manage a network of ECM Providers.

B. Contractor must ensure sufficient ECM Provider capacity to meet the unique needs of all ECM Populations of Focus, including by contracting with providers with specific skills and experience serving specific Populations of Focus.

C. Contractor must meet DHCS' requirements regarding ECM Provider capacity separately from general Network adequacy; ECM Provider capacity does not alter the general Network adequacy provisions in Exhibit A, Attachment III, Section 5.2 (*Network and Access to Care*).

D. Contractor must report on its ECM Provider capacity to DHCS initially in its ECM Model of Care (MOC) Template as referenced in Exhibit A, Attachment III, Subsection 4.4.*5 (Enhanced Care Management Model of Care)* and on an ongoing basis pursuant to DHCS reporting requirements in a form and manner specified by DHCS.

E. Contractor must report to DHCS any Significant Changes in its ECM Provider capacity as soon as possible but no later than 60 days from the

occurrence of the change, in accordance with DHCS reporting requirements in a form and manner specified by DHCS.

F. If Contractor is unable to provide sufficient capacity to meet the needs of all ECM Populations of Focus through Subcontractor or Network Provider Agreements, as appropriate, with community-based ECM Providers, Contractor may submit a written request to DHCS for an exception that authorizes Contractor to use its own personnel for ECM. Any such request must be submitted in accordance with DHCS guidelines and must meet at least one of the following criteria:

1) There are insufficient ECM Providers, or a lack of ECM Providers with qualifications and experience, to provide ECM for one or more of the Populations of Focus in one or more counties;

2) There is a justified Quality of Care concern with one or more of the otherwise qualified ECM Providers;

3) Contractor and the ECM Providers are unable to agree on rates;

4) ECM Providers are unwilling to contract;

5) ECM Providers are unresponsive to multiple attempts to contract;

6) ECM Providers who have a State-level pathway to Medi-Cal Enrollment but are unable to comply with the Medi-Cal Enrollment process or Contractor's verification requirements for ECM Providers; or

7) ECM Providers without a State-level pathway to Medi-Cal Enrollment that are unable to comply with Contractor's verification requirements for ECM Providers.

G. During an exception period approved by DHCS, Contractor must take steps to continually develop and increase its ECM Network capacity. After the expiration of an exception period, Contractor must submit a new exception request to DHCS for DHCS review and approval on a case-by-case basis.

H. Contractor's failure to provide network capacity that meets the needs of all ECM Populations of Focus in a community-based manner may result in imposition of Corrective Action proceedings, and may result in sanctions pursuant to Exhibit E, Section 1.19 (*Sanctions*).

I. Contractor must ensure Network overlap of the Justice Involved pre-release care management Provider network and the Justice Involved ECM

Provider network across Contractor's Service Area. Contractor must submit to DHCS, for prior approval, any requests for exception from Network overlap requirements across Medi-Cal managed care plans in the same county for one of the permissible reasons as described in the JI Policy and Operational Guide for Planning and Implementing the Justice Involved Initiative.

4.4.5 Enhanced Care Management Model of Care

A. Contractor must develop an ECM MOC template in accordance with the DHCS-approved MOC Template. The MOC must specify Contractor's framework for providing ECM, including a listing of its ECM Providers and policies and procedures for partnering with ECM Providers for the provision of ECM.

B. In developing and executing Subcontractor Agreements or Network Provider Agreements, as appropriate, with ECM Providers, Contractor must incorporate all requirements and policies and procedures described in its MOC, in addition to APLs.

C. Contractor may collaborate with other Medi-Cal managed care health plans within the same county on the development of its MOC as applicable for Contractor's plan model.

D. Contractor must submit its ECM MOC for DHCS review and approval. Contractor must also submit to DHCS any Significant Changes to its MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, in accordance with DHCS policies and guidance, including APLs. Significant Changes may include, but are not limited to, changes to Contractor's approach to administering or delivering ECM services, approved policies and procedures, and Subcontractor Agreement and Downstream Subcontractor Agreement boilerplates.

4.4.6 Member Identification for Enhanced Care Management

A. Contractor must proactively identify Members who may benefit from ECM and who meet the eligibility criteria for the ECM Populations of Focus, as described in Exhibit A, Attachment III, Subsection 4.4.2 (*Populations of Focus for Enhanced Care Management*).

B. To identify such Members, Contractor must consider the following:

1) Members' health care utilization;

2) Needs across physical, behavioral, developmental, and oral health;

3) Health risks and needs due to Social Drivers of Health; and,

4) Long-Term Services and Supports needs.

C. Contractor must identify Members for ECM through the following pathways:

1) Analysis of Contractor's own enrollment, claims, and other relevant data and available information. Contractor must use data analytics to identify Members who may benefit from ECM and who meet the criteria for the ECM Populations of Focus. Contractor must consider data sources, including but not limited to:

a) Enrollment data;

b) Encounter Data;

c) Utilization/claims data;

d) Pharmacy data;

e) Laboratory data;

f) Screening or assessment data;

g) Clinical information on physical and Behavioral Health;

h) SMI/SED/SUD data, if available;

i) Risk stratification information for Children in County Organized Health System (COHS) counties with WCM programs;

j) Information about Social Drivers of Health, including standardized assessment tools including Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) and International Classification of Diseases, Tenth Revision (ICD-10) codes;

k) Results from any available Adverse Childhood Experience (ACE) screening; and

l) Other cross-sector data and information, including housing, social services, foster care, criminal justice history, and other information relevant to the ECM Populations of Focus (e.g.,

Homeless Management Information System (HMIS), available data from the education system).

2) Receipt of requests from ECM Providers and other Providers or community-based entities.

   a) Contractor must accept requests for ECM on behalf of Members from:

      i. ECM Providers;

      ii. Social service or other Providers; and

      iii. Community-based entities, including those contracted to provide Community Supports, as described in Exhibit A, Attachment III, Subsection 4.5.3 (*Community Supports Providers)*.

   b) Contractor must designate an email and dedicated phone number that is widely available by which referrals can be made.

   c) Contractor must directly engage with and provide training to Network Providers, Subcontractors, Downstream Subcontractors, and county agencies to inform these entities of ECM, the ECM Populations of Focus, and how to request ECM for Members, with the goal of having the majority of ECM eligible Member referrals coming from Providers and community sources, rather than Contractor identification.

   d) Contractor must encourage ECM Providers to identify Members who meet the criteria for the ECM Populations of Focus, and must develop a process for receiving and responding to requests from ECM Providers.

3) Requests from Members

   a) Contractor must have a process for allowing Members to request ECM and for Members' parents, family members, legal guardians, ARs, caregivers, and authorized support persons to request ECM on a Member's behalf.

   b) Contractor must provide information to Members regarding the Member initiated ECM request and approval process.

4) For pre-release services under the Justice Involved Reentry Initiative, Contractor must have processes that:

a) Identify any Member who received pre-release services for presumptive eligibility and enrollment in ECM, including using the JI aid code for enrolled Members.

b) Receive notifications of pre-release services from Correctional Facilities or their contracted pre-release care managers through their JI liaison.

c) Receive notifications from the ECM Provider who is acting as the pre-release care manager or who has received a warm handoff.

4.4.7 Authorizing Members for Enhanced Care Management

A. Contractor must authorize ECM for each eligible Member identified through any of the pathways described in Exhibit A, Attachment III, Subsection 4.4.6 (*Member Identification for Enhanced Care Management*). If a Member meets ECM Population of Focus eligibility requirements, Contractor must authorize ECM without additional requirements.

B. Contractor must develop policies and procedures that explain how it will authorize ECM for eligible Members in an equitable and non-discriminatory manner.

C. For requests from Providers and other external entities, Members, Member's parent, family member, legal guardian, AR, caregiver, or authorized support person:

1) Contractor must ensure that authorization or a decision not to authorize ECM occurs as soon as possible and in accordance with Exhibit A, Attachment III, Subsection 2.3.2 (*Timeframes for Medical Authorization*) and APL 21-011;

2) If Contractor does not authorize ECM, Contractor must ensure the Member and the requesting individual or entity who requested ECM on a Member's behalf, as applicable, are informed of the Member's right to Appeal and the Appeals process by way of the Notice of Action (NOA) process as described in Exhibit A, Attachment III, Subsection 5.1.5 (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*), and Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) and APL 21-011; and

3) Contractor must follow its standard Grievances and Appeals process outlined in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) and APL 21-011.

D. Contractor may collaborate with its ECM Providers to develop a process and identify possible circumstances under which presumptive authorization or preauthorization of ECM may occur, where select ECM Providers may directly authorize ECM for a limited period of time until Contractor authorizes or denies ECM.

E. Contractor must authorize ECM services for all Members who were found eligible for pre-release services under the CalAIM Justice Involved Reentry Initiative. ECM services are authorized for 12 months per the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative.

F. To inform Members that ECM has been authorized , Contractor must follow its standard notice process outlined in Exhibit A, Attachment III, Subsection 5.1.5 (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*) and APL 21-011.

4.4.8 Assignment to an Enhanced Care Management Provider

A. Contractor must assign every Member authorized for ECM to an ECM Provider. Contractor may assign Members to Contractor itself only with a DHCS-approved exception to the ECM Provider contracting requirement as described in Exhibit A, Attachment III, Subsection 4.4.4 (*Enhanced Care Management Provider Capacity*).

B. Contractor must develop a process to disseminate information of assigned Members to ECM Providers on a regular basis.

C. Contractor must ensure communication of Member Assignment to the designated ECM Provider occurs within ten Working Days of authorization or on an agreed upon schedule.

D. Pursuant to the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative, for Members eligible for pre-release services under the CalAIM Justice Involved Reentry 1115 Initiative, Contractor must, to the extent possible, assign an ECM Provider that was the pre-release care manager or the care manager who received a warm handoff from the Correctional Facility while the individual was incarcerated.

E. If a Member prefers a specific ECM Provider, Contractor must assign the Member to that Provider, to the extent practicable.

F. If a Member's assigned PCP is a contracted ECM Provider, Contractor must assign the Member to the PCP as the ECM Provider, unless the Member indicates otherwise or Contractor identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

G. If a Member receives services from a MHP for SED, SUD, or SMI and the Member's Behavioral Health Provider is a contracted ECM Provider, Contractor must assign that Member to that Behavioral Health Provider as the ECM Provider, unless the Member indicates otherwise or Contractor identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

H. If a Member is enrolled in CCS and the Member's CCS Case Manager is Affiliated with a contracted ECM Provider, Contractor must assign that Member to that CCS Case Manager as the ECM Provider, unless the Member or parent, legal guardian, or AR has indicated otherwise or Contractor identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

I. Contractor must notify the Member's PCP, if different from the ECM Provider, of the assignment to the ECM Provider, within ten Working Days of the date of assignment.

J. Contractor must document the Member's ECM Lead Care Manager in its system of record.

K. Contractor must permit Members to change ECM Providers at any time. Contractor must implement any Member's request to change their ECM Provider within 30 calendar days to the extent practicable.

4.4.9 Initiating Delivery of Enhanced Care Management

A. Contractor must not require Member authorization for ECM-related data sharing (whether in writing or otherwise) as a condition of initiating delivery of ECM, unless such authorization is required by federal law.

B. Contractor must develop policies and procedures for its network of ECM Providers that meet the following requirements, including but not limited to:

1) Where required by law, ECM Providers must obtain Member's authorization to share information with Contractor and all others

involved in the Member's care to maximize the benefits of ECM; and

2) ECM Providers must provide Contractor with Member-level records of any obtained authorizations for ECM-related data sharing as required by federal law and to facilitate ongoing data sharing with Contractor.

C. Contractor must ensure that upon the initiation of ECM, each Member receiving ECM has an ECM Lead Care Manager with responsibility for interacting directly with the Member and the Member's family, legal guardians, ARs, caregivers, and other authorized support persons, as appropriate.

The assigned ECM Lead Care Manager is responsible for engaging with a multi-disciplinary care team to identify any gaps in the Member's care and, at a minimum, ensure effective coordination of all physical health care, behavioral, developmental, oral health, LTSS, Community Supports, and other services to address Social Drivers of Health, regardless of setting.

D. Contractor must ensure accurate and up-to-date Member-level records related to the provision of ECM services are maintained for Members authorized for ECM.

4.4.10 Discontinuation of Enhanced Care Management

A. Contractor must ensure Members are able to decline or end ECM upon initial outreach and engagement, or at any other time.

B. Contractor must require the ECM Provider to notify Contractor to discontinue ECM for Members when any of the following circumstances are met:

1) The Member has met all care plan goals;

2) The Member is ready to transition to a lower level of care;

3) The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage; or

4) The ECM Provider has not been able to connect with the Member after multiple attempts.

C. Contractor must develop processes to determine if the Member is no longer authorized to receive ECM and, if so, to notify the ECM Provider to initiate discontinuation of services in accordance with the NOA process

described in Exhibit A, Attachment III, Subsection 5.1.5 (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*); Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*); and APL 21-011.

D. Contractor must develop processes for transitioning Members from ECM to other levels of care management to provide coordination of ongoing Member needs.

E. Contractor must notify the ECM Provider when ECM has been discontinued by Contractor.

F. Contractor must notify the Member of the discontinuation of the ECM benefit and ensure the Member is informed of their right to Appeal and the Appeals process by way of the NOA process as described in Exhibit A, Attachment III, Subsection 5.1.5 (*Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests*), and Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) and APL 21-011.

4.4.11 Core Service Components of Enhanced Care Management

Contractor must ensure all Members receive all of the following seven ECM core service components, as further defined in APLs:

A. Outreach and engagement;

B. Comprehensive assessment and Care Management Plan (CMP);

C. Enhanced coordination of care;

D. Health promotion;

E. Comprehensive transitional care;

F. Member and family supports; and

G. Coordination of and referral to community and social support services.

4.4.12 Data System Requirements and Data Sharing to Support Enhanced Care Management

A. Contractor must have an IT infrastructure and data analytic capabilities to support ECM, including the capabilities to:

1) Consume and use claims and Encounter Data, as well as other data types listed in Exhibit A, Attachment III, Subsection 4.4.6 (*Member Identification for Enhanced Care Management*);

2) Assign Members to ECM Providers;

3) Keep records of Members receiving ECM and authorizations necessary for sharing PHI and PI between Contractor and ECM and other Providers, among ECM Providers and family member(s) and/or support person(s), whether obtained by ECM Provider or by Contractor;

4) Securely share data with ECM Providers and other Providers in support of ECM;

5) Receive, process, and send Encounter Data from ECM Providers to DHCS;

6) Receive and process supplemental reports from ECM Providers;

7) Send ECM supplemental reports to DHCS; and

8) Open, track, and manage referrals to Community Supports Providers.

B. To support ECM, Contractor must follow DHCS guidance on data sharing and provide the following information to all ECM Providers:

1) Member Assignment files, defined as a list of Medi-Cal Members authorized for ECM and assigned to the ECM Provider;

2) Encounter Data and claims data;

3) Physical, behavioral, administrative, and Social Drivers of Health data (e.g., HMIS data) for all Members assigned to the ECM Provider; and

4) Reports of performance on quality measures and metrics, as requested.

C. Contractor must use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with ECM Providers and with DHCS in compliance with data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework, in accordance with H&S section 130290.

4.4.13 Oversight of Enhanced Care Management Providers

A. Contractor must perform oversight of ECM Providers, holding them accountable to all ECM requirements contained in this Contract, DHCS policies and guidance, APLs, and Contractor's MOC.

1) Contractor must evaluate the prospective Subcontractor's and Downstream Subcontractor's ability to perform services as described in Exhibit A, Attachment III, Subsection 3.1.4 (*Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance*);

2) Contractor must ensure the Subcontractor's and Downstream Subcontractor's capacity is sufficient to serve all Populations of Focus;

3) Contractor must report to DHCS the names of all Subcontractors, Network Providers, and Downstream Subcontractors by Subcontractor and Downstream Subcontractor type and service(s) provided, and identify the county or counties in which Members are served as described in Exhibit A, Attachment III, Subsection 3.1.3 (*Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan*); and

4) Contractor must make all Subcontractor Agreements or Network Provider Agreements, as appropriate, available to DHCS upon request. Such agreements must contain minimum required information specified by DHCS, including method and amount of compensation as described in Exhibit A, Attachment III, Subsection 3.1.5.B (*Subcontractor and Downstream Subcontractor Agreement Requirements*).

B. Contractor may hold ECM Providers responsible for the same reporting requirements as those Contractor has with DHCS to support data collection and reporting.

1) Contractor must not impose mandatory reporting requirements that differ from or are additional to those required for Encounter and supplemental reporting; and

2) Contractor may collaborate with other Medi-Cal Managed Care Health Plans within the same county on oversight of ECM Providers.

C. Contractor must not utilize tools developed or promulgated by NCQA to perform oversight of ECM Providers, unless by mutual consent with the ECM Provider.

D. Contractor must provide ECM training and technical assistance to ECM Providers, including in-person sessions, webinars, or calls, as necessary, in addition to Network Provider training requirements, as applicable, described in Exhibit A, Attachment III, Subsection 3.2.5 (*Network Provider Training).*

E. Contractor must ensure the Subcontractor Agreement and Downstream Subcontractor Agreement mirrors the requirements set forth in this Contract and in accordance with APLs, as applicable to Subcontractor.

Contractor may collaborate with its Subcontractors and Downstream Subcontractors on the approach to administration of ECM to minimize divergence in how ECM will be implemented between Contractor and its Subcontractors and Downstream Subcontractors, and to ensure a streamlined, seamless experience for ECM Providers and Members.

4.4.14 Payment of Enhanced Care Management Providers

A. Contractor must pay ECM Providers for the provision of ECM in accordance with Subcontractor Agreements or Network Provider Agreements established between Contractor and each ECM Provider.

B. Contractor must ensure that ECM Providers are eligible to receive payment when ECM is initiated for any given Member, as described in Exhibit A, Attachment III, Subsection 4.4.9 (*Initiating Delivery of Enhanced Care Management*).

C. Contractor may tie ECM Provider payments to value, including payment strategies and arrangements that focus on achieving outcomes related to high-quality care and improved health status.

D. Contractor must utilize the claims timeline as described in Exhibit A, Attachment III, Subsection 3.3.5 (*Claims Processing*).

4.4.15 Enhanced Care Management Reporting Requirements

A. Contractor must submit the following data and reports to DHCS to support DHCS' oversight of ECM:

1) Encounter Data:

a) Contractor must submit all ECM Encounter Data to DHCS using national standard specifications and code sets to be defined by DHCS.

b) Contractor must submit to DHCS all Encounter Data for ECM services to its Members, regardless of the number of levels of delegation and/or sub-delegation between Contractor and the ECM Provider.

c) In the event the ECM Provider is unable to submit ECM Encounter Data to Contractor using the national standard specifications and code sets to be defined by DHCS, Contractor is responsible for converting the ECM Provider's Encounter Data information into the national standard specifications and code sets, for submission to DHCS.

2) ECM supplemental reports, on a schedule and in a format to be defined by DHCS.

B. Contractor must track and report to DHCS, on a schedule and in a format specified by DHCS, information about outreach efforts related to Potential Members to be enrolled in ECM.

C. In the event of underperformance by Contractor in relation to its administration of ECM, DHCS may impose sanctions as described in Exhibit E, Section 1.19 (*Sanctions*).

4.4.16 Enhanced Care Management Quality and Performance Incentive Program

A. Contractor must meet all quality management and Quality Improvement requirements in Exhibit A, Attachment III, Section 2.2 (*Quality Improvement and Health Equity Transformation Program (QIHETP)*) and any additional quality requirements set forth in associated guidance from DHCS for ECM.

B. Contractor may participate in a performance incentive program related to building Provider capacity for ECM, related health care quality and outcomes, and other performance milestones and measures, in accordance with APL 23-003 or other technical guidance.

Exhibit A, ATTACHMENT III

4.5 Community Supports

4.5.1 Contractor's Responsibility for Administration of Community Supports
4.5.2 DHCS Pre-Approved Community Supports
4.5.3 Community Supports Providers
4.5.4 Community Supports Provider Capacity
4.5.5 Community Supports Model of Care
4.5.6 Identifying Members for Community Supports
4.5.7 Authorizing Members for Community Supports and Communication of Authorization Status
4.5.8 Referring Members to Community Supports Providers for Community Supports
4.5.9 Data System Requirements and Data Sharing to Support Community Supports
4.5.10 Contractor's Oversight of Community Supports Providers
4.5.11 Delegation of Community Supports Administration to Network Providers, Subcontractors, or Downstream Subcontractors
4.5.12 Payment of Community Supports Providers
4.5.13 Community Supports Reporting Requirements
4.5.14 Community Supports Quality and Performance Incentive Program

4.5 Community Supports

For the purposes of this Section 4.5 (*Community Supports*), "California Medicaid State Plan Covered Service or Setting" means any health service or care environment approved and funded under the California Medicaid State Plan, such as inpatient services, nursing facilities, or home health care.

4.5.1 Contractor's Responsibility for Administration of Community Supports

A. Contractor may provide DHCS pre-approved Community Supports as described in Exhibit A, Attachment III, Subsection 4.5.2 (*DHCS Pre-Approved Community Supports*).

This Section (Section 4.5) refers only to Community Supports that Contractor may choose to offer, unless otherwise specified.

B. In accordance with 42 Code of ederal Regulations (CFR) section 438.3(e)(2), and the Member rights and protections defined within, all applicable All Plan Letters (APLs), and the Community Supports Policy Guide, Contractor may select and offer Community Supports from the list of Community Supports pre-approved by DHCS as medically appropriate and cost-effective substitutes for Covered Services or settings under the California Medicaid State Plan. See Exhibit A, Attachment III, Subsection 4.5.2 (*DHCS Pre-Approved Community Supports*) below for the list.

1) Contractor must ensure medically appropriate California Medicaid State Plan services are available to the Member regardless of whether the Member has been offered Community Supports, is currently receiving Community Supports, or has received Community Supports in the past.

2) Contractor must not require a Member to utilize Community Supports. Members always retain their right to receive the California Medicaid State Plan services on the same terms as would apply if Community Supports was not an option in accordance with regulatory requirements.

3) Contractor must not use Community Supports to reduce, discourage, or jeopardize Members' access to California Medicaid State Plan services.

4) Contractor may submit a request to DHCS to offer Community Supports in addition to the pre-approved Community Supports.

C. With respect to pre-approved Community Supports, Contractor must adhere to DHCS guidance on service definitions, eligible populations,

code sets, potential Community Supports Providers, and parameters for each Community Support that Contractor chooses to provide, as referenced in APL 21-017 and the Community Supports Policy Guide.

1) Contractor is not permitted to extend Community Supports to Members beyond those for whom DHCS has determined the Community Supports will be cost-effective and medically appropriate.

2) Contractor may not adopt a more narrowly defined eligible population for Community Supports than outlined in Exhibit A, Attachment III, Subsection 4.5.2 (*DHCS Pre-Approved Community Supports*). That Subsection details (i) the name and definition of each Community Support; (ii) the Covered Services or settings under the California Medicaid State Plan that each Community Support may replace; (iii) the target populations for each Community Support; (iv) Member rights and protections; and (v) the requirement to use State-designated codes in Encounter Data for each Community Support.

D. If Contractor elects to offer one or more pre-approved Community Supports, it need not offer the Community Supports in each county it serves. Contractor must report to DHCS the counties in which it intends to offer the Community Supports. Contractor must provide Community Supports in a county selected by Contractor in accordance with the requirements set forth in Exhibit A, Attachment III, Subsection 4.5.4 (*Community Supports Provider Capacity*).

E. Contractor must identify Members for whom Community Supports will be a medically appropriate alternative to Covered Services, and accept requests for Community Supports from Members and Members' Providers and organizations that serve them, including community-based organizations as described in Exhibit A, Attachment III, Subsection 4.5.6 (*Identifying Members for Community Supports*).

F. Contractor must authorize Community Supports for Members deemed eligible in accordance with Exhibit A, Attachment III, Subsection 4.5.7 (*Authorizing Members for Community Supports and Communication of Authorization Status*).

G. Contractor may elect to offer value-added services in addition to offering one or more Community Supports. Offering or not offering Community Supports does not preclude Contractor from offering value-added services.

H. In the event of any discontinuation of Community Supports resulting in a change in the availability of services, Contractor must adhere to the requirements set forth in Exhibit A, Attachment III, Subsection 5.2.9 (*Network and Access Changes to Covered Services*).

I. When Members are dually eligible for Medicare and Medi-Cal, and enrolled in a Medicare Advantage Plan, including a Dual Special Needs Plan (D-SNP), Contractor must coordinate with the Medicare Advantage Plan in the provision of Community Supports.

J. Contractor must not require Members to use Community Supports.

4.5.2 DHCS Pre-Approved Community Supports

A. Contractor may choose to offer Members one or more of the following pre-approved Community Supports, and any subsequent Community Supports additions pre-approved by DHCS, in each county.

1) Housing transition navigation services

a. Housing transition navigation services assist Members with obtaining housing through supports such as a housing assessment, individualized planning, application assistance, and landlord engagement.

b. Members must meet at least one of the following sets of eligibility criteria (i, ii, or iii):

i. Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless coordinated entry system or similar system designed to use information to identify highly vulnerable individuals who meet at least one of the following sets of criteria (a, b, c, d, or e):

a. Have disabilities;

b. Have one or more serious chronic conditions;

c. Have a Serious Mental Illness (SMI);

d. Are at risk of institutionalization or requiring residential services because of a Substance Use Disorder (SUD); or

e. Are exiting incarceration.

ii. Members who meet the United States Department of Housing and Urban Development (HUD) definition of "homeless" as defined in 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and who meet at least one of the following sets of criteria (a, b, c, or d):

a. Are receiving Enhanced Care Management (ECM);

b. Have one or more serious chronic conditions;

c. Have a SMI; or

d. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, Institutions for Mental Diseases (IMD), and state hospitals.

iii. Members who meet the HUD definition of "at risk of homelessness" as defined in 24 CFR section 91.5 and have significant barriers to housing stability and meet at least one of the following sets of criteria (a, b, c, d, e, or f):

a. Are receiving ECM;

b. Have one or more serious chronic conditions;

c. Have a SMI;

d. Are at risk of institutionalization or overdose or are requiring residential services because of a SUD;

e. Have a Serious Emotional Disturbance (SED) (children and adolescents); or

f. Are a transition-age Youth (aged 16 to 25 years) with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, having a SMI, having a SED, or having been a victim of trafficking or domestic violence.

c) Housing transition navigation services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Housing transition navigation services may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, emergency transport services, inpatient services, outpatient hospital services, outpatient mental health, rehabilitation center outpatient services, Skilled Nursing Facility (SNF) services, and transitional inpatient care services.

d) Contractor must document the Encounter for the housing transition navigation services rendered using the standard Healthcare Common Procedure Coding System (HCPCS) code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

2) Housing deposits

a) Housing deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a Member to establish a basic household that do not constitute room and board, such as first and last month’s rent as required by a landlord for occupancy, security deposits, utility set up fees/deposits, or service access and utility arrearages. Housing deposits are available once per California Advancing and Innovating Medi-Cal (CalAIM) demonstration period. Once a Member is determined eligible for and authorized for housing deposits, they are authorized to receive the service at any time during a 12-month period from when authorization occurs.

b) Members must meet at least one of the following sets of eligibility criteria (i, ii, or iii):

i. Members who received the housing transition navigation services Community Support in counties that offer housing transition navigation services;

   a. While all Members who receive housing transition navigation services are eligible for housing deposits, Contractor must not require that Members receive housing transition navigation services to be eligible for housing deposits.

ii. Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless coordinated entry system or similar system designed to use information to identify highly vulnerable individuals who meet at least one of the following sets of criteria (a, b, c, d, or e):

   a. Have disabilities;

   b. Have one or more serious chronic conditions;

   c. Have a SMI;

   d. Are at risk of institutionalization or requiring residential services because of a SUD;

   e. Are exiting incarceration.

iii. Members who meet the HUD definition of “homeless” as defined in 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and meet at least one of the following sets of criteria (a, b, c, or d):

   a. Are receiving ECM;

   b. Have one or more serious chronic conditions;

   c. Have a SMI; or

d. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, IMDs, and state hospitals.

c) Housing deposits may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Housing deposits may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, emergency transport services, inpatient services, outpatient hospital services, outpatient mental health, rehabilitation center outpatient services, SNF services, and transitional inpatient care services.

d) Contractor must document the Encounter for housing deposit services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

3) Housing tenancy and sustaining services

a) Housing tenancy and sustaining services provide support to Members in maintaining a safe and stable tenancy once housing is secured. Support may include education on tenant and landlord rights and responsibilities, reducing the risk of eviction, coordinating updates to housing support and crisis plans, and assistance with lease compliance. Services are available for a single duration in the Member's lifetime.

b) Members must meet at least one of the following sets of eligibility criteria (i, ii, iii, or iv):

i. Any Member who received the housing transition navigation services Community Support in counties that offer housing transition navigation services;

a. While all Members who receive housing transition navigation services are eligible for housing tenancy and sustaining services, Contractor must not require that Members receive housing transition navigation services to be eligible for housing tenancy and sustaining services.

ii. Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless coordinated entry system or similar system designed to use information to identify highly vulnerable individuals who meet at least one of the following sets of criteria (a, b, c, d, or, e):

a. Have disabilities;

b. Have one or more serious chronic conditions;

c. Have a SMI;

d. Are at risk of institutionalization or requiring residential services because of a SUD; or

e. Are exiting incarceration.

iii. Members who meet the HUD definition of “homeless” as defined in of 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and meet at least one of the following sets of criteria (a, b, c, or d):

a. Are receiving ECM;

b. Have one or more serious chronic conditions;

c. Have a SMI; or

d. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, IMDs, and state hospitals.

iv. Members who meet the HUD definition of “at risk of homelessness” as defined in 24 CFR section 91.5, have significant barriers to housing stability, and meet at least one of the following sets of criteria (a, b, c, d, e, or f):

a. Have one or more serious chronic conditions;

b. Have a SMI;

c. Are at risk of institutionalization or overdose or are requiring residential services because of a SUD;

d. Have a SED (Children and adolescents);

e. Are receiving ECM; or

f. Are a transition-age Youth (aged 16 to 24 years) with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, having a SMI, having a SED, or having been a victim of trafficking or domestic violence.

c) Housing tenancy and sustaining services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Housing tenancy and sustaining services may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department visit, emergency transport services, inpatient services, outpatient hospital services, outpatient mental health, rehabilitation center outpatient services, and transitional inpatient care services.

d) Contractor must document the Encounter for the housing tenancy and sustaining services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

4) Short-term post-hospitalization housing

a) Short-term post-hospitalization housing provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical, psychiatric, or SUD recovery immediately after exiting an inpatient acute, psychiatric, or chemical dependency and recovery hospital; residential SUD treatment or recovery facility; residential mental health treatment facility; correctional facility; nursing facility; or recuperative care and to avoid utilization of California Medicaid State Plan covered services or settings. Short-term post-hospitalization services are available once in a Member's lifetime and are not to exceed a duration of six months.

b) To receive short-term post-hospitalization services, Members must have medical or behavioral health needs such that experiencing homelessness upon discharge from an inpatient acute, psychiatric, or chemical dependency and recovery hospital; residential SUD treatment or recovery facility; residential mental health treatment facility; correctional facility; nursing facility; or recuperative care would likely result in Emergency Department utilization, hospitalization, or institutional admission. Members must also meet at least one of the following sets of eligibility criteria (i or ii):

    i. Members exiting recuperative care; or

    ii. Members exiting an inpatient acute, psychiatric, or chemical dependency and recovery hospital stay; residential SUD treatment or recovery facility; residential mental health treatment facility; correctional facility; or nursing facility and who meet at least one of the following sets of criteria (a or b):

        a. Members who meet the HUD definition of "homeless" as defined in 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and meet at least one of the following sets of criteria (1, 2, 3, or 4). If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the

institutionalization. The timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless to thirty (30) days:

1. Are receiving ECM;

2. Have one or more serious chronic conditions; or

3. Have a SMI; or

4. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, IMDs, and state hospitals.

b. Members who meet the HUD definition of “at risk of homelessness” as defined in 24 CFR section 91.5, have significant barriers to housing stability, and meet at least one of the following sets of criteria (1, 2, 3, 4, 5, or 6):

1. Have one or more serious chronic conditions;

2. Have a SMI;

3. Are at risk of institutionalization or overdose or are requiring residential services because of a SUD;

4. Have a SED (Children and adolescents);

5~~,~~ . Are receiving ECM; or

6. Are a transition-age Youth (aged 16 to 24 years) with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, having a SMI, having a SED, and/or having been a victim of trafficking or domestic violence.

c) Short-term post-hospitalization housing services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Short-term post-hospitalization housing services may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, emergency transport services, inpatient services, outpatient hospital services, post-acute care, and SNF services.

d) Contractor must document the Encounter for the short-term post-hospitalization housing services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

5) Recuperative care (medical respite)

a) Recuperative care, also referred to as medical respite care, is short-term residential care for Members who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. Recuperative care or medical respite care is allowable for no more than 90 days in continuous duration. This support does not include funding for building modification or building rehabilitation.

b) Members must meet at least one of the following sets of eligibility criteria (i, ii, iii, iv, or v):

i. Members who are at risk of hospitalization or are post-hospitalization;

ii. Members who live alone with no formal supports;

iii. Members who face housing insecurity or have housing that would jeopardize their health and safety without modification;

iv. Members who meet the HUD definition of “homeless” as defined in 24 CFR section 91.5 (including those exiting institutions but not including any limits on the number of days in the institution) and meet at least one of the following sets of criteria (1, 2, 3, or 4). If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization. The timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless to thirty (30) days:

1. Are receiving ECM;

2. Have one or more serious chronic conditions;

3. Have a SMI; or

4. Are at risk of institutionalization or requiring residential services as a result of a SUD. Qualifying institutions include hospitals, Correctional Facilities, mental health residential treatment facilities, SUD residential treatment facilities, recovery residences, IMDs, and state hospitals.

v. Members who meet the HUD definition of “at risk of homelessness” as defined in 24 CFR section 91.5, have significant barriers to housing stability, and meet at least one of the following sets of criteria (1, 2, 3, 4, 5, 6, or 7):

1. Have one or more serious chronic conditions;

2. Have a SMI;

3. Are at risk of institutionalization or overdose or are requiring residential services because of a SUD;

4. Have a SED (Children and adolescents);

5. Are receiving ECM;

6. Are a transition-age Youth (aged 16 to 24 years) with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, having a SMI, having a SED, or having been a victim of trafficking or domestic violence; or

7. Are able to transition out of inpatient facility care, SNF care, or other health care facility, and recuperative care is medically appropriate and cost-effective.

c) Recuperative care or medical respite care may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Recuperative care or medical respite care may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, emergency transport services, inpatient services, outpatient hospital services, post-acute care, and SNF services.

d) Contractor must document the Encounter for the recuperative care or medical respite care rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

6) Respite services

a) Respite services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those Members who normally care for or supervise them and are non-medical in nature. Respite services may attend to the Member’s basic self-help needs and other Activities of Daily Living (ADL). In the home setting, these services, in combination with any direct care services the Member is receiving, may not exceed 24 hours

per day of care. The service limit is up to 336 hours per calendar year. The service is inclusive of all in-home and in-facility services. Contractor can authorize exceptions to the 336 hour per calendar year limit when the caregiver experiences an episode, including medical treatment and hospitalization, that leaves a Member without their caregiver.

b) Members must meet at least one of the following eligibility criteria (i, ii, iii, iv, or v):

i. Members who live in the community and are compromised in their ADLs and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement;

ii. Children who previously were covered for respite services under the pediatrics palliative care waiver;

iii. Foster care program beneficiaries;

iv. Members enrolled in either CCS or the Genetically Handicapped Persons Program (GHPP); or

v. Members with Complex Care Needs, which means the multifaceted health and social support requirements of Members who face significant barriers to achieving and maintaining health and stability. This includes individuals with multiple chronic conditions, functional impairments, behavioral health challenges, or those requiring extensive care coordination due to social determinants of health.

c) Respite services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Respite services may potentially substitute the following California Medicaid State Plan covered services or settings: home health agency, home health aide, Intermediate Care Facility (ICF) services, ICF services for the developmentally disabled, ICF services for the developmentally disabled - habilitative, personal care services, SNF stay, and specialized rehabilitative services in SNFs and ICFs.

d) Contractor must document the Encounter for the respite services rendered using the standard HCPCS code(s) and

associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

7) Day habilitation programs

a) Day habilitation programs are provided in a Member's home or an out-of-home, non-facility setting. The programs are designed to assist the Member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the Member's natural environment. These services include the use of public transportation and daily living skills (cooking, cleaning, shopping, and money management).

b) Members must meet at least one of the following eligibility criteria (i, ii, or iii):

i. Members who are experiencing homelessness;

ii. Members who exited homelessness and entered housing in the last 24 months; or

iii. Members at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.

c) Day habilitation programs may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Day habilitation programs may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, occupational therapy, outpatient hospital services, outpatient mental health, rehabilitation center outpatient services, and targeted case management services.

d) Contractor must document the Encounter for the day habilitation program services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

8) Nursing facility transition / diversion to assisted living facilities

a) Nursing facility transition / diversion services assist Members in transitioning to and living in an assisted living facility and in avoiding institutionalization when possible. These services may include assessing a Member's housing needs and presenting options, assisting in securing a facility residence, assessing the service needs of the Member to determine if the Member needs enhanced services onsite, and coordinating their move. These services also include ongoing assisted living services, such as support with ADLs and Instrumental ADLs (IADLs) as needed, companion services, and mediation oversight, that can be delivered up to 24 hours through direct care staff to meet unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security.

b) Members must meet at least one of the following eligibility criteria (i or ii):

i. For nursing facility transition:

a. Have resided 60 or more days in a nursing facility;

b. Are willing to live in an assisted living setting as an alternative to a nursing facility; and

c. Are able to reside safely in an assisted living facility with appropriate and cost- effective supports.

ii. For nursing facility diversion:

a. Are interested in remaining in the community;

b. Are willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; and

c. Are currently receiving Medically Necessary nursing facility level of care or meet the minimum criteria to receive nursing facility level of care services and in lieu of going into a facility, is choosing to remain in the community

and continue to receive medically necessary nursing facility level of care services at an assisted living facility.

c) Nursing facility transition / diversion services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Nursing facility transition / diversion services may potentially substitute the following California Medicaid State Plan services or settings: emergency department visit, inpatient services, ICF services, ICF services for the developmentally disabled, ICF services for the developmentally disabled - habilitative, SNF stay, and specialized rehabilitative services in SNFs and ICFs.

d) Contractor must document the Encounter for the nursing facility transition / diversion services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

9) Community transition services / nursing facility transition to a home

a) Community transition services / nursing facility transition to a home services support Members with transitional care coordination from a licensed facility to a living arrangement in a private residence where the Member is directly responsible for their own living expenses. This service also covers set-up expenses necessary for a Member to establish a basic household, such as security deposits and utility set-up fees. Non-recurring set-up expenses are payable up to a total lifetime maximum amount of $7,500. The transitional coordination cost is excluded from this total lifetime maximum. These services do not include monthly rental or mortgage expenses, food, regular utility charges, or household appliances or items that are intended for purely diversionary or recreational purposes.

b) Members must meet all of the following sets of eligibility criteria (i, ii, iii, and iv):

i. Are currently receiving medically necessary nursing facility level of care services and, in lieu of remaining in the nursing facility or medical respite setting, is choosing to transition home and continue to receive

medically necessary nursing facility level of care services;

ii. Has lived 60+ days in a nursing home and/or medical respite setting;

iii. Are interested in moving back to the community; and

iv. Are able to reside safely in the community with appropriate and cost-effective supports and services.

c) Community transition services / nursing facility transition to a home services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Community transition services / nursing facility transition to a home services may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, inpatient services, ICF services, ICF services for the developmentally disabled, ICF services for the developmentally disabled - habilitative, ICF services for the developmentally disabled - nursing, SNF stay, specialized rehabilitative services in SNFs and ICFs.

d) Contractor must document the Encounter for the community transition services / nursing facility transition to a home services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

10) Personal care and homemaker services

a) Personal care and homemaker services are for Members who need assistance with ADLs such as bathing, dressing, toileting, ambulation, or feeding. Personal care and homemaker services can also include assistance with IADLs, such as meal preparation, grocery shopping, and money management. Contractor cannot utilize these services in lieu of referring to the In-Home Supportive Services (IHSS) program. Contractor must refer Members to the IHSS program when they meet referral criteria.

b) Members must meet at least one of the following sets of eligibility criteria (i, ii, or iii):

i. Members at risk for hospitalization, or institutionalization in a nursing facility;

ii. Members with functional deficits and no other adequate support system; or

iii. Members approved for IHSS. IHSS eligibility criteria can be found at: http://www.cdss.ca.gov/In-Home-Supportive-Services.

c) Personal care and homemaker services may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Personal care and homemaker services may potentially substitute the following California Medicaid State Plan covered services or settings: home health agency services, home health aide services, inpatient services, ICF services, ICF services for the developmentally disabled, ICF services for the developmentally disabled - habilitative, SNF stay, and specialized rehabilitative services in SNFs and ICFs.

d) Contractor must document the Encounter for the personal care and homemaker services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

11) Environmental accessibility adaptations

a) Environmental accessibility adaptations are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the Member, or enable the Member to function with greater independence in the home, without which the Member would require institutionalization. These services include ramps and grab-bars to assist Members in accessing the home and doorway widening for Members who require a wheelchair.

b) Environmental accessibility adaptations are payable up to a total lifetime maximum of $7,500. The only exceptions to the $7,500 total maximum are if:

i. The Member’s place of residence changes; or

ii. The Member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare, and safety of the Member, or are necessary to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.

c) Members at risk for institutionalization in a nursing facility are eligible for environmental accessibility adaptations.

d) Environmental accessibility adaptations may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Environmental accessibility adaptions may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, home health agency services, home health aide services, inpatient services, ICF services, ICF services for the developmentally disabled, ICF services for the developmentally disabled - habilitative, personal care services, SNF stay, and specialized rehabilitative services in SNFs and ICFs.

e) Contractor must document the Encounter for the environmental accessibility adaptations rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

12) Medically tailored meals / medically supportive food

a) Medically tailored meals / medically supportive foods are nutrition interventions to improve the health outcomes of Members. In addition to medically tailored meals, these services may also include medically tailored groceries, food pharmacies, or health food vouchers when paired with nutrition education for Members. Members can receive up to two meals per day and may be authorized for up to 12 weeks and may be reauthorized thereafter if Medically Necessary.

b) To be eligible for medically tailored meals / medically supportive foods, Members must have chronic or other

serious health conditions, such as, but not limited to, diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, Human Immunodeficiency Virus (HIV), cancer, gestational diabetes or other high risk perinatal conditions, and chronic or disabling mental or behavioral health disorders.

c) Medically tailored meals / medically supportive foods may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Medically tailored meals / medically supportive foods may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, emergency transport services, home health agency services, home health aide services, inpatient services, outpatient hospital services, and personal care services.

d) Contractor must document the Encounter for the medically tailored meals / medically supportive food services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

13) Sobering centers

a) Sobering centers are alternative destinations for Members who are found to be publicly intoxicated (due to alcohol or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these Members with a safe, supportive environment to become sober and receive support such as rehydration and food service and treatment for nausea. This service is covered for a duration of less than 24 hours.

b) Members must meet all of the following sets of eligibility criteria (i, ii, and iii):

i) Are age 18 or older;

ii) Are intoxicated but conscious, cooperative, able to walk, are nonviolent, and free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms); and

iii) Who would otherwise be transported to the emergency department or a jail, or who presented at an emergency department and are appropriate to be diverted to a sobering center.

c) Sobering centers may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Sobering centers may potentially substitute the following California Medicaid State Plan covered services or settings: emergency department services, inpatient services, and emergency transport services.

d) Contractor must document the Encounter for the sobering center services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

14) Asthma remediation

a) Asthma remediation services are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of Members, or enable Members to function in the home, and without which acute asthma episodes could result in the need for emergency services and hospitalization. These services include minor mold removal and remediation services, ventilation improvements, and allergen impermeable mattresses and pillow dustcovers.

b) Asthma remediation services are payable up to a total lifetime maximum of $7,500. The only exceptions to the $7,500 total maximum is if the Member's condition has changed so significantly that additional modifications:

i) Are necessary to ensure the health, welfare, and safety of the Member; or

ii) Are necessary to enable the Member to function with greater independence in the home and avoid institutionalization or hospitalization.

c) Eligible Members are those with poorly controlled asthma (as determined by an emergency department visit or hospitalization, two sick or urgent care visits in the past 12 months, or a score of 19 or lower on the asthma control test)

for whom a licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services.

d) Asthma remediation may serve as an immediate alternative to a California Medicaid State Plan covered service or setting, or as a replacement over a longer timeframe. Asthma remediation may potentially substitute the following California Medicaid State Plan covered services or settings: asthma-related Primary Care and specialty visits, emergency department services, home health aide, home health agency, inpatient stay, outpatient hospital services, and personal care services.

e) Contractor must document the Encounter for the asthma remediation services rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

B. Contractor must list all Community Supports it offers in its Community Supports Model of Care (MOC) template and Community Supports MOC amendments.

C. Contractor must ensure Community Supports are provided in accordance with APLs and DHCS' Community Supports Policy Guide.

D. Contractor must ensure Community Supports are provided to Members in a timely manner, and must develop policies and procedures outlining its approach to managing Community Supports Provider shortages or other barriers to ensure timely provision of Community Supports.

E. Contractor may discontinue offering Community Supports annually with notice to DHCS at least 90 calendar days prior to the discontinuation date.

Contractor must ensure Community Supports that were authorized for a Member prior to the discontinuation of those specific Community Supports are not disrupted by a change in Community Supports offerings, either by completing the authorized service or by seamlessly transitioning the Member into other Medically Necessary services or programs that meet the Member's needs.

F. At least 30 calendar days before discontinuing one or more Community Supports, Contractor must notify impacted Members of the following:

1) The change and timing of discontinuation, and

2) The procedures that will be used to ensure completion of the authorized Community Supports or a transition into other comparable Medically Necessary services.

G. Contractor may provide voluntary services that are neither State-approved Community Supports nor Covered Services when medically appropriate for the Member, in accordance with 42 CFR section 438.3(e)(1). Such voluntary services are not subject to the terms of this Section 4.5 and are subject to the limitations of 42 CFR section 438.3(e)(1).

4.5.3 Community Supports Providers

A. Community Supports Providers are entities that Contractor has determined can provide Community Supports to eligible Members in an effective manner consistent with culturally and linguistically appropriate care, as outlined in Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees*).

B. Contractor must enter into Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, as appropriate, with Community Supports Providers for the delivery of Community Supports elected by Contractor.

C. Contractor must ensure all Community Supports Providers for whom a State-level Enrollment pathway exists enroll in Medi-Cal, pursuant to relevant APLs, including APL 22-013. If APL 22-013 does not apply to a Community Supports Provider, Contractor must have a process for verifying qualifications and experience of Community Supports Providers, which must extend to individuals employed by or delivering services on behalf of the Community Supports Provider. Contractor must ensure that all Community Supports Providers meet the capabilities and standards required to be a Community Supports Provider.

D. In accordance with Exhibit A, Attachment III, Subsection 4.5.9 (*Data System Requirements and Data Sharing to Support Community Supports*), Contractor must support Community Supports Provider access to systems and processes allowing them to do the following, at a minimum:

1) Obtain and document Member Information including eligibility, Community Supports authorization status, Member authorization for data sharing (to the extent required by law), and other relevant demographic and administrative information; and

2) Support Community Supports Provider notification to Contractor, ECM Providers, and Member's Primary Care Provider (PCP), as applicable, when a referral has been fulfilled, as described in Exhibit A, Attachment III, Subsection 4.5.9 (*Data System Requirements and Data Sharing to Support Community Supports*).

E. To the extent Contractor elects to offer Community Supports, Contractor may coordinate its approach with other Medi-Cal managed care health plans offering Community Supports in the same county.

F. Contractor must prioritize contracting with locally available community-based organizations that have experience working with eligible populations and delivering the outlined Community Supports services (e.g., Supportive housing providers, Skilled Nursing Facilities (SNFs), medically tailored meals providers).

4.5.4 Community Supports Provider Capacity

A. Contractor must develop a robust network of Community Supports Providers to deliver all elected Community Supports.

B. If Contractor is unable to offer its elected Community Supports to all eligible Members for whom it is medically appropriate and cost-effective within a particular county, Contractor must submit ongoing progress reports to DHCS in a format and manner specified by DHCS.

C. Contractor must ensure all of its Community Supports Providers have sufficient capacity to receive referrals for Community Supports and provide the agreed-upon volume of Community Supports to Members who are authorized for such services on an ongoing basis.

4.5.5 Community Supports Model of Care

A. Contractor must develop a Community Supports MOC in accordance with the DHCS-approved Community Supports MOC template. The Community Supports MOC must specify Contractor's framework for providing Community Supports, including a listing of its Community Supports Providers and policies and procedures for partnering with Community Supports Providers for the provision of Community Supports.

B. In developing and executing Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, as appropriate, with Community Supports Providers, Contractor must incorporate all requirements and policies and procedures described in its Community Supports MOC, in addition to APLs.

C. Contractor may collaborate with other Medi-Cal managed care health plans within the same county on the development of its Community Supports MOC.

D. Contractor must submit its Community Supports MOC for DHCS review and approval. Contractor must also submit to DHCS any significant changes to its Community Supports MOC for DHCS review and approval at least 60 calendar days in advance of any such occurrence of changes or updates, in accordance with DHCS policies and guidance, including APLs. Significant changes may include, but are not limited to, changes to Contractor's approach to administer or deliver Community Supports services; approved policies and procedures; and Network Provider Agreement, Subcontractor Agreement, or Downstream Subcontractor Agreement boilerplates, as appropriate.

4.5.6 Identifying Members for Community Supports

A. Contractor must utilize a variety of methods to identify Members who may benefit from Community Supports, in accordance with all applicable DHCS APLs.

B. Contractor must develop policies and procedures for Community Supports, and submit its policies and procedures to DHCS for review and approval prior to implementation. Contractor's policies and procedures must address the following, at a minimum:

1) How Contractor will identify Members eligible for Community Supports;

2) How Contractor will notify Members; and

3) How Contractor will receive requests to evaluate Members for Community Supports from Providers; community-based entities; and Member or Member's family, legal guardians, Authorized Representatives (ARs), and caregivers.

C. Contractor must submit all Member notices to DHCS for review and approval prior to implementation.

D. Contractor must ensure that Member identification methods for Community Supports are equitable and do not exacerbate or contribute to existing racial and ethnic disparities.

4.5.7 Authorizing Members for Community Supports and Communication of Authorization Status

A. Contractor must develop and maintain policies and procedures that explain how Contractor will authorize Community Supports for eligible Members in an equitable and non-discriminatory manner. Contractor must submit its policies and procedures to DHCS for review and approval prior to implementation.

   1) Contractor's policies and procedures must include a framework for considering medical appropriateness in relation to Contractor's proposed approach for providing Community Supports.

   2) Each Community Support authorization request must be considered separately for a Member. Contractor must evaluate each authorization request for medical appropriateness. Receiving one Community Support does not preclude a Member from being authorized for additional Community Supports unless a conflict is specified by DHCS.

B. Contractor must monitor and evaluate Community Supports authorizations to ensure they are equitable and non-discriminatory. Contractor must have policies and procedures in place for immediate actions that it will undertake if monitoring/evaluation processes reveal that service authorizations have had an inequitable effect.

C. Contractor's policies and procedures must include detailed documentation that a Network Provider, or Contractor's staff Provider using their professional judgement has determined it to be medically appropriate for the Member to receive Community Supports as it is likely to reduce or prevent the need for acute care or other California Medicaid State Plan services in accordance with APLs and to be defined in forthcoming guidance.

D. Contractor must develop and maintain policies and procedures to ensure Members do not experience undue delays pending the authorization process for Community Supports. If Medically Necessary, Contractor must make available the California Medicaid State Plan services that the Community Supports replace, pending authorization of the requested Community Supports.

E. Contractor must have policies and procedures for expediting the authorization of certain Community Supports for urgent needs, as appropriate, and that identify the circumstances in which any expedited authorization processes apply, in accordance with APLs.

F. When a Member has requested Community Supports, directly or through a Provider, community-based organization, or other entity, Contractor must notify the requestor and the Member of Contractor's decision

regarding Community Supports authorization, in accordance with APLs. If the Member is enrolled in ECM, Contractor must ensure the ECM Provider is informed of the Community Supports authorization decision.

G. Members always retain the right to file Appeals and/or Grievances if they request one or more Community Supports offered by Contractor but were not authorized to receive the requested Community Supports.

H. For Members who sought Community Supports offered by Contractor, but were not authorized to receive the Community Supports, Contractor must submit necessary data to monitor Appeals and Grievances as well as follow its standard Grievances and Appeals process outlined in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*) and APL 21-011.

4.5.8 Referring Members to Community Supports Providers for Community Supports

A. Contractor must develop and maintain policies and procedures to define how Community Supports Provider referrals will occur. Contractor must submit to DHCS policies and procedures for review and approval prior to implementation.

1) For Members enrolled in ECM, Contractor's policies and procedures must address how Contractor will work with the ECM Provider to coordinate the Community Supports referral and communicate the outcome of the referral back to the ECM Provider.

2) Contractor's policies and procedures must include expectations and procedures to ensure referrals occur in a timely manner after service authorization.

B. If the Member prefers a particular Community Supports Provider and Contractor is aware of this preference, Contractor must follow those preferences, to the extent practicable.

C. Contractor must track referrals to Community Supports Providers to verify if the authorized service has been delivered to the Member.

If the Member receiving Community Supports is also receiving ECM, Contractor must monitor to ensure that the ECM Provider tracks whether the Member receives the authorized service from the Community Supports Provider.

D. Contractor must not require Member authorization for Community Supports-related data sharing as a condition of initiating delivery of

Community Supports, unless such authorization is required by State or federal law.

E. Contractor must develop and maintain policies and procedures for its network of Community Supports Providers to:

1) Ensure the Member agrees to receive Community Supports;

2) Where required by applicable law, ensure that Members authorize information sharing with Contractor and all others involved in the Member's care as needed to support the Member and maximize the benefits of Community Supports, in accordance with APLs, laws, and regulations;

3) Provide Contractor with Member-level records of any obtained authorization for Community Supports-related data sharing which are required by law, and to facilitate ongoing data sharing with Contractor; and

4) Obtain Member authorization to communicate electronically with the Member, Member's family, legal guardians, ARs, caregivers, and other authorized support persons, if Contractor intends to do so.

4.5.9 Data System Requirements and Data Sharing to Support Community Supports

A. Contractor must use systems and processes capable of tracking Community Supports referrals, access to Community Supports, and Grievances and Appeals.

Contractor must support Community Supports Provider access to systems and processes allowing them to track and manage referrals for Community Supports and Member information.

B. Consistent with federal, State and, if applicable, local privacy and confidentiality laws, Contractor must ensure Community Supports Providers have access to the below as part of the referral process to Community Supports Providers:

1) Demographic and administrative information confirming the referred Member's eligibility and authorization for the requested service;

2) Appropriate administrative, clinical, and social service information that Community Supports Providers might need to effectively provide the requested service; and

3) Billing information necessary to support the Community Supports Providers' ability to submit claims or invoices to Contractor.

C. Contractor must use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with Community Supports Providers and with DHCS in compliance with data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with H&S section 130290, when sharing physical, behavioral, social, and administrative data with Community Supports Providers and with DHCS.

4.5.10 Contractor's Oversight of Community Supports Providers

A. Contractor must comply with all State and federal reporting requirements.

B. Contractor must perform oversight of Community Supports Providers, holding them accountable for all Community Supports requirements contained in this Contract and all applicable APLs.

C. Contractor must use all applicable APLs to develop its Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements, as appropriate, with Community Supports Providers and must incorporate all of its Community Supports Provider requirements. Contractor must submit its Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements, as appropriate, with Community Supports Providers to DHCS for review and approval in a form and manner specified by DHCS.

D. To streamline Community Supports implementation:

1) Contractor must hold Community Supports Providers responsible for the same reporting requirements as are required of Contractor by DHCS;

2) Contractor must not impose mandatory reporting requirements that are alternative or additional to those required for Encounter Data and supplemental reporting as described in Subsection 4.5.13 (*Community Supports Reporting Requirements*); and

3) Contractor may collaborate with other Medi-Cal managed care health plans within the same county on reporting requirements and oversight.

E. Contractor must not utilize tools developed or promulgated by NCQA to perform oversight of Community Supports Providers, unless by mutual consent with the Community Supports Provider.

F. Contractor must provide Community Supports training and technical assistance to Community Supports Providers, including in-person sessions, webinars, and calls, as necessary, in addition to Network Provider training requirements, as applicable, as described in Exhibit A, Attachment III, Subsection 3.2.5 (*Network Provider Training*).

G. Contractor must not require Community Supports Providers to use a contractor-specific portal for day-to-day documentation of services. However, this prohibition does not preclude providers and Contractor from mutually agreeing to use of portals to facilitate reporting and other administrative transactions.

4.5.11 Delegation of Community Supports Administration to Network Providers, Subcontractors, or Downstream Subcontractors

A. Contractor may enter into Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, as appropriate, with other entities to administer Community Supports in accordance with the following:

1) Contractor must maintain and be responsible for oversight of compliance with all Contract provisions and Covered Services, as described in Exhibit A, Attachment III, Section 3.1 (*Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties*);

2) Contractor must develop and maintain DHCS-approved policies and procedures to ensure Network Providers, Subcontractors, and Downstream Subcontractors meet required responsibilities and functions as described in Exhibit A, Attachment III, Subsection 3.1.4 (*Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance*);

3) Contractor must evaluate the prospective Network Provider's, Subcontractor's, or Downstream Subcontractor's ability to perform services as described in Exhibit A, Attachment III, Subsection 3.1.4 (*Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance*);

4) Contractor must ensure the Network Provider's, Subcontractor's, or Downstream Subcontractor's Community Supports Provider capacity is sufficient to serve all Populations of Focus;

5) Contractor must, as applicable, report to DHCS the names of all Subcontractors and Downstream Subcontractors by Subcontractor and Downstream Subcontractor type and service(s) provided, and identify the county or counties in which Members are served as described in Exhibit A, Attachment III, Subsection 3.1.3 (*Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan*); and

6) Contractor must make all Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements available to DHCS upon request. Such agreements must contain minimum required information specified by DHCS, including method and amount of compensation as described in Exhibit A, Attachment III, Subsection 3.1.5. (*Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements*).

B. Contractor must ensure all Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements mirror the requirements set forth in this Contract and APLs, as applicable to the Network Provider, Subcontractor, or Downstream Subcontractor.

C. Contractor may collaborate with its Network Providers, Subcontractors, and Downstream Subcontractors on its approach to Community Supports to minimize divergence in how the Community Supports will be implemented between Contractor and its Network Providers, Subcontractors and Downstream Subcontractors, and to ensure a streamlined, seamless experience for Community Supports Providers and Members.

4.5.12 Payment of Community Supports Providers

A. Contractor must pay contracted Community Supports Providers for the provision of authorized Community Supports to Members in accordance with established Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements between Contractor and each Community Supports Provider.

B. Contractor must utilize the claims timeline and process as described in Exhibit A, Attachment III, Subsection 3.3.5 (*Claims Processing*) to ensure timely payment of claims, bills, or invoices.

C. Contractor must identify any circumstances under which payment for Community Supports must be expedited to facilitate timely delivery of the

Community Supports to the Member, such as recuperative care for a Member who is homeless and being discharged from the hospital.

For such circumstances, Contractor must develop and maintain policies and procedures to ensure payment to the Community Supports Provider is expedited. Contractor must submit these policies and procedures to DHCS for review and approval prior to implementation.

D. Contractor must ensure Community Supports Providers submit a claim for rendered Community Supports, to the greatest extent possible.

1) If a Community Supports Provider is unable to submit a claim for Community Supports rendered, Contractor must ensure the Community Supports Provider apply the DHCS approved billing and guidance to submit invoices, located at https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Billing-and-Invoicing-Guidance.pdf.

2) Upon receipt of such an invoice, Contractor must document the Encounter for the Community Supports rendered using the standard HCPCS code(s) and associated modifier(s) set by the State, located at https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf.

4.5.13 Community Supports Reporting Requirements

A. In the Community Supports MOC, Contractor must include details on the Community Supports Contractor plans to offer, including which counties Community Supports will be offered and its network of Community Supports Providers.

B. After implementation of Community Supports, Contractor must submit the following data and reports to DHCS to support DHCS oversight of Community Supports:

1) Encounter Data

a) Contractor must submit all Community Supports Encounter Data to DHCS using national standard specifications and code sets to be defined by DHCS. Contractor must comply with DHCS guidance on billing and invoicing standards for Contractor to use with Community Supports Providers.

b) Contractor must submit to DHCS all Community Supports Encounter Data, including Encounter Data for Community

Supports generated under Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements.

c) In the event the Community Supports Provider is unable to submit Community Supports Encounter Data to Contractor using the national standard specifications and code sets to be defined by DHCS, Contractor must convert Community Supports Providers' invoicing and billing data into the national standard specifications and code sets, for submission to DHCS.

d) Encounter Data, when possible, must include data necessary for DHCS to stratify services by age, sex, race, ethnicity, and language spoken to inform Health Equity initiatives and efforts to mitigate Health Disparities undertaken by DHCS.

2) Supplemental reporting on a schedule and in a form to be defined by DHCS.

C. Contractor must timely submit any related data requested by DHCS, Centers for Medicare & Medicaid Services (CMS), or an independent entity conducting an evaluation of Community Supports including, but not limited to:

1) Data to evaluate the utilization and effectiveness of Community Supports.

2) Data necessary to monitor health outcomes and quality metrics at the local and aggregate levels through timely and accurate Encounter Data and supplemental reporting on health outcomes and equity of care. When possible, metrics must be stratified by age, sex, race, ethnicity, and language spoken.

3) Data necessary to monitor Member Appeals and Grievances associated with Community Supports.

D. In the event of underperformance by Contractor in relation to its administration of Community Supports, DHCS may impose sanctions in accordance with Exhibit E, Section 1.19 (*Sanctions*).

4.5.14 Community Supports Quality and Performance Incentive Program

A. Contractor must meet all quality management and Quality Improvement requirements described in Exhibit A, Attachment III, Section 2.2 (*Quality*

Improvement and Health Equity Transformation Program (QIHETP)), and any additional quality requirements for Community Supports set forth in associated guidance from DHCS.

B. Contractor may participate in a performance incentive program related to adoption of Community Supports, building infrastructure and Provider capacity for Community Supports, related health care quality and outcomes, and other performance milestones and measures, in accordance with APL 23-003 or other technical guidance.

Exhibit A, ATTACHMENT III

4.6 Member Grievance and Appeal System

4.6.1 Grievance and Appeal Program Requirements
4.6.2 Grievance Process
4.6.3 Discrimination Grievances
4.6.4 Notice of Action
4.6.5 Appeal Process
4.6.6 Responsibilities in Expedited Appeals
4.6.7 State Hearings and Independent Medical Reviews
4.6.8 Continuation of Services Until Appeal and State Hearing Rights Are Exhausted
4.6.9 Grievance and Appeal Reporting and Data

4.6 Member Grievance and Appeal System

4.6.1 Grievance and Appeal Program Requirements

Contractor must have in place a Member Grievance and Appeal system that complies with 42 Code of Federal Regulations (CFR) sections 438.228 and 438.400 - 424, 28 California Code of Regulations (CCR) sections 1300.68 and 1300.68.01, and 22 CCR section 53858 for Covered Services including Contractor's selected Community Supports under 42 CFR section 438.3(e)(2). Contractor must follow Grievance and Appeal requirements set forth in, and use all notice templates included in, All Plan Letter (APL) 21-011. Contractor must ensure that its Grievance and Appeal system meets the following requirements:

A. Allows the Member, or a Provider or Authorized Representative (AR) with the Member's written consent, to file a Grievance, or request an Appeal with Contractor either orally or in writing.

B. Ensures timely written acknowledgement of each Grievance or Appeal, and provides a notice of resolution to the Member as quickly as the Member's health condition requires, not to exceed 30 calendar days from the date the Member makes an oral or written request to Contractor for a standard Grievance or Appeal or 72 hours for an expedited Grievance or Appeal. Contractor must notify the Member, Provider, or AR with a written resolution of the Grievance or Appeal in the Member's preferred language as required by 42 CFR sections 438.10 and 438.404, W&I section 14029.91, and 22 CCR section 53876.

C. Ensures that Members are given assistance when completing Grievance and Appeal forms and all other procedural steps. Required assistance includes, but is not limited to, providing Members with all documents Contractor relied on for its decision, and providing Auxiliary Aid and services upon request, such as translation and interpreter services, use of alternative formats for all documents Contractor relied upon for its decision, and a toll-free number with TTY/TDD and interpreter capability.

D. Ensures that the person making the final decision for the proposed resolution of a Grievance or Appeal has neither participated in any prior decisions related to the Grievance or Appeal, nor is a subordinate of someone who has participated in the prior decision. Contractor must ensure that all Grievance or Appeals related to medical Quality of Care issues be immediately submitted to Contractor's medical director for action. Contractor must ensure that the person making the decision on the Grievance or Appeal has clinical expertise in treating a Member's condition or disease when deciding:

1) An Appeal of a denial based on lack of Medical Necessity or that the service is experimental or investigational;

2) A Grievance regarding denial of a request for expedited resolution of an Appeal; and

3) Any Grievance or Appeal involving clinical issues.

E. Considers all comments, documents, records, and other information submitted by the Member, Provider, or AR, regardless of whether Contractor had the Member's additional information during the initial review.

F. Ensures that Members are given a reasonable opportunity to present evidence and testimony, and make legal or factual arguments, in person, by telephone, or in writing, in support of their Grievance or Appeal. Contactor must inform Members that they must submit additional evidence for Contractor to consider within the 30-calendar-day review timeframe for an Appeal and within the 72-hour timeframe for resolving an expedited Appeal.

G. Ensures that Notices of Appeal Resolution (NAR) be in a format and a language that, at a minimum, meets the standards set forth in 42 CFR section 438.10, W&I section 14029.91, 22 CCR section 53876, and Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*). Contractor must ensure that language assistance taglines and a nondiscrimination notice meeting the minimum requirements in APL 21-004 accompanies each Member notification, and that the nondiscrimination notice is made available, upon request or as otherwise required by law, in all of the Threshold Languages/Threshold or Concentration Standard Languages and Americans with Disabilities Act of 1990 (ADA)-compliant, accessible formats as needed by Members to effectively understand Contractor's notices.

H. Provides oral notice of the resolution of an expedited Appeal to the Member, Provider, or AR within 72 hours.

I. Provides Contractor's Grievance and Appeal policies and procedures to Network Providers, Subcontractors, and Downstream Subcontractors at the time that they enter into a Network Provider Agreement, Subcontractor Agreement, or Downstream Subcontractor Agreement. Contractor must ensure that Network Providers, Subcontractors, and Downstream Subcontractors are trained on and immediately notified of any changes to Contractor's Grievance and Appeal policies and procedures.

J. Maintains policies and procedures for compiling, aggregating, and reviewing Grievance and Appeal data for use in Contractor's Quality Improvement Strategy (QIS). Contractor must regularly analyze Grievance and Appeal data to identify, investigate, report, and act upon systemic patterns of improper service denials and other trends impacting health care access and delivery to Members. Contractor must impose necessary Corrective Action to remedy all identified deficiencies.

K. Maintains records of Grievances and Appeals in a manner accessible to DHCS and to the Centers for Medicare & Medicaid Services (CMS), upon request. Contractor must review Grievance and Appeal data and information as part of its ongoing monitoring procedures as well as for updates and revisions to its QIS. The record of each Grievance or Appeal must contain, at a minimum, all information set forth in 42 CFR section 438.416(b). Contractor must ensure that all documents and records, whether in written or electronic format, generated or obtained by Contractor in the course of responding to Adverse Benefit Determinations (ABD), Grievances, Appeals, and Independent Medical Reviews (IMRs) are retained for at least 10 years pursuant to 42 CFR section 438.3(u).

4.6.2 Grievance Process

Contractor's policies and procedures must include all required information set forth below for Grievances and the expedited review of Grievances as required under 42 CFR sections 438.402, 438.406, and 438.408; 28 CCR sections 1300.68 and 1300.68.01; and 22 CCR section 53858:

A. A policy and procedure for Members to file a Grievance with Contractor at any time to express dissatisfaction about any matter other than a notice of ABD.

B. A policy and procedure to allow Members to file a Grievance to contest Contractor's unilateral decision to extend the timeframe for resolution of an Appeal or expedited Appeal.

C. A policy and procedure to ensure that every Grievance involving clinical issues that is submitted is reported to qualified medical professionals with appropriate clinical expertise and is escalated to Contractor's medical director as needed, to ensure the Grievance is properly handled.

D. A policy and procedure to ensure that Contractor's staff monitor Grievances to identify issues that require Corrective Action. Grievances related to medical Quality of Care issues must be referred to qualified medical professionals with appropriate clinical expertise and be escalated to Contractor's medical director as needed.

E. A policy and procedure for Contractor to provide written acknowledgement to the Member within five calendar days of receipt of the Grievance. The acknowledgement letter must advise the Member that the Grievance has been received; provide the date of receipt; and provide the name, telephone number, and address of the representative who the Member, their Provider, or their AR may contact about the Grievance.

4.6.3 Discrimination Grievances

Contractor must process Discrimination Grievances as required by federal and State nondiscrimination law and DHCS policy, as stated in 45 CFR section 84.7, 34 CFR section 106.8, 28 CFR section 35.107, W&I section 14029.91(e)(4), and APL 21-004.

A. Contractor must designate a Discrimination Grievance coordinator 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.

B. Contractor must adopt and implement written policies and procedures to ensure the prompt and equitable resolution of Discrimination Grievances. Contractor must not require a Member or Potential Member to file a Discrimination Grievance with Contractor before filing with the DHCS Office of Civil Rights or the U.S. Department of Health and Human Services Office for Civil Rights.

C. Within ten calendar days of mailing a Discrimination Grievance resolution letter, Contractor must submit information regarding the Discrimination Grievance to the DHCS Office of Civil Rights, as specified in APL 21-004 to DHCS.DiscriminationGrievances@dhcs.ca.gov.

D. Contractor must inform Members on its website that Discrimination Grievances may be filed directly with the DHCS Office of Civil Rights and must include contact information for the DHCS Office of Civil Rights, as required by Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*).

4.6.4 Notice of Action

When Contractor makes an authorization decision, it must send a Notice of Action (NOA). A NOA is a notice of any action that impacts a Member's ability to obtain Covered Services or other benefits Contractor is required to provide under this Contract. A NOA includes, but is not limited to, a notice of ABD for a requested health care service under 42 CFR sections 438.210(d) and 438.404,

including requested Community Supports that Contractor has elected to cover under 42 CFR section 438.3(e)(2).

Contractor's failure to render a decision and send a written NOA to the Member within the required timeframes below is considered a denial of the requested service and therefore constitutes an ABD on the date that Contractor's timeframe for approval expires, in accordance with 42 CFR section 438.404(c)(5). In cases where Contractor fails to meet the required notice timeframes, the Member may immediately request an Appeal with Contractor and Contractor must send the Member written notice of all Appeal rights.

A. Standard Authorization Requests

1) Contractor must ensure a NOA is sent when approving, denying or modifying a Provider's Prior Authorization or concurrent request for health care services (excluding pharmacy services, but including Community Supports) for a Member within the shortest applicable timeframe that is appropriate for the nature of the Member's condition, but no longer than five Working Days from Contractor's receipt of information reasonably necessary and requested by Contractor to make a determination, not to exceed 14 calendar days following Contractor's receipt of the request for service, in accordance with 42 CFR sections 438.210(d)(1) and 438.404(c)(3); and

2) Contractor must notify the requesting Provider of its authorization decision within 24 hours of the decision and send the written NOA to the Member within two Working Days in accordance with H&S section 1367.01(h)(1) and (3).

3) Contractor must send the written NOA approving, denying, or modifying the authorization request. Contractor must approve, deny, or modify the request and send the written NOA within the shortest applicable timeframe that is appropriate for the nature of the Member's condition, but no longer than five Working Days from Contractor's receipt of information reasonably necessary and requested by Contractor to make a determination, not to exceed 14 calendar days in accordance with 42 CFR sections 438.210(d)(1) and 438.404(c)(3); and

4) Contractor must send the written NOA to the Member with sufficient time to allow for continuation of benefits pursuant to 42 CFR section 438.420.

B. Expedited Authorization Requests

1) In instances where a Provider indicates, or Contractor determines, that the standard request timeframe may seriously jeopardize the Member's life; health; or ability to attain, maintain, or regain maximum function, Contractor must approve, modify, or deny a Prior Authorization or concurrent request for health care services, and send the written NOA, in a timeframe which is appropriate for the nature of the Member's condition, but no longer than 72 hours from receipt of the authorization request in accordance with 42 CFR section 438.210(d)(2) and (d)(2)(i).

2) Contractor must send the written NOA approving, denying, or modifying the authorization request. Contractor must send the written NOA to the Member with sufficient time to allow for continuation of benefits pursuant to 42 CFR section 438.420.

3) Contractor must approve, modify, or deny the request within the shortest applicable timeframe that is appropriate for the nature of the Member's condition, but no longer than 72 hours from Contractor's receipt of additional information requested by Contractor to make a determination. Contractor's written notice to the Member must be sent with sufficient time to allow the Member to request Aid Paid Pending if applicable.

C. Retrospective Review

Contractor must approve, modify, or deny a Provider's request for Retrospective Review authorization for health care services provided to a Member, and send the written NOA to the Member, within 30 calendar days from receipt of information that is reasonably necessary to make a determination.

D. Terminations, Suspensions, or Reductions

1) For terminations, suspensions, or reductions of previously authorized services, Contractor must notify Members at least ten calendar days before the date of the action pursuant to 42 CFR section 431.211, with the exception of circumstances permitted under 42 CFR sections 431.213 and 431.214.

2) For purposes of auditing, the postmark on Contractor's notice to the Member will be used to confirm compliance with all authorization request timeframes and notice requirements set forth in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*).

E. Required Information in Contractor's NOA Informing Member of Notice of ABDs.

Contractor must ensure all NOAs informing a Member of an ABD are in writing in a format and language that, at a minimum, meets the standards set forth 42 CFR sections 438.10, 438.404, and 438.408; W&I section 14029.91; 22 CCR section 53876; and Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*), and APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services. Contractor's NOA informing of an ABD must include all of the following:

1) A clear and concise explanation of the action that Contractor or its Network Provider has taken or intends to take, including a fully translated written notice with a fully translated clinical rationale for Contractor's decision at the point of each determination;

2) The reason for the action, including notification to the Member of the right to be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and any other information Contractor relied on for the decision, including clinical criteria; Medical Necessity criteria; and any processes, strategies, or evidentiary standards relied on for the decision;

3) The Member's right to request an Appeal with Contractor no later than 60 calendar days from the date on the NOA, and information on exhausting Contractor's one-level Appeal system;

4) The Member's right to an expedited Appeal if the Member's health condition requires resolution in less than 72 hours and information on how to request an expedited Appeal;

5) The Member's rights and information on the process to request a State Hearing after having exhausted Contractor's internal Appeal process and having received notice that Contractor is upholding its action. The NOA must also advise that the Member may request a State Hearing in cases where Contractor fails to send a NAR or notice of extension in response to the Appeal within 30 calendar days of the Member's request for an Appeal. This is known as Deemed Exhaustion pursuant to 42 CFR section 438.402(c)(1)(i)(A);

6) The Member's right to continue receiving Covered Services pending the resolution of the Appeal, and Contractor's obligation to continue benefits as required by 42 CFR section 438.420 and

Exhibit A, Attachment III, Subsection 4.6.8 (*Continuation of Services Until Appeal and State Hearing Rights Are Exhausted*) below; and

7) If applicable, the Member's right to request a clinical review of Contractor's action, called an IMR, from DMHC and that the Member must request an IMR before there is a final decision on their State Hearing.

F. For visually impaired Members, Contractor must provide the NOA in the Member's selected alternative format in order to be considered adequate notice. Contractor must not deny, delay, modify, limit, or terminate services or treatments without providing adequate notice within the timeframes stated in this Exhibit A, Attachment III, Subsection 4.6.4 (*Notice of Action*). In accordance with APL 22-002, Contractor must calculate the appropriate timeframe(s) for a visually impaired Member to take action from the date of receiving adequate notice in their selected alternative format, including all deadlines for Appeals.

G. Contractors are not permitted to make any changes to DHCS' NOA templates or the NOA "Your Rights" Attachment without prior review and approval from DHCS, except to insert the specific reasons for Contractor's action to the Member, as required.

4.6.5 Appeal Process

Pursuant to 42 CFR sections 438.228 and 438.400 - 424, Contractor must have an Appeal process as required below to attempt to resolve Member Appeals before the Member requests a State Hearing or an IMR. Contractor must have only one level of Appeal for Members. Upon a Member's request, Contractor must assist any Member in preparing their Appeal, which includes assisting the Member with navigating Contractor's website, providing all documents that Contractor relied on for its decision, and providing the Appeal form to the Member.

A. Following the receipt of a NOA, a Member has 60 calendar days from the date on the NOA to file a request for an Appeal either orally or in writing. The Member, or a Provider or AR acting on behalf of the Member and with the Member's written consent, may request an Appeal. Unless the Member is requesting an expedited Appeal, the date of the Member's oral or written request for an Appeal establishes the filing date for the Appeal. Contractor must resolve the Appeal within 30 calendar days of the Member's oral or written request for an Appeal.

B. If Contractor fails to send a written NOA within 30 calendar days or fails to comply with notice and language translation requirements in 42 CFR

sections 438.10, 438.404, and 438.408; W&I section 14029.91; 22 CCR section 53876; and Exhibit A, Attachment III, Subsection 5.1.3 (*Member Information*), the Member is deemed to have exhausted Contractor's internal Appeal process and may request a State Hearing pursuant to 42 CFR section 438.402(c)(1)(i)(A).

C. Contractor's NOA informing the Member of its NAR must, at a minimum, indicate whether Contractor upheld its decision on the Appeal and the date of Contractor's decision on the Appeal. For decisions not wholly in the Member's favor, Contractor's NAR must, at a minimum, include:

1) Member's right to request a State Hearing;

2) How to request a State Hearing;

3) That the Member has a right to continuation of benefits during the State Hearing, and that Contractor is obligated to continue benefits as long as the requirements of 42 CFR section 438.420 are met;

4) If applicable, the right to request an IMR or a review of Contractor's decision by DMHC, and that the IMR must be requested before there is a final State Hearing decision; and

5) The DHCS-approved "Your Rights" Attachment.

D. If Contractor reverses its decision during the Appeal, it must 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 it reverses the action if the disputed services were not provided during the Appeal.

E. Contractor must pay for disputed services if the Member received the disputed services while the Appeal was pending.

F. Contractor must provide the Member or AR the opportunity before and during their Appeal process to examine their case file. Contractor must provide, sufficiently in advance of the resolution timeframe and free of charge, the Member's case file, including Medical Records, clinical criteria, guidelines, and all documents and records Contractor relied on during the Appeal process for its decision. Contractor must assist any Member who requires assistance preparing their Appeal.

G. Contractor may withdraw a Grievance or Appeal upon Member request if performed in compliance with the established Grievance and Appeals processes required in this Contract and federal and State laws and regulations. Where a Grievance or Appeal was filed by a Provider or AR of

a Member, written Member consent is required for a Provider or AR to withdraw the Grievance or Appeal.

4.6.6 Responsibilities in Expedited Appeals

Contractor must implement and maintain policies and procedures as described below to resolve expedited Appeals. Contractor must follow the expedited Appeal process when it determines or the requesting Provider indicates 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.

A. A Member, or a Provider or an AR with the Member's written consent, may file an expedited Appeal either orally or in writing. No additional follow-up from the Member is required. Contractor must ensure that punitive action is not taken against a Provider who requests an expedited resolution or supports a Member's Appeal.

B. Contractor must inform the Member of the limited time available for the Member to present evidence and allegations of fact or law, in person, by phone, or in writing, sufficiently in advance of the resolution timeframe.

C. Contractor must resolve an expedited Appeal as quickly as the Member's health condition requires, but no later than 72 hours from the day Contractor receives the request for an expedited Appeal.

D. Contractor must make a reasonable effort to provide oral notice of an expedited Appeal decision.

E. If Contractor denies a request for an expedited resolution of an Appeal, it must process the request for an Appeal in accordance with the standard Appeal process timeframes for resolutions and extensions as required in Exhibit A, Attachment III, Subsection 4.6.5 (*Appeal Process*).

4.6.7 State Hearings and Independent Medical Reviews

A. State Hearings

1) The Member, or a Provider or AR with the Member's written consent, may request a State Hearing:

a) After receiving a NAR confirming that Contractor has upheld its ABD, and the request is made within 120 calendar days from the date on the NAR;

b) In cases of Deemed Exhaustion, due to Contractor's failure to comply with Appeal notice and timing requirements as required by 42 CFR sections 438.10, 438.402, 438.404, 438.406, 438.408, and 438.410; W&I sections 10951 and 10951.5; and as stated in this Contract, the Member may immediately request a State Hearing. In cases of Deemed Exhaustion, Contractor must not request a dismissal of the State Hearing based on a failure to exhaust Contractor's internal Appeal process; or

c) If Contractor fails to provide Appeal notices required in 42 CFR section 438.408 to a Member with a visual impairment, in the Member's selected alternative format and within the applicable federal or State timeframes, the Member is deemed to have exhausted Contractor's internal Appeal process and may immediately request a State Hearing. In such cases, Contractor is prohibited from requesting dismissal of a State Hearing on the basis of failure to exhaust Contractor's internal Appeal process.

2) Upon request from the Member, Contractor must assist the Member with preparing for the State Hearing by providing the Member or their AR with the Member's case file, including Medical Records, other documents and records, guidelines, clinical criteria, and any new or additional evidence that Contractor relied on for its initial denial and anything Contractor considered during its internal Appeal process. This information must be provided free of charge and sufficiently in advance of the resolution timeframe.

3) Contractor must provide its statement of position for the State Hearing to the Member and to the California Department of Social Services at least two Working Days before the State Hearing.

4) Contractor must ensure that an employee familiar with the facts of the case and Contractor's basis for upholding its ABD is available to actively participate in the State Hearing by ensuring that the employee is available and prepared to present Contractor's position and be subject to cross examination at the State Hearing as required by 42 CFR sections 431.205 and 431.242 and *Goldberg v. Kelly* (1970) 397 US 254. Contractor must ensure that it provides accurate contact information for its State Hearing representative to ensure an appearance at the State Hearing via telephone or in person. Additionally, to ensure Member's right to due process during the State Hearing process, Contractor must ensure that a statement of position is timely filed with the California Department of Social Services and provided to the Member not less than two

Working Days before the hearing as required by W&I section 10952.5.

5) In cases where the State Hearing decision overturns Contractor's decision, Contractor must 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 Contractor receives notice that the State Hearing decision reversed Contractor's decision.

6) Contractor must pay for disputed services if the Member received the disputed services while the State Hearing was pending.

7) The parties to a State Hearing must include Contractor as well as the Member, their AR, or the representative of a deceased Member's estate.

8) Contractor must notify Members that the State must make a decision for a State Hearing within 90 calendar days of the date of the State Hearing request. For an expedited State Hearing, DHCS will take final administrative action as expeditiously as the individual's health condition requires, but no later than three Working Days after Contractor provides DHCS with the case file and information supporting its Appeal of an ABD pursuant to W&I section 10951.5. Contractor must also comply with all other requirements as required by 42 CFR sections 438.410 and 438.404(a), W&I section 14029.91(e), 22 CCR sections 53876 and 53895, and APL 21-011.

B. Contractor's Obligations for Expedited State Hearings

1) Within two Working Days of being notified by DHCS or the California Department of Social Services that a Member has filed a request for State Hearing which meets the criteria for expedited resolution, Contractor must deliver directly to the designated/appropriate California Department of Social Services administrative law judge all information and documents which either support, or which Contractor considered in connection with, the action which is the subject of the expedited State Hearing. This includes, but is not limited to, copies of the relevant Treatment Authorization Request and NOA, plus any pertinent NAR and all documents Contractor relied on for its denial, including clinical criteria and guidelines. If the NOA or NARs are not in English, Contractor must transmit fully translated copies to the California Department of Social Services along with copies of the original NOA and NARs.

2) Contractor must ensure that an employee familiar with the facts of the case and Contractor's basis for upholding its ABD is available to actively participate in the expedited State Hearing by ensuring that the employee is available and prepared to present Contractor's position during cross examination at the State Hearing as required by 42 CFR sections 431.205 and 431.242 and *Goldberg v. Kelly* (1970) 397 US 254. Contractor must ensure that it provides accurate contact information for its State Hearing representative to ensure an appearance at the Hearing via telephone or in person. Additionally, to ensure Member's right to due process during the State Hearing process, Contractor must ensure that its completed case file, including the statement of position, is timely filed with the California Department of Social Services as required by W&I section 10951.5(b)(1).

C. Independent Medical Review

1) If applicable to Contractor's plan model, Contractor must inform Members of the right to request an IMR of an action resulting in a Member request for an Appeal, or the outcome of an Appeal.

2) An IMR must be requested by the Member, or a Provider or AR with written authorization from the Member to act on the Member's behalf. Contractor must not require a Member to request an IMR before, or use one as a deterrent to, requesting a State Hearing.

3) IMRs must be conducted by the California Department of Managed Healthcare (DMHC) independently from either the Member or Contractor, and at no cost to the Member.

4) IMRs do not extend any of the time frames stated in this Contract for Appeals, and do not disrupt the continuation of Covered Services per 42 CFR section 438.420.

4.6.8 Continuation of Services Until Appeal and State Hearing Rights Are Exhausted

A. 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 CFR 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.

B. If Contractor, at the Member's request, continues or reinstates the provision of disputed services while an Appeal or State Hearing is pending, those services must continue until:

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 NOA 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. Contractor must ensure the Member is not billed for the continued services even if the State Hearing or IMR finds the disputed services were not Medically Necessary.

4.6.9 Grievance and Appeal Reporting and Data

A. Contractor must submit a Grievance and Appeal log to DHCS upon request for Medi-Cal Members only in the form that is required by and submitted to Department of Managed Health Care (DMHC), as set forth in 28 CCR section 1300.68(f), with additional information required by DHCS per 42 CFR section 438.416 and 22 CCR section 53858(e).

B. Contractor must submit Grievance and Appeal data to DHCS monthly as specified in Exhibit A, Attachment III, Section 2.1.5 (*Program Data Reporting*) and APL 20-017.

C. Contractor must comply with the requirements set forth in Exhibit A, Attachment III, Section 2.1 (*Management Information System*) of this Contract for the reporting of Grievance and Appeal data.

D. Contractor must maintain records of Grievances and Appeals and must have policies and procedures in place governing the review of the information as part of its ongoing QIS. Contractor must identify systemic patterns of wrongful denials and impose Corrective Action as necessary.

The records must be accurately maintained in a manner accessible to the State and available to CMS upon request. Records must include all required information set forth in 42 CFR section 438.416(b). Contractor must ensure that all documents and records, whether in a written or electronic format, generated or obtained by Contractor in the course of responding to ABDs, Grievances, Appeals, and IMRs are retained for at least 10 years pursuant to 42 CFR section 438.3(u).

Exhibit A, ATTACHMENT III

5.0 Services – Scope and Delivery

DHCS has a longstanding commitment to ensure Members have access to high-quality services. The provisions in this Article lay out DHCS expectations of Contractor for promoting access to medical, behavioral, and social services; increasing integration and collaboration across delivery systems and with local partners; and ultimately improving health outcomes.

Through the provisions in this Article, several key goals of California Advancing and Innovating Medi-Cal (CalAIM) are addressed. For example, Contractor must manage the health care needs of the Member over time through a comprehensive array of person-centered health and social services spanning all levels of intensity of care, from birth to dignified end of life. This Article also includes provisions related to Advance Directives and ensuring that Contractor informs Members of what an Advance Directive is and how to put a valid one in place. This Article contains key provisions related to information Members must receive to help them navigate the health care system including information that must be included in the Member Handbook and Provider Directory.

This Article also address access to evidence-based Behavioral Health care, with a focus on integration with physician health and earlier identification and engagement in treatment for Children, youth, and adults. Provisions included here also implement No Wrong Door policies and outline expectations that Contractor ensure Members receive timely mental health services without delay regardless of the delivery system where they seek care. Contractors are expected to ensure Members maintain treatment relationships with trusted Providers without interruption, to the extent feasible.

This Article lays out expectations for services and access to community-based Providers that provide social support including Dyadic Care Services, Doula services, and Community Health Workers (CHW). The intent for enabling access to these provider types is to improve health outcomes by meeting the Behavioral Health (including emotional health and wellbeing), and physical health needs of culturally diverse populations.

DHCS recognizes the importance of coordination and collaboration with other local partners in order to meet the needs of the whole person. Accordingly, DHCS sets forth requirements for Contractor to engage with local entities to promote Member needs for not only Medically Necessary health care services but also any supportive services as needed to treat the whole person and prevent avoidable negative health and social outcomes for individual Members to treat the whole person. This entails partnerships with Local Health Departments, Local Educational and Government Agencies, and other local programs and services including county social services departments, Child welfare departments, and justice departments. This Article also establishes oversight of

Memorandum of Understanding (MOU) requirements and requires referrals to ensure Member care is coordinated and community-based resources, including Community Supports, are availed. Beyond the MOU requirements, DHCS seeks to embed the whole person care and community-informed care approach within its Population Health Management (PHM) strategy and requires the same of Contractor. As such, this Article includes provisions requiring Contractor engagement with community representatives of diverse cultural and ethnic backgrounds to develop its PHM strategies.

To empower Members to become active participants in their care, DHCS has enhanced existing processes and created new channels for engagement for Members, families, and the community. Historically, Medi-Cal managed care plans are required to maintain a Community Advisory Committee (CAC), which serves to inform Contractor's cultural and linguistic services program. DHCS seeks to elevate the CAC by clarifying its role and member composition and prescribing Contractor's role in providing support for CAC members in order to maximize participation and involvement.

Exhibit A, ATTACHMENT III

5.1 Member Services

5.1.1 Member Rights and Responsibilities
5.1.2 Member Services Staff
5.1.3 Member Information
5.1.4 Primary Care Provider Selection
5.1.5 Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests

5.1 Member Services

5.1.1 Member Rights and Responsibilities

A. Member Rights and Responsibilities

Contractor must develop, implement, and maintain written policies and procedures that set forth the Member's rights and responsibilities and must communicate its policies to its Members, Providers, and, upon request, Potential Members.

1) Contractor's written policies and procedures must include the following Member rights:

a) To be treated with respect, giving due consideration to the Member’s right to privacy and the need to maintain confidentiality of the Member’s Protected Health Information (PHI) and private information.

b) To be provided with information about Contractor’s organization and all services available to Members.

c) To be able to choose their Primary Care Provider (PCP) within Contractor's Network unless the PCP is unavailable or is not accepting new patients.

d) To participate in decision-making regarding their health care, including the right to refuse treatment.

e) To submit Grievances, either verbally or in writing, about Contractor, Providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination (ABD).

f) To request an Appeal of an ABD within 60 calendar days from the date on the Notice of Adverse Benefit Determination (NABD) and request how to continue benefits during the in-plan Appeal process through the State Hearing, when applicable.

g) To request a State Hearing, including information on the circumstances under which an expedited State Hearing is available.

h) To receive interpretation services and written translation of critical informing materials in their preferred Threshold

Language, including oral interpretation and American Sign Language.

i) To have a valid Advance Directive in place, and an explanation to Members of what an Advance Directive is.

j) To have access to family planning services and sexually transmitted disease services, from a Provider of their choice, without referral or Prior Authorization, either in or outside of Contractor's Network. To have Emergency Services provided in or outside of Contractor's Network, as required pursuant to federal law.

k) To have access to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and Indian Health Care Providers (IHCP) outside of Contractor's Network, pursuant to federal law.

l) To have access to, and receive a copy of, their Medical Records, and request that they be amended or corrected, as specified in 45 Code of Regulations (CFR) sections 164.524 and 164.526.

m) To change Medi-Cal managed care plans upon request, if applicable.

n) To access Minor Consent Services.

o) To receive written Member informing materials in alternative formats, including Braille, large size print no smaller than 20 point font, accessible electronic format, and audio format, upon request and in accordance with 42 CFR section 438.10 and 45 CFR sections 84.52(d) and 92.102.

p) To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

q) To receive information on available treatment options and alternatives, presented in a manner appropriate for the Member's condition and ability to understand available treatment options and alternatives.

r) To freely exercise these Member rights without retaliation or any adverse conduct by Contractor, Subcontractors, Downstream Subcontractors, Network Providers, or the State.

2) Contractor must provide its written policies and procedures regarding Member rights and responsibilities to its staff and all Network Providers, Subcontractors, and Downstream Subcontractors. Contractor must ensure that its staff, Network Providers, Subcontractors, and Downstream Subcontractors are trained and knowledgeable on Members' rights as required under Exhibit A, Attachment III, Section 3.2 (*Provider Relations*).

B. Member's Right to Confidentiality

Contractor must have policies and procedures in place to ensure Members' rights to confidentiality of PHI and Personal Information (PI) in accordance with 45 CFR parts 160 and 164, and in accordance with Civil Code section 1798 *et seq*.

1) Contractor must ensure that all Subcontractors, Downstream Subcontractors, and Network Providers have policies and procedures in place to guard against unlawful disclosure of PHI, PI, and any other Confidential Information to any unauthorized persons or entities.

2) Contractor must inform and advise Members on the right to confidentiality of their PHI and PI. Contractor must obtain the Member's prior written authorization to release Confidential Information, unless such prior written authorization is not required by State and federal law.

C. Member's Right to Advance Directives

Contractor must have written policies and procedures to ensure Members are informed of what an Advance Directive is and how to put a valid Advance Directive in place. Contractor must have policies and procedures in place to ensure all involved in the Member's care comply with the terms of a Member's valid Advance Directive in accordance with the requirements of 42 CFR sections 422.128 and 438.3(j).

1) Contractor must ensure that its process for a Member's right to have an Advance Directive in place is included in the Member Handbook. Information in the Member Handbook must include the Member's right to be informed by Contractor of State law regarding Advance Directives, and to receive information from Contractor regarding any changes to that law. Contractor must ensure that the following statement, or similar language provided by DHCS is included:

Advance care planning for Members enrolled in Medi-Cal palliative care in accordance with All Plan Letter (APL) 18-020, must include documented discussions between a physician or other qualified healthcare professional and a patient, family member, or legally-recognized decision-maker. Counseling that takes place during these discussions addresses, but is not limited to, Advance Directives, such as Physician Orders for Life-Sustaining Treatment (POLST) forms.

2) Information on Advance Directives must comply with all State and federal law requirements and must be updated to reflect any changes to laws governing Advance Directives.

3) Contractor must ensure its Network Providers, Subcontractors, and Downstream Subcontractors are trained on complying with valid Advance Directives in accordance with 42 CFR sections 422.128 and 438.3(j).

D. Interoperability Requirements for Member Records

Contractor must implement and maintain a Patient Access Application Programming Interface (API) as specified in 42 CFR section 431.60 as if such requirements applied directly to Contractor, and as set forth in APL 22-026. The Patient Access API must also meet the technical standards in 45 CFR section 170.215. Data maintained on or after January 1, 2016, must be made available to facilitate the creation and maintenance of a Member's cumulative health record.

1) At a minimum, Contractor must permit third-party applications to retrieve, with the approval and at the direction of the Member, the following Member records:

a) Adjudicated claims data from Contractor, and from any Subcontractors, Downstream Subcontractors and Network Providers, including claims data and cost data that may be Appealed, or are in the process of Appeal, Provider remittances, and Member cost-sharing pertaining to such claims, within (1) Working Day after a claim is processed;

b) Encounter Data, including Encounter Data from any capitated Subcontractors, Downstream Subcontractors, and Network Providers, within one (1) Working Day after receiving the data from Providers;

c) Clinical data, including diagnoses and related codes, and laboratory test results, within one (1) Working Day after the

data is received by Contractor; and

d) Information about coverage for drugs administered in an outpatient setting as part of medical services, and updates to such information, including, if applicable, Member costs and any preferred drug list information, within one (1) Working Day after the effective date of any such information or updates to such information.

2) Contractor may deny or discontinue any third-party application's connection to an API if it reasonably determines, consistent with its security risk analysis under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule set forth in 45 CFR part 160 and 45 CFR part 164, subparts A and C, that continued access presents an unacceptable level of risk to the security of protected health information on its systems. The determination must be made using objective verifiable criteria that are applied fairly and consistently across all applications and developers, including but not limited to criteria that may rely on automated monitoring and risk mitigation tools.

E. Member Cost-Sharing Protections

1) Pursuant to The Social Security Act section 1932(b)(6) and 42 USC section 1396u-2(b)(6), Contractor and all of its Subcontractors must not hold a Member liable for any of the following:

a) Debts of Contractor in the event of Contractor's insolvency;

b) Payment for Covered Services provided by Contractor if Contractor has not received payment from DHCS, or if a Provider, under an agreement or other arrangement with Contractor, fails to receive payment from either DHCS or Contractor; or

c) When payments to a Provider that furnishes Covered Services under an agreement or other arrangement with Contractor are in excess of the amount that normally would be paid by the Member if the service had been received directly from the Contractor.

2) Contractor, including its Network Providers and Subcontractors, must not bill a Member for any Covered Services provided under this Contract. Contractor must assure that all Network Provider Agreements include requirements whereby the Member must be held harmless for charges for any Covered Services.

3) Contractor and its Network Providers are prohibited from imposing on Members cost-sharing requirements. Contractor's Subcontractor Agreements and Network Provider Agreements must specify that a Provider agrees to accept Contractor's reimbursement as payment in full for services rendered to Members.

5.1.2 Member Services Staff

A. Contractor must employ and train a sufficient number of staff knowledgeable about Contractor's policies and procedures and capable of providing information to Members or Potential Members.

B. Contractor must ensure its Member services staff are trained and educated on all contractually required services for Members including policies and procedures on the scope of services required to be offered under this Contract, how to utilize services in the Medi-Cal program, how to access carved out services, and how obtain referrals to appropriate community resources and other agencies.

C. Contractor must ensure its Member services staff are educated on assisting Members with disabilities, chronic conditions, and components of Health Equity in accordance with Exhibit A, Attachment III, Subsection 5.2.11.C. *(Cultural and Linguistic Programs and Committees)*. This includes assisting Members with access barriers, disability access issues, referral to appropriate clinical services, Grievance and Appeal resolution, and State Hearings.

D. Contractor's Member services staff must refer Potential Members to the DHCS Enrollment broker when Potential Members request Enrollment with Contractor.

E. Contractor's Member services staff must refer Potential Members to their local county office for Medi-Cal eligibility determinations or redeterminations.

F. Contractor must ensure its Member services staff assist Members with a warm hand-off to Subcontractors and Downstream Subcontractors when Member services functions are delegated under a Subcontractor Agreement or Downstream Subcontractor Agreement.

5.1.3 Member Information

A. Contractor must provide all new Members, and Potential Members upon request, with information in compliance with 42 CFR section 438.10,

Welfare and Institutions Code (W&I) section 14406, 22 CCR section 53895, and as set forth in this provision.

B. Contractor must provide information as required in 42 CFR section 438.10, W&I section 14406, and 22 CCR section 53895 no later than seven calendar days after the effective date of a Member's Enrollment.

C. Contractor must distribute the information required by Exhibit A, Attachment III, Subsection 5.1.3 *(Member Information)*, Paragraphs A-B annually, and upon a Member's request. Contractor must ensure the information is current and has prior approval for distribution from DHCS.

D. All Member Information must be in a format that is easily understood and in a font size no smaller than 12-point, in compliance with all requirements in 42 CFR sections 438.10, 438.404, and 438.408, W&I section 14029.91, and 22 CCR section 53876. Member Information is defined in this Contract and discussed in detail in APL 21-004. Member Information includes, but is not limited to, the Member Handbook (also called the Evidence of Coverage, or EOC), Provider Directory, and all mailings and notices critical to obtaining services, including form letters, Notices of Action (NOAs), NABDs, Grievances or Appeals, welcome packets, Marketing information, preventive health reminders, Member surveys, notices advising of the availability of free language assistance, and newsletters.

E. If a Member or Potential Member requests Member Information in a format other than as printed materials, Contractor must provide the Member Information in the alternate formats, including Braille, large-size print font no smaller than 20-point, accessible electronic format, or audio format.

F. Contractor must ensure that all Member Information is provided to Members at a sixth grade reading level and approved by DHCS before distribution. Member Information must inform Members on Contractor's processes and the Member's right to make informed health decisions.

1) Contractor must submit to DHCS for review and approval their policy and process for collecting requests and disseminating materials in an alternative format when requested by Member.

2) For Members with disabilities, including visual impairment Contractor must provide Member Information in all Threshold Languages, alternative formats as specified by DHCS and in APL 21-004 and APL 22-002 (including Braille, large-size print font no smaller than 20-point, accessible electronic format, audio compact disc (CD) format, or data CD format), and through Auxiliary Aids at no cost and upon request. Contractor must provide Member

Information in a timely fashion appropriate for the format being requested and taking into consideration the special needs of Members with disabilities or Limited English Proficiency (LEP) Members.

a) Contractor must inform Members who exhibit or mention difficulty reading print communications of their right to receive Auxiliary Aids and services, including alternative formats.

b) For Members who request an electronic alternative format to receive Member information, Contractor must inform the Member that, unless they request a password-protected format, the Member Information will be provided in an electronic format that is not password protected, which may make the information more vulnerable to loss or misuse. Contractor must clearly communicate to Members that they may request an encrypted electronic format with unencrypted instructions on how the Member can access the encrypted information.

c) Contractor must accommodate the communication needs of qualified individuals with disabilities, which may include communication with the Member's Authorized Representative (AR) or someone with whom it is appropriate for Contractor to communicate, such as a Member's disabled spouse. For these qualified individuals, Contractor must facilitate alternative format requests as identified in this Paragraph, as well as requests for other Auxiliary Aids and services.

3) Contractor must establish policies and procedures to ensure Members receive all Member Information in a Threshold Language or alternative format of their choice as required by 42 CFR section 438.10, W&I section 14029.91, and Exhibit A, Attachment III, Subsection 5.2.10.B (*Access Rights*).

4) Contractor must post a DHCS-approved nondiscrimination notice. Contractor must also post a notice with language taglines in a conspicuously visible font size in English, at least the top 15 non-English languages in the State, and any other languages, as determined by DHCS, explaining the availability of free language assistance services, including written translation and oral interpretation, and information on how to request Auxiliary Aids and services, including materials in alternative formats. The nondiscrimination notice and the notice with taglines must include

Contractor's toll-free and Telephone Typewriters (TTY)/Telecommunication Devices for the Deaf (TDD) telephone number for obtaining these services, and must be posted as follows:

a) In a conspicuous place in all physical locations where Contractor interacts with the public;

b) In a location on Contractor's website that is accessible on Contractor's home page, and in a manner that allows Members, Potential Members, and members of the public to easily locate the information; and

c) In the Member Handbook/EOC, and in all Member Information, informational notices, and materials critical to obtaining services targeted to Members, Potential Members, applicants, and the public at large, in accordance with APL 21-004 and APL 22-002, 42 CFR section 438.10(d)(2)-(3), and W&I section 14029.91(a)(3) and (f).

5) Contractor's nondiscrimination notice must include all information required by W&I section 14029.91(e), any additional information required by DHCS, and must provide information on how to file a Discrimination Grievance with:

a) Both Contractor and the DHCS 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, health status, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56; and

b) The United States Department of Health and Human Services (U.S. DHHS) Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability, per W&I section 14029.91(e)(5).

G. Member Information Noticing in Electronic Format

1) Contractor has the option to send Members a notice in Member welcome packets or annual informational mailings to inform Members of how to obtain their Provider Directory and Member Handbook electronically or in a paper version if preferred. The

notice can be an insert, flyer, or other form of noticeable communication.

a) Contractor may provide Seniors and Persons with Disabilities (SPDs) a notice in lieu of a paper Member Handbook in Member welcome packets. Contractor must still provide all SPDs with the paper form of the Provider Directory. The paper form of the Provider Directory may be a personalized, shorter version of the full-sized Provider Directory.

b) Contractor may provide their non-SPD, dual eligible Members a notice on how to access the Provider Directory and Member Handbook electronically in lieu of a paper version in Member welcome packets.

c) Contractor may provide all Members, except SPDs, a notice in lieu of a paper Provider Directory and Member Handbook for annual informational mailings.

2) Prior to using a notice, Contractor must submit the following to DHCS for approval:

a) A written proposal on Contractor's letterhead addressed to "DHCS Contract Manager" requesting to use a notice instead of mailing the informing materials. The proposal must include the following:

i. An overview of Contractor's process for utilizing the notice and how Contractor will meet all notice requirements.

ii. An explanation of the notice's purpose, including a description of the Member population(s) who will receive the notice.

iii. Time frame for implementation.

iv. A statement that Contractor is complying with all applicable State and federal laws, the requirements of this Contract, and other DHCS guidance, including APLs and Policy Letters (PLs).

v. For Member packages only, a proposal of how Contractor will move toward creating a personalized Provider Directory, with a timeline included that

covers the cycle of production to delivery of personalized Provider Directories.

vi. Any other pertinent information necessary for DHCS to review.

b) A written policy and procedure describing in detail the process Contractor will utilize for the notice and how Contractor will continue to meet all language and format requirements set forth in 42 CFR section 438.10(d)(3), Provider Directory and website requirements in accordance with 42 CFR section 438.10(h), and sub-contractual relationship and delegation requirements set forth in 42 CFR section 438.230.

c) A sample of Contractor's proposed notice regarding electronic communications. The notice must be easily identifiable by the Member, state the purpose of each piece of Member material offered, and identify the options Members will have for receiving their Member materials.

3) The notice must be compliant with all the requirements of this Contract and DHCS policy, and federal and State statutes and regulations on Member Information, including 42 CFR sections 438.10 and 438.404, and W&I section 14029.91. DHCS will approve Contractor's notices on a case-by-case basis.

4) DHCS reserves the right to require Contractor to revert to sending printed copies of the Provider Directory and Member Handbook to its Members, at any time.

H. Provider Directory

1) Contractor must submit its complete Provider Directory to DHCS for review and approval prior to initial operations.

2) Contractor must make its Provider Directory available to all Members and to DHCS for distribution as required.

3) Contractor's Provider Directory must be available in both paper and electronic formats. Provider Directory information must be included with Contractor's written Member Information for new Members, and thereafter available upon request. An electronic Provider Directory must be posted on Contractor's website in a machine readable and accessible file and format.

4) Contractor must update and submit its paper and electronic Provider Directories to DHCS in accordance with 42 CFR section 438.10(h)(3)(i)(A)-(B). Contractor must submit under the following timelines:

   a) A paper Provider Directory must be updated at least monthly, if Contractor does not have a mobile-enabled, electronic Provider Directory; or quarterly, if Contractor has a mobile-enabled, electronic Provider Directory; and

   b) An electronic Provider Directory must be updated no later than one week after Contractor receives updated provider information.

5) Contractor's Provider Directory submission must include complete, accurate and updated Provider Directory and Network information and data and submit as required by 42 CFR section 438.10(h)(3). Contractor's Provider Directory must also comply with all requirements in PL 11-009. DHCS is authorized to require changes or corrections to Contractor's Provider Directory at any time.

6) Contractor must implement and maintain a publicly accessible standards-based Provider Directory API, as described in 42 CFR section 431.70 and APL 22-026, which must include the information required here in Exhibit A, Attachment III, Subsection 5.1.3.H (*Member Information*). The Provider Directory API must meet the technical standards in 45 CFR section 170.215, excluding the security protocols related to user authentication and authorization.

7) Provider Directories must comply with 42 CFR section 438.10(h) and H&S section 1367.27, and must include the following information for in-Network PCP, Specialists, hospitals, Enhanced Care Management (ECM), Community Support Providers, Behavioral Health Providers, and any other Providers (e.g., Community Health Workers (CHW)) contracted for Medi-Cal Covered Services:

   a) The Provider's or site's location name and any group affiliation(s), National Provider Identifier (NPI) number, street address(es), all telephone numbers associated with the practice site, and, if applicable, website URL for each Service Location;

   b) Provider's specialty type and paneling status that allows them to treat specific populations, including but not limited

to, whether they are a California Children's Services (CCS paneled provider;

c) Whether the Provider is accepting new patients;

d) Information on the Provider's affiliated medical group or Independent Physician/Provider Associations (IPA), NPI number, address, telephone number, and, if applicable, website URL for each Physician Provider of affiliated group or IPA;

e) The hours and days when each Service Location is open, including the availability of evening or weekend hours;

f) The services and benefits available, including accessibility symbols approved by DHCS confirming whether the office/facility (exam room(s), equipment, etc.) can accommodate Members with physical disabilities as required by PL 11-009;

g) The Provider's cultural and linguistic capabilities, including whether non-English languages and American Sign Language are offered either by the Provider or a skilled medical interpreter at the Provider's facility;

h) The telephone number to call after normal business hours;

i) Identification of Network Providers or sites that are not available to all or new Members

j) The link to the Medi-Cal Rx Pharmacy Locator, which can be found on the dedicated Medi-Cal Rx website described in APL 22-012.

I. Member Handbook

Contractor must comply with the requirements in 22 CCR section 53895(b) by distributing a Member Handbook, also known as an Evidence of Coverage and Disclosure Form (EOC/DF) to each Member and to Potential Members, upon request. The Member Handbook must meet all requirements in 42 CFR section 438.10(g), 22 CCR section 53881, and any other requirements in State and federal law, and this Contract. In addition, the Member Handbook must meet all applicable requirements contained in 42 CFR section 438.10(d), W&I section 14029.91, 22 CCR section 53876 for Limited English Proficiency (LEP) Members and

Potential Members and H&S section 1363 as to translation, print size, readability, and understandability of text.

1) Contractor must provide to each Member, or Member's family unit, a Member Handbook that constitutes a full and fair disclosure of the Member's right to obtain and Contractor's provision of all Medi-Cal services that are available and accessible to the Member. Contractor must post its most recent Member Handbook to its website.

2) Contractor must use the DHCS template for its Member Handbook. Contractor must submit its information that is specific to Contractor, where applicable. Contractor must submit its completed Member Handbook, with all Contractor-specific information included in redline, for review and approval by DHCS before distribution to Members.

3) Contractor must make the revised Member Handbook available to Members based on the timeframes required by State and federal law and at any time DHCS, a Member, or a Potential Member requests a copy.

4) Although Contractor is required to use the DHCS Member Handbook template, Contractor remains solely responsible for ensuring that Members receive the following information through the Member Handbook:

    a) Contractor's name, address, toll-free telephone number(s) for Member services, Medi-Cal Rx telephone number(s) and website information, any other Contractor staff providing services directly to Members, and information on Contractor's Service Area;

    b) Information on how to access services in the Medi-Cal managed care system, including a description of the full amount, duration, and scope of Covered Services and how to obtain services under this Contract. The Member Information must also include information on services that require Prior Authorization and how to request it, health education and how to access appropriate community resources and other agencies, interpretive services provided by Contractor's staff and at service sites, and an explanation of "carved- out" services, including Specialty Mental Health Services, and any service limitations and exclusions from coverage or charges for services. The Member Handbook must also include information on services to which

Contractor, Subcontractor, Downstream Subcontractor, or a Network Provider may have a moral objection to perform or support and alternative methods for obtaining those services;

c) Procedures for accessing Covered Services, which explain that Covered Services will be obtained through Contractor's Network Providers unless otherwise allowed under this Contract;

d) A description of the Member identification card issued by Contractor, if applicable, and an explanation of its use in authorizing or assisting Members in obtaining services;

e) Procedures for selecting or requesting a change in PCP at any time, any requirements for a Member to change their PCP, reasons for which a request for a specific PCP may be denied, and reasons why a PCP may request a change;

f) The purpose and value of scheduling and completing an Initial Health Appointment (IHA);

g) The availability and procedures for obtaining after-hours services 24 hours a day, seven days a week, including the appropriate Network Provider locations and telephone numbers to obtain services. This must include an explanation of the Members' right to interpretive services, at no cost, to assist in receiving after-hours services;

h) Definition of what constitutes an Emergency Medical Condition, Emergency Services, and post-stabilization services. The Member Handbook must expressly state that Prior Authorization is not required to receive Emergency Services and include the use of 9-1-1 for obtaining Emergency Services;

i) The right to receive Emergency Services in any hospital or other setting, and procedures for obtaining Emergency Services from specified Network Providers or from out-of-Network Providers, including Emergency Services outside of Contractor's Service Area. This includes the right to the provision of at least a 72-hour supply of Medically Necessary medication in an emergency situation is provided;

j) Process for referral to Specialists, including an explanation of the Prior Authorization process, in sufficient detail so the

Member can understand how the process works, including authorization and referral timeframes and alternative access standards as required by W&I section 14197.04, APL 23-001, and APL 21-011;

k) Procedures for obtaining Emergency Medical Transportation (EMT) and Non-Emergency transportation services to service sites that are offered by Contractor or available through the Medi-Cal program, and how to obtain such services. Include a description of medical transportation, including EMT, Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) services, and how Contractor coordinates access to appropriate transportation, when needed;

l) The right to file a Grievance and request an Appeal with Contractor, and procedures for filing either orally, in writing, or over the phone. Contractor must inform Members of all Appeal and State Hearing rights when it makes a decision to deny, delay or modify a Member's request for services as set forth in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*);

m) Information on disenrollment from Contractor. Contractor must ensure that the following information is included:

   i. The causes for which a Member may lose eligibility to receive services under this Contract as set forth in Exhibit A, Attachment III, Subsection 4.2.2 (*Disenrollment*), and the procedures for disenrollment due to the loss of eligibility.

   ii. An explanation of the expedited disenrollment process for Members qualifying under conditions specified under 22 CCR section 53889(j), which includes Children receiving services under the Foster Care or Adoption Assistance Programs, Members who require out-of-Network transplant services if they are unavailable in-Network, and Members already enrolled in another Medi-Cal, Medicare, or commercial managed care plan.

n) An explanation of the Member's right to disenroll at any time, and reenroll in the competing Medi-Cal managed care plan in the county (in counties where another Medi-Cal managed care plan is available), subject to the requirements in 22

CCR 53889, 22 CCR 53891(c) and any restricted disenrollment period;

o) Information on the Member's right to a Medi-Cal State Hearing, the process for obtaining a State Hearing, the timeframe to request a State Hearing, and the rules that govern representation in a State Hearing. Contractor must ensure the following information is included:

   i. The circumstances under which an expedited State Hearing is possible;

   ii. Information stating that Contractor will assist in completing the State Hearing request when a health care service requested by the Member or Provider has been denied, delayed, or modified, as required by APL 21-011;

   iii. The timelines which govern a Member's right to a State Hearing, pursuant to W&I section 10951 and for an expedited State Hearing pursuant to W&I section 10951.5;

   iv. The Department of Social Services (DSS) Public Inquiry and Response Unit toll-free telephone number (1-800-952-5253) to request a State Hearing; and

   v. Contractor's obligation to continue the disputed service(s) until there is a final decision on the State Hearing as long as if the Member requests a State Hearing in the specified timeframe(s) as required by 42 CFR section 438.420.

p) The availability of, and procedures for obtaining services at FQHCs, RHCs and IHCPs;

q) The Member's right to seek family planning services from any qualified family planning Provider in the Medi-Cal program, including out-of-Network Providers; how to access these services; that a referral is not necessary; and a description of the limitations on the services that Members may seek out-of-Network. The DHCS Office of Family Planning toll-free telephone number (1-800-942-1054) that provides consultation and referral to family planning clinics must also be included. Contractor must ensure that the

following statement, or similar language provided by DHCS is included:

Family planning services are provided to Members of childbearing age to enable them to determine the number and spacing of Children. These services include all methods of birth control approved by the Federal Food and Drug Administration. As a Member, you pick a doctor who is located near you and will give you the services you need. Our Primary Care Providers and OB/GYN Specialists are available for family planning services. For family planning services, you may also pick a doctor or clinic not connected with [Plan Name] without having to get permission from [Plan Name]. [Plan Name] will pay that doctor or clinic for the family planning services you get.

r) Procedures for providing female Members with direct access to an in-Network women's health Specialist for women's preventive and routine health care services without requiring Prior Authorization. Access to a women's health Specialist must be provided in addition to the Member's designated PCP if the PCP is not a women's health Specialist;

s) Information on the availability of and procedures for obtaining Certified Nurse Midwife (CNM) and Nurse Practitioner services, pursuant to Exhibit A, Attachment III, Subsection 5.2.8.G. (*Specific Requirements for Access to Programs and Covered Services*);

t) Information on how to access the DHCS Medi-Cal Managed Care Ombudsman Program and toll-free telephone number (1-888-452-8609), and the DMHC HMO Consumer Service toll-free telephone number (1-800-400-0815) for resolution of Member concerns and complaints;

u) Information on the provision and availability of services covered under the California Children's Services (CCS) Program from out-of-Network Providers, and how to access CCS Program;

v) Information on how to obtain Minor Consent Services through Contractor's Network, an explanation of those services, and information on how Minor Consent Services can also be obtained from out-of-Network Providers without requiring Prior Authorization;

w) Information on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for Members less than 21 years of age, and that it includes all Medically Necessary health care, diagnostic services, treatments, and other measures listed in 42 United States Code (USC) section 1396d(a) and (r), whether or not covered under the California Medicaid State Plan. All EPSDT services are Covered Services unless expressly excluded under this Contract;

x) An explanation on how to use the Medi-Cal Fee-For-Service (FFS) system when Medi-Cal services are excluded or limited under this Contract, and how to obtain additional information;

y) An explanation that an American Indian Member's status as a Member is voluntary and that an American Indian Member cannot be required to enroll in a Medi-Cal managed care plan and has the right to access IHCP, choose an IHCP within Contractor’s Network as a PCP, and disenroll from Contractor at any time, without cause;

z) Language regarding the positive benefits of organ donations and how a Member can become an organ or tissue donor, pursuant to H&S section 7158.2. This information must be provided in the Member Handbook as well as Contractor’s newsletter and any other direct communication with Members, and must be provided the Members annually under H&S section 7158.2;

aa) Confirmation of whether Contractor offers financial bonuses or other incentives to its Network Providers. This information must inform the Member of the right to request additional information about these bonuses or incentives from Contractor, their Network Provider, or the Network Provider’s medical group or IPA, pursuant to H&S section 1367.10;

bb) Instructions on how a Member can request a copy of, or the website link to locate, Contractor’s non-proprietary clinical and administrative policies and procedures;

cc) That oral interpreter services are available for any language spoken by the Member, and that the Member can inform Contractor of their preferred language to receive written translations of Member materials in the identified Threshold Languages, both free of charge, with instruction on

Contractor's obligations to ensure these services are provided;

dd) That Auxiliary Aids and services are available upon request and at no cost for Members with disabilities, and how to access these services;

ee) Information on how to report suspected Fraud, Waste and Abuse; and

ff) Information on how to request Community Supports.

J. Member Identification Card

Contractor must provide an identification card to each Member, which identifies the Member and authorizes them to access Covered Services. The card must inform the Member that they may seek Emergency Services from out-of-Network Providers. The card must inform the Member of the Medi-Cal Rx telephone number. The Member identification card must also inform the Member that Emergency Services are covered by Contractor without Prior Authorization, and at no cost to the Member.

5.1.4 Primary Care Provider Selection

A. Contractor must implement and maintain DHCS-approved procedures to ensure that each new Member who is not enrolled in comprehensive Other Health Coverage (OHC) has an appropriate and available PCP. Comprehensive OHC refers to:

1) Members with the OHC Code indicator C, H, F, K, or P as listed in the 834 file, or,

2) OHC with a scope of coverage of at least Outpatient, Inpatient, and Medical/Allied (OIM) Services found in positions 119 through 126 in the Health Insurance System Database (HISDB) file.

B. Contractor must provide each new Member an opportunity to select a PCP within the first 30 calendar days of Enrollment. Contractor must make best efforts to ensure the Member is assigned to the PCP the Member selected at the time of their Enrollment, unless the PCP is unavailable or is not accepting new patients.

C. If the Member does not select a PCP within 30 calendar days of the effective date of Enrollment, Contractor must assign that Member to a PCP and notify the Member and the assigned PCP no later than 40

calendar days after the Member's Enrollment. Contractor must ensure that adverse selection does not occur when Members are assigned to PCPs.

1) Contractor must allow Members to select a clinic that provides Primary Care in lieu of selecting a specific PCP, where available.

2) If Contractor's Network includes Nurse Practitioners (NP), Certified Nurse Midwives (CNMs), OB-GYN, or Physician Assistants, the Member may select one of these practitioners as their PCP within 30 calendar days of Enrollment to provide Primary Care services in accordance with 22 CCR section 53853(a)(4).

3) SPD Members may select a Specialist or clinic as a PCP if the Specialist or clinic agrees to serve as the Member's PCP and is qualified to treat the health conditions of the SPD Member, in accordance with W&I section 14182(b)(11).

4) Contractor must ensure that Members are allowed to change their PCP, NP, CNM, or Physician Assistant assignment, upon request, by selecting a different PCP from Contractor's Network.

D. Contractor must inform Members through direct outreach to provide an explanation for the reason the Member could not be assigned to their selected PCP.

E. Contractor must ensure that Members who have an established relationship with a Network Provider, and who want to continue their patient-Provider relationship, are assigned to that Provider without disruption in the Member's care if the Member's existing relationship meets the requirements set forth in APL 18-008 (revised).

F. Contractor must ensure that Members can choose Traditional and Safety-Net Providers as their PCP, and that American Indian Members may choose an IHCP within Contractor's Network as their PCP.

G. Contractor is not obligated to require full benefit dual eligible Members to select a Medi-Cal PCP. Nothing in this section must be construed to require Contractor to pay for services that would otherwise be paid for by Medicare.

H. If a Member does not select a PCP within 30 calendar days of the effective date of Enrollment, Contractor must use utilization data or other data sources in its possession or provided by DHCS to select a PCP for the Member. This includes review of electronic data to confirm existing Provider relationships for the purpose of PCP assignment, including a Specialist or clinic for an SPD if they have indicated they have a

preference for either to act as their PCP. Contractor must comply with all federal and State privacy laws in the provision and use of this data.

I. Contractor must notify the PCP that a Member has selected or been assigned to the Provider within ten calendar days from the date selection or assignment is complete.

J. Contractor must maintain procedures that proportionately include contracting with Traditional and Safety-Net Providers in the assignment process for Members who do not choose a PCP. Contractors in public hospital health system counties must assign PCPs in compliance with W&I section 14199.1.

5.1.5 Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests

Contractor must notify Members of a decision to deny, defer, or modify requests for Prior Authorization, in accordance with 42 CFR section 438.210(c) and 22 CCR sections 51014.1 and 53894 by providing a NOA to Members and/or their AR, regarding any denial, deferral, or modification of a request for approval to provide a health care service. This notification must be provided in accordance with all requirements set forth in Exhibit A, Attachment III, Subsection 4.6.4 (*Notice of Action*).

Exhibit A, ATTACHMENT III

5.2 Network and Access to Care

5.2.1 Access to Network Providers and Covered Services
5.2.2 Network Capacity
5.2.3 Network Composition
5.2.4 Network Ratios
5.2.5 Network Adequacy Standards
5.2.6 Access to Emergency Service Providers and Emergency Services
5.2.7 Out-of-Network Access
5.2.8 Specific Requirements for Access to Programs and Covered Services
5.2.9 Network and Access Changes to Covered Services
5.2.10 Access Rights
5.2.11 Cultural and Linguistic Programs and Committees
5.2.12 Continuity of Care for Seniors and Persons with Disabilities
5.2.13 Network Reports
5.2.14 Site Review
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5.2 Network and Access to Care

5.2.1 Access to Network Providers and Covered Services

A. Primary Care

1) Contractor must ensure that each Member has an assigned Primary Care Provider (PCP) who is available and physically present at the Service Location for sufficient time to ensure access and appointments for the assigned Member when medically required. This requirement does not preclude an appropriately licensed Provider from being a substitute for the Member's assigned PCP in the event of vacation, illness, or other unforeseen circumstances.

2) Contractor must have processes in place to assist Members in selecting PCPs who are accepting new patients.

3) Contractor must consider the requirements in Welfare and Institutions Code (W&I) section 14182(b)(11) when assigning Members who are Seniors and Persons with Disabilities (SPD) to a PCP. Additionally, Contractor must ensure that Members have the option of selecting an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC), as their PCP, where available.

B. Specialists

1) Contractor must ensure that Members have access to Specialists for Medically Necessary Covered Services in accordance with W&I section 14197, 22 CCR section 53853, and 28 CCR section 1300.67.2.2.

2) Contractor must maintain an adequate Network that includes adult and pediatric Specialists, and at a minimum, the core Specialists required in W&I section 14197(h)(2), within its Network to ensure Medically Necessary specialty care is available in accordance with 22 CCR section 53853(a), and W&I sections 14182(c)(2) and 14197.

C. Contractor must ensure its Network Providers, Subcontractors, and Downstream Subcontractors have adequate Networks and staff within its Service Area, including Physicians, nurses, and administrative and other support staff to ensure that they have sufficient capacity to provide and coordinate care for Covered Services are provided in accordance with

W&I section 14197, 22 CCR section 53853, 28 CCR section 1300.67.2.2, and all requirements in this contract.

D. Contractor must monitor Subcontractors and Downstream Subcontractors to ensure they can adequately deliver culturally and linguistically competent care including offering interpreter services when a Limited English Proficient (LEP) Member accesses a Provider who does not speak the Member's language.

E. Contractor must ensure that Members have access to all Non-specialty Mental Health and Substance Use Disorder (SUD) Covered Services in accordance with 42 Code of Federal Regulations (CFR) section 438.900 *et seq.* Contractor must coordinate care for all Specialty Mental Health Services (SMHS) and SUD services and provide referrals including mechanisms to track completion of follow up visits, to the county mental health plan (MHP) and Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services as outlined in Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*)

5.2.2 Network Capacity

A. Contractor must maintain a Network adequate to provide the full scope of benefits to 60 percent of all Potential Members or current Member Enrollment, whichever is higher, within its Service Area. Contractor must increase the capacity of the Network as necessary to accommodate all Enrollment growth beyond the 60 percent.

B. Contractor may request to renegotiate its Network capacity requirement with DHCS if utilization by Contractor’s Members does not exceed 75 percent of the required Network capacity, after the first 12 months of operation. Any such change is subject to DHCS review and approval.

5.2.3 Network Composition

A. Contractor must maintain an adequate Network within its Service Area, in compliance with W&I section 14197, and if necessary to ensure contract compliance with Network adequacy. Contractor may offer to contract with Providers in adjoining Service Areas but must make good faith efforts to contract with Providers within Contractor’s Service Area. Contractor’s Network must include at a minimum adult and pediatric PCPs, obstetrics, and gynecology (OB/GYNs), adult and pediatric Behavioral Health Providers, adult and pediatric Non-specialty outpatient Mental Health Service (NSMHS) Providers, adult and pediatric Specialists, hospitals, and Long-Term Care (LTC) Providers to ensure adequate access to all Medically Necessary Covered Services for all Members and to meet all Network adequacy requirements.

B. Contractor must maintain an adequate Network of Allied Health Personnel, supportive paramedical personnel, public hospitals and health care systems, care navigators, caseworkers, and public health nurses, and an adequate number of accessible service sites to ensure adequate access to all Medically Necessary Covered Services for all Members.

C. Contractor must include in its Network, where available, IHCP, FQHC, RHCs, Freestanding Birthing Centers (FBC), Certified Nurse Midwives (CNMs), and Licensed Midwives (LM) in accordance with W&I section 14087.325, Medicaid State Health Official Letter #16-006, All Plan Letter (APL) 18-022, and APL 23-001.

1) If Contractor is a local initiative health plan model, it must offer to contract with all FQHCs and RHCs in its county(ies), in accordance with W&I section 14087.325. Local initiative health plans must maintain and provide supporting documentation of all contracting efforts with each FQHC and RHC in its county(ies) to DHCS upon request, even if Contractor has a minimum of one active contract with an FQHC and RHC in their county(ies).

2) If Contractor is not a local initiative health plan model, it must contract with a sufficient number of and include at least one FQHC, one RHC, and one FBC in the Network, where available in Contractor's Service Area(s), to the extent that the FQHC, RHC, and FBC Providers are licensed and recognized under State law.

D. Contractor must offer to contract with all IHCP available in each county(ies) in which Contractor operates in accordance with 22 CCR section 55120. If Contractor is unable to contract with an IHCP, Contractor must allow eligible Members to obtain services from out-of-Network IHCP in accordance with 42 CFR section 438.14.

E. Contractor must make good faith efforts to contract with at least one cancer center within their Networks and subcontracted Networks, if applicable, within each county in which Contractor operates for the provision of Covered Services to any eligible Member diagnosed with complex cancer diagnosis in accordance with W&I section 14197.45.

F. Contractor must continually ensure that the composition of its Network meets the ethnic, cultural, and linguistic needs of Contractor's Members.

G. Contractor must have an adequate number of NSMHS Providers to provide Medically Necessary, NSMHS based on current and anticipated utilization trends for its Members.

H. Contractor must include in its Network any traditional and Safety-Net Provider that is willing to contract under the same terms and conditions that Contractor offers to any other similar Provider in accordance with 22 CCR section 53800(b)(2)(C)(1).

I. Contractor must ensure that every LTC Provider in its Service Area that is licensed by the California Department of Public Health (CDPH) as a qualified LTC Provider is included in Contractor's Network, to the extent that the LTC Provider remains licensed, certified, operating, and is willing to enter into a Network Provider Agreement with Contractor on mutually agreeable terms and meets Contractor's Credentialing and quality standards. If Contractor determines that additional LTC Providers are necessary to meet the needs of its Members, Contractor must offer to contract or enter into a letter of agreement with any additional CDPH licensed LTC Providers in its Service Area or in adjoining Service Areas.

J. Contractor must receive a preapproval or assessment of suitability from CDPH prior to the execution of a Network Provider Agreement for LTC Providers undergoing a change of ownership. Network Provider Agreements must have a clause that LTC Providers must notify Contractor if it is undergoing a change of ownership so Contractor can obtain preapproval or assessment of suitability from CDPH.

K. Contractor must ensure that every CBAS Provider within Contractor's Service Area, that has been approved by the California Department of Aging (CDA) as a CBAS Provider, is included in Contractor's Network to the extent that the CBAS Provider remains licensed as an Adult Day Health Care (ADHC) Center, is certified and enrolled as a Medi-Cal Provider, is willing to enter into a Network Provider Agreement with Contractor on mutually agreeable terms, and meets Contractor's credentialing and quality standards. Contractor must contract with a sufficient number of Community-Based Adult Service (CBAS) Providers to timely meet the needs of Members who are CBAS-eligible. Contractor must have an adequate number of CBAS Providers that are geographically located within one hour's transportation time of its CBAS-eligible Members and that are appropriate for and proficient in addressing CBAS-eligible Members' specialized health needs and acuity, communication, cultural, and language needs and preferences. Contractor must also meet expected CBAS-utilization without a waitlist.

5.2.4 Network Ratios

A. Contractor must continually comply with 22 CCR sections 53853(a)(1) - (2) and ensure that its Network meets the following full-time equivalent (FTE) Physician to Member ratios:

1) FTE Primary Care Providers that are Physicians: Member 1:2,000

2) FTE Total Physicians: Member 1:1,200

B. Contractor must ensure that FTE non-physician medical practitioner's Member caseload does not exceed 1,000 patients in accordance with 22 CCR section 53853(a)(3).

C. Contractor must ensure compliance with 22 CCR sections 51240 and 51241, and Business and Professions Code sections 3516 and 2836.1. Contractor must ensure full-time equivalent Physician supervisor to non-physician medical practitioner ratios do not exceed the following:

1) Physician Supervisor: Nurse Practitioners 1:4

2) Physician Supervisor: Physician Assistants 1:4

3) A Physician supervisor may not supervise more than four non-physician medical practitioners in any combination.

5.2.5 Network Adequacy Standards

A. Timely Access

1) Contractor must continuously monitor and enforce Network Providers', Subcontractors', and Downstream Subcontractors' compliance with the requirements in W&I section 14197(d)(1)(A), 28 CCR section 1300.67.2.2, and the requirements in this Contract.

2) Contractor must develop, implement, and maintain procedures to monitor and ensure that Contractor, Network Providers, Subcontractors, and Downstream Subcontractors:

a) Comply with requirements for Members to obtain appointments for routine care, Urgent Care, routine specialty referral appointments, prenatal care, Children's preventive periodic health assessments, and adult Initial Health Appointments (IHAs) in accordance with W&I section 14197, and 28 CCR section 1300.67.2.2:

i. Urgent Care appointment for services that do not require Prior Authorization within 48 hours of a request;

ii. Urgent Care appointment for services that do require Prior Authorization within 96 hours of a request;

iii. Non-urgent appointments for Primary Care within ten (10) business days of request;

iv. Non-urgent appointments with Specialists within 15 business days of request;

v. Non-urgent appointment with a non-physician mental health Provider with ten (10) business days of request;

vi. Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, or illness within 15 business days of request;

vii. Availability of LTC Providers for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara within five (5) business days of request;

viii. Availability of LTC Providers for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura within seven (7) business days of request; and

ix. Availability of LTC Providers for the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba within 14 business days of request.

b) Offer Members appointments for Covered Services within a time frame appropriate for their health condition but no

longer than the appointment timeframes set forth in 28 CCR section 1300.67.2.2, unless the Member's preference is to wait for a later appointment from a specific Network Provider. The applicable waiting time for a particular appointment may be extended if the following conditions are met:

i. 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;

ii. 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

iii. 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.

c) Contractor must provide the appointment time standards to Network Providers, Subcontractors, and Downstream Subcontractors, and monitor appointment waiting times in Network Providers' offices pursuant to 42 CFR section 438.206, W&I section 14197, and 28 CCR section 1300.67.2.2. Contractor must also ensure that Network Providers comply with requirements for follow up on missed appointments;

d) Offer hours of operation to Members that are no less than the hours of operation offered to non-Medi Cal patients, or to Medi-Cal Fee-For-Service (FFS) beneficiaries if the Network Provider serves only Medi-Cal beneficiaries; and

e) Maintain procedures for triaging Members' telephone calls, providing telephone medical advice, and accessing telephone interpreters 24 hours a day, seven days a week.

3) During normal business hours, the waiting time for a Member to speak by telephone with Contractor's customer service representative must not exceed ten minutes.

4) Contractor must ensure its customer service representatives have knowledge and competency to assist in resolving Members' questions and concerns.

5) Contractor must have a medical director or licensed Physician acting on behalf of Contractor's medical director, who is available 24 hours a day, seven days a week to assist with access issues.

6) Contractor must ensure that its Network Providers, Subcontractors, and Downstream Subcontractors participate in all timely access survey(s) and Network adequacy activities conducted by DHCS or its contractors. Contractor entering into new or amended Network Provider or Subcontractor agreements with Network Providers, Subcontractors, and/or Downstream Subcontractors must include language requiring Provider participation.

B. Time or Distance

1) Contractor must ensure that its Network Providers, Subcontractors, and Downstream Subcontractors meet the time or distance standards for adult and pediatric PCPs, adult and pediatric core Specialists, OB/GYN primary and specialty care, adult and pediatric mental outpatient health Providers, and hospitals, as required by W&I section 14197(b) and (c).

2) Contractor must either exhaust all other reasonable options for contracting with Providers, including offering to contract with Providers in adjoining Service Areas, or provide evidence to DHCS demonstrating that its delivery structure is capable of delivering the appropriate level of care and access as required by W&I section 14197 prior to submitting an Alternate Access Standard (AAS) request to DHCS.

3) If Contractor is unable to comply with the time or distance standards set forth in W&I section 14197, Contractor must submit an AAS request to DHCS for review and approval in accordance with APL 23-001, detailing how it intends to arrange for Covered Services in accordance with W&I section 14197(e)(3).

4) Contractor must publish on its website its approved AAS requests in accordance with W&I section 14197.04.

5) If Contractor has received an AAS approval from DHCS for a core Specialist, upon a Member's request, Contractor must assist the Member in obtaining an appointment with the appropriate core

Specialist in accordance with W&I section 14197.04. Contractor must either make its best effort to establish a Member-specific case agreement with an out-of-Network Provider or arrange for an appointment with a Network Provider in an adjoining Service Area within the time or distance standards in accordance with W&I section 14197.04. If needed, Contractor must assist in arranging transportation for the Member. Contractor must not be held liable for fulfilling these requirements if either there is no core Specialist within the time or distance standards of this Contract, or the core Specialist has refused to contract in the previous 12 months.

6) Contractors that do not meet time or distance standards without the use of an AAS request must provide documentation demonstrating efforts to recruit new Providers to these areas. Contractor must submit this documentation as part of the Network certification report detailed in 5.2.13**.**

5.2.6 Access to Emergency Service Providers and Emergency Services

A. Contractor must have within its Network, at a minimum, a designated Emergency Services facility, providing care 24 hours a day, seven days a week. This designated Emergency Services facility must have one or more Physicians and one nurse on duty in the facility at all times.

B. Contractor must ensure that Members with Emergency Medical Conditions are seen on an emergency basis and that Emergency Services are available and accessible within Contractor's Service Area seven days a week, 24 hours a day, in accordance with 42 USC sections 1395dd and 1396u-2(b)(2), 42 CFR sections 438.114 and 438.206(c)(1)(iii), and 28 CCR 1300.67(g)(1).

C Contractor must reimburse the costs of Emergency Services without Prior Authorization pursuant to 42 USC section 1395dd, 42 CFR section 438.114, 28 CCR section 1300.67(g), and 22 CCR section 53216 and 53855.

D. Contractor must have a medical director or licensed physician acting on behalf of Contractor's medical director, who is available 24 hours a day, seven days a week to authorize Medically Necessary Post-Stabilization Care Services, to respond to hospital inquiries within 30 minutes, and to coordinate the transfer of a Member whose Emergency Medical Condition is stabilized.

E. Contractor must ensure that Members have timely access to Medically Necessary follow-up care including but not limited to appropriate referrals to Primary Care, Behavioral Health Services, and social services for

Members who have been screened in the emergency room and do not require Emergency Services.

F. Contractor must coordinate access to Emergency Services in accordance with Contractor's DHCS-approved emergency department protocol, as required in Exhibit A, Attachment III, Section 3.2 (*Provider Relations*).

G. If Contractor delegates its Emergency Services and Post-Stabilization Care Services oversight obligations to Network Providers, Subcontractors, or Downstream Subcontractors, it must ensure a licensed physician is available seven days a week, 24 hours a day, to authorize Medically Necessary Post-Stabilization Care Services and coordinate the transfer of stabilized Members in an emergency department to an appropriate Network Provider, if necessary, as required under Health & Safety Code (H&S) section 1371.4.

5.2.7 Out-of-Network Access

A. Contractor must authorize and arrange for out-of-Network access in the following circumstances:

1) Contractor does not meet Network adequacy requirements set forth in W&I section 14197;

2) Contractor does not have an AAS approved by DHCS and fails to meet the Network adequacy standards set forth in W&I section 14197;

3) Contractor fails to comply with the requirements for timely access to appointments; or

4) Contractor must arrange for access to out-of-Network LTC when Medically Necessary for a Member in cases where Contractor does not have in-Network LTC capacity.

B. Contractor must authorize and arrange for services from out-of-Network Providers when the Provider type is unavailable within the Network but available in an adjoining county(ies). If there is no Network Provider in the adjoining county(ies), Contractor must authorize out-of-Network services to the most appropriate Provider as close to time or distance requirements as possible.

C. Contractor must provide Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) to the out-of-Network Provider, at no cost to the Member. Contractor must inform Members of their right to

obtain NEMT or NMT services to access out-of-Network services in accordance with W&I section 14197.04.

D. Contractor must adequately and timely cover and reimburse Providers for out-of-Network services rendered to its Members for as long as Contractor is unable to provide these services in its Network. Contractor must ensure that the Member is not charged for services furnished out-of-Network. Contractor must also ensure that Members are not balance-billed for any service provided out-of-Network.

5.2.8 Specific Requirements for Access to Programs and Covered Services

A. Family Planning Services

1) Contractor must ensure Members have access to family planning services through any available family planning Provider regardless of whether they are in or out of the Network, without requiring Prior Authorization. Contractor must provide family planning services in a manner that ensures Members have the freedom to choose their preferred method of family planning consistent with 42 CFR section 441.20.

2) Contractor must not restrict a Member's Provider choice for family planning services covered pursuant to 42 CFR section 431.51(a)(3) and W&I section 14132.07.

3) Contractor's Member Handbook must inform Members of their right to access any qualified family planning Provider regardless of whether the Provider is in the Network and without Prior Authorization, in addition to requirements included in Exhibit A, Attachment III, Section 5.1 (*Member Services*).

4) Contractor must ensure that Members are advised of their options for all contraceptive methods to allow them to provide informed consent for their choice of contraceptive method, including sterilization, as required by 22 CCR sections 51305.1 and 51305.3. Members of childbearing age may access the following services from an out-of-Network family planning Provider to temporarily or permanently prevent or delay pregnancy:

a) Health education and counseling necessary to make informed choices and understand contraceptive methods;

b) Limited history and physical examination;

c) Laboratory tests if medically indicated as part of the decision-making process in choice of contraceptive methods, except pap smears if Contractor provides pap smears to meet the United States Preventive Services Taskforce (USPSTF) guidelines, http://www.uspreventiveservicestaskforce.org;

d) Follow-up care for complications associated with contraceptive methods provided or prescribed by the family planning Provider;

e) Provision of contraceptive pills, devices, and supplies;

f) Tubal ligation;

g) Vasectomies; and

h) Pregnancy testing and counseling.

B. Sexually Transmitted Diseases

Contractor must ensure Members have access to Sexually Transmitted Disease (STD) services from any Network Provider or out-of-Network Provider without requiring Prior Authorization or referral. Contractor must allow Members to access out-of-Network STD services through Local Health Department (LHD) clinics, family planning clinics, or through other community STD service Providers.

C. HIV Testing and Counseling

Contractor must ensure that Members have access to confidential Human Immunodeficiency Virus (HIV) counseling and testing services from any Network Provider or out-of-Network Provider without requiring Prior Authorization.

D. Minor Consent Services

Contractor must ensure access to Minor Consent Services for Members over the age of 12 from any Network Provider or out-of-Network Provider without requiring Prior Authorization. Contractor must ensure Members are informed of the availability of these services without Prior Authorization. Minors over the age of 12 do not need parent, legal guardian, or Authorized Representative (AR) consent to access these services, and Contractor, Network Providers, Subcontractors, or Downstream Subcontractors are prohibited from disclosing any information relating to Minor Consent Services without the express

consent of the minor Member. Minor Consent Services include treatment for the following:

1) Under Age 12

   a) Pregnancy and pregnancy related services

   b) Family planning services

   c) Sexual assault services

2) Age 12 and Older

   a) Pregnancy and pregnancy related services

   b) Family planning services

   c) Sexual assault services

   d) Infectious, contagious, or communicable disease diagnosis and treatment

   e) Sexually transmitted diseases prevention (or infections), diagnosis, and treatment

   f) Drug and alcohol abuse treatment and counseling

   g) Outpatient mental health treatment and counseling. Minors may obtain outpatient mental health services, if in the opinion of the attending professional person determines that the minor is mature enough to participate intelligently in their health care pursuant to Family Code section 6924.

   h) Intimate partner violence

E. Immunizations

Members may access LHD clinics for immunizations regardless of whether the LHD is in the Network or out-of-Network, without Prior Authorization. Upon request, Contractor must provide updated information on the status of the Member's immunizations to the LHD clinic. Contractor must reimburse LHD clinics that provide immunizations to its Members after receipt of claims and supporting immunization records.

F. Indian Health Care Providers

Contractor must ensure qualified Members have timely access to IHCPs within its Network, where available, as required by 42 USC section 1396j. IHCPs, whether in the Network or out-of-Network, can provide referrals directly to Network Providers without requiring a referral from a Network PCP or Prior Authorization in accordance with 42 CFR section 438.14(b). Contractor must also allow for access to an out-of-Network IHCPs without requiring a referral from a Network PCP or Prior Authorization in accordance with 42 CFR section 438.14(b).

G. Certified Nurse Midwife and Nurse Practitioner Services

1) Contractor must ensure that its Members have access to CNM services as required by 42 United States Code (USC) section 1396d(a)(17) and 22 CCR section 51345.

2) Contractor must ensure its Members have access to Nurse Practitioner (NP) services as required in 22 CCR section 51345.1.

3) Contractor must inform its Members that they have a right to obtain out-of-Network CNM services if CNM services are not available in-Network.

H. Services to Which Network Provider, Subcontractor, or Downstream Subcontractor Has a Moral Objection

1) If a Network Provider, Subcontractor, or Downstream Subcontractor has religious or ethical objections to perform or otherwise support the provision of Covered Services, Contractor must timely arrange for, coordinate, and ensure the Member receives the Covered Services through referrals to a Provider that has no religious or ethical objection to performing the requested service or procedure, at no additional expense to DHCS or the Member.

2) Contractor's Member Handbook must identify services to which a Network Provider, Subcontractor, or Downstream Subcontractor may have a moral objection and explain that the Member has a right to obtain such services from another Provider. Contractor must also inform the Member that it will assist the Member in locating a Network Provider who will perform the service or procedure.

I. Federally Qualified Health Center, Rural Health Clinic, and Freestanding Birthing Center Services

Contractor must meet federal requirements for access to a FQHC, RHC, and FBC services consistent with 42 USC section 1396b(m) and Medicaid State Health Official Letter #16-006.

J. Community Based Adult Services

Contractor must provide Members with access to CBAS as set forth in the California Advancing and Innovating Medi-Cal (CalAIM) Special Terms and Conditions, or as set forth in any subsequent demonstration amendment or renewal, or successor demonstration, waiver, or other Medicaid authority. Without limitation, Contractor must do the following:

1) Provide and coordinate the provision of unbundled CBAS services for affected CBAS recipients as needed for continuity of care if there is a 5 percent reduction in CBAS Provider capacity in a county within the Service Area relative to the capacity that existed on April 1, 2012; and

2) Arrange Medically Necessary Covered Services for Members with similar clinical conditions as CBAS recipients if there is insufficient CBAS Provider capacity in a county in which ADHC was available prior to April 1, 2012, and coordinate their access to community resources to assist them to remain in the community.

5.2.9 Network and Access Changes to Covered Services

A. DHCS Notification Requirements

1) Contractor must provide notification to DHCS immediately upon discovery of a Network Provider initiated termination or at least 60 calendar days before any change occurs in the availability or location of services Contractor's Covered Services. Contractor must provide this notice if the change impacts more than 2,000 Members or impacts Contractor's ability to meet Network adequacy standards in accordance with APL 21-003. In the event of an emergency or other unforeseeable circumstance, Contractor must notify DHCS of the change in the availability or location of services as expeditiously as possible.

2) Contractor must provide notification to DHCS immediately, or within 10 calendar days of learning of a Provider's exclusionary status from any database or list included in APL 21-003.

3) Contractor must notify DHCS when it is unable to contract with a certified CBAS Provider or upon termination of a CBAS Network Provider Agreement. If Contractor and the CBAS Provider cannot

come to an agreement on terms, Contractor must notify DHCS within five Working Days of Contractor's decision to exclude the CBAS Provider from its Network. DHCS may attempt to resolve the contracting issue when appropriate.

4) In accordance with APL 21-003, Contractor must notify DHCS within 60 calendar days of termination of a LTC Network Provider or immediately if the termination is a result of the LTC Network Provider having been decertified by the California Department of Public Health (CDPH). DHCS will attempt to resolve the contracting issue when appropriate. If termination of a LTC Network Provider Agreement is for a cause related to Quality of Care or patient safety concerns, Contactor may expedite termination of the LTC Network Provider Agreement and transfer Members to an appropriate, contracted LTC Provider in an expeditious manner. DHCS must be notified of the termination within 72 hours of said termination. Contractor must not continue to assign or refer Members to a LTC Network Provider during the 60 calendar days between notifying DHCS and the termination effective date.

B. Member Notification Requirements

1) Contractor must ensure Members are notified in writing of any changes in the availability or location of Covered Services, of any termination of a Network Provider, Subcontractor, or Downstream Subcontractor either 30 calendar days prior to the effective date of the contract termination or at least 15 calendar days after receipt of issuance of the termination notice, whichever is longer, unless directed by DHCS. The notification must be provided to each Member who received Primary Care from, or was seen on a regular basis by, the terminated Provider. This notification must also be submitted to DHCS in writing for approval before its release.

2) Contractor must obtain DHCS approval before sending a notice of termination to its Members no later than 60 calendar days prior to the effective date of the termination. Contractor may use a member notice template previously approved by DHCS. Any changes from the approved template must be submitted to DHCS 60 calendar days prior to the effective date of the termination for review and approval before mailing the notice. In the event of an emergency or other unforeseeable circumstance, Contractor must provide notice of the emergency or other unforeseeable circumstance to DHCS as soon as possible.

5.2.10 Access Rights

A. Equal Access for Linguistic Services

Contractor must ensure equal access to the provision of high quality interpreter and linguistic services for LEP Members and Potential Members, and for Members and Potential Members with disabilities, in compliance with federal and State law, and APL 21-004.

B. Linguistic Services

1) Contractor must comply with W&I section 14029.91 and ensure that all monolingual, non-English-speaking, or LEP Members and Potential Members receive 24-hour interpreter services at all key points of contact, as defined in Paragraph B.4) of this provision, either through interpreters, telephone language services, or other legally compliant electronic options.

2) Contractor must ensure that any lack of interpreter services does not impede or delay a Member's timely access to care.

3) Contractor must comply with Title VI of the Civil Rights Act of 1964 and 42 CFR section 438.10(d) and have the capacity to provide, at minimum, the following linguistic services at no cost to Members or Potential Members:

a) Oral interpreters, sign language Providers, or bilingual Network Providers, Network Provider staff, Subcontractors, and Downstream Subcontractors at all key points of contact. These services must be provided in all languages spoken by Medi-Cal Members and Potential Members and not limited to those that speak the threshold or concentration standards languages.

b) Full and immediate translation of written materials pursuant to 42 CFR sections 438.10(d)(3), 438.404(a), and 438.408(d); W&I section 14029.91; and 22 CCR section 53876 for LEP Members and Potential Members who speak Threshold or Concentration Standard Languages, fully translated Member Information, including: the Member Handbook, Provider Directory, welcome packets, Marketing information, Member rights information, form letters and individual notices, including Notice of Action (NOA) letters, all notices related to Grievances and Appeals including Grievance and Appeal acknowledgement and resolution letters, and any other materials as required by Title VI of the Civil Rights Act of 1964 and APL 21-004;

c) Referrals to culturally and linguistically appropriate community service programs; and

d) Auxiliary Aids such as Telephone Typewriters (TTY)/ Telecommunication Devices for the Deaf (TDD), qualified interpreters including American Sign Language interpreters, and information in alternative formats including Braille, large print text (20 point font or larger), audio, and electronic formats, in accordance with written informing materials in alternative formats, selected by the Member, as specified in APL 21-004 and APL 22-002.

4) Key points of contact include:

a) Medical care settings, such as telephone, advice and Urgent Care transactions, and outpatient Encounters with Providers; and

b) Non-medical care settings, such as Member services, orientations, and appointment scheduling.

C. Access for Persons with Disabilities

Contractor must comply with the requirements of Titles II and III of the Americans with Disabilities Act of 1990 (42 USC sections 12131 et seq. and 12181 et seq.), section 1557 of the Affordable Care Act of 2010 (42 USC section 18116), sections 504 and 508 of the Rehabilitation Act of 1973 (29 USC sections 794 and 794d), Government Code (GC) sections 7405 and 11135, and all applicable implementing regulations, and must ensure access for people with disabilities including, without limitation, accessible web and electronic content, ramps, elevators, accessible restrooms, designated parking spaces, and accessible drinking water.

5.2.11 Cultural and Linguistic Programs and Committees

A. Cultural and Linguistic Program

1) Contractor must develop and implement policies and procedures for assessing the performance of its employees, contracted staff, and other individuals who provide linguistic services, addressing any identified gaps in the provision of cultural and linguistic services by Contractor’s staff, and for overall monitoring and evaluation of its cultural and linguistic services programs.

2) Contractor must have in place and continually monitor, improve, and evaluate cultural and linguistic services that support the

delivery of Covered Services to Members. Contractor must ensure it has proper policies and procedures in place to provide appropriate cultural and linguistic services for all of its Members.

3) Contractor must take immediate action to improve the delivery of culturally and linguistically appropriate services when deficiencies are noted.

4) Contractor must be active in recruiting and retaining culturally and linguistically competent Providers that reflect the needs of the Medi-Cal population in Contractor's Service Area.

5) Contractor must have a cultural and linguistic services program, as required by 22 CCR section 53876, that incorporates all requirements of applicable federal and State law, including without limitation those requirements cited in Exhibit A, Attachment III, Subsection 5.2.10 (*Access Rights*), 42 CFR section 438.206(c)(2), 22 CCR sections 51202.5 and 51309.5(a), and 28 CCR sections 1300.67.04(c)(2)(A) - (B) and 1300.67.04(c)(2)(G)(v) - (c)(4). Contractor must ensure immediate translation of all critical Member Information as required by 42 CFR sections 438.10, 438.404(a), and 438.408(d), and W&I section 14029.91.

6) Contractor must review and update its cultural and linguistic services programs to align with the Population Needs Assessment (PNA) implementation and subsequent findings. Contractor must ensure its Network Providers, Subcontractors, Downstream Subcontractors cultural and Health Equity linguistic services programs also align with the PNA.

7) Contractor must implement and maintain a written description of its cultural and linguistic services program which must include, at a minimum, the following:

    a) Its organizational commitment to deliver culturally and linguistically appropriate health care services;

    b) Services that comply with Title VI of the Civil Rights Act of 1964 (42 USC section 2000e et seq.), section 1557 of the Affordable Care Act of 2010 (42 USC section 18116), 42 CFR section 438.10, APL 21-004, and Exhibit A, Attachment III, Subsection 5.2.10 (*Access Rights*).

    c) Use of national standards for Culturally and Linguistically Appropriate Services (CLAS) for reference;

d) An organizational chart showing the key staff with overall responsibility for cultural and linguistic services programs;

e) A narrative explaining the organizational chart and describing the oversight and direction to the Community Advisory Committee (CAC), requirements for Contractor's support staff, and reporting relationships. Qualifications of Contractor's staff, including appropriate education, experience, and training must also be included;

f) The role of the PNA to inform Contractor's cultural and linguistic services program priorities in compliance with Exhibit A, Attachment III, Subsection 4.3.2 (*Population Needs Assessment*);

g) The implementation and maintenance of annual sensitivity, diversity, communication skills, Health Equity, and cultural competency/humility training and related trainings (e.g., providing gender affirming care) for employees and contracted staff (clinical and non-clinical), as determined by Section C of this provision, Diversity, Equity, and Inclusion Training; and

h) Contractor's administrative oversight and compliance monitoring of the cultural and linguistic services program and requirements for the delivery of culturally and linguistically appropriate health care services.

B. Linguistic Capability of Employees and Contracted Staff

Contractor must assess and track the linguistic capability of its interpreters or bilingual staff and contracted staff (clinical and non-clinical). Contractor must implement a system to provide adequate training regarding its language assistance programs to all employees and contracted staff who have routine contact with LEP Members or Potential Members and systematically address any identified gaps in Contractor's ability to address Members' cultural and linguistic needs. The training must include instruction on:

1) Contractor's policies and procedures for language assistance;

2) How to work effectively with LEP Members and Potential Members;

3) How to work effectively with interpreters in person and through video, telephone, and other media; and,

4) Understanding the cultural diversity of Members and Potential Members, and sensitivity to cultural differences relevant to delivery of health care interpretation services, in accordance with Exhibit A, Attachment III, Subsection 5.2.11 *(Cultural and Linguistic Programs and Committees).*

C. Diversity, Equity, and Inclusion Training

Contractor must provide annual sensitivity, diversity, cultural competency/humility and Health Equity training for its employees and contracted staff as detailed in APL 23-025. Training must consider structural and institutional racism and Health Inequities and their impact on Members, staff, Network Providers, Subcontractors, and Downstream Subcontractors. Contractor must ensure Network Providers and Allied Health Personnel receive pertinent information regarding the PNA findings and the identified targeted strategies. Contractor must use the most appropriate communication method(s) to assure the information can be accessed and understood. The training must include the following requirements:

1) Promote access and delivery of services in a culturally competent manner to all Members and Potential Members, regardless of sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56; and

2) Information about the Health Inequities and identified cultural groups in Contractor's Service Area which includes but is not limited to: the groups' beliefs about illness and health; need for gender affirming care; methods of interacting with Providers and the health care structure; traditional home remedies that may impact what the Provider recommends to treat the patient; and language and literacy needs.

D. Community Engagement

Contractor must develop a policy and procedure for a Member and family engagement strategy that involves Members and their families as partners in the delivery of Covered Services. This includes, but is not limited to the following:

1) Maintaining an organizational leadership commitment to engaging with Members and their families in the delivery of care;

2) Routinely engaging with Members and families through focus groups, listening sessions, surveys and/or interviews and incorporating results into policies and decision-making, as described in Exhibit A, Attachment III, Subsection 2.2.7.A (*Quality Improvement and Health Equity Annual Plan*);

3) Developing processes and accountability for incorporating Member and family input into policies and decision-making;

4) Developing processes to measures and/or monitor the impact of Member and family input into policies and decision-making;

5) Developing processes to share with Members and families how their input impacts policies and decision-making;

6) Conducting consumer surveys and incorporating results in Quality Improvement (QI) and Health Equity activities as described in Exhibit A, Attachment III, Subsection 2.2.9.C (*Consumer Satisfaction Survey*);

7) Partnering with community based organizations to cultivate Member and family engagement;

8) Maintaining a CAC whose composition reflects Contractor's Member population and whose input is actively utilized in policies and decision-making by Contractor, as outlined below in Exhibit A, Attachment III, Subsection 5.2.11.E. (*Cultural and Linguistic Programs and Committees*).

E. Community Advisory Committee (CAC)

1) Contractor must have a diverse CAC pursuant to 22 CCR section 53876(c), comprised primarily of Contractor's Members, as part of Contractor's implementation and maintenance of Member and community engagement with stakeholders, community advocates, traditional and Safety-Net Providers, and Members.

2) CAC Membership

a) Contractor must convene a CAC selection committee tasked with selecting the members of the CAC. Contractor must demonstrate a good faith effort to ensure that the CAC selection committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAC:

i. Persons who sit on Contractor's Governing Board, which should include representation in the following areas: Safety Net Providers including FQHCs, Behavioral Health Providers, Regional Centers (RC), Local Education Agencies (LEAs), dental Providers, IHCPs, and Home and Community-Based Service (HCBS) program Providers; and

ii. Persons and community-based organizations who are representatives of each county within Contractor's Service Area adjusting for changes in membership diversity.

b) The CAC selection committee must ensure the CAC membership reflects the general Medi-Cal Member population in Contractor's Service Area, including representatives from IHCPs, and adolescents and/or parents and/or caregivers of Children, including foster youth, as appropriate and be modified as the population changes to ensure that Contractor's community is represented and engaged. The CAC selection committee must make good faith efforts to include representatives from diverse and hard-to-reach populations on the CAC, with a specific emphasis on persons who are representative of or serving populations that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities.

c) Contractor's CAC selection committee must select all of its CAC members promptly no later than 180 calendar days from the effective date of this contract.

d) Should a CAC member resign, is asked to resign, or is otherwise unable to serve on the CAC, Contractor must make its best effort to promptly replace the vacant seat within 60 calendar days of the CAC vacancy.

e) Contractor must designate a CAC coordinator and maintain a written job description detailing the CAC coordinator's responsibilities, which must include having responsibility for managing the operations of the CAC in compliance with all statutory, rule, and contract requirements, including, but not limited to:

i. Ensuring CAC meetings are scheduled and committee agendas are developed with the input of CAC members;

ii. Maintaining CAC membership, including outreach, recruitment, and onboarding of new members, that is adequate to carry out the duties of the CAC;

iii. Actively facilitating communications and connections between the CAC and Contractor leadership, including ensuring CAC members are informed of Contractor decisions relevant to the work of the CAC;

iv. Ensuring that CAC meetings, including necessary facilities, materials, and other components, are accessible to all participants and that appropriate accommodations are provided to allow all attending the meeting, including, but not limited to, accessibility for individuals with a disability or LEP Members to effectively communicate and participate in CAC meetings;

v. Ensuring compliance with all CAC reporting and public posting requirements; and

vi. The CAC coordinator may be an employee of Contractor, Subcontractor, or Downstream Subcontractor. Contractor's CAC coordinator must not be a member of the CAC or a Member enrolled with Contractor.

3) CAC Meetings

a) Contractor must hold its first regular CAC meeting promptly after all initial CAC members have been selected by the CAC selection committee and at least quarterly thereafter.

b) Contractor must make the regularly scheduled CAC meetings open to the public, posting meeting information publicly on Contractor's website in a centralized location 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting.

c) Contractor must provide a location for CAC meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meeting accessible to all

participants and providing accommodations to allow all individuals to attend and participate in the meetings.

d) CAC must draft written minutes of each of its meetings and the associated discussions. All minutes must be posted on Contractor's website and submitted to DHCS no later than 45 calendar days after each meeting. Contractor must retain the minutes for no less than ten years and provided to DHCS, upon request.

e) Contractor must ensure that CAC members are supported in their roles on the CAC, including but not limited to providing resources to educate CAC members to ensure they are able to effectively participate in CAC meetings, providing transportation to CAC meetings, arranging childcare as necessary, and scheduling meetings at times and in formats to ensure the highest CAC member participation possible.

f) Contractor must demonstrate that CAC input is considered in annual reviews and updates to relevant policies and procedures, including CAC input pursuant to Exhibit A, Attachment III, Subsection 5.2.11.E. (*Cultural and Linguistic Programs and Committees)* that is relevant to policies and procedures affecting quality and Health Equity. Contractor must provide a feedback loop to inform CAC members how their input has been incorporated.

4) Duties of the CAC

The CAC must carry out the duties as set forth in this Contract. Such duties include, but are not limited to:

a) Identifying and advocating for Preventive Care practices to be utilized by Contractor;

b) Contractor must ensure that the CAC is included and involved in developing and updating cultural and linguistic policy and procedure decisions including those related to QI, education, and operational and cultural competency issues affecting groups who speak a primary language other than English. The CAC may also advise on necessary Member or Provider targeted services, programs, and trainings;

c) The CAC must provide and make recommendations to Contractor regarding the cultural appropriateness of communications, partnerships, and services;

d) Contractor must engage their CAC as a part of their participation in LHJs' CHA/CHIP process, as defined further in the PHM Policy Guide;

e) Contractor must provide sufficient resources for the CAC to support the required CAC activities outlined above, including supporting the CAC in engagement strategies such as consumer listening sessions, focus groups, and/or surveys; and

f) The CAC must provide input and advice, including, but not limited to, the following:

i. Culturally appropriate service or program design;

ii. Priorities for health education and outreach program;

iii. Member satisfaction survey results;

iv. Findings of the PNA;

v. Plan Marketing Materials and campaigns.

vi. Communication of needs for Network development and assessment;

vii. Community resources and information;

viii. Population Health Management;

ix. Quality;

x. Health Delivery Systems Reforms to improve health outcomes;

xi. Carved Out Services;

xii. Coordination of Care; and

xiii. Health Equity;

xiv. Accessibility of Services

5) Contractor's Annual CAC Demographic Report

To ensure Contractor's CAC membership is representative of the Communities in Contractor's Service Area, Contractor must complete and submit to DHCS annually an Annual CAC Member Demographic Report by April 1 of each year. The Annual CAC Member Demographic Report must include descriptions of all of the following:

a) The demographic composition of CAC membership;

b) How Contractor defines the demographics and diversity of its Members and Potential Members within Contractor's Service Area;

c) The data sources relied upon by Contractor to validate that its CAC membership aligns with Contractor's Member demographics;

d) Barriers to and challenges in meeting or increasing alignment between CAC's membership with the demographics of the Members within Contractor's Service Area;

e) Ongoing, updated and new efforts and strategies undertaken in CAC membership recruitment to address the barriers and challenges to achieving alignment between CAC membership with the demographics of the Members within Contractor's Service Area; and

f) A description of the CAC's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how CAC input impacted and shaped Contractor initiatives and/or policies.

5.2.12 Continuity of Care for Seniors and Persons with Disabilities

A. For newly enrolled Seniors and Persons with Disabilities (SPD) who request continuity of care, Contractor must provide continued access for up to 12 months to an out-of-Network Provider with whom the SPD Member has an ongoing relationship, as long as Contractor has no Quality of Care issues with the Provider and the Provider will accept either Contractor's or the Medi-Cal FFS Rates, whichever is higher, pursuant to W&I section 14182(b)(13) - (14). Contractor must use Medi-Cal FFS utilization data from DHCS to confirm that the SPD Member has an ongoing relationship with the Provider.

B. Contractor must allow all Members to request continuity of care in accordance with 42 CFR section 438.62 and APL 23-022.

C. Contractor must provide for the completion of Covered Services at the request of a Member in accordance with H&S section 1373.96. All Members with pre-existing Provider relationships who make a continuity of care request must be given the option to continue treatment for up to 12 months with an out-of-Network Provider, if the following criteria are met:

1) The Member has seen the out-of-Network Provider at least once within the 12 months before Enrollment with Contractor;

2) The out-of-Network Provider accepts Contractor's rate offered in accordance with H&S section 1373.96(d)(2) or (e)(2); and

3) The out-of-Network Provider meets Contractor's applicable professional standards and has no disqualifying Quality of Care issues.

D. Contractor must conduct Person-Centered Planning for SPD Members as follows:

1) Upon the Enrollment of a SPD Member, Contractor must provide, or ensure the provision of, Person-Centered Planning and treatment approaches that are collaborative and responsive to the SPD Member's continuing health care needs.

2) Contractor must include identifying each SPD Member's preferences and choices regarding treatments and services, and abilities.

3) Contractor must allow or ensure the participation of the SPD Member, and any family, friends, and professionals of their choosing, to participate fully in any discussion or decisions regarding treatments and services.

4) Contractor must ensure that SPD Members receive all necessary information regarding treatment and services so that they may make an informed choice.

5) Complex Case Management services for SPD Members must include the concepts of Person-Centered Planning.

E. Contractor must ensure the provision of Discharge Planning when a SPD Member is admitted to a hospital or institution and continuation into the

post-discharge period. Discharge Planning must include ensuring that necessary care, services, and supports are in place in the community for the SPD Member once they are discharged from a hospital or institution, including scheduling an outpatient appointment and/or conducting follow-up with the SPD Member and/or caregiver. The minimum criteria for a Discharge Planning checklist must include:

1) Documentation of pre-admission status, including living arrangements, physical and mental function, social support, Durable Medical Equipment (DME), and other services received.

2) Documentation of pre-discharge factors, including an understanding of the medical condition by the SPD Member or an AR of the SPD Member as applicable, physical and mental function, financial resources, and social supports.

3) Services needed after discharge, the type of placement preferred by the SPD Member or their AR and hospital/institution, type of placement agreed to by the SPD Member or their AR, the specific agency or home recommended by the hospital, the specific agency or home agreed to by the SPD Member or their AR, and the pre-discharge counseling that is recommended.

4) Summary of the nature and outcome of the SPD Member's, or their AR's, involvement in the Discharge Planning process, anticipated problems in implementing post-discharge plans, and further action contemplated by the hospital or institution.

5.2.13 Network Reports

A. Network Certification Report

1) Contractor must submit its Network certification report to DHCS. The report must demonstrate Contractor's capacity to serve the current and expected membership for its Service Area in accordance with 42 CFR section 438.207(b), W&I section 14197(f)(1), and APL 23-001.

2) Contractor must demonstrate good faith compliance with contracting and referral requirements with certain cancer centers in accordance with W&I section 14197.45.

3) Contractor must demonstrate how it will arrange for Covered Services to Members through the use of NEMT, NMT, and Telehealth if Contractor does not meet time or distance standards

for adult and pediatric PCPs, core Specialist and outpatient mental health Providers in accordance with W&I section 14197(f)(2).

4) Contractor must submit Network certification in accordance with the requirements placed upon DHCS pursuant to 42 CFR section 438.66(e). Contractor must submit its Network certification report as outlined in APL 23-001. As part of the Network certification report, Contractor must provide documentation demonstrating efforts to recruit new Providers to areas that do not meet time or distance standards without the use of an AAS request.

B. Periodic Reporting Requirements

1) Contractor must report to DHCS any time there is a Significant Change to Contractor's Network that affects Network capacity and Contractor's ability to provide health care services, such as the following:

a) Change in Covered Services or benefits;

b) Change in geographic Service Area;

c) Change in the composition of, or the payments to, its Network Providers, Subcontractors, or Downstream Subcontractors; or

d) Enrollment of a new population.

2) Contractor must provide supporting documentation detailing any Significant Change to DHCS. DHCS will determine what information Contractor must provide after Contractor reports a Significant Change to its Network pursuant to 42 CFR section 438.207.

C. Network Change Report

1) Contractor must submit to DHCS, in a format specified by DHCS, a report summarizing changes in the Network.

2) Contractor must submit the report 30 calendar days following the end of the reporting quarter.

D. Subcontractor and Downstream Subcontractor Network Certification Report

1) Contractor must develop, implement, and maintain a process to annually certify the Network(s) of its Subcontractor(s) and Downstream Subcontractor(s) that provide Medi-Cal Covered Services for compliance with Network Ratios set forth in Exhibit A, Attachment III, Subsection 5.2.4 (*Network Ratios*), Network Adequacy Standards set forth in Subsection 5.2.5 (*Network Adequacy Standards*), and Network Composition requirements set forth in Exhibit A, Attachment III, Subsection 5.2.3 (*Network Composition*) of this Contract in accordance with APL 23-006.

2) Contractor must submit complete and accurate Network Provider Subcontractor and Downstream Subcontractor Network Provider Data to confirm its Subcontractor Network(s) is compliant with all applicable network adequacy requirements, as set forth in Exhibit A, Attachment III, Subsection 2.1.4 (*Network Provider Data Reporting*).

3) Contactor must have a process in place to impose Corrective Action and sanctions and report to DHCS when Subcontractor and Downstream Subcontractors that provide Covered Services fail to meet Network adequacy standards as set forth in APL 23-006. Contractor must ensure all Members assigned to a Subcontractor or Downstream Subcontractor Network that is under a Corrective Action continue access to Medically Necessary Covered Services within timely access standards and applicable time or distance standards as set forth in Exhibit A, Attachment III, Subsection 5.2.5 (*Network Adequacy Standards*) by supplementing the Subcontractor or Downstream Subcontractor Network until the Corrective Action is resolved.

4) Contractor must submit Network certification in accordance with the requirements placed upon DHCS pursuant to 42 CFR section 438.66(e). Contractor must submit the results of its Subcontractor and Downstream Subcontractor Network Certification to DHCS in a format specified by DHCS and post its submitted certification on its website.

5.2.14 Site Review

A. General Requirement

1) Contractor must conduct Facility Site Reviews (FSR) and Medical Record reviews, initially and every three years, on all PCP sites in accordance with APL 22-017. Contractor must ensure that Network Providers, Subcontractors, and Downstream Subcontractors have the capacity to provide Primary Care services, appropriate

Preventive Care services, coordination and continuity of care in accordance with 42 CFR section 438.207.

2) Contractor must ensure that Network Providers provide physical access, reasonable accommodations, and accessible equipment for Members with physical or mental disabilities. Contractor must also conduct facility site physical accessibility reviews on PCP sites, Provider sites which serve a high volume of SPD Members, and all Provider sites including CBAS and ancillary service Providers, in accordance with Policy Letter (PL) 12-006 and W&I section 14182(b)(9).

B. Pre-Operational Site Reviews

The number of Site Reviews to be completed prior to initiating Contractor operation in a Service Area must be based upon the total number of new Primary Care sites in the Network. For more than 30 sites in the Network, a five (5) percent sample size or a minimum of 30 sites, whichever is greater in number, must be reviewed six (6) weeks prior to Contractor operation. Site Reviews must be completed on all remaining sites within six (6) months of Contractor operation. For 30 or fewer sites, reviews must be completed on all sites six (6) weeks prior to Contractor operation.

C. Credentialing Site Review

A Site Review is required as part of the Credentialing process when both the facility and the Provider are added to Contractor's Network. If a Provider is added to Contractor's Network, and the Provider site has a current passing Site Review survey score, a site survey need not be repeated for Provider Credentialing or recredentialing purposes.

D. Corrective Action

Contractor must ensure that a Corrective Action plan is developed to correct cited deficiencies and that corrections are completed and verified within the established guidelines as specified in APL 22-017. PCP sites that do not correct cited deficiencies must be terminated from Contractor's Network; Contractor must assign Members to other Network Providers in accordance with APL 21-003.

E. Data Submission

Contractor must submit the Site Review data to DHCS up to quarterly, or in a manner or timeframe specified by DHCS. All data elements defined by DHCS must be included in the data submission report.

F. Continuing Oversight

Contractor must retain accountability for all Site Review activities even if this function is delegated.

G. Medical Record Documentation

1) General Requirement

Contractor must ensure the documentation of appropriate Medical Records for Members and that Medical Records are available to Providers at each Encounter in accordance with 42 USC section 1396a(w), 28 CCR section 1300.67.1(c), and APL 20-006.

2) Medical Records

Contractor must have policies and procedures for developing, implementing and maintaining written procedures for all forms of Medical Record retention including but not limited to:

a) For storage and filing of Medical Records including: collection, processing, maintenance, storage, retrieval, identification, and distribution;

b) To ensure that Medical Records are protected and confidential in accordance with all federal and State law;

c) For the release of information and obtaining consent for treatment; and

d) To ensure maintenance of Medical Records in a legible, current, detailed, organized and comprehensive manner (records may be electronic or paper copy).

3) On-Site Medical Records

Contractor must have policies and procedures to ensure that an individual is delegated the responsibility for securing and maintaining the security of Medical Records at each site.

4) Member Medical Record

Contractor must ensure that a complete, legible Medical Record is maintained for each Member in accordance with 22 CCR section 53861, which reflects all aspects of patient care, including, but not limited to, ancillary services, and at a minimum includes:

a) Member identification on each page; personal/biographical data in the record;

b) Member's preferred language (if other than English) prominently noted in the record, as well as the request or refusal of language/interpretation services in accordance with Title VI of the Civil Rights Act of 1964;

c) All entries dated with the author identified. For Member visits, all entries must include at a minimum, the documentation of subjective complaints, the objective findings, the plan for diagnosis and treatment, and follow-up care;

d) A problem list, a complete record of immunizations and health maintenance or preventive services rendered, and documentation of any outreach efforts surrounding any missed appointments;

e) Allergies and adverse reactions prominently noted;

f) All appropriate informed consent documentation, including the human sterilization consent procedures required by 22 CCR sections 51305.1 - 51305.6, if applicable;

g) Reports of Emergency Services provided (directly by the Network Provider or through an emergency room) and the hospital discharge summaries for all hospital admissions, including any follow-up after the provision of Emergency Services or hospitalizations;

h) Consultations and referrals, including for Complex Care Management (CCM), Enhanced Care Management, and Specialists, as well as evidence of review of specialty referrals, pathology, and laboratory reports. Any abnormal results must have an explicit notation in the Medical Record, including follow-up or outreach;

i) For Medical Records of adults, documentation of whether the individual has been informed and has executed an Advance Directive, such as a durable power of attorney, for health care for Members ages 18 and over;

j) Health education behavioral assessment and referrals to health education services where appropriate; and

k) Documentation of blood lead screening, immunizations, and other preventive services provided in accordance with the American Academy of Pediatrics Bright Futures Periodicity Schedule, the United States Preventive Services Task Force Grade A and B recommendations, the American College of Obstetrics and Gynecologists, and the Advisory Committee on Immunization Practice recommendations. Member refusal to receive blood lead screening, immunizations, or other preventive services must also be documented in the Member's Medical Record as described in Exhibit A, Attachment III, Section 5.3 (*Scope of Services*).

5.2.15 Street Medicine

Contractor may provide medical and other Covered Services as described in APL 24-001 via a Street Medicine program for Members experiencing unsheltered homelessness through contracted Street Medicine Providers. Street Medicine Providers are Providers or entities that Contractor has determined can provide Street Medicine services to eligible Members in an effective manner consistent with Street Medicine industry protocols and practices. Street Medicine Providers may act in the role of the Member's assigned PCP, through a direct contract with Contractor, as an Enhanced Care Management (ECM) Provider, a Community Supports Provider, a referring or treating contracted Provider, or Community Health Worker as set forth in APL 24-001. This subsection refers only to Street Medicine programs and Street Medicine Providers that Contractor may choose to offer.

A. Contracted Street Medicine Providers acting in the role of a Member's assigned PCP are licensed physician and non-physician medical practitioners (e.g., Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), NP, and CNM. For a non-physician medical practitioner (PA, NP, and CNM), Contractors must ensure compliance with State law and Contract requirements regarding physician supervision of non-physician medical practitioners. Additionally, given the unique and specialized nature of Street Medicine, a supervising Physician must be a practicing Street Medicine provider, with knowledge of, and experience in, Street Medicine clinical guidelines and protocols. Street Medicine Providers who choose to act as a Member's assigned PCP must agree to provide the essential components of the Medical Home in order to provide comprehensive and continuous medical care, such as Basic Population Health Management; Care Coordination and health promotion; support for Members, their families, and their ARs; referrals to Specialists, including Behavioral Health, community, and social support services, when needed; use of Health Information Technology to link services, as feasible and appropriate; and provision of primary and

preventative services to assigned Members. If the Street Medicine Provider does not have the capability to provide Primary Care services on the street, the Street Medicine Provider must be affiliated with a facility that has a physical location.

B. Contractor must ensure Street Medicine Providers have the capability to, and comply with, referral and Care Coordination, administrative, billing and claim, data sharing, and reporting requirements.

C. Contractor must ensure Street Medicine Providers acting in the capacity of an ECM and/or Community Supports Providers comply with requirements as set forth in APL 21-012 and/or APL 21-017. Contractor is to ensure Street Medicine Providers receive appropriate Provider training and manuals and have adequate systems in place to adhere to such requirements.

D. Contractor must submit contractually required policies and procedures exhibiting compliance with program policy and requirements, and receive approval from DHCS, before operating a Street Medicine program.

Exhibit A, ATTACHMENT III

5.3 Scope of Services

5.3.1 Covered Services
5.3.2 Medically Necessary Services
5.3.3 Initial Health Appointment
5.3.4 Services for Members Less Than 21 Years of Age
5.3.5 Services for Adults
5.3.6 Pregnant and Postpartum Members
5.3.7 Services for All Members
5.3.8 Investigational Services

5.3 Scope of Services

5.3.1 Covered Services

A. Contractor must provide or arrange for all Covered Services for Members, in accordance with the definition of Covered Services set forth in Exhibit A, Attachment I, Article 1.0 (*Definitions*). Contractor must ensure that Covered Services and other services required in this Contract are provided to a Member in an amount no less than what is offered to Medi-Cal beneficiaries in Medi-Cal Fee-For-Service (FFS), as defined in the most current Medi-Cal Provider Manual and consistent with current, evidence-based medical standards. Contractor has the primary responsibility to provide all Covered Services, including services that exceed the services provided by Local Education Agencies (LEAs), Regional Centers (RCs), or local governmental health programs.

B. Contractor must ensure that services provided are sufficient in amount, duration, and scope to reasonably achieve the purpose for which the Covered Services are furnished. Contractor must not arbitrarily deny or reduce the amount, duration, or scope of a required Covered Service solely because of the diagnosis, type of illness, or condition. Contractor may place appropriate limits on a Covered Service on the basis of Medical Necessity or utilization control for services that are not medical services (such as Community Support services), provided the services furnished are reasonably expected to achieve their purpose and are provided in a manner that reflects the Member's ongoing needs, including but not limited to services for chronic conditions.

C. Except as set forth in Attachment 3.1.B.1 of the California Medicaid State Plan or as otherwise authorized by Welfare and Institutions Code (W&I) section 14133.23, drug benefits for Members who are eligible for drug benefits under 42 United States Code (USC) section 1395w-101 *et seq*.) are not a Covered Service under this Contract. Contractor must comply with all applicable provisions of the Medicare Prescription Drug Improvement and Modernization Act of 2003, Policy Letter (PL) 108–173, December 8, 2003, 117 Stat 2066.

D. Unless expressly excluded under this Contract, Contractor must cover any services necessary for compliance with the requirements for parity in mental health and Substance Use Disorder (SUD) benefits, and ensure that Members are given access to all mental health and SUD services in accordance with 42 Code of Federal Regulations (CFR) section 438.900. The types, amount, duration, and scope of these services must be consistent with the parity compliance analysis conducted by either DHCS or Contractor.

1) If Contractor provides Members with mental health or SUD services in any classification of benefits as described in 42 CFR section 438.910(b)(2), then Contractor must provide to Members those services in every classification that is listed therein and is covered by Contractor. In determining the classification in which a particular benefit belongs, Contractor must apply the same reasonable standards for medical/surgical benefits to mental health or SUD benefits.

2) Contractor must provide referrals and Care Coordination for all non-covered mental health and SUD services, as required in Exhibit A, Attachment III, Subsections 4.3.12 (*Mental Health Services*) and 4.3.13 (*Alcohol and Substance Use Disorder Treatment Services*).

E. Covered Services may be provided to Members through Telehealth, as defined in W&I section 14132.72, and as follows:

1) Contractor is responsible for ensuring that Covered Services provided via a Telehealth modality meet DHCS guidelines in outlined in the Provider Manual.

2) Contractor must oversee that Providers only provide Covered Services that can be appropriately delivered via Telehealth, and that they not provide Covered Services that would otherwise require the in-person presence of the Member for any reason, such as those that are performed in an operating room or while the Member is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices.

3) Contractor must ensure all Providers furnishing applicable Covered Services via audio-only synchronous interactions also offer those same services via video synchronous interactions.

4) Contractor must ensure all Providers furnishing services through video synchronous interactions or audio-only synchronous interactions must do one of the following:

a) Offer those same services via in-person, face-to-face contact.

b) Arrange for a referral to, and a facilitation of, in-person care that does not require a Member to independently contact a different Provider to arrange for that care.

5) Contractor is responsible for ensuring Members are informed prior to the initial delivery of Covered Services via Telehealth about the use of Telehealth. Contractor must also ensure Providers obtain and document verbal or written consent from Members for the use of Telehealth as an acceptable mode of delivering services prior to the initial delivery of Covered Services. Consent must be documented in the Member's Medical Record and made available to DHCS upon request.

6) Contractor must communicate to Providers any periodical updates to Covered Services and Provider types and requirements that may be appropriately delivered through Telehealth.

5.3.2 Medically Necessary Services

Contractor must apply the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of Medical Necessity for Members less than 21 years of age, as set forth in 42 USC section 1396d(r)(5) and All Plan Letter (APL) 23-005. The terms Medically Necessary, or Medical Necessity, are defined in Exhibit A, Attachment I, Article 1.0 (*Definitions*), based upon whether a Member is less than 21 years of age, or ages 21 and over.

5.3.3 Initial Health Appointment

Contractor must ensure provision of an Initial Health Appointment (IHA) in accordance with 22 California Code of Regulations (CCR) sections 53851(b)(1), 53910.5(a)(1) and APL 22-030. An IHA at a minimum must include: a history of the Member's physical and mental health, an identification of risks, an assessment of need for preventive screens or services and health education, a physical examination, and the diagnosis and plan for treatment of any diseases, unless the Member's Primary Care Provider (PCP) determines that the Member's Medical Record contains complete information, updated within the previous 12 months, consistent with the assessment requirements. Contractor must continue to hold Network Providers accountable for providing all preventive screenings for adults and Children as recommended by the United States Preventive Services Taskforce (USPSTF) but will no longer require all of these elements to be completed during the IHA, so long as Members receive all required screenings in a timely manner consistent with USPSTF guidelines.

A. Contractor must cover and ensure the provision of an IHA for each new Member within timelines stipulated in Exhibit A, Attachment III, Subsections 5.3.4 (*Services for Members Less Than 21 Years of Age*) and 5.3.5 (*Services for Adults*) below.

B. Contractor must ensure that a Member's completed IHA is documented in their Medical Record and that appropriate assessments from the IHA are available during subsequent health visits.

C. Contractor must make reasonable attempts to contact a Member to schedule an IHA. Contractor must document all attempts to contact a Member. Documented attempts that demonstrate Contractor's efforts to unsuccessfully contact a Member and schedule an IHA will be considered evidence in meeting this requirement. Contractor may delegate these activities, but Contractor remains ultimately responsible for all delegated functions, as outlined in Exhibit A, Attachment III, Subsection 3.1.1 (*Overview of Contractor's Duties and Obligations*).

5.3.4 Services for Members Less Than 21 Years of Age

Contractor must cover and ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age required under the EPSDT benefit described in 42 USC section 1396d(r), W&I section 14132(v), and APL 23-005. The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments, and other services listed in 42 USC section 1396d(a), whether or not covered under the California Medicaid State Plan. All EPSDT services are Covered Services unless expressly excluded under this Contract.

A. Provision of IHA for Members Less Than 21 Years of Age

1) For Members less than 18 months of age, Contractor must ensure the provision of an IHA within 120 calendar days following the date of Enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures for ages two and younger, whichever is sooner.

2) For Members ages 18 months and older, Contractor must ensure an IHA is performed within 120 calendar days of Enrollment.

3) The IHA must provide, or arrange for provision of, all immunizations necessary to ensure that the Member is up to date for their age, Adverse Childhood Experiences (ACEs) screening, and any required age-specific screenings including developmental screenings.

4) If the provisions of the IHA are not met, then Contractor must ensure case management and Care Coordination are working directly with the Member to receive appropriate services to include but not limited to health screenings, immunizations, and risk assessments.

B. Children’s Preventive Services

1) Contractor must provide preventive health visits for all Members less than 21 years of age at times specified by the most recent AAP Bright Futures Periodicity Schedule and anticipatory guidance as outlined in the AAP Bright Futures Periodicity Schedule. Contractor must provide, as part of the periodic preventive visit, all age-specific assessments and services required by AAP Bright Futures.

2) Where a request is made for Children’s preventive services by the Member, the Member's parent, legal guardian, or Authorized Representatives (ARs), or through a referral, an appointment must be made for the Member to have a visit within ten Working Days of the request, unless Member declines a visit within ten Working Days of the request and another appointment date is chosen by the Member.

3) At each Non-emergency Primary Care visit with a Member less than 21 years of age, the Member (if an emancipated minor), or the parent, legal guardian, or AR of the Member, must be advised of the Children’s preventive services due and available from Contractor. Documentation must be entered in the Member's Medical Record which indicates the receipt of Children’s preventive services in accordance with the AAP Bright Futures standards. If the services are refused, documentation must be entered in the Member's Medical Record which indicates the services were advised, and the Member’s (if an emancipated minor), or the parent, legal guardian, or AR of the Member’s voluntary refusal of these services.

4) All children’s preventive services, including all confidential screening and billing reports for EPSDT screening, treatment, and Care Coordination, must be reported as part of the Encounter Data submittal required in Exhibit A, Attachment III, Subsection 2.1.2 (*Encounter Data Reporting*). Contractor must ensure appropriate acquisition for missed reporting of Children’s preventive services.

C. Immunizations

1) Contractor must cover vaccinations, except for vaccinations expressly excluded in DHCS guidance to Medi-Cal Managed Care Health Plans, at the time of any health care visit and ensure the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by Advisory Committee on Immunization Practices (ACIP).

Documented attempts that demonstrate Contractor's unsuccessful efforts to provide the vaccination will be considered sufficient in meeting this requirement. When practical, reasons for failed attempts should be medically coded.

2) At each Non-Emergency Primary Care visit with Members less than 21 years of age, the Member (if an emancipated minor), or the parent, legal guardian, or AR of the Member, must be advised of the vaccinations due and available from Contractor immediately, if the Member has not received vaccinations in accordance with ACIP standards. Documentation must be entered in the Member's Medical Record which indicates the receipt of vaccinations or proof of prior vaccination in accordance with ACIP standards. If vaccinations that could be given at the time of the visit are refused, documentation must be entered in the Member's Medical Record which indicates the vaccinations were advised, and the Member's (if an emancipated minor), or the parent, legal guardian, or AR of the Member's voluntary refusal of these vaccinations. If vaccinations cannot be given at the time of the visit, then it is required that the Medical Record must demonstrate that the Member was informed how to obtain necessary vaccinations or scheduled for a future appointment for vaccinations.

3) Contractor must ensure that Member-specific vaccination information is reported to immunization registries established in Contractor's Service Area(s) as part of the Statewide Immunization Information System. Reports must be made following the Member's IHA and all other health care visits that result in an administered vaccine within 14 calendar days. Reporting must be in accordance with all applicable State and federal laws.

4) Within 30 calendar days of Federal Food and Drug Administration (FDA) approval of any vaccine for childhood immunization purposes, Contractor must develop policies and procedures for the provision and administration of the vaccine. Contractor must cover and ensure the provision of the vaccine from the date of its approval regardless of whether or not the vaccine has been incorporated into the Vaccines for Children (VFC) Program. Policies and procedures must be in accordance with Medi-Cal guidelines issued prior to final ACIP recommendations.

5) Contractor must provide information to all Network Providers regarding the VFC Program and is encouraged to promote and support Enrollment of applicable Network Providers in the VFC program as see appropriate.

D. Screening for Childhood Lead Poisoning

1) Contractor must cover and ensure the provision of blood lead screening tests to Members at the ages and intervals specified in 17 CCR sections 37000 - 37100, and in accordance with APL 20-016. Contractor must ensure its Network Providers follow the Childhood Lead Poisoning Prevention Branch (CLPPB) guidelines when interpreting blood lead levels and determining appropriate follow-up activities, including, without limitation, appropriate referrals to the local public health department.

   a) While requirements for appropriate follow-up activities, including referral, case management, and reporting, are set forth in the CLPPB guidelines, a Network Provider may determine that additional services that fall within the EPSDT benefit are Medically Necessary.

   b) Contractor must ensure that Members less than 21 years of age receive all Medically Necessary care as required under EPSDT.

2) Contractor must identify, at least quarterly, all Members less than six years of age with no record of receiving a required blood lead screening test. Contractor must identify the age(s) at which a required blood lead screening test was missed, including Members under the age of six, without any record of a completed blood lead screening test at each age. On a quarterly basis, Contractor must notify the Network Provider responsible for the care of an identified Member of the requirement to test the Member and provide the written or oral anticipatory guidance as required pursuant to 17 CCR section 37100. For a period of no less than ten years, Contractor must maintain records of all Members identified quarterly as having no documentation of receiving a required blood lead screening test, and provide those records to DHCS at least annually, as well as upon request.

3) If the Member, or the Member’s parent, legal guardian, or AR, refuses the blood lead screening test, Contractor must ensure a signed statement of voluntary refusal by the Member (if an emancipated minor), or the parent, legal guardian, or AR of the Member, is documented in the Member’s Medical Record.

4) If Contractor is unable to ensure a signed statement of voluntary refusal is documented in the Member's Medical Record because the Member, or the Member's parent, legal guardian, or AR refuses or declines to sign, or is unable to sign, such as when services are

provided through a Telehealth modality, Contractor must ensure that the reason for not obtaining a signed statement of voluntary refusal is documented in the Member's Medical Record.

5) DHCS will consider unsuccessful attempts to provide the required blood lead screening tests that are documented in the Member's Medical Record in accordance with the requirements in Exhibit A, Attachment III, Subsection 5.3.4.D. (*Services for Members Less Than 21 Years of Age*) as evidence of Contractor's compliance with blood lead screening test requirements.

E. EPSDT Services

1) For Members less than 21 years of age, Contractor must comply with all requirements identified in APL 23-005. Contractor must provide, or arrange and pay for, all Medically Necessary EPSDT services, including all Medicaid services listed in 42 USC section 1396d(a), whether or not included in the California Medicaid State Plan, unless expressly excluded in this Contract. Covered Services will include, without limitation, in-home nursing provided by home health agencies or individual nurse Providers, as required by APL 20-012, Care Coordination, case management, and Targeted Case Management (TCM) services. If Members less than 21 years of age are not eligible or accepted for Medically Necessary TCM services by a RC or local government health program, per requirements in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*), Contractor must arrange for comparable services for the Member under the EPSDT benefit in accordance with APL 23-005.

2) Contractor must arrange for any Medically Necessary diagnostic and treatment services identified at a preventive screening or other visit indicating the need for diagnosis or treatment, either directly or through referral to appropriate agencies, organizations, or individuals, as required by 42 USC section 1396a(a)(43)(C), APL 23-005, and APL 20-012. Contractor must ensure that all Medically Necessary EPSDT services, including all Covered Services set forth in Exhibit A, Attachment III, Subsection 5.3.4.E.1) (*Services for Members Less Than 21 Years of Age*), above, as well as EPSDT services carved out of this Contract, are provided in a timely manner, as soon as possible but no later than 60 calendar days following the preventive screening or other visit identifying a need for diagnosis or treatment. Without limitation, Contractor must identify available Providers, including if necessary out-of-Network Providers and individuals eligible to enroll as Medi-Cal Providers, to ensure the timely provision of Medically Necessary EPSDT

services. Contractor must provide appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), to and from medical appointments for Covered Services and pharmacy services. NMT must also be provided for services not covered under this Contract.

3) Covered Services do not include California Children's Services (CCS), pursuant to Exhibit A, Attachment III, Subsection 4.3.14 (*California Children's Services*), or Specialty Mental Health Services (SMHS), pursuant to Exhibit A, Attachment III, Subsection 4.3.12 (*Mental Health Services*). Contractor must ensure that the case management for Medically Necessary services authorized by CCS, county mental health plans, Drug Medi-Cal or Drug Medi-Cal Organized Delivery System (DMC-ODS)Plans under this Subsection is equivalent to that provided by Contractor for Covered Services for Members less than 21 years of age under this Contract and must, if indicated or upon the Member's request, provide additional Care Coordination and case management services as necessary to meet the Member's medical and Behavioral Health needs.

F. Behavioral Health Treatment Services

For Members less than 21 years of age, Contractor must cover Medically Necessary Behavioral Health Treatment (BHT) services regardless of diagnosis in compliance with APL 22-006 and APL 23-010.

1) Contractor must provide Medically Necessary BHT services in accordance with a recommendation from a licensed physician, surgeon, or a licensed psychologist and must provide continuation of BHT services under continuity of care.

2) The Member's treatment plan must be reviewed, revised, and/or modified no less than every six months by a BHT service Provider. The Member's behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer Medically Necessary under the EPSDT Medical Necessity standard.

3) Contractor has primary responsibility for the provision of Medically Necessary BHT services and must coordinate with LEAs, RCs, and other entities that provide BHT services to ensure that Members timely receive all Medically Necessary BHT services, consistent with the EPSDT benefit. Contractor must provide Medically Necessary BHT services across settings, including home, school,

and in the community, that are not duplicative of BHT services actively provided by another entity. Contractor must coordinate with, and make good faith attempts to enter into Memorandum of Understandings (MOUs) with RCs and LEAs, and Contractor must enter into MOUs with County Mental Health Plans (MHPs) in accordance with Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*), to facilitate the coordination of services for Members with Developmental Disabilities, including Autism Spectrum Disorder (ASD), as permitted by federal and State law, and specified by DHCS in APL 22-005 and APL 22-006. If Contractor is unable to enter into an MOU or a one-time case agreement with a RC, Contractor must inform DHCS why it could not reach an agreement with the RC and must demonstrate, by providing all evidence of contracting efforts, a good faith effort to enter into an agreement with the RC.

G. Local Education Agency Services

Contractor must reimburse LEAs, as appropriate, for the provision of school-linked EPSDT services including but not limited to BHT as specified in Exhibit A, Attachment III, Subsection 4.3.16 (*School-Based Services).*

H. Rapid Whole Genome Sequencing

Rapid whole genome sequencing, including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, is a Covered Service for any Medi-Cal Member who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit as required in W&I section 14132(a)(e).

5.3.5 Services for Adults

A. Initial Health Appointment for Adults Ages 21 and over

1) Contractor must cover and ensure that IHAs for adult Members are performed within 120 calendar days of Enrollment.

2) Contractor must ensure that the IHA for adults includes, but is not limited to, an evaluation of applicable preventive services provided in accordance with the United States Preventive Services Taskforce (USPSTF) grade A and B recommendations.

B. Adult Preventive Services

Contractor must cover and ensure the provision of all preventive services and Medically Necessary diagnostic and treatment services for adult Members as follows:

1) Contractor must ensure provision of all applicable preventive services identified as USPSTF grade A and B recommendations for adult Members in accordance with the Guide to Clinical Preventive Services published by the USPSTF.

2) Contractor must cover and ensure the provision of all Medically Necessary diagnostic, treatment, and follow-up services which are necessary given the findings or risk factors identified in the IHA, or during visits for routine, urgent, or emergent health care situations. Contractor must ensure that these services are initiated as soon as possible but no later than 60 calendar days following discovery of a problem requiring follow up.

3) Contractor must comply with APL 22-025 and ensure the provision of an annual cognitive health assessment for Members who are 65 years of age or older and are otherwise ineligible to receive a similar assessment as part of a Medicare annual wellness visit.

C. Immunizations

1) Contractor must cover vaccinations, except for vaccinations expressly excluded by DHCS in guidance to Medi-Cal Managed Care Health Plans, at the time of any health care visit and ensure the timely provision of vaccines in accordance with the most recent adult immunization schedule and recommendations published by the ACIP. Documented attempts that demonstrate Contractor’s unsuccessful efforts to provide the vaccination will be considered sufficient in meeting this requirement.

2) In addition, Contractor must cover and ensure the provision of age and risk appropriate vaccinations in accordance with the findings of the IHA, or other preventive screenings.

3) At each non-emergency Primary Care Encounter the Member must be advised of the vaccinations due and available from Contractor, if the Member has not received vaccinations in accordance with ACIP standards. Documentation must be entered in the Member's Medical Record which indicates the receipt of vaccinations or proof of prior vaccination in accordance with ACIP standards. If vaccinations that could be given at the time of the visit are refused, documentation must be entered in the Member's Medical Record which indicates the vaccinations were advised, and the Member’s

voluntary refusal of these vaccinations. If vaccinations cannot be given at the time of the visit, then it is required that the Medical Record must demonstrate that the Member was informed how to obtain necessary vaccinations or scheduled for a future appointment for vaccinations.

4) Contractor must ensure that Member-specific vaccination information is reported to immunization registries established in Contractor's Service Area(s) as part of the Statewide Immunization Information System. Reports will be made following the Member's IHA and all other health care visits that result in an administered vaccine within 14 calendar days. Reporting will be in accordance with all applicable State and federal laws.

5.3.6 Pregnant and Postpartum Members

A. Prenatal and Postpartum Care

Contractor must cover and ensure the provision of all Medically Necessary services for Members who are pregnant and postpartum. Contractor must utilize the most current standards or guidelines of American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) to ensure Members receive quality perinatal and postpartum services.

B. Risk Assessment

Contractor must implement a comprehensive risk assessment tool for all pregnant Members that is comparable to the ACOG standard and CPSP standards per 22 CCR section 51348. Contractor must maintain the results of this assessment as part of the Member's obstetrical record, which must include medical/obstetrical, nutritional, psychosocial, and health education needs risk assessment components. The risk assessment tool must be administered at the initial prenatal visit, once each trimester thereafter, and at the postpartum visit. If administration of the risk assessment tool is missed at the appropriate timeframes, then Contractor must ensure case management and Care Coordination are working directly with the Member to accomplish the assessment. Contractor must follow up on all identified risks with appropriate interventions consistent with ACOG standards and CPSP standards and document those interventions in the Member's Medical Record. The risk assessment may be completed virtually through a Telehealth visit with the Member's consent.

C. Referral to Specialists

Contractor must ensure that pregnant Members are referred to medically appropriate Specialists, including, as appropriate, perinatologists, Freestanding Birthing Centers, Certified Nurse Midwives (CNMs), Licensed Midwives, and, are informed about Doula coverage. Pregnant Members may request and receive a recommendation for Doula services from a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law and receive services. Contractor must ensure that pregnant and postpartum Members receive a recommendation for Doula services within one year after pregnancy, if requested by the Member, and must ensure access to genetic screening with appropriate referrals. Members may receive one initial visit; eight visits at any time during the perinatal period; services during labor and delivery, miscarriage, or abortion; and two extended postpartum visits with the standing recommendation issued by DHCS. An additional nine visits during the postpartum period is available with a second recommendation from a licensed provider. Contractor must comply with section 440.130(c) of Title 42 of the Code of Federal Regulations when making a recommendation for Doula services. Doula services are a preventive benefit for Medi-Cal Members, and services include but are not limited to personal support to pregnant individuals and families throughout pregnancy, labor, and the postpartum period. Contractor must also ensure that appropriate hospitals are available within the Network to provide necessary high-risk pregnancy services.

5.3.7 Services for All Members

A. Health Education

1) Contractor must implement and maintain a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all Members.

2) Contractor must ensure administrative oversight of the health education system by a qualified full-time health educator.

3) Contractor must provide evidence-based health education programs and services to Members, directly, or through Subcontractors, Downstream Subcontractors, or Network Providers.

4) Contractor must ensure organized delivery of health education programs using educational strategies and methods that are appropriate for Members and effective in achieving behavioral change for improved health. Contractor may offer Members non-

monetary incentives for participating in incentive programs, focus groups, and Member surveys authorized by W&I section 14407.1 pursuant to APL 16-005.

5) Contractor must ensure that health education materials are written at the sixth-grade reading level and are culturally and linguistically appropriate for the intended audience in accordance with APL 18-016. Contractor must review health education materials to ensure documents are up-to-date.

6) Contractor must ensure availability of Community Health Workers (CHWs) to all Members. CHWs should provide services to include but are not limited to assisting Members with health care system navigation, communicating cultural and language preferences to providers, accessing health care services, educating health needs, and connecting individuals and families with community-based resources.

7) Contractor must maintain a health education system, or use a DHCS-sponsored system if available, that provides educational interventions addressing health categories and topics that align with the Population Health Management (PHM) Strategy, in accordance with Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*), including education regarding the appropriate use of health care services, risk-reduction and healthy lifestyles, and self-care and management of health conditions.

8) Contractor must ensure that Members receive point of service education as part of preventive and primary health care visits. Contractor must provide education, training, and program resources to Network Providers for the delivery of health education services.

9) Contractor must maintain health education policies, procedures, standards, and guidelines. Contractor must maintain documentation that demonstrates effective implementation of the health education requirements.

10) Contractor must monitor the health education system including accessibility for Limited English Proficient (LEP) Members and the performance of Providers that are contracted to deliver health education services. Contractor must ensure appropriate allocation of health education resources and conduct appropriate levels of program evaluation.

B. Hospice Care

1) Contractor must cover and ensure the provision of hospice care services as defined in 42 USC section 1396d(o)(1) and as required by APL 13-014. Contractor must ensure that Members and their families are fully informed of the availability of hospice care as a Covered Service and the methods by which they may elect to receive these services. In accordance with APL 13-014, a hospice must obtain written certification of terminal illness for each hospice benefit period. “Terminally ill,” as defined in 42 CFR section 418.3, means that an individual has a medical prognosis that their life expectancy is six months or less if the illness runs its normal course. Services are limited to Members who directly or through their AR voluntarily elect to receive hospice care in lieu of other care as specified. However, for Members less than 21 years of age, a voluntary election of hospice care does not constitute a waiver of any rights of that Member to be provided with, or to have payment made for, Covered Services that are related to the treatment of that Member’s condition for which a diagnosis of terminal illness has been made.

2) For Members who have elected hospice care, Contractor must arrange for continuity of care, including maintaining established patient-Provider relationships, to the greatest extent possible. Contractor must cover the cost of all hospice care provided. Contractor must also cover all Medically Necessary care not related to the terminal condition.

C. Palliative Care

Contractor must cover and ensure the provision of palliative care, as required by W&I section 14132.75 and as set forth in APL 18-020, and as required for Members less than 21 years of age under the EPSDT benefit and standard of Medical Necessity. Contractor must continue to cover all Medically Necessary Covered Services for Members receiving palliative care. For Members less than 21 years of age, Contractor must cover palliative care concurrently with hospice care and other Medically Necessary Covered Services if hospice care is elected by the Member.

D. Vision Care – Lenses

Contractor must cover and ensure the provision of eye examinations to include screening examinations and prescriptions for corrective lenses as appropriate for all Members. Contractor must arrange for the fabrication of optical lenses for Members through Prison Industry Authority (PIA) optical laboratories except when the Member requires lenses not available

through PIA. Contractor must cover the cost of the eye examination and dispensing of the lenses fabricated by PIA. DHCS will reimburse PIA for the fabrication of the optical lenses in accordance with the contract between DHCS and PIA. Contractor must cover the cost of fabrication and dispensing of lenses not available through PIA.

E. Mental Health and SUD Services

Contractor must cover all Medically Necessary mental health and SUD services specified in Exhibit A, Attachment III, Subsection 5.5.2 (*Non-specialty Mental Health Services and Substance Use Disorder Services*) in compliance with mental health parity requirements in 42 CFR section 438.900 *et seq*., and Exhibit A, Attachment III, Section 5.5 (*Mental Health and Substance Use Disorder Benefits*).

F. Organ and Bone Marrow Transplant Surgeries

Contractor must cover all Medically Necessary organ and bone marrow transplant surgeries as set forth in the Medi-Cal Provider Manual, including all updates and amendments to the Manual.

1) Contractor must refer and authorize organ and bone marrow transplant surgeries to be performed in transplant programs that meet criteria set forth by DHCS in the Medi-Cal Provider Manual.

2) Contractor must authorize and cover costs for organ or bone marrow transplants for Members. Contractor must cover all pre and post-operative transplant-related costs such as, but not limited to, evaluation, hospitalization, and all Medically Necessary services such as transportation and prescriptions not covered by and billable to Medi-Cal Rx.

3) Contractor must refer Members identified as potential organ or bone marrow transplant candidates to a transplant program evaluation that meets criteria set forth by DHCS within 72 hours of receiving the referral. If the transplant program considers the Member to be a suitable transplant candidate, Contractor must authorize the request for transplant services on an expedited 72-hour basis or less if the Member's condition requires it, or if the organ or bone marrow the Member will receive is at risk of being unusable due to any delay in obtaining Prior Authorization or any delay in obtaining the organ or bone marrow.

4) Contractor must refer Members less than 21 years of age identified as a potential organ or bone marrow transplant candidate to the local CCS Program for eligibility determination, if necessary, unless

Contractor is responsible for the CCS benefit (Whole Child Model contracts only). Major Organ Transplants (MOT) for Members less than 21 years of age must be performed only in a CCS-approved Special Care Center (SCC) or DHCS-approved Transplant Centers of Excellence. If the CCS Program determines that the Member is not eligible for the CCS Program or the MOT is not related to the Member's CCS eligible medical condition, but the MOT is Medically Necessary, Contractor must refer the Member to a transplant program within 72 hours of receipt of the eligibility determination and is responsible for authorizing the MOT, as appropriate.

5) Contractor must refer CCS-eligible Members less than 21 years of age to the appropriate CCS-approved Special Care Center that meets criteria set forth by DHCS within 72 hours of receiving the referral from the Member's PCP or Specialist identifying the Member as a transplant candidate. If the CCS-approved Special Care Center considers the Member to be a suitable transplant candidate, Contractor is required to approve the Prior Authorization request.

6) For Members less than 21 years of age, Contractor must provide Prior Authorization for requests for transplant services on an expedited, 72-hour basis, or less if the Member's condition requires it or if the organ or bone marrow the Member will receive is at risk of being unusable due to any delay in obtaining Prior Authorization or any delay in obtaining the organ or bone marrow.

7) Contractor must authorize and cover costs for organ or bone marrow donors, including cadavers and living donors regardless of a living donor's Medi-Cal eligibility. Contractor must cover transplant-related costs such as evaluation, hospitalization for the living donor, organ or bone marrow removal, and all Medically Necessary services related to organ or bone marrow removal including complications, transportation, and prescriptions not covered by and billable to Medi-Cal Rx.

8) Contractor must ensure coordination of care between all Providers, organ or bone marrow donation entities, and transplant centers to ensure the transplant is completed as expeditiously as possible. This coordination of care must include care for all living donors.

9) Contractor must ensure the provision of Discharge Planning as defined in this Contract for Members and living donors.

10) Contractor must cover all readmissions and other health care costs related to any complications the Member or the living donor experiences from the organ or bone marrow transplant.

11) Contractor must cover all Medically Necessary physician administered drugs provided to a Member or the living donor administered by a health care professional in a clinic, physician's office, or outpatient setting and is needed for the Member receiving an organ or bone marrow transplant, such as anti-rejection medication, and any other Medically Necessary Prescription Drug not covered by Medi-Cal Rx.

G. Long-Term Care Services

Contractor must authorize and cover Long-Term Care (LTC) services as set forth in APL 23-004, APL 23-023, and APL 23-027. Contractor must ensure that Members in need of LTC services are placed in a health care facility that provides the level of care most appropriate to the Member's medical needs, unless the Member has elected hospice care.

1) Contractor must ensure that Members, other than Members requesting hospice services, in need of LTC services are placed in a LTC facility that provides the level of care most appropriate to the Member's medical needs. Contractor must make Member placement decisions based on the appropriate level of care, as set forth in the definitions in 22 CCR sections 51118, 51120, 51120.5, 51121, 51123, 51124, 51124.5, and 51124.6, W&I section 14132.25 and the criteria for admission set forth in 22 CCR sections 51335, 51335.5, 51335.6, and 51334 and related sections of the Manual of Criteria for Medi-Cal Authorization referenced in 22 CCR section 51003(e).

2) Contractor must place Members in LTC facilities that are licensed and certified by the California Department of Public Health (CDPH). Contractor must ensure that contracted LTC facilities have not been decertified by CDPH or otherwise excluded from participation in the Medi-Cal Program.

3) Contractor must provide continuity of care to Members through continued access to the LTC facility in which the Member is residing at time of Enrollment for up to 12 months. During this time, Contractor may attempt to place Members at LTC facilities within its Network only with approval from the Member or individual authorized to make health care decisions on their behalf.

4) Contractor must cover a Member stay in a facility with availability regardless of Medical Necessity if placement in a Medically Necessary appropriate lower level of care is not available, unless otherwise provided by contract. Contractor must continue to attempt to place the Member in a facility with the appropriate level of care, including offering to contract with facilities within and outside of the Service Area.

5) Contractor must provide Transitional Care Services as specified in Exhibit A, Attachment III, Subsection 4.3.11 (*Targeted Case Management Services*).

6) Hospice Services as defined in 22 CCR section 51180 rendered in a Skilled Nursing Facility (SNF) or Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF~~D~~/DD-H), and ICF/DD-Nursing (ICF/DD-N) homes are not LTC services consistent with 22 CCR section 51544(h).

7) Contractor must ensure that Members in need of ICF/DD, ICF/DD-H, and ICF/DD-N services are placed in the ICF/DD Home deemed most appropriate to the Member's medical needs as specified in the Individualized Program Plan (IPP) issued by the Member's Regional Center.

H. Pharmaceutical Services

1) Drug Use Review (DUR)

Contractor must develop and implement effective DUR and treatment outcome process, as directed in APL 17-008, APL 23-026, and APL 22-012 (excluding prospective DUR activities), to ensure that drug utilization is appropriate, Medically Necessary, and not likely to result in adverse events.

a) Contractor's DUR must meet or exceed the requirements described in 42 USC section 1396r-8(g) and 42 CFR section 438.3(s), to the extent that Contractor provides covered outpatient drugs, and Section 1004 requirements of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patient and Communities Act.

b) Contractor's DUR must implement:

i. A retrospective claims review automated process that monitors when a Member is concurrently prescribed

opioids and benzodiazepines or opioids and antipsychotics;

ii. A program to monitor and manage the appropriate use of antipsychotic medications by all Children 18 years of age and under including foster Children enrolled under the California Medicaid State Plan, as required in 42 USC section 1396a(oo)(1)(B), APL 23-026, and APL 22-012; and

iii. Fraud and abuse identification processes for potential Fraud or abuse of controlled substances by Members, Providers, and pharmacies.

c) Contractor must annually submit to DHCS a detailed report in a format specified by DHCS on their DUR Program activities.

2) Contractor must not impose Quantitative Treatment Limitation (QTL) or Non-Quantitative Treatment Limitation (NQTL) more stringently for mental health and SUD drugs prescriptions than for medical/surgical drugs, in accordance with 42 CFR section 438.900 *et seq*.

I. Transportation

Contractor must cover transportation services as required in this Contract and directed in APL 22-008 to ensure Members have access to all Medically Necessary services.

1) Contractor must cover Emergency Medical Transportation (EMT) services necessary to provide access to all emergency Covered Services.

2) Contractor must cover NEMT services necessary for Members to access Covered Services, subject to a prescription and Prior Authorization when required, in accordance with 22 CCR section 51323.

a) Contractor must require Members to have an approved Physician Certification Statement (PCS) form prescribing NEMT by their provider, as described in APL 22-008, before Prior Authorization can be granted for NEMT services, except as provided in 22 CCR section 51323 (b)(2)(A),(C). For Covered Services requiring recurring appointments, Contractor must provide authorization for NEMT for the

duration of the recurring appointments, not to exceed 12 months, and ensure the Member has a standing order guaranteeing assigned rides for the duration of the recurring appointments. Contractor cannot modify the form once the provider prescribes the mode of NEMT.

b) Contractor must refer and coordinate NEMT services for Medi-Cal services that are not covered under the Contract. However, Contractor must provide NEMT services for their Members for all pharmacy prescriptions prescribed by the Member's Medi-Cal provider(s) and those authorized under Medi-Cal Rx.

c) Contractor must have a process in place to ensure transportation brokers and providers are meeting these requirements and to impose corrective action if non-compliance is identified through oversight and monitoring activities.

3) As provided for in W&I section 14132(ad), Contractor must authorize all NMT for Members to obtain Covered Services in accordance with the requirements and guidelines set forth in APL 22-008. Nothing in this provision will be construed to prohibit Contractor from developing policies and procedures that may include reasonable Utilization Management procedures for NMT. Contractor must also provide NMT for all Medi-Cal services not covered under this Contract. These services include, but are not limited to, Specialty Mental Health Service (SMHS), SUD services, dental, pharmacy, pharmaceutical services, and any other benefits delivered through Medi-Cal FFS.

4) Contractor must provide NEMT or NMT for a parent, legal guardian, or AR when the Member is a minor. With the written consent of a parent, legal guardian, or AR, Contractor may arrange NEMT or NMT services for a minor who is unaccompanied by a parent, legal guardian, or AR. Contractor must provide transportation services for unaccompanied minors when applicable State or federal law does not require parental consent for the minor's service. Contractor must ensure all necessary written consent forms are collected prior to arranging transportation for an unaccompanied minor and cannot arrange NEMT or NMT services for an unaccompanied minor without the necessary consent forms unless State or federal law does not require parental consent for minor's service.

5) Consistent with 42 CFR sections 440.170(a) and 431.53, W&I section 14132(a) and (d), and APL 22-008, Contractor must also cover transportation-related travel expenses for Members obtaining Medically Necessary services. Transportation-related travel expenses are subject to retroactive reimbursement.

J. Care Management and Care Coordination

1) Contractor must provide all Members with Care Coordination services as specified in Exhibit A, Attachment III, Subsection 4.3.8 (*Basic Population Health Management*).

2) Contractor must provide care management services to all Members as specified in Exhibit A, Attachment III, Subsection 4.3.8 (*Basic Population Health Management*) and Exhibit A, Attachment III, Subsection 4.3.7 (*Care Management Programs*). Care management services include, Basic Population Health Management (Basic PHM), Complex Care Management (CCM), and Enhanced Care Management (ECM).

K. Dyadic Services

Contractor must provide Dyadic Services and the Family Therapy benefit for Members less than 21 years of age and/or their caregivers in an outpatient setting as Medically Necessary as set forth in APL 22-029 and detailed below.

1) Dyadic Services may be provided by Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, and Psychiatrists. Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Associate Clinical Social Workers, and Psychology Assistants may render services under a supervising clinician. Appropriately trained nonclinical staff, including CHWs, are not precluded from screening Members for issues related to SDOH or performing other nonclinical support tasks as a component of the Dyadic Behavioral Health (DBH) visit, as long as the screening is not separately billed.

a) Under the supervision of a supervising Provider from one of the provider types listed above, CHWs can assist a dyad to gain access to needed services to support their health through the CHW benefit for health navigation services.

b) Contractor is responsible for ensuring appropriate supervision of Dyadic Services Providers and educating all Network Providers on the Dyadic Services benefit.

2) Member Eligibility for Dyadic Services

a) Children and their parent(s)/ caregiver(s) are eligible for DBH well-Child visits when delivered according to the Bright Futures/American Academy of Pediatrics periodicity schedule for behavioral/social/emotional screening assessment, and when medically necessary, in accordance with Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards in 42 USC section 1396d(r).

i. Under EPSDT standards, a diagnosis is not required to qualify for services.

ii. The DBH well-Child visits do not need a particular recommendation or referral and must be offered as an appropriate service option even if the Member does not request them.

b) The family is eligible to receive Dyadic Services so long as the Child is enrolled in Medi-Cal. The parent(s) or caregiver(s) does not need to be enrolled in Medi-Cal or have other coverage so long as the care is for the direct benefit of the Child.

3) Covered Services

a) Contractor may offer the Dyadic Services benefit through Telehealth or in-person with locations in any setting including, but not limited to, pediatric Primary Care settings, doctor's offices or clinics, inpatient or outpatient settings in hospitals, the Member's home, school-based sites, or community settings. There are no Service Location limitations.

b) Covered Dyadic Services are Behavioral Health Services for Children and/or their parent(s) or caregiver(s), and include:

i. DBH Well-Child Visits

a. The DBH well-Child visit must be limited to those services not already covered in the

medical well-Child visit.

b. When possible and operationally feasible, the DBH well-Child visit should occur on the same day as the medical well-Child visit. When this is not possible, Contractors must ensure the DBH well-Child visit is scheduled as close as possible to the medical well-Child visit, consistent with timely access requirements.

c. Contractor may deliver DBH well-Child visits as part of the HealthySteps program, a different DBH program, or in a clinical setting without a certified DBH program as long as all of the following components are included:

   aa. Behavioral Health history for Child and parent(s) or caregiver(s), including parent(s) or caregiver(s) interview addressing Child's temperament, relationship with others, interests, abilities, and parent or caregiver concerns.

   bb. Developmental history of the Child.

   cc. Observation of behavior of Child and parent(s) or caregiver(s) and interaction between Child and parent(s) or caregiver(s).

   dd. Mental status assessment of parent(s) or caregiver(s).

   ee. Screening for family needs, which may include tobacco use, substance use, utility needs, transportation needs, and interpersonal safety, including guns in the home.

   ff. Screening for SDOH such as poverty, food insecurity, housing instability, access to safe drinking water, and community level violence.

gg. Age-appropriate anticipatory guidance focused on Behavioral Health promotion/risk factor reduction.

hh. Making essential referrals and connections to community resources through Care Coordination and helping caregiver(s) prioritize needs.

ii. Dyadic Comprehensive Community Supports Services, separate and distinct from the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports, help the Child and their parent(s) or caregiver(s) gain access to needed medical, social, educational, and other health-related services, and may include any of the following:

a. Assistance in maintaining, monitoring, and modifying covered services, as outlined in the dyad's service plan, to address an identified clinical need.

b. Brief telephone or face-to-face interactions with a person, family, or other involved member of the clinical team, for the purpose of offering assistance in accessing an identified clinical service.

c. Assistance in finding and connecting to necessary resources other than covered services to meet basic needs.

d. Communication and coordination of care with the Child's family, medical and dental health care Providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies.

e. Outreach and follow-up of crisis contacts and missed appointments.

f. Other activities as needed to address the dyad's identified treatment and/or support needs.

c) Dyadic Psychoeducational Services for psychoeducational services provided to the Child less than 21 years of age and/or parent(s) or caregiver(s). These services must be planned, structured interventions that involve presenting or demonstrating information with the goal of preventing the development or worsening of Behavioral Health conditions and achieving optimal mental health and long-term resilience.

d) Dyadic Family Training and Counseling for Child Development for family training and counseling provided to both the Child less than 21 years of age and parent(s) or caregiver(s). These services include brief training and counseling related to a Child's behavioral issues, developmentally appropriate parenting strategies, parent/Child interactions, and other related issues.

e) Dyadic Parent or Caregiver Services

Dyadic parent or caregiver services are services delivered to a parent or caregiver during a Child's visit that is attended by the Child and parent or caregiver, including the following assessment, screening, counseling, and brief intervention services provided to the parent or caregiver for the benefit of the Child as appropriate:

i. Brief Emotional/Behavioral Assessment

ii. ACEs Screening

iii. Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment

iv. Depression Screening of Health Behavior Assessments and Interventions

v. Psychiatric Diagnostic Evaluation

vi. Tobacco Cessation Counseling

4) Family Therapy as a Behavioral Health Benefit

a) Family therapy is type of psychotherapy covered under Medi-Cal's NSMHS benefit, including for Members less than 21 years of age who are at risk for Behavioral Health concerns and for whom clinical literature would support that

the risk is significant such that Family Therapy is indicated, but may not have a mental health diagnosis. The primary purpose of Family Therapy is to address family dynamics as they relate to the Member's mental status and behavior(s).

b) Family Therapy is composed of at least two family members receiving therapy together provided by a mental health Provider to improve parent/Child or caregiver/Child relationships and encourage bonding, resolving conflicts, and creating a positive home environment.

c) All family members do not need to be present for each service. For example, parents or caregivers can qualify for Family Therapy without their infant present, if necessary.

d) Both Children and adult Members can receive Family Therapy mental health services that are medically necessary. Contractor is required to provide Family Therapy to the following Medi-Cal Members to improve parent/Child or caregiver/Child relationships and bonding, resolve conflicts, and create a positive home environment:

    i. Members less than 21 years of age with a diagnosis of a mental health disorder;

    ii. Members less than 21 years of age with persistent mental health symptoms in the absence of a mental health disorder;

    iii. Members less than 21 years of age with a history of at least one of the following risk factors:

        a. Neonatal or pediatric intensive care unit hospitalization;

        b. Separation from a parent or caregiver (for example, due to incarceration, immigration, or military deployment);

        c. Death of a parent or caregiver of Foster home placement;

        d. Food insecurity, housing instability;

        e. Maltreatment;

f. Severe and persistent bullying; and

g. Experience of discrimination, including but not limited to discrimination on the basis of race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disability;

iv. Members less than 21 years of age who have a parent(s) or caregiver(s) with one or more of the following risk factors:

a. A serious illness or disability;

b. A history of incarceration;

c. Depression or other mood disorder;

d. Post-Traumatic Stress Disorder or other anxiety disorder;

e. Psychotic disorder under treatment;

f. SUD;

g. Job loss;

h. A history of intimate partner violence or interpersonal violence; and

i. Is a teen parent.

e) Contractor must provide Family Therapy services if needed to correct or ameliorate a Child's mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the condition and are thus covered as EPSDT services.

f) Members less than 21 years of age may receive up to five Family Therapy sessions before a mental health diagnosis is required. Contractor must provide Family Therapy without regard to the five-visit limitation for Members less than 21 years of age with risk factors for mental health disorders or parents/caregivers with related risk factors, including separation from a parent/caregiver due to incarceration, immigration, or death; foster care placement; food insecurity;

housing instability; exposure to domestic violence or trauma; maltreatment; severe/ persistent bullying; and discrimination.

5) Billing and Claims

a) Dyadic Services Providers must be reimbursed in accordance with their Network Provider contract.

b) Contractor must not require Prior Authorization for Dyadic Services.

c) Contractor must not establish unreasonable or arbitrary barriers for accessing coverage.

d) Encounters for Dyadic Services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.

e) Multiple Dyadic Services are allowed on the same day and may be reimbursed at the FFS rate.

f) The DBH well-Child visit must be limited to those services that are not already covered in the medical well-Child visit, and any other service codes cannot be duplicative of services that have already provided in a medical well-Child visit or a DBH well-Child visit.

g) Dyadic caregiver service codes (screening, assessment, and brief intervention services provided to the parent or caregiver for the benefit of the Child) may be billed by either the medical well-Child Provider or the DBH well-Child visit Provider, but not by both Providers, when the dyad is seen on the same day by both Providers.

h) Tribal Health Programs, Rural Health Clinics (RHCs), and Federal Qualified Health Centers (FQHCs) are eligible to receive their All-Inclusive Rate from Contractor if Dyadic Services are provided by a billable Provider per APL 17-002 and APL 21-008.

i. Dyadic Services may be reimbursed at the FFS rate established for services, if the service provided does not meet the definition of a THP, RHC, or FQHC visit, or exceeds frequency limitations.

ii. THP, RHC, and FQHC Providers can bill FFS for Dyadic Services delivered in a clinical setting by Provider types named in the Non-specialty Mental Health Services: Psychiatric and Psychological Services section of the Medi-Cal Provider Manual.

iii. THP, RHC, and FQHC Providers cannot double bill for Dyadic Services that are duplicative of other services provided through Medi-Cal.

iv. All Dyadic Services must be billed under the Medi-Cal identity of the Member less than 21 years of age.

L. Practice Guidelines

Contractor must adopt practice guidelines in accordance with 42 CFR section 438.236, and this Contract. Contractor's decisions for Utilization Management, Member education, provision of Covered Services, and other areas covered by practice guidelines must be consistent with these guidelines. Contractor must also provide their practice guidelines, upon request, to Members and Potential Members.

M. Asthma Preventive Services

Contractor must ensure availability of Asthma Preventive Services (APSs), including clinic-based and home-based asthma self-education, and in-home environmental trigger assessments for all Members with a diagnosis of asthma. APSs may be provided by a Physician or a Non-Physician Medical Practitioner, or a licensed practitioner of the healing arts within their scope of practice. APSs may also be provided by unlicensed Providers, which may include CHW, who have met the qualifications of an APS Provider and are providing these services under a supervising Physician or Non-Physician Medical Practitioner, clinic, hospital, local health jurisdiction, or community-based organization.

N. Community Health Workers Services

1) Contractor must ensure availability of CHW Services to all Members that meet the eligibility criteria in accordance with 42 CFR section 440.130(c).

2) Contractor must adhere to DHCS guidance on service definitions, eligible populations, and CHW Provider parameters as stated in APL 22-016.

a) CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified below.

b) CHW services are considered Medically Necessary for Members with one or more chronic health conditions (including Behavioral Health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers in meeting their health or health-related social needs, and/or who would benefit from preventive services.

3) CHW Provider and Supervising Provider Requirements

a) Contractor must determine, verify, and validate CHW Providers can provide CHW Services in an effective manner consistent with culturally and linguistically appropriate care.

b) CHW Providers must have lived experience that aligns with and provides a connection between CHW and the Member population being served in.

c) CHWs must have lived experience that aligns with and provides a connection between the CHW and the Member or population being served. This may include, but is not limited to, experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use, or being a survivor of domestic or intimate partner violence or abuse and exploitation. Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background with one or more linguistic, cultural, or other groups in the community for which the CHW is providing services.

d) Contractor must contract with a Supervising Provider to oversee CHW providers and the services delivered to Members. CHW providers can be supervised by a community-based organization (CBO) or a local health jurisdiction (LHJ) that does not have a licensed Provider on

staff in alignment with the Provider Manual and APL 22-016.

e) Contractor must ensure that Network Providers and Subcontractors contracting with or employing CHWs to provide Covered Services have adequate supervision and training.

f) Contractor must ensure CHW Providers demonstrate, and Supervisor Providers maintain evidence of, minimum qualifications through the CHW certificate pathway, Violence Prevention certificate pathway, or Work experience pathway.

g) Certificate Pathway: CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates: o CHW Certificate: A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, and basic knowledge in public health principles and Social Drivers of Health (SDOH), as determined by the Supervising Provider. 6 Certificate programs must also include field experience as a requirement. A CHW Certificate allows a CHW to provide all covered CHW services described in this APL, including violence prevention services.

h) Violence Prevention Professional Certificate: For individuals providing CHW violence prevention services only, a Violence Prevention Professional (VPP) Certificate issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training form the Urban Peace Institute. 7,8 A VPP Certificate allows a CHW to provide CHW violence prevention services only. A CHW providing services other than violence prevention services must demonstrate qualification through either the Work Experience Pathway or by completion of a General Certificate.

i) Work Experience Pathway: An individual who has at least 2,000 hours working as a CHW in paid or volunteer positions within the previous three years and has demonstrated skills and practical training in the areas described above, as

determined and validated by the Supervising Provider, may provide CHW services without a certificate of completion for a maximum period of 18 months. A CHW who does not have a certificate of completion must earn a certificate of completion, as described above, within 18 months of the first CHW visit provided to a Member.

j) Contractor must have a process for verifying qualifications and experience of Supervising Providers, which must extend to individuals employed by, or delivering CHW Services on behalf of, the Supervising Provider.

k) Contractor must ensure Supervising Providers and CHW Providers comply with all applicable State and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and PLs.

O. Community Health Workers Provider Capacity

1) Contractor must ensure and monitor appropriate, adequate Networks within its Service Area, including for CHW Services as stated in APL 21-006.

2) Contractor must use data-driven approaches to determine and understand priority populations eligible for CHW Services, including but not limited to, using past and current Member utilization/encounters, frequent hospital admissions or emergency department visits, demographic and Social Drivers of Health data, referrals from the community, and needs assessments.

P. Identifying Members for Community Health Workers

1) Contractor must require a referral for CHW Services submitted by a Physician or other licensed practitioner of the healing arts within their scope of practice under State law.

2) Contractor must accept recommendations for CHW Services from other licensed practitioners, whether they are in the Network or out-of-Network Providers, within their scope of practice, including physician assistants, nurse practitioners, clinical nurse Specialists, podiatrists, nurse midwives, Licensed Midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, registered dental hygienists, licensed educational psychologists, licensed vocational nurses, and pharmacists.

Q. Cancer Biomarker Testing

Contractor must comply with APL 22-010 and cover Medically Necessary biomarker testing for Members with advanced or metastatic stage 3 or 4 cancer and cancer progression or recurrence in the Member with advanced or metastatic stage 3 or 4 cancer. Contract is prohibited from imposing Prior Authorization requirements on biomarker testing that is associated with a federal Food and Drug Administration (FDA)-approved therapy for advanced or metastatic stage 3 or 4 cancer.

R. COVID-19 Coverage

Contractor must cover COVID-19 related services to include prevention, testing, and treatment as detailed in APL 22-009.

5.3.8 Investigational Services

A. Contractor must cover investigational services as defined in 22 CCR section 51056.1(b) when a service is determined to be investigational pursuant to 22 CCR section 51056.1(c), and all requirements in 22 CCR section 51303(h) are met and documented in the Member's Medical Record.

B. Routine Patient Care Costs for Clinical Trials

1) Contractor must cover routine patient care costs for Members participating in a qualifying clinical trial including items and services furnished in connection with participation by Members in a qualifying clinical trial pursuant to 42 USC section 1396d(a)(30), and W&I section 14132.98. A qualifying clinical trial is a clinical trial in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition.

2) Routine patient care costs are costs associated with the provision of health care services, including drugs, items, devices, and services that would otherwise be covered under the Medi-Cal program if those drugs, items, devices, and services were not provided in connection with an approved clinical trial program.

3) Coverage of routine patient care costs must be provided regardless of geographic location or if the treating Provider or principal investigator of the qualifying clinical trial is a Network Provider.

4) Coverage of routine patient care costs must be based on Provider's and principal investigator's approval regarding the Member's appropriateness for the qualifying clinical trial.

5) The coverage determination must be expedited and completed within 72 hours.

6) Contractor must require the submission of the "Medicaid Attestation Form on the Appropriateness of the Qualifying Clinical Trial" for approval of the clinical trial. The attestation form must include the following information:

   a) The Member's name and client identification number;

   b) The national clinical trial number;

   c) A statement signed by the principal investigator attesting to the appropriateness of the qualified clinical trial; and

   d) A statement signed by the Provider attesting to the appropriateness of the qualified clinical trial.

Exhibit A, ATTACHMENT III

5.4 Community Based Adult Services

5.4.1 Covered Services
5.4.2 Coordination of Care
5.4.3 Required Reports for the Community Based Adult Services Program
5.4.4 Community Participation
5.4.5 Community Based Adult Services Program Integrity

5.4 Community Based Adult Services

5.4.1 Covered Services

In addition to Exhibit A, Attachment III, Section 5.3 (*Scope of Services*), Contractor must cover Community Based Adult Services (CBAS) in accordance with the California Advancing and Innovating Medi-Cal (CalAIM) 1115(a) Demonstration, Number 11-W-00193/9 Special Terms and Conditions (STCs), including Sections V.A.19 through 30 and Attachments H and S, or in accordance with any subsequent demonstration amendment or renewal or successive demonstration, waiver, or other Medicaid authority governing the provision of CBAS. Contractor must cover CBAS and ensure provision of the following services:

A. Arrange for the provision of CBAS to Members determined eligible to receive CBAS core services, and additional services as needed, in accordance with the CalAIM STCs Section V.A.20.a and b, Attachment H, and Exhibit A, Attachment III, Subsection 5.4.2.C. (*Coordination of Care*);

B. Consider a Member's relationship with a previous Provider of services similar to CBAS when referring a Member to a CBAS Provider;

C. Cover CBAS as a bundled service through a CBAS Provider or arrange for the provision of unbundled CBAS based on the assessed needs of Members eligible for CBAS if a certified CBAS Provider is not available or not contracted, or there is insufficient CBAS Provider capacity in the area, as required by Exhibit A, Attachment III, Subsection 5.2.8.J. (*Specific Requirements for Access to Programs and Covered Services*). Arranging for unbundled CBAS services includes authorizing Covered Services and coordinating with community resources to assist Members whose CBAS Providers have closed, and Members who have similar clinical conditions as CBAS Members, to remain in the community, in accordance with the following requirements listed below.

1) Unbundled CBAS Covered Services are limited to the following:

a) Professional Nursing Services;

b) Nutrition;

c) Physical Therapy;

d) Occupational Therapy;

e) Speech and Language Pathology Services;

f) Nonmedical Emergency Transportation (NEMT) and Non-Medical Transportation (NMT), only between the Member's home and the CBAS unbundled service Provider; and

g) Non-specialty Mental Health Services (NSMHS) and Substance Use Disorder (SUD) services that are Covered Services;

2) Contractor must coordinate care for unbundled CBAS services that are not Covered Services based on the assessed needs of the Member eligible for CBAS, including:

a) Personal Care Services;

b) Social Services;

c) Physical and Occupational Maintenance Therapy;

d) Meals;

e) Specialty Mental Health Services (SMHS); and

f) SUD Services

D. Ensure that Member access to Medicare Providers or services is not impeded or delayed through Contractor's provision of CBAS; and

E. Ensure continuity of care, in accordance with Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*), when Members switch Medi-Cal managed care plans and/or transfer from one CBAS Provider to another.

F. Arrange for the provision of CBAS Emergency Remote Services (ERS), in response to a Member's needs, and in accordance with CalAIM STCs Section V.A.21 and All Plan Letter (APL) 22-020. CBAS ERS must be provided in alternative Service Locations and/or via Telehealth, including telephone or virtual video conferencing, as clinically appropriate.

1) The circumstances for ERS are time-limited and vary based on the unique and identified needs documented in the Member's Individualized Health and Support Plan (IHSP). Contractor must assess Members at least every three months for ERS as part of the reauthorization of the Member's Individual Plan of Care (IPC) and review for continued need for ERS.

2) Telehealth delivery of ERS must meet the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and the methodology must be approved by Contractor. Contractor must demonstrate compliance with the Electronic Visit Verification (EVV) System requirements for personal care services and home health services in accordance with section 12006 of the 21st Century CURES Act and APL 22-014.

3) Contractor must provide ERS under the following circumstances:

a) State or local emergencies as determined by DHCS or Contractor, such as wildfires and power outages, to allow for the provision of ERS prior or subsequent to an official public health emergency declaration as determined by DHCS or Contractor; and

b) Personal emergencies, such as time-limited illness or injury, crises, or care transitions that temporarily prevent or restrict Members enrolled in CBAS from receiving CBAS in-person at the CBAS Provider location, subject to approval by Contractor.

5.4.2 Coordination of Care

A. Contractor must provide continuity of care to Members through continued access to a CBAS Provider with whom there is an existing relationship for up to 12 months after Member Enrollment. This requirement includes out-of-Network Providers if there are no Quality of Care issues and the Provider will accept Contractor's rate or the Medi-Cal Fee-For-Service (FFS) rate, whichever is higher, as set forth in Exhibit A, Attachment III, Subsection 5.2.12 (*Continuity of Care for Seniors and Persons with Disabilities*).

B. Contractor must ensure that CBAS IPCs are consistent with the Members' overall care plans and goals, based on Person-Centered Planning and completed in accordance with the CalAIM STCs Section V.A.20., "Individual Plan of Care".

C. Contractor must conduct the initial assessment and subsequent reassessments for Members requesting CBAS in accordance with the CalAIM STCs, Sections VIII.A.19.e and 23.b. In addition, Contractor must:

1) Within 30 calendar days from the initial eligibility inquiry request, Contractor must conduct the CBAS eligibility determination using a DHCS-approved assessment tool. CBAS eligibility determinations must include a face-to-face review with the Member by a

Registered Nurse with level of care determination experience for Members who have not previously received CBAS through Contractor's Medi-Cal Managed Care Health Plan. Contractor may forgo a face-to-face review if Contractor determined that the Member is clinically eligible for CBAS and needs an expedited start date;

2) Develop and implement an expedited assessment process to determine CBAS eligibility within 72 hours of receipt of a CBAS authorization request for a Member in a hospital or Skilled Nursing Facility (SNF) whose discharge plan includes CBAS, or who is at high risk of admission to a hospital or SNF or faces an imminent and serious threat to their health;

3) Conduct a reassessment, with family involvement, when appropriate, and redetermination of the Member's eligibility for CBAS at least every six months after the initial assessment or up to every 12 months when determined by Contractor to be clinically appropriate. When a Member requests that services remain at the same level or requests an increase in services due to a change in their level of need, contractor may conduct the reassessment using only the Member's CBAS IPC, including any supporting documentation supplied by the CBAS Provider;

4) Notify Members in writing of their CBAS assessment determination in accordance with the timeframes identified in the CalAIM STCs, Section VIII.A.23.b.i. Contractor's written notice must be approved by DHCS and include procedures for Grievances and Appeals in accordance with current requirements identified in Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*);

5) Require that CBAS Providers update a Member's CBAS Discharge Plan of Care and provide a copy to the Member and to Contractor whenever a Member's CBAS services are terminated. The CBAS Discharge Plan of Care must include:

   a) The Member's name and ID number;

   b) The name(s) of the Member's Physician(s);

   c) If applicable, the date the Notice of Action denying authorization for CBAS was issued;

   d) If applicable, the date the CBAS benefit will be terminated;

e) Specific information about the Member's current medical condition, treatments, and medications;

f) Potential referrals for Medically Necessary services and other services or community resources that the Member may need upon discharge;

g) Contact information for the Member's Case Manager; and

h) A space for the Member or the Member's representative to sign and date the Discharge Plan of Care.

D. Contractor must coordinate with the CBAS Provider to ensure the following:

1) CBAS IPCs are consistent with Members' overall care plans and goals developed by Contractor;

2) Timely exchange of the following coordination of care information: Member Discharge Plan of Care, reports of incidents that threaten the welfare, health and safety of the Member, and Significant Changes in the Member's condition;

3) Clear communication pathways between the appropriate CBAS Provider staff and Contractor staff responsible for CBAS eligibility determinations, service authorizations, and care planning, including identification of the lead care coordinator for Members who have a care team and Utilization Management; and

4) The CBAS Provider receives advance written notification and training prior to any substantive changes in Contractor's policies and procedures related to CBAS.

E. In addition to the requirements for unbundled CBAS contained in Exhibit A, Attachment III, Subsection 5.4.1 (*Covered Services*), and in accordance with Exhibit A, Attachment III, Subsection 5.4.2 (*Coordination of Care*), Contractor must coordinate care for unbundled CBAS that are not Covered Services, based on the assessed needs of the Member eligible for CBAS, including:

1) Personal Care Services

2) Social Services

3) Physical and Occupational Maintenance Therapy

4) Meals

5) SMHS

6) SUD services that are not Covered Services.

5.4.3 Required Reports for the Community Based Adult Services Program

Contractor must submit to DHCS the following reports 30 calendar days following the end of each reporting period and in a format specified by DHCS:

A. How many Members have been assessed for CBAS and the total number of Members currently receiving CBAS, either as a bundled or unbundled service, on a quarterly basis;

B. Identification of CBAS Providers added to or deleted from Contractor's Network, and when there is a 5% drop in capacity, in the quarterly Network changes submission required in Exhibit A, Attachment III, Subsection 5.2.13.C. (*Network Reports*);

C. A summary of any complaints surrounding the provision of CBAS; and

D. Reports on the following areas:

1) Appeals related to requesting CBAS and the inability to receive those services or receiving more limited services than requested;

2) Appeals related to requesting a particular CBAS Provider and the inability to access that Provider;

3) Excessive travel times to access CBAS;

4) Grievances regarding CBAS Providers;

5) Grievances regarding Contractor assessment and/or reassessment; and

6) Any reports pertaining to the health and welfare of Members utilizing CBAS.

E. On an annual basis, Contractor must provide a list of its contracted CBAS Providers and its CBAS accessibility standards.

5.4.4 Community Participation

Contractor must ensure that engagement and community participation for Members receiving CBAS is supported to the fullest extent desired by each Member.

5.4.5 Community Based Adult Services Program Integrity

Following a determination that a credible allegation of Fraud exists involving a CBAS Provider, DHCS must notify Contractor of the finding promptly. In addition to the actions required in APL 15-026, Contractor must report to DHCS, in a timeframe and manner specified by DHCS but no less frequently than quarterly, all payments made to the CBAS Provider involved in a credible allegation of Fraud for CBAS benefits provided after the date of notification. DHCS may recoup payments from Contractor in accordance with CalAIM Terms and Conditions, GPR Section V.A.30.b.

Exhibit A, ATTACHMENT III

5.5 Mental Health and Substance Use Disorder Benefits

5.5.1 Mental Health Parity Requirements
5.5.2 Non-specialty Mental Health Services and Substance Use Disorder Services
5.5.3 Non-specialty Mental Health Services Providers
5.5.4 Emergency Mental Health and Substance Use Disorder Services
5.5.5 Mental Health and Substance Use Disorder Services Disputes
5.5.6 No Wrong Door for Mental Health Services

5.5 Mental Health and Substance Use Disorder Benefits

5.5.1 Mental Health Parity Requirements

Contractor must comply with all mental health parity requirements in 42 Code of Federal Regulations (CFR) section 438.900 *et seq*. Contractor must ensure it is not applying any financial or treatment limitation to mental health or Substance Use Disorder (SUD) benefits in any classification that is more restrictive than the predominant financial or treatment limitation applied to medical and surgical benefits in the same classification.

5.5.2 Non-specialty Mental Health Services and Substance Use Disorder Services

A. Non-specialty Mental Health Services (NSMHS) set forth in Welfare and Institutions Code (W&I) section 14189 are Covered Services in accordance with W&I section 14184.402, unless otherwise specifically excluded under the terms of this Contract. Contractor must consider equity in the provision of such services.

B. Contractor must cover NSMHS including: individual and group mental health evaluation and treatment, including psychotherapy, Family Therapy, and Dyadic Services; psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition; outpatient services for the purposes of monitoring drug therapy; psychiatric consultation; and outpatient laboratory, drugs, supplies, and supplements. Contractor must cover hypnotherapy, health behavior assessments and interventions, psychiatric collaborative care, and other NSMHS services described in the Medi-Cal Provider Manual as mental health evaluation and treatment NSMHS. Contractor must cover mental health screening services described in the Medi-Cal Provider Manual as NSMHS, including but not limited to adverse childhood experiences (ACE) screening, brief emotional/behavioral assessments, depression screening, general developmental screening, autism spectrum disorder screening, and other screening services in accordance with Exhibit A, Attachment III, Subsection 5.5.2.F. (*Non-specialty Mental Health Services and Substance Use Disorder Services*). Contractor must cover SUD services including: drug and alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) services; tobacco cessation counseling; medications for addiction treatment (also known as medication-assisted treatment or MAT) when delivered in Primary Care offices, emergency departments, inpatient hospitals, and other contracted medical settings; and Medically Necessary Behavioral Health Services. Covered NSMHS and SUD Services can be delivered in person and via Telehealth/telephone as specified in Exhibit A, Attachment III, Subsection 5.3.1 (*Covered Services*).

C. If a Member is receiving NSMHS and is determined to meet the criteria for Specialty Mental Health Services (SMHS) as defined by W&I section 14184.402, Contractor must use DHCS-approved standardized transition tools in accordance with Exhibit A, Attachment III, Subsection 5.5.2.K. (*Non-specialty Mental Health Services and Substance Use Disorder Services*) as required when Members who have established relationships with contracted mental health Providers experience a change in condition requiring SMHS. Likewise, if a Member is receiving SMHS and is determined to meet the criteria for NSMHS as defined by W&I section 14184.402, Contractor must use DHCS-approved standardized transition tools in accordance with Exhibit A, Attachment III, Subsection 5.5.2.K. (*Non-specialty Mental Health Services and Substance Use Disorder Services*) as required when Members who have established relationships with SMHS Providers experience a change in condition requiring NSMHS. Contractor must continue to cover the provision of NSMHS provided to a Member concurrently receiving SMHS when those services are not duplicative and provide coordination of care with the County Mental Health Plan (MHP) in accordance with Exhibit A, Attachment III, Subsection 5.5.2.K. (*Non-specialty Mental Health Services and Substance Use Disorder Services*). This provision does not preclude coverage of Behavioral Health Services that are within the scope of practice of licensed mental health care Primary Care Providers (PCPs) and mental health care Providers in accordance with All Plan Letter (APL) 22-006 and APL15-008.

D. For Members ages 21 and over who meet the criteria for NSMHS set forth in the W&I section 14184.402(b)(2), Contractor must cover NSMHS that are Medically Necessary Covered Services in accordance with W&I section 14059.5. For Members ages 21 and over, Contractor must cover SUD services that are Medically Necessary Covered Services in accordance with W&I section 14059.5. Contractor's coverage of NSMHS and SUD services must comply with W&I section 14184.402(f).

E. For Members less than 21 years of age, Contractor must cover NSMHS that are Medically Necessary Covered Services in accordance with W&I section 14184.402(b)(2). For Members less than 21 years of age, Contractor must cover SUD services that are Medically Necessary Covered Services. Medical Necessity determinations for NSMHS and SUD services must be made pursuant to W&I section 14059.5, and as required pursuant to 42 United States Code (USC) section 1396dI. For Members less than 21 years of age, NSMHS and Covered SUD services are Medically Necessary if they are necessary to correct or ameliorate a mental health or substance use condition discovered by an Early Periodic Screening, Diagnosis and Testing (EPSDT) screening. NSMHS and SUD services need not be curative or restorative to ameliorate a mental health or substance use condition. NSMHS and SUD services that sustain,

support, improve, or make more tolerable a mental health or substance use condition are considered to ameliorate the mental health or substance use condition, and Contractor must cover them. Contractor's coverage of NSMHS and SUD services must comply with W&I section 14184.402(f).

F. Contractor must cover mental health and SUD screening, including, but not limited to, tobacco, alcohol and illicit drug screening, in accordance with American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and United States Preventive Services Taskforce (USPSTF) grade A and B recommendations for adults; ACE screening; brief emotional/behavioral assessments; depression screening; general developmental screening; autism spectrum disorder screening; and SBIRT Services. Contractor must develop and implement policies and procedures for mental health and substance use screenings and services provided by a PCP, including, but not limited to, provision of SBIRT Services, and referrals for additional assessments and treatments as indicated by the discovery of condition or potential conditions from screening services, as required by Exhibit A, Attachment III, Subsections 4.3.12 (*Mental Health Services*) and 4.3.13 (*Alcohol and Substance Use Disorder Treatment Services*).

G. Contractor must cover a mental health assessment without requiring Prior Authorization. Contractor must follow the authorization criteria requirements outlined in Exhibit A, Attachment III, Section 2.3 (*Utilization Management Program*) of this Contract for authorizing additional mental health and SUD services. Consistent with the No Wrong Door policies set forth in W&I section 14184.402, Contractor must cover the assessment and any NSMHS provided during the assessment period for any Member seeking care, even prior to the determination of a diagnosis, even prior to the determination of whether NSMHS criteria set forth in W&I section 14184.402(b)(2) are met, and even if the Member is later determined to need SMHS and/or SUD services and is referred to the MHP or to the County Department responsible for SUD treatment. Contractor must cover NSMHS even if the service was not included in the individual treatment plan, and even if the Member has a co-occurring mental health condition and SUD.

H. Contractor must develop and implement policies and procedures for tracking mental and Behavioral Health screenings, assessments, and treatment services provided by licensed mental health care Providers.

I. Contractor must cover and pay for all mental health and SUD services that are Medically Necessary Covered Services for the Member, including the following:

1) Emergency room professional services as described in 22 CCR section 53855 including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an Emergency Medical Condition and, if an Emergency Medical Condition exists, for all services Medically Necessary to stabilize the Member;

2) Facility charges claimed by emergency departments per APL 22-005 and Behavioral Health Information Notice (BHIN) 22-011;

3) All laboratory and radiology services necessary for the diagnosis, monitoring, or treatment of a Member's mental health condition;

4) Non-Medical Transportation (NMT) services required by Members to access Medi-Cal covered mental health services and SUD services, in compliance with APL 22-008 and this Contract. These services include, but are not limited to, SMHS, Drug Medi-Cal (DMC) services, and Drug Medi-Cal Organized Delivery System (DMC-ODS) services;

5) NMT services and, for Members less than 21 years of age, Non-Emergency Medical Transportation (NEMT) services, to and from DMC services, DMC-ODS services, and SMHS, in compliance with APL 22-008 and this Contract;

6) Medically Necessary Covered Services after Contractor has been notified by a DMC, DMC-ODS, County Mental Health Plan (MHP), or mental health Provider that a Member has been admitted to an inpatient psychiatric facility, including an Institution for Mental Diseases (IMD) as defined by 9 CCR section 1810.222.1, regardless of the age of the Member. These services include, but are not limited to:

    a) The initial health history and physical examination required upon admission, consultations, and any Medically Necessary Covered Services; Skilled Nursing Facility (SNF) room and board when psychiatric nursing facility services are provided to Members age 65 and over.

    b) Contractor must not cover other inpatient psychiatric facility room and board charges or other services that are reimbursed as part of the inpatient psychiatric facility per diem rate.

7) All Medically Necessary Medi-Cal covered psychotherapeutic drugs, when administered in the outpatient setting as part of medical services for Members not otherwise excluded under this Contract. This includes reimbursement for Medically Necessary Medi-Cal covered psychotherapeutic drugs administered by out-of-Network Providers for Members not otherwise excluded under this Contract;

8) Reimbursement to pharmacies for psychotherapeutic drugs must be provided through the Medi-Cal Fee-For-Service (FFS) program. To qualify for reimbursement under this provision, a pharmacy must be enrolled as a Medi-Cal Provider in the Medi-Cal FFS program;

9) Contractor must not materially delay access to Covered Services per Paragraphs 3), 4), and 5) above through the application of Utilization Review controls, such as Prior Authorization, or by requiring that Covered Services be provided through Contractor's Network, consistent with Contractor's obligation to provide timely Covered Services under this contract.

J. Contractor must use DHCS-approved standardized screening tools (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 NSMHS or SMHS are referred to the appropriate delivery system for mental health services, either in Contractor's Network or the MHP's network, in accordance with the No Wrong Door policies set forth in W&I section 14184.402(h) and specified in Exhibit A, Attachment III, Subsection 4.3.12 (*Mental Health Services*).

K. If a Member becomes eligible for SMHS while receiving covered NSMHS, Contractor must continue the provision of non-duplicative, Medically Necessary NSMHS even if the Member is simultaneously accessing SMHS.

1) Contractor must enter into a MOU with the MHP in accordance with Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*) to ensure Medically Necessary NSMHS and SMHS provided concurrently are coordinated and non-duplicative.

2) Contractor must develop and implement written policies and procedures to ensure that Members meeting criteria for SMHS and as indicated by a DHCS-approved standardized transition tools (including standardized transition tools specific for adults and standardized transition tools specific for Children and youth) are

referred to the MHP in accordance with Exhibit A, Attachment III, Subsection 4.3.12 *(Mental Health Services*). Likewise, Contractor must develop and implement written policies and procedures to ensure that Members meeting criteria for NSMHS and as indicated by a DHCS-approved standardized transition tools (including standardized transition tools specific for adults and standardized transition tools specific for Children and youth) are referred by the MHP to Contractor in accordance with Exhibit A, Attachment III, Subsection 4.3.12 *(Mental Health Services*).

L. Contractor must make best efforts to ensure that a Member's existing mental health Provider is notified during an Urgent Care situation, when possible. Contractor must allow the Member's existing mental health Provider to coordinate care with the MHP or emergency room personnel for Urgent Care.

M. Contractor must develop and implement policies and procedures for the provision of psychiatric emergencies during non-business hours.

N. Contractor must monitor and track utilization data for NSMHS as specified in Exhibit A, Attachment III, Subsection 2.3.3 (*Review of Utilization Data*).

5.5.3 Non-specialty Mental Health Services Providers

A. In addition to Exhibit A, Attachment III, Subsection 5.2.1 (*Access to Network Providers and Covered Services*), Contractor must increase the number of NSMHS Providers within its Network as necessary to accommodate anticipated Enrollment growth, which DHCS will evaluate through the Network certification. Contractor may contract with any mental health care Provider to provide services within their scope of practice. The number of NSMHS Providers available must be sufficient to meet referral and appointment access standards for routine care and must meet the Timely Access Regulation per Health and Safety Code (H&S) section 1367.03, and 28 CCR section 1300.67.2.2, in accordance with the requirements set forth in Exhibit A, Attachment III, Subsection 5.2.3.D (*Network Composition*). Contractor's NSMHS Providers must support current and desired service utilization trends for its Members.

1) Contractor must authorize and arrange for out-of-Network Providers when the provider type is unavailable within time or distance standards. Authorization of out-of-Network Providers in Contractor's Service Area(s) must be prioritized over authorization of out-of-Network Providers in adjoining Service Area(s), unless an out-of-Network Provider in an adjoining Service Area(s) is more conveniently located for a Member or meets time or distance standards.

2) Contractor may contract with a MHP to ensure access to NSMHS.

Contractor must develop and implement policies and procedures for the secure exchange of Member Information with the MHP to facilitate referrals and Care Coordination. The policies and procedures must cover:

a) Sharing Protected Health Information (PHI) with the MHP for SMHS and the County Department responsible for SUD treatment, including when required by law, obtaining Member authorization to release information that allows the exchange of treatment history, active treatment, and health information;

b) Data sharing agreements with the MHP for SMHS and the County Department responsible for SUD treatment and, when required by law, a Business Associate Agreement that addresses the sharing of information related to mental health services and SBIRT services; and

c) Collecting and reporting data on Members receiving Medi-Cal NSMHS to the MHP.

B. Notwithstanding Exhibit A, Attachment III, Subsection 2.2.13 (*Credentialing and Recredentialing*), if a NSMHS Provider is accredited by the National Committee for Quality Assurance (NCQA), Contractor may deem the Provider credentialed or re-credentialed. Additionally, Contractor must develop and maintain policies and procedures that ensure that the credentials of licensed NSMHS Providers have been verified in accordance with 42 CFR section 438.214 and APL 22-013.

C. Any time that a Member requires a Medically Necessary NSMHS that is not available within the Network, Contractor must ensure timely access to out-of-Network Providers and Telehealth Providers, in accordance with H&S section 1367.03 and 28 CCR section 1300.67.2, as necessary to meet NSMHS access requirements.

5.5.4 Emergency Mental Health and Substance Use Disorder Services

In addition to the requirements set forth in Exhibit A, Attachment III, Section 5.6 (*MOUs with Local Government Agencies, County Programs, and Third Parties*), Contractor must have a MOU with the MHP to refer Members in need of Urgent Care and Emergency Services, including person-to-person telephone transfers, to the county crisis program during their call center hours. The MOU must be executed in accordance with the requirements specified in Exhibit A, Attachment

III, Sections 4.3 (*Population Health Management and Coordination of Care*) and 5.3 (*Scope of Services*).

5.5.5 Mental Health and Substance Use Disorder Services Disputes

If Contractor and an MHP cannot agree on the appropriate place of care, disputes must be resolved pursuant to APL 21-013.

A. Contractor must enter an MOU with the MHP in accordance with Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*) to include a process for resolving disputes between Contractor and the MHP that includes a means for Members to receive Medically Necessary services, including NSMHS, while the dispute is being resolved.

B. Pursuant to 9 CCR section 1850.525, Contractor must not delay the provision of Medically Necessary services during the resolution of a dispute between Contractor and MHP. Contractor must comply with the rules set forth in 9 CCR section 1850.525 for determining the responsibility for managing ongoing care and financial responsibility for services provided to Members during the dispute period. When disputes concern Contractor's contention that the MHP is required to deliver SMHS to a Member either because the Member's condition would not be responsive to physical health care based treatment or because the MHP has incorrectly determined that the Member's does not meet SMHS criteria, Contractor must manage the care of the Member in accordance with 9 CCR section 1850.525 and APL 21-013 until the dispute is resolved.

C. Contractor must provide case management and Care Coordination for all Medically Necessary services, including those services that are the subject of a dispute between Contractor and an MHP.

D. Regardless of MOU status, Contractor and the MHP must adhere to the routine dispute resolution process and expedited dispute resolution process requirements set forth in APL 21-013.

E. If DHCS renders a decision for the dispute that includes a finding that Contractor is financially liable to the MHP for services, Contractor must comply with the requirements in 9 CCR section 1850.530. If necessary, DHCS will enforce the decision, including withholding funds to meet any financial liability.

F. Contractor must monitor and track the number of disputes with MHPs. Upon request, Contractor must report all disputes to DHCS.

5.5.6 No Wrong Door for Mental Health Services

Contractor must implement policy to ensure that Members receive timely mental health services without delay regardless of the delivery system where they seek care, and are able to maintain treatment relationships with trusted Providers without interruption.

A. Contractor must provide or arrange for the provision of the following NSMHS:

1) Mental health evaluation and treatment, including individual, group, and family psychotherapy.

2) Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.

3) Outpatient services for purposes of monitoring drug therapy.

4) Psychiatric consultation, excluding separately billable psychiatric drugs claimed by outpatient pharmacy Providers via Medi-Cal Rx.

5) Outpatient laboratory, drugs, supplies, and supplements.

B. Contractor must provide or arrange for the provision of the NSMHS listed above for the following populations after screening:

1) Members ages 21 and over with mild to moderate distress, or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders;

2) Members who are less than 21 years of age, to the extent that they are eligible for services through the EPSDT benefit as described in Exhibit A, Attachment III, Subsection 5.3.4.E (*EPSDT Services*) of this Contract, regardless of the level of distress or impairment, or the presence of a diagnosis; and,

3) Members of any age with potential mental health disorders not yet diagnosed.

C. Contractor must cover and pay for emergency room professional services as described in 22 CCR Section 53855.

D. In accordance with APL 21-014, Contractor must, in a Primary Care setting, provide covered SUD services, including alcohol and drug screening, assessments, brief interventions, and referral to treatment for Members aged 11 years old and older, including Members who are pregnant. Contractor must also provide or arrange for the provision of:

1) Medications for Addiction Treatment (MAT), also known as medication-assisted treatment, provided in Primary Care, inpatient hospital, emergency departments, and other contracted medical settings; and

2) Emergency Services necessary to stabilize the Member.

E. Contractor must implement standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services in accordance with APL 22-005 and APL 22-028. Contractor must update and align policies and procedures and MOUs with mental health plans to ensure compliance and communicate updates to Providers as necessary.

1) In accordance with APL 22-005, Members ages 21 and over must be screened using the Adult Screening Tool and transitioned using the Adult Transition of Care Tool.

2) In accordance with APL 22-005, Members less than 21 years of age must be screened using the Youth Screening Tool and transitioned using the Youth Transition of Care Tool.

F. Consistent with W&I section 14184.402(f) and APL 22-005, Contractor must cover clinically appropriate and covered NSMHS prevention, screening, assessment, and treatment services even when:

1) Services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether NSMHS or SMHS access criteria are met;

2) Services are not included in an individual treatment plan;

3) The Member has a co-occurring mental health condition and SUD; or

4) NSMHS and SMHS are provided concurrently, if those services are coordinated and not duplicated.

Exhibit A, ATTACHMENT III

5.6 MOUs with Local Government Agencies, County Programs, and Third Parties

5.6.1 MOU Purpose
5.6.2 MOU Requirements
5.6.3 MOU Oversight and Compliance

5.6 MOUs with Local Government Agencies, County Programs, and Third Parties

Memorandum of Understandings (MOUs) entered into pursuant to this Contract and as set forth in All Plan Letters (APLs) are binding, contractual agreements between Contractor and third parties that set forth the responsibilities and obligations of Contractor and a third party, including Local Government Agencies, county programs, and third-party entities, to coordinate and facilitate the provision of Medically Necessary services to Members, sharing data, and as applicable, avoiding the duplication of services where Members are served by multiple parties.

5.6.1 MOU Purpose

Contractor must coordinate with Local Government Agencies (LGAs), county programs, and third-party entities to ensure that Members receive all Medically Necessary services even if those services are not the financial responsibility of Contractor. In circumstances where Contractor is coordinating care and not financially responsible for the care, Contractor must negotiate in good faith and execute a MOU, incorporating all required provisions of this Contract, APLs, and MOU templates and guidance, with the following Local Government Agencies, county program and third-party entities and county programs to ensure Care Coordination, data sharing, and non-duplicative services for Members. Contractor and the LGAs, county programs, and third-party entities may incorporate requirements in addition to any requirements set forth in this Contract or any DHCS issued templates so long as such requirements do not conflict with any required provision. Contractor must use good-faith efforts to consult with persons who have direct experience with Members receiving services from the below programs in the development of the MOU.

A. Contractor must execute MOUs with Local Health Departments (LHDs) in each county within Contractor's Service Area for the following programs and services, at a minimum:

   1) California Children's Services (CCS);

   2) Maternal and Child Health (MCH);

   3) Tuberculosis (TB) Direct Observed Therapy (DOT);

   4) For Community Health Worker (CHW) services, as appropriate; and

   5) All other Medically Necessary services that are the responsibility of LHDs, not otherwise specified.

B. Contractor must execute MOUs with Women, Infants, & Children (WIC) agencies in each county within Contractor's Service Area.

C. Contractor must execute MOUs with LGAs, such as the County Behavioral Health Department and County Social Services Department, in each county within Contractor's Service Area to assist with coordinating the following programs and services, at a minimum:

1) Specialty Mental Health Services (SMHS);

2) Alcohol and Substance Use Disorder (SUD) treatment services including counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS); 3) In-Home Supportive Services (IHSS).

D. Contractor must execute MOUs to coordinate programs and services for Members with the following LGAs in each county within Contractor's Service Area, at a minimum:

1) Social services; and

2) Child welfare departments.

E. Contractor must execute MOUs to coordinate services provided by Regional Centers (RCs) for persons with Developmental Disabilities in accordance with APLs relevant to MOUs, including DHCS issued templates.

F. By July 1, 2024 (or such later date determined by DHCS), Contractor must execute MOUs with LGAs in each county within Contractor's Service Area to assist with coordinating, at a minimum, Targeted Case Management (TCM).

G. By January 1, 2025 (or such later date determined by DHCS):

1) Contractor must collaborate with and execute MOUs with Local Education Agencies (LEAs) in each county within Contractor's Service Area to ensure that Members' Primary Care Provider (PCP) cooperates and collaborates in the development of Individual Education Plans (IEP) or Individual Family Service Plans (IFSP) as required in Exhibit A, Attachment III, Subsection 4.3.16 (*School-Based Services*).

2) Contractor must collaborate and execute MOUs, with California Department of Corrections and Rehabilitation, county jails, and youth correctional facilities.

H. Contractor must execute MOUs to coordinate programs and services for Members with the following third-party entities in each county within Contractor's Service Area, at a minimum:

1) Home and Community-Based Services (HCBS) program agencies;

2) Continuum of care programs;

3) First 5 county commissions.

5.6.2 MOU Requirements

A. MOUs must contain all the following components, at a minimum:

1) Identification of services that are the responsibilities of each party under the MOU and the populations that are to be served;

2) Identification of the oversight responsibilities of each party, including the designation of a responsible person and liaison by each party, and notification to the other party of changes to the responsible person and liaison;

3) Establishment of policies and procedures for eligibility, screening, assessment, evaluation, Medical Necessity determination, and referral systems;

4) Establishment of policies and procedures for coordinating Member care between the parties, including but not limited to, referrals to applicable Enhanced Care Management (ECM), Community Supports and/or community-based resources;

5) Establishment of policies and procedures for the timely and frequent exchange of Member Information and data, including Behavioral Health and physical health data, maintaining the confidentiality of exchanged information and data, and obtaining Member consent;

6) Establishment of policies and procedures to address and document Quality Improvement (QI) activities for services covered under the MOU, including but not limited to, any applicable performance measures and QI initiatives, reports that track cross-system referrals, Member engagement, and service utilization;

7) Contractor must post on its website the date and time ~~of~~ the quarterly meeting occurred, and, as applicable, distribute to

meeting participants a summary of any follow-up action items, changes to processes, or Corrective Actions that are necessary to fulfill obligations under this Contract and MOU.

8) Contractor must invite other party's executives to participate in quarterly meetings to facilitate appropriate committee representation, including local presence, to discuss and address Care Coordination and MOU-related issues.

9) Agreement by both parties, to the extent such non-Contractor party will agree to participate in quarterly meetings to discuss Care Coordination as well as systemic and case-specific concerns including allowing Subcontractors and Downstream Subcontractors to participate, as appropriate;

10) Establishment of policies and procedures detailing how complaints can be raised and how to resolve disputes between the parties, including but not limited to, a mutually agreed upon review process to facilitate timely resolution of disputes, differences of opinion and responsible entity for covering services until the dispute is resolved. The review process must not result in delays in Member access to services pending formal dispute resolution;

11) Establishment of policies and procedures regarding Member access to Medically Necessary services and Network Providers during non-business hours;

12) Policies and procedures for Member, Subcontractor, Downstream Subcontractor, and Network Provider education related to access to services covered under the MOU; and

13) Establishment of policies and procedures to address emergency preparedness protocols in accordance with Exhibit A, Attachment III, Article 6.0 (*Emergency Preparedness and Response*).

B. In addition to the MOU requirements listed in Paragraph A of this Subsection, MOUs must contain the following components identified in this Paragraph B, as applicable:

1) MOUs with County Mental Health Plans (MHPs)

a) The requirements contained in Welfare and Institutions Code (W&I) section 14715;

b) Policies and procedures for the delivery of SMHS, including the MHP's provision of clinical consultation with Contractor for Members being treated for mental illness;

c) Policies and procedures for the delivery of Medically Necessary Non-specialty Mental Health Services (NSMHS) within the PCP's scope of practice;

d) Policies and procedures for the timely and frequent exchange of Member information and data, including, as applicable, Behavioral Health and physical health data, maintaining the confidentiality of exchanged information and data, and, if necessary, obtaining Member consent;

e) Policies and procedures for the delivery of Medically Necessary Covered Services to Members who require SMHS, including but not limited to:

   i. Prescription Drugs when administered in an outpatient setting and not otherwise excluded under this Contract;

   ii. Laboratory, radiological and radioisotope services;

   iii. Emergency room facility charges and professional services;

   iv. Transportation;

   v. Home health services;

   vi. Drug Medi-Cal; and

   vii. Medically Necessary Covered Services for Members who are patients in psychiatric inpatient hospitals or IMDs.

f) A provision that states any decision rendered by DHCS regarding a dispute between Contractor and the MHP concerning provision of Covered Services is not subject to the dispute procedures specified in Exhibit E, Section 1.21 (*Contractor's Dispute Resolution Requirements*);

g) Policies and procedures to ensure Medically Necessary NSMHS and SMHS provided concurrently are coordinated and non-duplicative; and

h) Policies and procedures to ensure that Members meeting criteria for SMHS and as indicated by a DHCS-approved standardized transition tools (including standardized transition tools specific for adults and standardized transition tools specific for Children and youth) are referred to the MHP in accordance with Exhibit A, Attachment III, Subsection 4.3.12 *(Mental Health Services*) and Exhibit A, Attachment III, Subsection 5.5.2 (*Non-specialty Mental Health Services and Substance Use Disorder Services*). Likewise, policies and procedures to ensure that Members meeting criteria for NSMHS and as indicated by a DHCS-approved standardized transition tools (including standardized transition tools specific for adults and standardized transition tools specific for Children and youth) are referred by the MHP to Contractor in accordance with Exhibit A, Attachment III, Subsection 4.3.12 *(Mental Health Services*) and Exhibit A, Attachment III, Subsection 5.5.2 (*Non-specialty Mental Health Services and Substance Use Disorder Services*).

i) Contractor must report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS.

C. If Contractor reimburses the third-party entities or LGAs listed in Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*) for services rendered, Contractor must execute a Network Provider Agreement, Subcontractor Agreement, and/or Downstream Subcontractor Agreement, as appropriate, in accordance with Exhibit A, Attachment III, Section 3.1 (*Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties*).

D. Executed MOUs must be publicly posted.

E. MOUs must not be delegated, except that Contractor may delegate its obligations under the MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a party to the MOU.

5.6.3 MOU Oversight and Compliance

A. MOU Oversight Requirements

Contractor must have processes in place to maintain collaboration among the parties to the MOU and identify strategies to monitor and assess the effectiveness of MOUs as follows:

1) Conduct regular meetings, which include the designated individuals responsible for oversight and performance under the MOU, at least quarterly to address policy and practical concerns that may arise between MOU parties;

2) Resolve conflicts between MOU parties within a reasonable timeframe;

3) Designate a contact person to be responsible for the oversight and supervision of the terms of any MOUs and notify DHCS within five Working Days of any change to Contractor's liaison or responsible person as listed in the MOU;

4) Ensure Subcontractors, Downstream Subcontractors, and Network Providers comply with any applicable provisions of the MOU;

5) Provide education and training of MOU as required by Exhibit A, Attachment III, Subsection 5.6.2.A.12) above;

6) If DHCS requests a review of any existing MOU, Contractor must submit the requested MOU within ten Working Days of receipt of the request;

7) Ensure appropriate committee representation by inviting a local presence in advance to each quarterly meeting an opportunity to discuss and address Care Coordination and MOU-related issues with county executives;

8) Ensure an appropriate level of leadership are invited to participate in MOU engagements from both Contractor and entity as appropriate; and

9) Report to DHCS updates from quarterly meetings in a manner and frequency specified by DHCS through APLs and guidance.

B. MOU Compliance Requirements

1) At a minimum, executed MOUs listed in this Exhibit A, Attachment III, Subsection 5.6.1 (*MOU Purpose*) must be submitted to DHCS.

2) To the extent Contractor does not execute MOU within the timeframe required under this Contract and relevant APLs, Contractor must submit quarterly reports to DHCS documenting its continuing good faith efforts to execute the MOU, until such time as the MOU is executed. Documentation of good faith efforts must

include a description of attempts made to execute an MOU and the explanation for why the MOU has not been executed.

3) Contractor, at a minimum, must review its MOUs annually for any needed modifications or renewal of responsibilities and obligations outlined within. Contractor must submit to DHCS' Contract Manager evidence of the annual review of MOUs as well as copies of any MOUs modified or renewed as a result.

4) Contractor must report on its compliance with the MOU to Contractor's compliance officer at least on a quarterly basis.

Exhibit A, ATTACHMENT III

6.0 Emergency Preparedness and Response (To Become Effective on January 1, 2025)

This Article's provisions, which will become effective on January 1, 2025, make explicit DHCS' commitment to ensuring that the Medi-Cal managed care delivery system is prepared for those unforeseen circumstances that require immediate action. Specifically, Contractors must plan for and ensure continuity of business operations, delivery of essential care and services to Members, and mitigate potential harm caused by Emergencies, such as a natural or manmade disaster or public health crisis. This Article includes provisions requiring that Contractor must maintain an Emergency Preparedness and Response Plan, including a Business Continuity Plan and Member Emergency Preparedness Plan. In addition, during a federal, State, or county declared state of Emergency, Contractor must implement protocols that allow Members timely access to Covered Services including by allowing flexibility for Prior Authorization, pre-certification, and referrals.

6.1 Emergency Preparedness and Response (To Become Effective on January 1, 2025)

6.1.1 General Requirements
6.1.2 Business Continuity Emergency Plan
6.1.3 Member Emergency Preparedness Plan
6.1.4 California's Standardized Emergency Management System
6.1.5 Reporting Requirements During an Emergency
6.1.6 DHCS Emergency Directives

6.1 Emergency Preparedness and Response

6.1.1 General Requirements

For the purposes of this Article 6.0 (*Emergency Preparedness and Response*), "Emergency" means unforeseen circumstances that require immediate action or assistance to alleviate or prevent harm or damage caused by public health crises, natural and man-made hazards, or disasters.

For the purposes of this Article 6.0 (*Emergency Preparedness and Response*), "Emergency Preparedness" means a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking Corrective Action in an effort to ensure effective coordination during incident response. Contractor's Emergency Preparedness process is one element of a broader national preparedness system to prevent, respond to, and recover from public health crises, natural disasters, acts of terrorism, and other disasters.

For the purposes of this Article 6.0 (*Emergency Preparedness and Response*), "Emergency Preparedness and Response Plan" means an Emergency plan put in place by Contractor to ensure continuity of its business operations, to ensure delivery of essential care and services to Members, and to help mitigate potential harm caused by an Emergency.

This Article 6.0 (*Emergency Preparedness and Response*) will not become effective until January 1, 2025. Contractor must immediately comply with all requirements in this Contract relating to this Article 6.0 (*Emergency Preparedness and Response*) set out in Exhibit A, Attachment II, Article 1.0 (*Operational Readiness Deliverables and Requirements*) upon becoming effective January 1, 2025. Nothing in this Article 6.0 (*Emergency Preparedness and Response*) is intended to relieve Contractor of any other duties or requirements that would otherwise apply, such as any duties or requirements under federal and State laws and regulations relating to Emergency Preparedness.

Contractor must have in place an Emergency Preparedness and Response Plan which includes, at a minimum

A. A Business Continuity Emergency Plan, as described in Exhibit A, Attachment III, Section 6.2 *(Business Continuity Emergency Plan*)*;*

B. A Member Emergency Preparedness Plan, as described in Exhibit A, Attachment III, Section 6.3 *(Member Emergency Preparedness Plan*)*;* and

C. Contractor's policies and procedures for complying with all of the requirements set forth in this Article 6.0 (*Emergency Preparedness and Response*).

Contractor must submit its Emergency Preparedness and Response Plan to DHCS for approval prior to the start of Contractor's operations. Contractor mustsubmit any updates to deliverables identified in this Section to DHCS as requested.

6.1.2 Business Continuity Emergency Plan

Contractor must have a Business Continuity Emergency Plan in place to deal with any Emergency that may affect Contractor's business operations, including, but not limited to, access to Network Providers, Subcontractors, and Downstream Subcontractors; communications; staffing; supplies; and information technology concerns.

For the purposes of this Article 6.0 (*Emergency Preparedness and Response*), a "Business Continuity Emergency Plan" means a document consisting of the critical information and processes Contractor needs to continue operating during an Emergency.

Contractor must consider the availability of local resources and requirements and, upon request, coordinate with local city and county Emergency Preparedness programs when establishing its Business Continuity Emergency Plan.

At a minimum, Contractor's Business Continuity Emergency Plan must address the following:

A. Communication

Contractor must describe how it will communicate with staff, Network Providers, Subcontractors, Downstream Subcontractors, DHCS, and other essential persons and entities during an Emergency. Contractor must also include how Contractor will provide Member, Network Provider, Subcontractor, and Downstream Subcontractor access to call centers for questions; how Contractor will provide dedicated staff and resources toward the Emergency process; and how Contractor will address the continual and timely resolution of claims. Contractor must maintain Emergency contact information, telephone numbers, and other contact information (including contact name, title or position, physical location address, mailing address, telephone and/or cell phone, text, e-mail, and social media) for staff, Network Providers, Subcontractors, Downstream Subcontractors, and other essential persons and entities. Contractor must update this contact information as changes occur, but no less than every six months.

B. Emergency Preparedness Risk Assessment

Contractor must identify and assess potential public health crises and natural or man-made Emergencies, including, but not limited to, epidemics, pandemics, earthquakes, fires, floods, storms, hurricanes, tornados, power outages, gas leaks, bomb threats or presence of explosives, explosions, hazardous materials incidents, relocations or evacuations, assaults, intrusions, bioterrorism, injuries, riots, and information technology security incidents that could arise at any location in which Contractor conducts business operations under this Contract. When assessing the risk of a potential Emergency, Contractor must consider the likelihood of the Emergency within its Service Area and how the Emergency may disrupt Contractor's business operations. Contractor must identify and assess any essential supply chain impacts that may disrupt business operations during or after the Emergency. Contractor must update its assessment as changes occur, but at least on an annual basis.

C. Emergency Team Staffing and Responsibilities

1) Contractor must identify an Emergency team and back-up Emergency team members to carry out Contractor's Business Continuity Emergency Plan in the event of an Emergency.

2) Contractor must clearly designate the Emergency team's responsibilities during an Emergency, including, but not limited to, sending out Emergency communications to Contractor's employees, Network Providers, Subcontractors, Downstream Subcontractors, Members, managing site security staff, those staff responsible for securing utilities, and other essential persons and entities.

3) Contractor must ensure that Emergency team members know how to report their status to the Emergency team during and after an Emergency to keep Contractor informed of changing needs.

D. Cooperative Arrangements

Contractor must attempt to establish cooperative arrangements with other local health care organizations to assist and provide mutual aid during an Emergency when business operations are affected. Contractor must submit to DHCS an attestation that it will update its cooperative arrangements at least annually and submit to DHCS.

E. Training and Drills

1) Contractor must establish an Emergency training program to train new and existing staff on Contractor's Business Continuity Emergency Plan.

2) Contractor must conduct annual Business Continuity Emergency Plan drills to ensure Emergency Preparedness and to detect vulnerabilities that can be addressed before an actual Emergency arises. Contractor must submit a report to DHCS within 30 calendar days of each training drill which identifies drill activities, provides a summary of outcomes, and creates a plan to address any vulnerabilities found.

3) Contractor must, upon request, participate in mock disaster drills coordinated by governmental entities, if available, to ensure coordination during an Emergency.

4) Contractor must ensure that the equipment and supplies necessary to sustain business operations are readily available in the event of an Emergency.

F. Systems Recovery

1) Emergency Operation

Contractor must establish a plan to maintain critical business processes that protects confidential and sensitive electronic and non-electronic information, including, but not limited to, Protected Health Information (PHI), personal information, and claims information during an Emergency.

2) Data Backup

Contractor must establish procedures to backup confidential and sensitive electronic information, including, but not limited to, PHI, PI, and claims information to maintain the ability to retrieve such information during an Emergency. Contractor must establish a regular schedule for conducting backup procedures, storing backup information offsite, updating an inventory of backup media, and formulating an estimate for the time needed to restore lost confidential and sensitive information. At a minimum, Contractor must conduct a full backup process of its confidential and sensitive electronic information on a weekly basis and update its offsite data storage on a monthly basis.

6.1.3 Member Emergency Preparedness Plan

Contractor must establish a Member Emergency Preparedness Plan to address its Members' needs during an Emergency, including for Members in Long-Term Care facilities, Skilled Nursing Facilities, or other institutional settings; and for Members with disabilities, limitations in activities of daily living, and/or cognitive impairments.

For the purposes of this Article 6.0 (*Emergency Preparedness and Response*), a "Member Emergency Preparedness Plan" means a required subsection of the Emergency Preparedness and Response Plan that details the required coordination between Contractor and its Members, Network Providers, Subcontractors, and Downstream Subcontractors to ensure Member access to health care services in the event of an Emergency.

At a minimum, Contractor's Member Emergency Preparedness Plan must address the following:

A. Member Communication

1) Contractor must have the ability to set up a Member services call center for communication with Members before, during, and after an Emergency.

2) Contractor must establish Emergency protocols for its Member services call center. Protocols must include, but are not limited to, call scripts that account for different Member needs, staff training in crisis response, Contractor Emergency protocols that ensure access to Covered Services, and processes for escalating a call through warm hand-off connections to nurses or doctors for Members needing immediate assistance.

3) During and post-Emergency, Contractor must:

a) Instruct Members about how to reach Contractor's nurse advice line, care coordinators, Medi-Cal Rx pharmacy services, Telehealth services, and other Contractor services and resources as deemed appropriate;

b) Notify Members about available alternative primary pharmacy, dialysis center, chemotherapy or other infusion therapy location, and other treatment sites;

c) Inform Members about how Contractor may modify its care protocols and Member benefits to ensure continued access to Medically Necessary services;

d) Provide Members with information on how to obtain medical authorizations, out-of-Network care, medication refills or Emergency supply, Durable Medical Equipment (DME) and replacements, and Medical Records; and

e) Inform Members about how to access behavioral and mental health services.

B. Continuity of Covered Services

1) Contractor must ensure that Members impacted by a federal, State, or county declared state of Emergency continue to have access to Covered Services. Contractor must take actions to ensure continued access, including but not limited to the following:

a) Relaxing time limits for Prior Authorization, pre-certification, and referrals;

b) Extending filing deadlines for Grievances and requests for Appeal in accordance with Exhibit A, Attachment III, Section 4.6 (*Member Grievance and Appeal System*);

c) Coordinating, transferring, and referring Members to alternate sources of care when Providers are closed, unable to meet the demands of a medical surge, or otherwise affected by an Emergency;

d) Authorizing Members to replace DME or medical supplies out-of-Network;

e) Allowing Members to access appropriate out-of-Network Providers if Network Providers are unavailable due to an Emergency or if the Member is outside of the Service Area due to displacement; and

f) Providing, when directed, a toll-free telephone number for displaced Members to call with questions, including questions about the loss of a Beneficiary Identification Card, access to prescription refills, and how to access health care.

2) Contractor must establish policies and procedures to immediately implement these actions as necessary or as directed by DHCS.

C. Network Provider, Subcontractor, and Downstream Subcontractor Emergency Requirements

1) Education

a) Contractor must educate Network Providers, as a part of training in accordance with Exhibit A, Attachment III, Subsection 3.2.5 (*Network Provider Training*); Subcontractors; and Downstream Subcontractors on Contractor's Emergency policies and procedures.

b) Contractor must provide Network Providers, Subcontractors, and Downstream Subcontractors with an Emergency Preparedness fact sheet and resources on general Emergency Preparedness, response, and communications protocols.

2) Communications During an Emergency

a) Contractor must have a system and process in place to be able to provide and receive information from Network Providers, Subcontractors, and Downstream Subcontractors during an Emergency.

b) Contractor musthave a process in place to inform Network Providers, Subcontractors, and Downstream Subcontractors about what modifications need to be implemented during an Emergency to ensure that Members are able to access Covered Services, and how Contractor can assist Network Providers, Subcontractors, and Downstream Subcontractors in those efforts.

3) Network Provider Agreements

a) Contractor's Network Provider Agreements must state that Network Providers are required to:

i. Annually submit evidence of adherence to Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (FR), 81 FR 63859, and 84 FR 51732;

ii. Advise Contractor as part of the Network Provider's Emergency plan; and

iii. Notify Contractor within 24 hours of an Emergency if the Network Provider closes down, is unable to meet the demands of a medical surge, or is otherwise affected by an Emergency.

6.1.4 California's Standardized Emergency Management System

A. Contractor must cooperate with local city and county Emergency Preparedness programs within Contractor's Service Area to ensure provision of health care services.

B. Contractor must, upon request, educate and prepare staff on the California State Emergency Plan and prepare staff to participate in California's Standardized Emergency Management System (SEMS).

C. Contractor must maintain contact information for local city and county Emergency Preparedness programs within Contractor's Service Area.

D. Contractor must ensure that its medical director and Grievance and Appeals coordinator are able to receive communications from the California Health Alert Network and the California State Warning Center.

6.1.5 Reporting Requirements During an Emergency

A. Within 24 hours of a federal, State, or county declared state of Emergency located within Contractor's Service Area, Contractor must notify DHCS as to whether Contractor has experienced or expects to experience any disruption to its operations.

B. At a minimum, Contractor must report the status of its operations once a day to DHCS, or as directed by DHCS.

C. Contractor's daily report to DHCS must include, at a minimum, the following information:

1) The number of Members in Contractor's Service Area affected by the Emergency, per county, including the number of medium-to-high health risk Members, as identified through the Population Needs Assessment;

2) Information, to the extent available, relating to Network Provider site closures, including:

a) The number of Network Provider site closures by Provider type, per county;

b) The number of Members served by each closed Network Provider, per county;

c) The number of hospitalized Members who need to be transferred;

d) The location(s) of where Members were transferred; and

e) For each closed Network Provider, a list of the alternative Providers or facilities where Members can receive care.

3) The number of Contractor offices that are closed;

4) How Contractor is communicating with impacted Members, Network Providers, Subcontractors, and Downstream Subcontractors;

5) The actions Contractor has taken or will take to meet the continued health care needs of its Members; and

6) The Network Provider, Subcontractor, Downstream Subcontractor, or Member issues Contractor has received.

D. Contractor must comply with any guidance from the California Health and Human Services Agency regarding reporting on the status of Contractor's operations during an Emergency.

6.1.6 DHCS Emergency Directives

When a federal, State, or county Emergency is declared, Contractor agrees that DHCS may, in its sole discretion, waive existing contractual requirements and institute new contractual requirements to address an Emergency pursuant to an Emergency directive. DHCS Emergency directives do not require an amendment to this Contract prior to implementation. Emergency directives to Contractor may be communicated through All Plan Letters, advisory memos, or other similar announcements and are effective when published. Unless otherwise stated, Emergency directives will remain in effect until the Emergency directive is terminated. Contractor must promptly comply with all DHCS Emergency directives.

Exhibit A, Attachment III

7.0 Operations Deliverables and Requirements

To demonstrate the requisite capabilities necessary to execute the obligations of this Contract, DHCS outlines specific deliverables that Contractor must submit to DHCS prior to the implementation of the Contract. This period is considered the Implementation Period at which time DHCS will assess the Medi-Cal managed care plan's readiness to begin operations as a Contractor. These deliverables are identified and set forth in Exhibit A, Attachment II, Section 1.0 (*Operational Readiness Deliverables and Requirements*) of the Contract and the tables that follow that Section.

This Article provides a non-exhaustive list of deliverables required to be submitted by Contractor to the DHCS and/or other entity(ies) throughout the term of the Contract to verify Contractor's continued compliance with Contract requirements. Contractor must submit all required deliverables to DHCS in a complete, accurate, and timely fashion. Contractor must submit all required deliverables to DHCS in an ADA-compliant format if identified in the tables below this section as publicly available. Contractor may be responsible for additional deliverable requirements based on changes in State and federal law and/or DHCS program needs. Contractor must meet any additional requirements, not listed in the tables below, upon DHCS' request and in the form and manner specified by DHCS. Contractor must use the calendar year to define annual, monthly, and quarterly submission timeframes unless directed otherwise.

In the event Contractor fails to submit any deliverables in accordance with the milestones and timeframes required by DHCS, DHCS may impose Sanctions and Liquidated Damages in accordance with Exhibit E, Section 1.19 (*Sanctions*) and Section 1.20 (*Liquidated Damages*) to Contractor.

EXHIBIT A, ATTACHMENT I – 1.0 DEFINITIONS

No deliverables or requirements listed for this Article.

EXHIBIT A, ATTACHMENT I – 2.0 ACRONYMS

No deliverables or requirements listed for this Article.

EXHIBIT A, ATTACHMENT II – 1.0 OPERATIONAL READINESS DELIVERABLES AND REQUIREMENTS

See specific contract Sections below for details.

EXHIBIT A, ATTACHMENT III – 1.1 PLAN ORGANIZATION AND ADMINISTRATION

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0001	Key Personnel Disclosure Form	1.1.2	Annually.		DHCS
D.0114	Medical Director Information	1.1.6	Attest to DHCS that this has been posted no later than January 1 of each year.	Posted in an easily accessible location on Contractor's Provider portal website.	Public
D.0002	Key Personnel Change Notification including CEO, CFO, COO, CMO, Chief Medical Director, Health Equity Officer, Compliance Officer, and Government Relations Person.	1.1.8	Within ten calendar days Within 20 calendar days.	Contractor must post Medical director contact information on their provider portal website.	DHCS; Public

EXHIBIT A, ATTACHMENT III – 1.2 FINANCIAL INFORMATION

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0003	Monthly Financial Reports	1.2.2	Monthly, no later than 30 calendar days after the close of Contractor's fiscal month.	Financial Reports submitted in accordance with this Section 1.2 are public records and may be made public by DHCS.	DHCS
D.0004	Quarterly Financial Reports	1.2.2	Quarterly, no later than 45 calendar days after the close of Contractor's fiscal quarter.		DHCS
D.0005	Annual Financial Reports	1.2.2	Annually, no later than 120 calendar days after the close of Contractor's Fiscal Year.		DHCS
D.0006	Annual Forecasts	1.2.2	Annually, no later than 60 calendar days prior to the beginning of Contractor's next Fiscal Year.		DHCS
D.0007	Independent Financial Audit Report	1.2.3	Annually, no later than 120 calendar days after the close of Contractor's Fiscal Year.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0008	Medical Loss Ratio Report(MLR)	1.2.5; 1.2.5.H	Annually Timeframe and manner determined by DHCS, but no longer than 12 months after the end of the MLR reporting year; and When there is a retroactive change to the Capitation Payments for a MLR reporting year and a new report needs to be submitted to reflect the change.		DHCS
D.0009	Community Reinvestment Plan	1.2.7	Annually.	Posted on Contractor's website.	DHCS
D.0010	Community Reinvestment Report	1.2.7	Annually.	Posted on Contractor's website.	DHCS

EXHIBIT A, ATTACHMENT III – 1.3 PROGRAM INTEGRITY AND COMPLIANCE PROGRAM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0115	Compliance Program	1.3.1.A .9)	Annually.	On Contractor's website.	DHCS
D.0011	Preliminary Fraud, Waste, and Abuse Reports	1.3.2.D .1)	Within ten Working Days of Contractor's discovery of such Fraud, Waste, or Abuse.		DHCS
D.0012	Completed Fraud, Waste,	1.3.2.D .2)	Within ten Working Days of completing		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
	and Abuse Investigation Report		Contractor's Fraud, Waste, or Abuse investigation.		
D.0013	Quarterly Fraud, Waste, Abuse Status Report	1.3.2.D .3)	Quarterly, ten Working Days after the close of every calendar quarter.		DHCS
D.0014	Suspended, Excluded, or Ineligible Provider Notification	1.3.4.A .6)	Within ten Working Days of removing a suspended, excluded, or ineligible Provider from its Network.		DHCS
D.0116	Disclosures	1.3.5.C	Within 60 calendar days of when it has identified any Capitation Payments or other payments it has received or paid in excess of the amounts specified in this Contract.		
D.0126	Overpayment Notification of $25 million or more	1.3.6.A	Within 60 calendar days of the date the overpayment.		DHCS
D.0131	Overpayment Notification of any amount related to Fraud, Waste, and Abuse	1.3.6.A	Within 10 calendar days of the date the overpayment.		DHCS
D.0106	Overpayment Recoveries Report	1.3.6.B	Annually.		DHCS

EXHIBIT A, ATTACHMENT III – 2.1 MANAGEMENT INFORMATION SYSTEM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0015	Encounter Data Reporting	2.1.2	Within 60 calendar days of the date of adjudication of a claim or receipt of an Encounter as required by this Contract or as otherwise agreed upon by DHCS, or as mandated through federal law; Within six Working Days of the end of each month following the month of payment.		DHCS
D.0017	Network Provider Data Reporting	2.1.4	Within ten calendar days following the end of each month.		DHCS
D.0018	Program Data Reporting	2.1.5	Within ten calendar days following the end of each month.		DHCS
D.0019	Template Data Reporting	2.1.6	On a regular basis, or as mandated through federal law.		DHCS
D.0020	Management Information System/Data Audits	2.1.7	No less frequently than once every three years.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0016	Data Corrective Action Plans	2.1.8	Within 15 calendar days from the date of the DHCS written notice to Contractor regarding any deficiencies and problem related to Contractor's data or its Management and Information System (MIS).	DHCS may publicly disclose on the DHCS website any Contractors that have entered into Corrective Action plans, or that have been subject to sanctions due to non-compliance .	DHCS; public
D.0117	Tracking Member Alternative Format Selections	2.1.9	As Requested by Member in accordance with the requirements in All Plan Letter (APL) 22-002.		DHCS

EXHIBIT A, ATTACHMENT III – 2.2 QUALITY IMPROVEMENT AND HEALTH EQUITY TRANSFORMATION PROGRAM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0021	Written summary of Quality Improvement and Health Equity Committee (QIHEC) activities, as well as the QIHEC activities of Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors	2.2.3.D	At least quarterly.	On Contractor's website.	DHCS; Public
D.0022	Quality Improvement and Health Equity Plan	2.2.7	Annually.	On Contractor's website.	DHCS; Public
D.0026	NCQA Health Plan Accreditation and Health Equity Accreditation results	2.2.8	After every NCQA accreditation cycle (every 3 years). Within 30 calendar days of the receipt of the completed report from NCQA. Within 15 calendar days of confirmation of the site visit by NCQA.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0024	Health plan Subcontractor and Downstream Subcontractor quality and health equity performance data	2.2.9.A .2	Annually (and as requested by DHCS).		DHCS
D.0023	Performance Improvement Project reporting	2.2.9.B	At intervals determined by DHCS. At least annually.	On the DHCS website.	DHCS; Public
D.0025	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey results and CAHPS results for its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors	2.2.9.C	Annually after January 1, 2026.	On Contractor's website.	DHCS; Public
D.0141	EPSDT/AAP Bright Futures annual attestation for mailing/electronically sharing of DHCS supplied Medi-Cal for Kids and Teens Materials	2.2.10. B.2	Annually, by January 15th.	Yes	Eligible Members under the age of 21. New Members within 7 calendar days of Enrollment

EXHIBIT A, ATTACHMENT III – 2.3 UTILIZATION MANAGEMENT PROGRAM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0027	Appeals Procedure	2.3.1.F	As needed when updated.	On Contractor's website.	DHCS; Public

EXHIBIT A, ATTACHMENT III – 3.1 NETWORK PROVIDER AGREEMENTS, SUBCONTRACTOR AGREEMENTS, DOWNSTREAM SUBCONTRACTOR AGREEMENTS, AND CONTRACTOR'S OVERSIGHT DUTIES

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0132	Network Provider Agreement Template	3.1.2.A .1	When updated or when a new provider type		DHCS
D.0133	Subcontractor Agreement Template	3.1.2.B .1.a	When updated or when a new provider type		DHCS
D.0134	Updates to Fully Delegated Subcontractor Agreements Template with Fully Delegated Downstream Subcontractors	3.1.2.B .1.a	As needed when updated		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0135	Updates to Fully Delegated Executed Subcontractor Agreements with Fully Delegated Downstream Subcontractors	3.1.2.B .1.b	As needed when updated		DHCS
D.0028	Delegation Reporting and Compliance Plan	3.1.3; Exh. J	Annually and at any time there is a material change as specified by DHCS within 30 calendar days from either the beginning of the annual reporting period or the material change.	On Contractor's website.	DHCS; Public
D.0029	Non-Federally Qualified HMOs Subcontractor Agreement, Downstream Subcontractor Agreement, and Network Provider Amendment Approval Request	3.1.5	At least 30 calendar days before the effective date, unless otherwise instructed by DHCS Within 60 calendar days after the date the overpayment was identified.		DHCS
D.0030	Federally Qualified HMOs Network Provider Agreement, Subcontractor Agreement, or Downstream Subcontractor Agreement	3.1.8	Upon DHCS request.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0031	Termination Notice of Network Provider Agreement with a Safety-Net Provider	3.1.8	As needed, at least 60 calendar days prior to the effective date of termination or concurrently with the termination if Provider's license has been revoked or suspended or where the health and welfare of a Member is threatened.		DHCS
D.0118	Provider Selection	3.1.10	Upon request.		DHCS
D.0119	Delegation Model	3.1.12		On Contractor's website	

EXHIBIT A, ATTACHMENT III – 3.2 PROVIDER RELATIONS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0032	Provider Dispute Resolutions Report	3.2.2	Annually.		DHCS
D.0033	Most current Provider Manual	3.2.4	As needed. Annually.	Available to the Provider through Provider portals, the Internet or upon request.	Providers
D.0034	Hospital Inpatient Days Report	3.2.8	As required by Welfare and Institutions Code (W&I) section 14105.985(b)(2). Within 30 calendar days of DHCS' request.		DHCS

EXHIBIT A, ATTACHMENT III – 3.3 PROVIDER COMPENSATION ARRANGEMENTS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0035	Alternative and Value-Based Payment Models Report	3.3.1.B C	Within 90 calendar days of DHCS' request. Annually.		DHCS
D.0036	Financial Incentive Programs Report	3.3.3	As specified by DHCS.		DHCS
D.0037	Identification of Responsible Payor	3.3.4	Upon request and in a manner prescribed by DHCS.		DHCS' fiscal intermediary (FI) contractor
D.0038	Documentation of services for Contractor's Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Network Provider Agreements	3.3.7.B	Within 30 calendar days of DHCS' request.		DHCS
D.0039	Certification of Terms and Conditions for Network Provider Agreements with FQHCs and RHCs	3.3.7.B	Within 30 calendar days of DHCS' request.		DHCS
D.0040	FQHC and RHC Network Provider Agreements	3.3.7.B	Whenever any Network Provider Agreements are executed or amended.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0041	Disputed Emergency Services/Post-Stabilization Care Claims	3.3.16	As needed. Within 30 calendar days of the effective date of a decision that Contractor is liable for payment of a claim.		DHCS - Office of Administrative Hearings and Appeals

EXHIBIT A, ATTACHMENT III – 4.1 MARKETING

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0042	Request to Conduct Activity Outside of Contract Requirements	4.1.2	As needed, at least 30 calendar days prior to the Marketing event.		DHCS
D.0043	Updates to Marketing Representative Training and Certification Program	4.1.1	Prior to implementation.		DHCS
D.0044	Marketing Materials	4.1.2	Prior to distribution. At least 30 calendar days prior to the Marketing activity, unless DHCS agrees to a shorter review period.		DHCS
D.0045	Marketing Plan	4.1.2	Annually. When there are any changes made to Contractor's Marketing plan.		DHCS

EXHIBIT A, ATTACHMENT III – 4.2 ENROLLMENTS AND DISENROLLMENTS

No deliverables or requirements listed for this Section.

EXHIBIT A, ATTACHMENT III – 4.3 POPULATION HEALTH MANAGEMENT AND COORDINATION OF CARE

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0046	Population Health Management Strategy	4.3.1	Annually.		DHCS
D.0047	Population Needs Assessment	4.3.2	At least every three years.	On Contractor's website.	DHCS; Public
D.0048	Managed Care Liaison Change Notification	4.3.24	Within five days of the change.		DHCS

EXHIBIT A, ATTACHMENT III – 4.4 ENHANCED CARE MANAGEMENT

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0049	Enhanced Care Management Model of Care (MOC)	4.4.5	Contractor must submit to DHCS any Significant changes to its MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, in accordance with DHCS policies and guidance, including APLs.		DHCS

EXHIBIT A, ATTACHMENT III – 4.5 COMMUNITY SUPPORTS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0050	Community Supports Model of Care	4.5.5	Contractor must submit to DHCS any changes to its Community Supports MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, in accordance with DHCS policies and guidance, including APLs.		DHCS

EXHIBIT A, ATTACHMENT III – 4.6 MEMBER GRIEVANCE AND APPEAL SYSTEM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0051	Receipt of StandardStandard Grievances	4.6.2.E	Within five calendar days of receipt of the Grievance.		Member who filed a Grievance

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0052	Discrimination Grievance Information	4.6.3.C	Within ten calendar days of mailing a Discrimination Grievance resolution letter. Contractor must also submit annual attestation 2*nd* Friday of December indicating MCP submitted appropriate grievance information to OCR within10 calendar days of mailing Discrimination Grievance resolution letter.	On Contractor's website.	DHCS - Office of Civil Rights; DHCS
D.0053	Sample Notice of Action (NOA) Letter	4.6.4.C 4.6.4.E .3	Within 30 calendar days from receipt of information that is reasonably necessary to make a determination. No later than 60 calendar days from the date on the NOA.		DHCS
D.0054	Grievance Logs	4.6.9	Upon DHCS request.		DHCS and/or CMS

EXHIBIT A, ATTACHMENT III – 5.1 MEMBER SERVICES

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0056	Nondiscrimination Notice and Language Taglines	5.1.3	Prior to use.	On Contractor's website – accessible from Contractor's home page.	DHCS
D.0057	Member Information - Provider Directory	5.1.3	Prior to initial Operations; Monthly; Every six months; and When Contractor updates the Provider Directory. One week after Contractor receives updated provider information.	On Contractor's website.	DHCS; Public
D.0058	Member Information - Member Handbook/Evidence of Coverage (EOC)	5.1.3	Before distribution to Members; When updated; or Other timeframes provided by DHCS.	On Contractor's website.	DHCS
D.0129	EOC Attestation-Notification to DHCS that the EOC has been mailed and/or posted on the ~~MCP~~ Contractor's Website.	5.1.3	Annually, by January 1.	On Contractor's website	DHCS

EXHIBIT A, ATTACHMENT III – 5.2 NETWORK AND ACCESS TO CARE

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0059	Alternative Access Standard Requests	5.2.5	At least annually and when Contractor is unable to comply with the time or distance standards set forth in W&I section 14197.04.	Contractor's website for Contractor specific results and the DHCS website with statewide results.	DHCS
D.0060	Network and Access Changes to Covered Services	5.2.9.A	When Contractor discovers a Provider-initiated termination impacting more than 2,000 Members; When Contractor discovers a Provider-initiated termination that affect Contractor's ability to meet network adequacy standards; When there is a change in the availability or location of Covered Services; and Within ten calendar days of Contractor discovering a Provider's exclusionary status from any database or list.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0061	Notification regarding Community Based Adult Services (CBAS) Network Provider	5.2.9.A	When Contractor is unable to contract with a certified CBAS Provider; Upon termination of a CBAS Network Provider Agreement; and Within five Working Days of Contractor's decision to exclude a CBAS Provider from its Network.		DHCS
D.0062	Notification regarding Long-Term Care (LTC) Network Provider	5.2.9.A .4	Within 60 calendar days of termination of a LTC Provider; Immediately if the termination is a result of LTC Provider decertification by CDPH; and Within 72 hours of applicable termination of a LTC Provider.		DHCS
D.0063	Member Notice regarding Provider Termination	5.2.9.B	Prior to its release to Members.		DHCS
D.0064	Community Advisory Committee (CAC) Demographic Report	5.2.11	Annually, by April 1st.		DHCS
D.0065	CAC meeting notices	5.2.11	30 days prior to each quarterly CAC meeting, but in no event later than 72 hours prior to each meeting.	On Contractor's website.	Public

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0066	CAC meeting minutes	5.2.11. E.3)d)	No later than 45 calendar days after each quarterly meeting.	On Contractor's website.	DHCS; Public
D.0067	Network Certification Report	5.2.13	At least annually.	On the DHCS Website.	DHCS
D.0068	Notification of Significant Change to Network	5.2.13. B	Any time there is a Significant Change to Contractor's Network that affects Network capacity and Contractor's ability to provide health care services.		DHCS
D.0069	Network Change Report	5.2.13	30 calendar days following the end of the reporting quarter.		DHCS
D.0112	Subcontractor and Downstream Subcontractor Certification Report	5.2.13	At least annually, if applicable.	On Contractor's website.	DHCS

EXHIBIT A, ATTACHMENT III – 5.3 SCOPE OF SERVICES

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0070	Report of Drug Use Review (DUR) Program Activities	5.3.7.H	Annually.		DHCS

EXHIBIT A, ATTACHMENT III – 5.4 COMMUNITY BASED ADULT SERVICES

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0072	CBAS Member Enrollment Report	5.4.3.A	On a quarterly basis.		DHCS
D.0113	Summary of CBAS Complaints	5.4.3.C	30 calendar days following the end of the reporting period.		DHCS
D.0073	CBAS Grievance and Appeal Reports	5.4.3.D	30 calendar days following the end of the reporting period.		DHCS
D.0120	CBAS Provider List	5.4.3.E	Annually.		DHCS

EXHIBIT A, ATTACHMENT III – 5.5 MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

No deliverables or requirements listed for this Section.

EXHIBIT A, ATTACHMENT III – 5.6 MOUs WITH LOCAL GOVERNMENT AGENCIES, COUNTY PROGRAMS, AND THIRD PARTIES

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0130	Revised MOU Template	5.6.1.C .2	As needed.	After execution	DHCS
D.0128	MOU Public Posting	5.6.2.D	Upon completed execution of contract.	Executed MOUs must be publicly posted	Public and DHCS
D.0075	Status Report	5.6.3	Quarterly, beginning four months after the effective date of this Contract or within the timeframe required under this Contract and relevant APL, until all required MOUs are executed.		DHCS
D.0127	MOU Liaison Change Notification	5.6.3.A .3	Within five Working Days of any change in the designated MOUs' liaison.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0121	Existing MOU	5.3.6.A .6	Within ten Working Days of receipt of the request.		DHCS
D.0076	Copy of Executed MOUs	5.6.3	Upon execution, modification or renewal.	On Contractor's website.	DHCS
D.0077	MOU Review Report	5.6.3.B	Annually.		DHCS, upon request

EXHIBIT A, ATTACHMENT III – 6.1 EMERGENCY PREPAREDNESS AND RESPONSE

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0078	Emergency Preparedness and Response Plan	6.1	Prior to the start of Operations.	On Contractor's website.	DHCS
D.0079	Emergency Contact Information Update	6.1.2.A	No less than every six months; and As changes occur.		DHCS
D.0080	Cooperative Agreements	6.1.2.D	At least annually.		DHCS
D.0081	Emergency Drill Report	6.1.2.E	Within 30 calendar days after the drill is completed.		DHCS
D.0082	Member Emergency Preparedness Plan Templates	6.1.3	Prior to use for each mode of communication.		DHCS
D.0083	Daily Emergency Reporting	6.1.5.B	Once a day, at a minimum, throughout the State of Emergency.		DHCS

EXHIBIT B, BUDGET DETAIL AND PAYMENT PROVISIONS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0084	Supplemental Payments Report	1.1.7. A	On a monthly basis no later than 20 calendar days following the end of each month.		DHCS
D.0085	Supplement Payment Eligibility Data	1.1.7. A	Contractor must properly submit all required data to DHCS within 12 months of the month of the service entitling Contractor to a Supplemental Payment.		DHCS
D.0086	Additional Payments Report	1.1.8. A	On a monthly basis, no later than 20 calendar days following the end of each month.		DHCS
D.0087	Additional Payments Report Eligibility Data	1.1.8. A	Contractor must properly submit all required data to DHCS within 12 months of the month of the service entitling Contractor to an additional payment.		DHCS
D.0122	Financial Performance Guarantee	1.1.12	Annually.		DHCS
D.0088	Medical Loss Ratio Remittance	1.1.15	When the ratio for the MLR reporting year does not meet the minimum MLR standard.		DHCS

EXHIBIT C, GENERAL TERMS AND CONDITIONS

No deliverables or requirements listed for this Exhibit.

EXHIBIT D(f), SPECIAL TERMS AND CONDITIONS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0094	Request for Subcontract Authorization	5.a	Before Contractor enters into or is reimbursed for any subcontract for services costing $5,000 or more.		DHCS
D.0096	Requests for Disclosure of Confidential Information	14	As applicable.		DHCS
D.0097	Contractor Certification of Federal Fund Expenditure	17.c	As applicable.		DHCS
D.0098	Financial and Compliance Audit Reports	17.d	Within 30 calendar days after the completion of the audit.		DHCS
D.0099	Contractor Explanation for Debarment and Suspension Certification.	20	As applicable.		DHCS

EXHIBIT E, PROGRAM TERMS AND CONDITIONS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0123	Certifications - Data, Information, and Documentation Submitted to DHCS	1.1.11	Monthly.		DHCS
D.0100	Contractor's Analysis regarding its financial solvency	1.1.16	As needed.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0101	Contractor Termination Notice due to financial insolvency	1.1.16	As needed, and at least six months prior to expected effective termination date.		DHCS
D.0124	Phaseout Transition Requirements	1.1.17.B	Within no later than 90 calendar days prior to termination or expiration of this Contract and through the Phaseout Period for each Service Area.		DHCS
D.0102	Notice of Dispute	1.1.21.B	Within 30 calendar days from the date that the alleged dispute arises or otherwise becomes known to Contractor.		DHCS
D.0103	Costs Avoidance Reports	1.1.25	Within ten calendar days of discovery By the 15th day of each month.		DHCS
D.0104	Post-Payment Recovery Report	1.1.25.H 1.1.25.J	At the tenth day of each month; and Within ten calendar days of discovery when Contractor identifies OHC unknown to DHCS.		DHCS
D.0105	Service and Utilization Information	1.1.26	Within 30 calendar days of the DHCS' request.		DHCS
D.0125	Litigation Support Records	1.1.27.A	Upon DHCS request.		DHCS

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0107	DVBE Reporting Requirements	1.1.31	60 calendar days after receiving final payment, if Contractor made a commitment to achieve DVBE participation.		DHCS

EXHIBIT F, CONTRACTOR'S RELEASE

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0108	Contractor's Release	F	With the submission of final invoice(s).		DHCS

EXHIBIT G, BUSINESS ASSOCIATE ADDENDUM

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0109	Notice to DHCS of Breaches and Security Incidents	18.1.1	See contract language for details.		DHCS
D.0110	Completed Final Privacy Incident Reporting Form	18.3	Within ten Working Days of the discovery of the security incident or breach.		DHCS

EXHIBIT H, CONFLICT OF INTEREST AVOIDANCE REQUIREMENTS

No deliverables or requirements listed for this Exhibit.

EXHIBIT I, CONTRACTOR'S PARENT GUARANTY REQUIREMENTS

No deliverables or requirements listed for this Exhibit.

EXHIBIT J, DELEGATION REPORTING AND COMPLIANCE PLAN

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0111	Delegation Reporting and Compliance Plan	3.1.3; Exh. J	Annually and at any time there is a change as specified by DHCS within 30 calendar days following the annual reporting period or the material change.	On Contractor's website.	DHCS; Public

EXHIBIT K, EXCLUDED PROVISIONS AS TO CONTRACTORS NOT LICENSED PURSUANT TO THE KNOX-KEENE HEALTH CARE SERVICE PLAN ACT OF 1975

No deliverables or requirements listed for this Exhibit.

EXHIBIT L, REQUIREMENTS SPECIFIC TO CONTRACTOR

Any deliverables for Contractor-specific requirements will be stated in Exhibit L.

Exhibit B – Budget Detail and Payment Provisions

1.0 Budget Detail and Payment Provisions

1.1 Budget Detail and Payment Provisions

1.1.1 Budget Contingency Clause
1.1.2 Contractor Risk
1.1.3 Capitation Payment Rates
1.1.4 Capitation Payment Rates Constitute Payment in Full
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1.1.6 Redetermination of Capitation Payment Rates Due to Obligation Changes
1.1.7 Supplemental Payments
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1.1.10 Reinsurance
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1.1 Budget Detail and Payment Provisions

1.1.1 Budget Contingency Clause

Any requirement of payment or performance by DHCS and Contractor for the period of the Contract will be dependent upon the availability of future appropriations by the Legislature for the purpose of the Medi-Cal program.

A. It is mutually agreed that if the Budget Act of the current year or any subsequent years covered under this Contract does not appropriate sufficient funds for the program, DHCS has no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Contract, and Contractor is not obligated to perform any provisions of this Contract in any year when insufficient funding may occur. Further, should funding for any Fiscal Year be reduced or deleted by the Budget Act for purposes of this program, DHCS must have the option to:

   1) Cancel this Contract with no liability accruing to DHCS and no further obligation by Contractor to perform hereunder; or

   2) Offer a Contract amendment to Contractor to reflect the reduced amount of available funding.

B. All payments are subject to the availability of federal appropriation of Medicaid funding.

1.1.2 Contractor Risk

Except as otherwise specified in this Contract, Contractor will assume the total risk of providing Covered Services to Members on the basis of periodic Capitation Payments paid to Contractor by DHCS for each Member. Subject to Exhibit B, Section 1.1.15 (*Medical Loss Ratio Remittance*), any funds not expended by Contractor after having fulfilled all obligations under this Contract may be retained by Contractor.

1.1.3 Capitation Payment Rates

A. DHCS must remit to Contractor a Capitation Payment no later than 45 calendar days after the first day of each month for each Member that appears on the approved list of Members supplied to Contractor by DHCS. Capitation Payments must be made in accordance with the schedule of Capitation Payment rates set forth below. For the list of aid codes included in each Rate Group below, please see the definition of Potential Member set forth in Exhibit A, Attachment I, Section 1.0 (*Definitions*) of this Contract. Supplemental and Additional Payments listed below will be

made in accordance to the requirements stated in Subsections 1.1.7 (*Supplemental Payments*) and 1.1.8 (*Additional Payments*) of this Exhibit.

For the period January 1, 2024 – December 31, 2024	**County**
Rate Groups	**Rates**
SIS Adult & Family/Optional Targeted Low-Income Child (Under 21)	
UIS Adult & Family/Optional Targeted Low-Income Child (Under 21)	
SIS Adult & Family/Optional Targeted Low-Income Adult 21 & Older)	
UIS Adult & Family/Optional Targeted Low-Income Adult (21 & Older)	
SIS SPD	
UIS SPD	
SIS SPD/Dual	
UIS SPD/Dual	
SIS Long-Term Care/Non-Full Dual	
UIS Long-Term Care/Non-Full Dual	
SIS Long-Term Care/Dual	
UIS Long-Term Care Dual	
SIS Adult Expansion	
UIS Adult Expansion	
[SIS Whole Child Model-Selected COHS Only]	
[UIS Whole Child Model-Selected COHS Only]	

For the period January 1, 2024 – December 31, 2024	**County**
Supplemental and Additional Payment Groups	**Rates**
SIS Maternity	
UIS Maternity	

B. If DHCS creates a new aid code that is split or derived from an existing aid code covered under this Contract, and the aid code has a neutral Contract Revenue effect for Contractor, then the split aid code will automatically be included in the same Rate Group as the original aid code covered under this Contract. Contractor agrees to accept the Capitation Payment rate specified for the original aid code as payment in full for Members in the new aid code. DHCS must confirm all aid code splits and the rates of payment for such new aid codes in writing to Contractor as soon as practicable after such aid code splits occur.

C. In accordance with 42 Code of Federal Regulations (CFR), part 438, section 438.7, the actuarial basis for the computation of Capitation Payment rates must be set forth in DHCS' rate certification(s) for the applicable Rating Period. Subject to approval by Centers for Medicare &

Medicaid Services (CMS), said rate certification(s) are hereby incorporated by reference and made a part of this Contract by this reference as if attached hereto in full.

1.1.4 Capitation Payment Rates Constitute Payment in Full

Except as otherwise specified in this Contract, Capitation Payment rates for each Rating Period, as calculated by DHCS and approved by CMS, are prospective rates and constitute payment in full on behalf of a Member for all Covered Services required by such Member and for all Administrative Costs incurred by Contractor in providing or arranging for such services under the terms of this Contract. Except as otherwise specified in this Contract, DHCS is not responsible for making payments associated with Contractor's losses.

1.1.5 Determination and Redetermination of Capitation Payment Rates

A. In accordance with Welfare and Institutions Code (W&I) section 14301.1, DHCS must establish Capitation Payment rates on an actuarial basis for each Rating Period, and reserves the right to redetermine and to amend such rates as necessary and appropriate.

1) DHCS must establish Capitation Payment rates in accordance with W&I section 14301.1, applicable federal and State laws and regulations, and generally accepted actuarial principles and practices.

2) DHCS reserves the right, subject to actuarial judgment and generally accepted actuarial principles and practices, to consider Contractor's performance on specified quality and equity benchmarks, as determined by DHCS and communicated to Contractors in advance of each applicable Rating Period, within the determination of Capitation Payment rates for that Rating Period.

3) If Contractor delegates financial risk for the provision of Covered Services in accordance with Exhibit A, Attachment III, Subsection 3.1.6 (*Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers*), DHCS reserves the right, subject to actuarial judgment and generally accepted actuarial principles and practices, to consider the actual payments received by Providers for providing Covered Services to Members to inform the determination of Capitation Payment rates.

B. Capitation Payment rates must be effectuated through an amendment or change order to this Contract in accordance with Exhibit E, Subsection 1.1.6 (*Amendment and Change Order Process*) of this Contract, subject to the following provisions:

1) The amendment or change order is effective as of January 1 of each year covered by this Contract;

2) In the event there is any delay in a determination or redetermination of Capitation Payment rates so that an amendment or change order may not be processed in sufficient time to permit payment of new rates commencing January 1, payment to Contractor must continue at the rates stated in an R Letter sent to Contractor by DHCS. The R Letter serves as notification from DHCS to Contractor of the Capitation Payment rates and the time period for which these rates will be applied. The R Letter must not be considered exempt from any requirement of this Contract. Those continued payments constitute interim payment only. Upon CMS final approval of the amendment/change order and rate certification providing for the rate change, DHCS must make retroactive adjustments for those months for which interim payment was made;

3) By accepting payment of new Capitation Payment rates prior to approval by CMS of the amendment/change order to this Contract implementing such new rates, Contractor stipulates to a confession of judgment for any and all amounts received in excess of the final approved rate. In the event that the final approved rate differs from the rates established by DHCS or agreed upon by Contractor and DHCS:

   a) Any underpayment by DHCS must be paid to Contractor after final approval of the new rates. DHCS will provide Contractor a timeframe for payment of any underpayments;

   b) Unless otherwise required by CMS, any overpayment to Contractor must be offset by DHCS' withholding from Contractor's future Contract Revenues of any amount due. DHCS may, at its sole discretion, withhold up to 100 percent of Contract Revenues for each month until any overpayment is fully recovered by the State; and

   c) Contractor must review all Contract Revenues and notify DHCS of any payment errors in a form and manner specified by DHCS. If the error favors DHCS, DHCS may offset against future Contract Revenues as stated in paragraph (b) above. If the error favors Contractor, Contractor must notify DHCS within 365 calendar days of payment, otherwise Contractor forfeits the right to receive the corrected payment, except when Contractor demonstrates to DHCS' satisfaction,

in a form and manner specified by DHCS, that Contractor could not reasonably have identified the error.

4) If mutual agreement between DHCS and Contractor cannot be attained on Capitation Payment rates in accordance with this Paragraph B, Contractor has the right to terminate this Contract. Contractor's notification of the intent to terminate this Contract must be in writing and provided to DHCS at least nine months prior to the effective date of termination, subject to any earlier termination date negotiated in accordance with the terms set forth in Exhibit E, Subsection 1.1.16 (*Termination*) of this Contract. DHCS must pay Capitation Payment rates determined for the applicable Rating Periods until the Contract is terminated; and

5) DHCS must make reasonable efforts to notify and consult with Contractor regarding any proposed redetermination of Capitation Payment rates in accordance with this provision or Exhibit B, Subsection 1.1.6 (*Redetermination of Capitation Payment Rates Due to Obligation Changes*) below prior to implementation of any new rates.

1.1.6 Redetermination of Capitation Payment Rates Due to Obligation Changes

Final Capitation Payment rates may be adjusted during or subsequent to the applicable Rating Period to provide for changes in obligations that result in a material projected increase or decrease of cost as determined by the certifying actuaries, in accordance with W&I section 14301.1, to Contractor. Any adjustments must be effectuated through an amendment or change order to the Contract subject to the following:

A. The amendment or change order is effective as of the first day of the month in which the change in obligations is effective, as determined by DHCS;

B. In accordance with Subsection 1.1.5 *(Determination and Redetermination of Capitation Payment Rates*) of this Exhibit B, in the event DHCS is unable to process the amendment or change order in sufficient time to permit payment of the adjusted rates as of the month in which the change in obligations is effective, payment to Contractor must continue at the rates then in effect. Upon final approval of the amendment or change order, DHCS must make adjustments for those months in which interim payments were made; and

C. DHCS and Contractor may negotiate an earlier termination date, pursuant to Exhibit E, Subsection 1.1.16 (*Termination)* of this Contract, in the event a change in contractual obligations is created by a State or federal change

in the Medi-Cal program, or by a lawsuit that substantially alters the financial assumptions and conditions under which Contractor entered into this Contract, such that Contractor can demonstrate to the satisfaction of DHCS that it cannot remain financially solvent through the termination date provided by this Contract.

1.1.7 Supplemental Payments

A. Contractor is entitled to Supplemental Payments stated within this Section in accordance with the schedule of Supplemental Payment rates set forth in this Exhibit B, Subsection 1.1.3 (*Capitation Payment Rates*). Contractor must maintain evidence of payment for qualified services entitling Contractor to Supplemental Payments. Upon audit, Contractor's failure to have supporting records may result in recoupment by DHCS of Supplemental Payments paid to Contractor.

1) On a monthly basis, by no later than 20 calendar days following the end of each month, and in a format specified by DHCS, Contractor must submit a report for Supplemental Payments. This report must identify the Members receiving services qualifying for a Supplemental Payment and for whom Contractor is claiming payment.

2) To be eligible to receive a Supplemental Payment, Contractor must properly submit all required data to DHCS within 12 months of the month of the service entitling Contractor to a Supplemental Payment.

B. **Maternity Supplemental Payments**

1) Contractor is entitled to receive maternity Supplemental Payments for Members enrolled with Contractor on the date of the delivery of a Child, including retroactive Enrollments.

2) The maternity Supplemental Payment reimburses Contractor for the projected cost of delivery as determined by DHCS.

1.1.8 Additional Payments

A. Contractor is entitled to additional payments stated within this Section in accordance with the schedule of additional payment rates set forth below. Contractor must maintain evidence of payment for qualified services entitling Contractor to additional payments. Upon audit, Contractor's failure to have supporting records may result in recoupment by DHCS of additional payments paid to Contractor.

1) On a monthly basis, by no later than 20 calendar days following the end of each month and in a format specified by DHCS, Contractor must submit a report for additional payments. This report must identify the Members receiving services qualifying for any additional payment and for whom Contractor is claiming payment.

2) To be eligible to receive an additional payment, Contractor must properly submit all required data to DHCS within 12 months of the month of the service entitling Contractor to an additional payment.

B. Contractor is entitled to receive an IHCP payment for Members qualified to receive services in accordance with Exhibit A, Attachment III, Subsection 3.3.7.C (*Indian Health Care Providers*) of this Contract.

1) DHCS will annually publish the IHCP payment rates via an All Plan Letter (APL).

2) The IHCP payment reimburses Contractor for the amount paid to the IHCPs as required in Exhibit A, Attachment III, Subsection 3.3.7 *(Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider)* of this Contract. Payments must be based on Member utilization of qualifying services at IHCPs as reported by Contractor.

1.1.9 Recovery of Amounts Paid to Contractor

DHCS has the right to recover from Contractor amounts paid to Contractor in the following circumstances:

A. If DHCS determines that a Member has been improperly enrolled due to ineligibility of the Member to enroll in Contractor's Medi-Cal managed care health plan, a Member's residence is outside of Contractor's Service Area, or, pursuant to 22 California Code of Regulations (CCR) section 53891(a)(2), or a Member should have been disenrolled with an effective date in a prior month, DHCS may recover amounts paid to Contractor associated with the Member for the month(s) in question. To the extent permitted by law, Contractor may seek to recover any payments made to Providers for Covered Services rendered for the month(s) in question. Contractor must inform Providers that claims for services provided to Members during the month(s) in question may be paid by the DHCS fiscal intermediary if the Member is determined eligible for the Medi-Cal program;

B. Upon request by Contractor, DHCS may allow Contractor to retain amounts paid to Contractor associated with a Member who is eligible to enroll in Contractor's Medi-Cal managed care health plan, but should have

been retroactively disenrolled in accordance with Exhibit A, Attachment III, Subsection 4.2.2 (*Disenrollment*) of this Contract or under other circumstances as approved by DHCS. If Contractor retains Capitation Payments, Supplemental Payments, and any other additional payments, Contractor must provide or arrange and pay for all Medically Necessary Covered Services for the Member until such Member is disenrolled on a non-retroactive basis pursuant to the terms set forth in Exhibit A, Attachment III, Subsection 4.2.2 (*Disenrollment*) of this Contract;

C. As a result of Contractor's failure to perform contractual responsibilities to comply with mandatory federal Medicaid requirements, the United States Department of Health and Human Services (U.S. DHHS) may disallow Federal Financial Participation (FFP) for payments made by DHCS to Contractor. In this event, DHCS may recover the amounts disallowed by U.S. DHHS by imposing an offset to Contract Revenues. If recovery of the full amount at one time imposes a financial hardship on Contractor, Contractor may request to repay the recoverable amounts in monthly installments over a period of consecutive months not to exceed six months. DHCS, at its sole discretion, may grant or deny such a request; and

D. If DHCS determines that any other erroneous or improper payment(s) not mentioned above has been made to Contractor, DHCS may recover all such determined amounts by the imposition of an offset to Contract Revenues. At least 30 calendar days prior to seeking any such recovery, DHCS must notify Contractor of the improper or erroneous nature of the payment, and must describe the recovery process. If recovery of the full amount at one time imposes a financial hardship on Contractor, Contractor may request to repay the recoverable amounts in monthly installments over a period of consecutive months not to exceed six months. DHCS, at its sole discretion, may grant or deny such a request.

1.1.10 Reinsurance

In accordance with 22 CCR section 53252, Contractor may obtain reinsurance (i.e., stop loss coverage) to ensure maintenance of adequate capital by Contractor for the cost of providing Covered Services under this Contract, subject to the following conditions:

A. Reinsurance must not reduce Contractor’s liability below $5,000 per Member for any one 12-month period.

B. Reinsurance may cover both of the following:

1) The total cost of services provided to Members under emergency circumstances by non-contracted Providers, including the cost of

inpatient care in a non-contracted facility until such time as the Member may be safely transported to a Network facility; and

2) Up to 90 percent of all expenditures related to this Contract exceeding 115 percent of Contract Revenues and third-party recoveries during any Fiscal Year of Contractor.

C. At its sole discretion and determination, and following consultation with Contractor, DHCS may require Contractor to retain appropriate reinsurance coverage for high-cost Members or services.

1.1.11 Catastrophic Coverage Limitation

DHCS may limit Contractor's liability to provide or arrange and pay for health care services for illness of, or injury to Members, resulting from or greatly aggravated by a catastrophic occurrence or disaster which occurs subsequent to Enrollment. Following the Director's invocation of this catastrophic coverage limitation, Contractor will return a prorated amount of the total Capitation Payment received by Contractor for the month. The amount returned will be determined by dividing the total Capitation Payment made to Contractor for such month by the number of days in that month, whereupon Contractor will return the amount to DHCS for each day in of the month after the Director's invocation of this catastrophic coverage limitation.

1.1.12 Financial Performance Guarantee

A. In accordance with 22 CCR section 53865, Contractor must annually provide satisfactory evidence of, and maintain, a Financial Performance Guarantee in the form specified by DHCS and in an amount of at least one million dollars ($1,000,000) or equal to at least one month's Contract Revenues for each of Contractor's Service Areas, based on Contractor's average monthly Contract Revenues calculated for the previous twelve months of Contractor's operation, except that if Contractor has been operating for less that 12 months average monthly Contract Revenues will be calculated for as many months as Contractor has been operating, whichever is higher, and subject to approval by DHCS. In its discretion, DHCS may increase the required amount of the Financial Performance Guarantee for Contractor up to an amount of two million dollars ($2,000,000) or equal to two months' Contract Revenues for each of Contractor's Service Areas, based on Contractor's average monthly Contract Revenues for the previous twelve months, except that if Contractor has been operating for less that 12 months average monthly Contract Revenues will be calculated for as many months as Contractor has been operating, whichever is higher, for any material breach of this Contract.

B. At Contractor's request, and with DHCS approval, Contractor may establish a phase-in schedule to accumulate the required Financial Performance Guarantee. Contractor may elect to satisfy the Financial Performance Guarantee requirement by receiving payment on a post payment basis, subject to DHCS approval.

C. DHCS must take possession of the Financial Performance Guarantee in an amount sufficient to indemnify DHCS in the event that Contractor materially breaches or defaults on one or more terms in this Contract. Unless DHCS has a financial claim or offset against Contractor in which case DHCS may immediately enforce its rights under the Financial Performance Guarantee, the Financial Performance Guarantee must remain in effect through the completion of the Phaseout Period in accordance with Exhibit E, Subsection 1.1.17 (*Phaseout Requirements*).

1.1.13 Medicare Coordination

In accordance with 42 CFR section 438.3(t), Contractor must enter into a Coordination of Benefits Agreement with the Medicare program through CMS, and must agree to participate in Medicare’s automated claims crossover process for full benefit dual eligible Members.

1.1.14 Special Contract Provisions Related to Payment

A. Contractor must reimburse Network Providers pursuant to the terms of each of the following applicable Pass-Through Payments established pursuant to 42 CFR section 438.6(d), in accordance with the CMS-approved rate certification, and in a form and manner specified by DHCS through APLs or other technical guidance:

1) Private Hospital and District and Municipal Public Hospital (DMPH) Pass-Through Payments, which requires Contractor to make increased payments to private hospitals and DMPHs in accordance with DHCS guidance.

2) Martin Luther King Jr. (MLK) Community Hospital Pass-Through Payment, which requires Contractor to make increased payments

to MLK Community Hospital in Los Angeles County in accordance with W&I section 14165.50 and DHCS guidance.

3) Benioff Children's Hospital Oakland (BCHO) Pass-Through Payment, which requires Contractor to make increased payments to BCHO in Alameda County in accordance with DHCS guidance.

4) Distinct Part Nursing Facilities Pass-Through Payment, which requires Contractor to make increased payments to select publicly owned hospitals in accordance with DHCS guidance.

B. Contractor must reimburse Providers pursuant to the terms of each applicable Directed Payment Initiative in a form and manner specified by DHCS through APLs or other technical guidance. For applicable Rating Periods, DHCS will make the terms of each Directed Payment Initiative, including the Directed Payment Initiative preprint as applicable, available on the DHCS website at https://www.dhcs.ca.gov. Directed Payment Initiatives are subject to change and currently include:

1) Designated Public Hospital (DPH) Enhanced Payment Program (EPP), which requires Contractor to make uniform dollar or percentage increase payments to DPH systems for every qualifying service or assigned Member months in accordance with DHCS guidance, including but not limited to APL 21-018, the Directed Payment Initiative preprint, and W&I section 14197.4(b).

2) Private Hospital Directed Payments Program (PHDP), which requires Contractor to make uniform dollar increase payments to eligible private hospitals for every qualifying service in accordance with DHCS guidance, including but not limited to APL 21-018 and the Directed Payment Initiative preprint.

3) District Hospital Directed Payments Program (DHDP), which requires Contractor to make uniform dollar increase payments to eligible DMPHs for every qualifying service in accordance with DHCS guidance, including but not limited to APL 21-018 and the Directed Payment Initiative preprint.

4) DPH Quality Incentive Pool (QIP), which requires Contractor to make performance-based quality incentive payments to DPH systems based on DHCS' evaluation of DPH systems' performance on specified quality measures in accordance with DHCS guidance, including but not limited to APL 21-018, the Directed Payment Initiative preprint, and W&I section 14197.4(c).

5) DMPH QIP, which requires Contractor to make performance-based quality incentive payments to DMPH systems based on DHCS'

evaluation of DMPH systems' performance on specified quality measures in accordance with DHCS guidance, including but not limited to APL 21-018, the Directed Payment Initiative preprint, and W&I section 14197.4(c).

6) Directed Payments for Developmental Screening Services, which requires Contractor to make uniform dollar increase payments to eligible Network Providers for every adjudicated claim for specified developmental screening services in accordance with DHCS guidance, including but not limited to APL 23-016, the Directed Payment Initiative preprint, and W&I section 14105.197(a)(3).

7) Directed Payments for Adverse Childhood Experiences (ACEs), which requires Contractor to pay eligible Network Providers at no less than the California Medicaid State Plan approved rates for every adjudicated claim for specified ACEs screening services in accordance with DHCS guidance, including but not limited to APL 23-017, and W&I section 14105.197(a)(4).

8) Proposition 56 Directed Payments for Family Planning Services, which requires Contractor to make uniform dollar increase payments to eligible Providers for every adjudicated claim for specified family planning services in accordance with DHCS guidance, including but not limited to APL 23-008 and the Directed Payment Initiative preprint.

9) Organ and Bone Marrow Transplants, which requires Contractor to pay eligible contracted and non-contracted Providers amounts equivalent to the California Medicaid State Plan approved rates, or amounts equivalent to the rates published by DHCS for University of California system facilities furnishing subject services, for specified organ and bone marrow transplant services using the methodology developed and published by DHCS on an annual basis in accordance with DHCS guidance, including but not limited to APL 21-015, the Directed Payment Initiative preprint, and W&I section 14184.201(d).

10) LTC FFS-Equivalent Base Directed Payment, which requires Contractors to pay Network Providers, in specified counties where services were traditionally covered in the FFS delivery system, at exactly the California Medicaid State Plan approved case or service rates for Skilled Nursing Facility (SNF) services and Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), and ICF/DD-Nursing (ICF/DD-N) services and Subacute (adult and pediatric) services-. In all other counties, it requires Contractor to pay Network Providers at no less than the California Medicaid State Plan approved rates for SNF services and

ICF/DD, ICF/DD-H, and ICF/DD-N services and Subacute (adult and pediatric) services at minimum. All payments must be made in accordance with DHCS guidance, including but not limited to APL 23-004, the Directed Payment Initiative preprint, and W&I section 14184.201(b) – (c).

11) Workforce Quality Incentive Program (WQIP), which requires Contractor to make uniform dollar increase payments to eligible Network Providers for every qualifying service adjusted based on DHCS' evaluation of their performance on specified quality and workforce measures in accordance with DHCS through APLs or other guidance, the Directed Payment Initiative preprint, and W&I section 14126.024.

12) In accordance with W&I section 5961.4(c), and for applicable dates of service, Contractor must reimburse Providers of Medically Necessary outpatient mental health or SUD treatment provided at a School Site to a Member who is a student 25 years of age or younger at least at the fee schedule rate or rates developed by the Department in accordance with W&I section 5961.4(a), as defined by DHCS in the California Medicaid State Plan, a Directed Payment Initiative, and other applicable guidance, but only to the extent Contractor is financially responsible for those School Site services under this Contract.

13) Equity and Practice Transformation Provider Directed Payment Program, which requires Contractor to pay performance-based quality incentive payments to Primary Care practices that provide pediatric, family medicine, internal medicine, or obstetrics and gynecology (OB/GYN) services Members based on DHCS' evaluation of Provider performance on specified quality measures in accordance with the Directed Payment Initiative preprint and in a form and manner specified by DHCS through APLs or other guidance.

14) Targeted Rate Increases require Contractor to pay eligible Network Providers at no less than the California Medicaid State Plan approved rates for specified primary care services, including those provided by physician and non-physician professionals, obstetric services, including Doula services, and non-specialty mental health services, in accordance with W&I Section 14105.201, and in a form and manner specified by DHCS through APL~~s~~ 24-007 or other guidance.

15) Children’s Hospital Supplemental Payment (CHSP), which requires Contractor to make uniform dollar increase payments to Children’s Hospitals, as defined in W&I section 10727, for each qualifying

service in accordance with DHCS guidance, including but not limited to APL 21-018 and the Directed Payment Initiative preprint.

16) Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM), which requires Contractor to make capitated payments to participating FQHCs for each Member assigned to that FQHC, in accordance with W&I, Article 4.1 (commencing with Section 14138.1) of Chapter 7 of Part 3 of Division 9, and Attachment 4.19-B, pages 6AA7-6AA17, of the California Medicaid State Plan, and direction provided by DHCS through APLs or other guidance.

C. Contractor must comply with the terms of any Risk Sharing Mechanisms instituted in accordance with 42 CFR section 438.6(b)(1), in a form and manner specified by DHCS through APLs or other technical guidance.

D. Contractor must comply with the terms of any applicable Incentive Arrangements approved by CMS under 42 CFR section 438.6(b)(2), in a form and manner specified by DHCS through APLs or other technical guidance. For applicable Rating Periods, DHCS will make the terms of each approved Incentive Arrangement available on the DHCS website. Incentive Arrangement payments must not exceed 105 percent of the approved Capitation Payments attributable to the Enrollees or services covered by the Incentive Arrangement, as specified in 42 CFR section 438.6(b)(2) and as calculated by DHCS. DHCS may impose a cap on incentive payments and/or participation in applicable Incentive Arrangements if DHCS determines that the incentive payment(s) are likely to exceed 105 percent of the approved Capitation Payments. Contractor will be required to remit to DHCS any incentive payment amounts in excess of 105 percent of approved Capitation Payments. Incentive Arrangements are subject to change in accordance with the requirements of 42 CFR section 438.6(b)(2). Current Incentive Arrangements include:

1) California Advancing and Innovating Medi-Cal (CalAIM) Incentive Payment Program, through which Contractor may earn incentive payments for achievement of specified CalAIM Incentive Payment Program milestones and metrics associated with implementation of CalAIM initiatives as determined by DHCS and in accordance with DHCS guidance, including but not limited to the CalAIM Incentive Payment Program terms specified on the DHCS website, APL 23-003, and W&I section 14184.207.

2) Student Behavioral Health Incentive Program (SBHIP), through which Contractor may earn incentive payments for achievement of specified milestones and metrics associated with targeted interventions that increase access to preventive, early intervention,

and Behavioral Health Services by school-affiliated Behavioral Health Providers as determined by DHCS and in accordance with the terms on the DHCS website, W&I section 5961.3, and APL 23-035.

3) The Quality Withhold and Incentive Program, which consists of a Withhold Arrangement as described in Paragraph E below, and an Incentive Arrangement through which Contractor may earn incentive payments for achievement of certain targets associated with quality scoring from Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) related data, as determined by DHCS and in accordance with the terms on the DHCS website, W&I section 14301.1(e) and (o)(4), and in a form and manner specified through APLs or other guidance.

E. Contractor must comply with the terms of any applicable Withhold Arrangement approved by CMS under 42 CFR section 438.6(b)(3), in a form and manner specified by DHCS through APLs or other guidance. For applicable Rating Periods, DHCS will make the terms of each approved Withhold Arrangement available on the DHCS website.

1) The Withhold Arrangement must ensure that the Capitation Payment, minus any portion of the withhold that is not reasonably achievable, is actuarially sound as determined by an actuary. The total amount of the withhold, achievable or not, will take into consideration the financial operating needs accounting for the size and characteristics of the populations covered under this Contract, as well as Contractor's capital reserves as measured by the risk-based capital level, months of claims reserve, or other appropriate measure of reserves.

2) Current Withhold Arrangements include the Quality Withhold and Incentive Program, which consists of an Incentive Arrangement as described in this Paragraph E, and a Withhold Arrangement through which Contractor may earn back the entire Capitation Payment withheld, or portion thereof, for achievement of certain targets associated with quality scoring from HEDIS® and CAHPS® related data, as determined by DHCS and in accordance with DHCS guidance, including but not limited to the terms on the DHCS website, W&I section 14301.1(e) and (o)(4), and in a form and manner specified in APLs or other guidance.

1.1.15 Medical Loss Ratio Remittance

In accordance with W&I section 14197.2(c)(1), Contractor must provide a remittance to DHCS for a Medical Loss Ratio (MLR) reporting year if the MLR reported in accordance with Exhibit A, Attachment III, Subsection 1.2.5 (*Medical Loss Ratio*) for that MLR reporting year does not meet the minimum MLR standard of 85 percent. DHCS must validate Contractor's reported remittance amount pursuant to Exhibit A, Attachment III, Subsection 1.2.5 (*Medical Loss Ratio*) and determine the final remittance amount owed by Contractor for each MLR reporting year and rating region. Starting January 1, 2025, Contractor must impose equivalent remittance requirements on its Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors.

1.1.16 State Program Receiving Federal Financial Participation

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 which CMS has withdrawn federal authority, or which is the subject of a legislative repeal), Contractor must cease its work on the part no longer authorized by law after the effective date of the loss of such program authority. DHCS must adjust Capitation Payments to remove costs that are specific to any State program or activity receiving FFP that is no longer authorized by law to receive FFP. 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 should 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 receiving FFP, and DHCS included the cost of performing that work in its payments to Contractor, 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.

1.1.17 Community Reinvestment

A. Contractor must demonstrate a commitment to the local communities in which it operates through community reinvestment activities including contributing a set percentage of its annual net income under this Contract to community reinvestment, in accordance with the plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (*Community Reinvestment Plan and Report*). This requirement is effective following Contractor's first year of operation as a Medi-Cal Managed Care Health Plan, as determined by DHCS. The percentage of Contractor's annual net income required to be contributed must be:

1) 5 percent of the portion of Contractor's annual net income that is less than or equal to 7.5 percent of Contract Revenues for the year; and

2) 7.5 percent of the portion of Contractor's annual net income that is greater than 7.5 percent of Contract Revenues for the year.

B. If Contractor has a Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor, Contractor must require all of its Fully Delegated Subcontractors or Downstream Fully Delegated Subcontractors to demonstrate a commitment to the local communities in which it operates through community reinvestment activities including contributing a set percentage of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income under the Fully Delegated Subcontractor's Subcontractor Agreement or Downstream Subcontractor's Downstream Subcontractor Agreement that is attributable to Members covered under this Contract to community reinvestment, in accordance with the plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (*Community Reinvestment Plan and Report*). This requirement is effective following Contractor's first year of operation as a Medi-Cal Managed Care Health Plan, as determined by DHCS. The percentage of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income required to be contributed must be:

1) 5 percent of the portion of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income that is less than or equal to 7.5 percent of the amount the Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor is paid under its Subcontractor Agreement or Downstream Subcontractor Agreement with Contractor for the year; and

2) 7.5 percent of the portion of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income that is greater than 7.5 percent of the amount the Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor is paid under its Subcontractor Agreement or Downstream Subcontractor Agreement with Contractor for the year.

1.1.18 Quality Achievement Requirement

If Contractor does not meet quality outcome metrics as defined through an APL or similar guidance, it must contribute an additional 7.5 percent of its annual net income under this Contract to community reinvestment in accordance with the

plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (*Community Reinvestment Plan and Report*).

1.1.19 Enhanced Care Management Risk Corridor

A Risk Sharing Mechanism will be in effect for each of the Rating Periods covering dates of services from January 1, 2022, through December 31, 2025.

A. The Risk Sharing Mechanism described in this provision may result in payment by the State to Contractor or by Contractor to the State in a form and manner specified by DHCS through APLs or other technical guidance.

B. The Risk Sharing Mechanism will be symmetrical and based on the results of an Enhanced Care Management (ECM) risk corridor calculation performed in a form and manner specified by DHCS through APLs or other technical guidance, aggregated across applicable Medi-Cal Managed Care contracts between Contractor and the State for those capitation increments, services, and populations associated with ECM, as determined by DHCS.

C. Contractor must provide and certify allowable medical expense data as necessary for the ECM risk corridor calculation in a form and manner specified by DHCS. The data and any related substantiating documentation may be subject to review and adjustment at DHCS' discretion in a form and manner specified by DHCS through APLs or other technical guidance, and may be subject to audit by the State or its designee.

D. DHCS or its designee will initiate the ECM Risk Corridor calculation for a given Rating Period no sooner than 12 months after the end of the applicable Rating Period.

1.1.20 Federally Qualified Health Center Alternative Payment Model Risk Corridor

A Risk Sharing Mechanism will be in effect for each of the Rating Periods that the Federally Qualified Health Center (FQHC) Alternative Payment Model (APM) is in effect in accordance with W&I section 14138.16.

A. The Risk Sharing Mechanism described in this Subsection may result in payment by the State to Contractor or by Contractor to the State in a form and manner specified by DHCS through APLs or other technical guidance.

B. The Risk Sharing Mechanism will be symmetrical and based on the results of an FQHC APM risk corridor calculation performed in a form and manner specified by DHCS through APLs or other technical guidance, aggregated across applicable Medi-Cal managed care contracts between Contractor

and the State for those capitation increments, services, and populations associated with the FQHC APM, as determined by DHCS.

C. Contractor must provide and certify allowable medical expense data as necessary for the FQHC APM risk corridor calculation in a form and manner specified by DHCS. The data and any related substantiating documentation may be subject to review and adjustment at DHCS' discretion in a form and manner specified by DHCS through APLs or other technical guidance, and may be subject to audit by the State or its designee.

D. DHCS or its designee will initiate the FQHC APM Risk Corridor calculation for a given Rating Period no sooner than 12 months after the end of the applicable Rating Period.

1.1.21 Unsatisfactory Immigration Status Risk Corridor

A Risk Sharing Mechanism will be in effect for each of the Rating Periods covering dates of services from January 1, 2024, through December 31, 2024.

A. The Risk Sharing Mechanism described in this Subsection may result in payment by the State to Contractor or by Contractor to the State in a form and manner specified by DHCS through APLs or other technical guidance.

B. The Risk Sharing Mechanism will be symmetrical and based on the results of an Unsatisfactory Immigration Status (UIS) risk corridor calculation performed in a form and manner specified by DHCS through APLs or other technical guidance, aggregated across applicable Medi-Cal managed care contracts between Contractor and the State for those capitation increments, services, and populations associated with UIS, as determined by DHCS.

C. Contractor must provide and certify allowable medical expense data as necessary for the UIS risk corridor calculation in a form and manner specified by DHCS. The data and any related substantiating documentation may be subject to review and adjustment at DHCS' discretion in a form and manner specified by DHCS through APLs or other technical guidance, and may be subject to audit by the State or its designee.

D. DHCS or its designee will initiate the UIS risk corridor calculation for a given Rating Period no sooner than 12 months after the end of the applicable Rating Period.

Exhibit C – General Terms and Conditions

The entire General Terms and Conditions (GTC 04/2017) developed by the California Department of General Services (DGS) ("Exhibit C") is not included in this Contract. Instead, applicable terms and provisions from Exhibit C have been incorporated throughout this Contract.

In the event that DGS amends Exhibit C after the effective date of the Contract, Contractor agrees that DHCS, in its sole discretion, may incorporate future DGS amendments into this Contract through the issuance of an All Plan Letter (APL) or other similar instructions.

Exhibit D(f) – Special Terms and Conditions

This is version (Rev. 10/22)

Exhibit D(f)

Special Terms and Conditions

(For federally funded service contracts or agreements and grant agreements)

The use of headings or titles throughout this exhibit is for convenience only and not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" shall 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” shall 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.). The provisions herein apply to this Agreement unless the provisions are removed by reference on the face of this Agreement, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

Index of Special Terms and Conditions

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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 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, Section 503 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 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 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 CFR 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 CFR 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 cancelled, 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 CFR 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 CFR 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 shall, unless otherwise specified in this Agreement, be at the rates currently in effect,

as established by the California Department of Human Resources (CalHR), for nonrepresented State employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the CalHR rates change during the term of the Agreement, the new rates apply upon their effective date and no amendment to this Agreement shall 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 shall 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 shall 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

c. Paragraph c of Provision 3 also apply, if equipment/property purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

d. 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 not exceed $50,000 annually.

To secure equipment/property above the annual maximum limit of $50,000, the Contractor 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 be deducted from the funds available in this Agreement. Contractor 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 also apply, if equipment/property purchases are delegated to Subcontractors that are either a government or public entity.

(3) Nonprofit organizations and commercial businesses use a procurement system that meets the following standards:

(a) Maintain a code or standard of conduct that govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall 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 be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

(c) Procurements be conducted in a manner that provides for all of the following:

[1] Avoid purchasing unnecessary or duplicate items.

[2] Equipment/property solicitations be based upon a clear and accurate description of the technical requirements of the goods to be procured.

[3] Take positive steps to utilize small and veteran owned businesses.

e. 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.

f. 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.

g. 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.

h. 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) also be maintained on file by the Contractor and/or subcontractor for inspection or audit.

i. 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 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 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 report the receipt to the DHCS Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor 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 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 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 request a copy from the DHCS Program Contract Manager. Contractor:

(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 not be affected by its incorporation or attachment to any property not owned by the State.

c. Unless otherwise stipulated, DHCS 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 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 immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor 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, only be used for performance of this Agreement or another DHCS agreement.

Within sixty (60) calendar days prior to the termination or end of this Agreement,

the Contractor provide a final inventory report of equipment and/or property to the DHCS Program Contract Manager and, 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 be at DHCS expense and according to DHCS instructions. Equipment and/or property disposition instructions 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.

f. **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 return such vehicles to DHCS and 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 be the legal owner of said motor vehicles and the Contractor 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, 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 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, 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, as soon as practical, furnish a copy of the certificate of insurance to the DHCS Program Contract Manager. The certificate of insurance identify the DHCS contract or agreement number for which the insurance applies.

(c) The C**o**ntractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, 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:

[1] 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).

[2] 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.

[3] The insurance carrier 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 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 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 shall 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 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 Chapter 5 Section 5.80 Subsection B.2.

b. 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 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.

c. 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 be confirmed in writing by DHCS.

d. Contractor maintain a copy of each subcontract entered into in support of this Agreement and, upon request by DHCS, make copies available for approval, inspection, or audit.

e. 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.

f. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.

g. The Contractor ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.

h. 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."

i. Unless otherwise stipulated in writing by DHCS, the Contractor be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.

j. Contractor, 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, 19, 20, 24, 32 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 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 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 be subject at all reasonable times to inspection, audit, and reproduction.

c. Contractor agrees that DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States 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 Section 8546.7, Public Contract Code (PCC) Sections 10115 et seq., Code of California Regulations Title 2, Section 1896.77.) The Contractor comply with the above and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in PCC Section10115.10.

d. The Contractor and/or Subcontractor 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 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 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 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. The Contractor, if applicable, comply with the Single Audit Act and the audit requirements set forth in 2 C.F.R. § 200.501 (2014).

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 provide and 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 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 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 be deducted from any sum due the Contractor under this Agreement and the balance, if any, 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 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 ninety (90) 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

a. **Ownership**

(1) Except where DHCS has agreed in a signed writing to accept a license, DHCS be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

(2) For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights,

rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

(a) For the purposes of the definition of Intellectual Property, “works” means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

(3) In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of DHCS’ Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor not use any of DHCS’ Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of DHCS. Except as otherwise set forth herein, neither the Contractor nor DHCS give any ownership interest in or rights to its Intellectual Property to the other Party. If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to DHCS, Contractor agrees to abide by all license and confidentiality restrictions applicable to DHCS in the third-party’s license agreement.

(4) Contractor agrees to cooperate with DHCS in establishing or maintaining DHCS’ exclusive rights in the Intellectual Property, and in assuring DHCS’ 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 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 DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or DHCS and which result directly or indirectly from this Agreement or any subcontract.

(5) Contractor further agrees to assist and cooperate with DHCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts

reasonably necessary to acquire, transfer, maintain, and enforce DHCS' Intellectual Property rights and interests.

b. **Retained Rights / License Rights**

(1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, Contractor 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. 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, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

(2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of DHCS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

c. **Copyright**

(1) Contractor agrees that for purposes of copyright law, all works [as defined in Paragraph a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor enter into a written agreement with any such person that: (i) all work performed for Contractor be deemed a "work made for hire" under the Copyright Act and (ii) that person assign all right, title, and interest to DHCS to any work product made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

(2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement, include DHCS' notice of copyright, which read in 3mm or larger typeface: "© [Enter Current Year e.g., 2010, etc.], California Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the California Department of Health Care Services." This notice should be

placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions contain a similar audio notice of copyright.

d. **Patent Rights**

With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically included in the Agreement's scope of work, Contractor hereby grants to DHCS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Contractor agrees to assign to DHCS, without additional compensation, all its right, title and interest in and to such inventions and to assist DHCS in securing United States and foreign patents with respect thereto.

e. **Third-Party Intellectual Property**

Except as provided herein, Contractor agrees that its performance of this Agreement not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining DHCS' prior written approval; and (ii) granting to or obtaining for DHCS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon these terms is unattainable, and DHCS determines that the Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor obtain a license under terms acceptable to DHCS.

f. **Warranties**

(1) Contractor represents and warrants that:

(a) It is free to enter into and fully perform this Agreement.

(b) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.

(c) 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 DHCS 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 thirdparty based on an alleged violation of any such right by Contractor.

(d) 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.

(e) 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 estate, sites, locations, property or props that may be used or shown.

(f) It has not granted and not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to DHCS in this Agreement.

(g) 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.

(h) 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.

(2) DHCS 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.

g. **Intellectual Property Indemnity**

(1) Contractor indemnify, defend and hold harmless DHCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, 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 DHCS' 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 DHCS and which result directly or indirectly from this Agreement. This indemnity obligation 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. DHCS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against DHCS.

(2) Should any Intellectual Property licensed by the Contractor to DHCS under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve DHCS' right to use the licensed Intellectual Property in accordance with this Agreement at no expense to DHCS. DHCS 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 DHCS 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, DHCS 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 DHCS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges DHCS would suffer irreparable harm in the event of such breach and agrees DHCS 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.

h. **Federal Funding**

In any agreement funded in whole or in part by the federal government, DHCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the Agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall 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.

i. **Survival**

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

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 USC 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 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 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 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 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 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 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 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. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement 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 direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief render a decision within ten (10) Working Days after receipt of the written grievance from the Contractor. The Branch Chief 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 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 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 be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

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 follow the procedures set forth in Health and Safety Code Section 100171.

c. Unless otherwise stipulated in writing by DHCS, all dispute, grievance and/or

appeal correspondence 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 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.

17. Financial and Compliance Audit Requirements

a. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.

b. Direct service contract means a contract or agreement for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code Section 38020). Direct service contracts do not include contracts, agreements, grants, or subventions to other governmental agencies or units of government nor contracts or agreements with regional centers or area agencies on aging (H&S Code Section 38030).

c. The Contractor, as indicated below, agrees to obtain one of the following audits:

(1) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives **$25,000 or more** from any State agency under a direct service contract or agreement; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(2) ***If the Contractor is a nonprofit organization (as defined in H&S Code Section 38040)*** and receives **less than $25,000** per year from any State agency under a direct service contract or agreement, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of State law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**

(3) ***If the Contractor is a State or Local Government entity or Nonprofit organization*** and expends $750,000 or more in federal awards, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in 2 C.F.R. 200.501 entitled "Audit Requirements". An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:

(a) The Contractor is a recipient expending federal awards received directly

from federal awarding agencies, or

(b) The Contractor is a subrecipient expending federal awards received from a pass-through entity such as the State, County or community based organization.

(4) If the Contractor submits to DHCS a report of an audit other than a 2 C.F.R. 200.501audit, the Contractor must also submit a certification indicating the Contractor has not expended $750,000 or more in federal funds for the year covered by the audit report.

d. Two copies of the audit report be delivered to the DHCS program funding this Agreement. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report be due within 30 days after the completion of the audit. Upon receipt of said audit report, the DHCS Program Contract Manager forward the audit report to DHCS' Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.

e. The cost of the audits described herein may be included in the funding for this Agreement up to the proportionate amount this Agreement represents of the Contractor's total revenue. The DHCS program funding this Agreement must provide advance written approval of the specific amount allowed for said audit expenses.

f. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.

g. Nothing in this Agreement limits the State's responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.

h. Nothing in this provision limits the authority of the State to make audits of this Agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State rely on those audits and any additional audit work and build upon the work already done.

i. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.

j. The Contractor must include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.

k. Federal or State auditors have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization

wide audit is being performed, but the audit report has not been issued. The federal or State auditors review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for *Audit of Government Organizations, Programs, Activities and Functions*, better known as the "yellow book".

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 or subagreement 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 meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder.

19. Novation Requirements

If the Contractor proposes any novation agreement, DHCS act upon the proposal within 60 days after receipt of the written proposal. DHCS may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, DHCS will initiate an amendment to this Agreement to formally implement the approved proposal.

20. 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 CFR Part 180, 2 CFR 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 CFR Part 180, Subpart C as supplemented by 2 CFR Part 376.

(6) not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR 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 submit an explanation to the DHCS Program Contract Manager.

d. The terms and definitions herein have the meanings set out in 2 CFR Part 180 as supplemented by 2 CFR 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.

21. 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.

22. 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 work place.

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.

23. 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 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.

24. 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.

25. Performance Evaluation

(Not applicable to 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 not be a public record and 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 shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

27. Four-Digit Date Compliance

(Applicable to agreements in which Information Technology (IT) services are provided to DHCS or if IT equipment is procured.)

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. “Four Digit Date compliant” Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

28. 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.

29. 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 Military and Veterans Code Section 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 Military and Veterans Code section 999.5(g), a DVBE subcontractor may only be replaced by another DVBE subcontractor and must be approved by both DHCS and the Department of General Services (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.

   (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.

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 Military and Veterans Code § 999.9; Public Contract Code (PCC) §10115.10, or PCC §4110 (applies to public works only).

f. Upon completion of this Contract, DHCS requires the Contractor to certify using the Prime Contractor's Certification – DVBE Subcontracting Report (STD 817), al 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, DHCS 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 Section 999 of the Military & Veterans Code, including, but not limited to, the requirements of Section 999.5(d). (PCC§ 10230.)

30. 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 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 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.

31. Alien Ineligibility Certification

(Applicable to sole proprietors entering 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 Government Code Sections 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 account for State funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.

c. Grantee, 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 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 Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety 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 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 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 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 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 cancelled and the Agreement resumes, changes to the services, deliverables, performance dates, and/or contract terms resulting from the suspension or stop work notification shall require an amendment to the Agreement.

e. If a suspension or stop work notification is not canceled and the Agreement is cancelled or terminated pursuant to the provision entitled Cancellation / Termination, DHCS allow reasonable costs resulting from the suspension or stop work notification in arriving at the settlement costs.

f. DHCS shall 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 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. 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.

b. These authorities include, but are not limited to, Title 2, Code of Federal Regulations (CFR) Part 200, subpart F, Appendix II; Title 42 CFR Part 431, subpart F; Title 42 CFR Part 433, subpart D; Title 42 CFR Part 434; Title 45 CFR Part 75, subpart D; and Title 45 CFR Part 95, subpart F. To the extent applicable under federal law, this Agreement incorporate the contractual provisions in these federal regulations and they supersede any conflicting provisions in this Agreement.

37. 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, 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 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 nonappropriated 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 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 file a certification, and a disclosure form, if required, to the next tier above.

(5) All disclosure forms (but not certifications) be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person 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 undersigned 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 complete and submit Standard Form LLL, “Disclosure of Lobbying Activities" in accordance with its instructions.

3. The undersigned 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 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 shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Name of Contractor	Printed Name of Person Signing for Contractor
Contract / Grant Number	Signature of Person Signing for Contractor
Date	Title

After execution by or on behalf of Contractor, please return to:

California Department of Health Care Services

DHCS reserves the right to notifiy the contractor in writing of an alternate submission address.

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 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 grants.

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 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 – Program Terms and Conditions

1.0 Program Terms and Conditions

1.1 Program Terms and Conditions

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Exhibit E - Program Terms and Conditions

1.1.1 Governing Law

A. Contractor must comply with all applicable federal and State law.

B. All Contract disputes and determinations must be decided under California law.

C. The venue and forum for any action involving a Contract dispute will be in the Superior Court for the State of California, County of Sacramento.

D. Applicability of the Knox-Keene Act

1) A Contractor who is licensed as a health care service plan pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (KKA) (and its implementing regulations (28 California Code of Regulations (CCR) section 1000, *et seq*.) must comply with all applicable provisions of the KKA.

2) A Contractor who is not licensed to operate as a health care service plan pursuant to the KKA must perform all acts and satisfy all requirements under the KKA to the same extent as Contractors who are licensed pursuant to the KKA, except as otherwise expressly provided in this Contract. A Contractor who is not licensed to operate as a health care service plan under the KKA is not required by this Contract to perform or satisfy the following:

a) Any provision of the KKA which requires the submission of a report of any kind to the Department of Managed Health Care (DMHC) or obliges a health care service plan to seek approval from DMHC, including, but not limited to, the Independent Medical Review processes set out in section 1370.4 and Article 5.55 of the KKA;

b) Any provision under Article 3 of the KKA related to licensure; and

c) The provisions set forth in Exhibit K of this Contract. Exhibit K is not an exhaustive or exclusive list, and other provisions of the KKA may also be excluded from the Contract pursuant to this Exhibit E, Subsection 1.1.1 (*Governing Law*) or other provisions of this Contract.

3) Both KKA-licensed Contractors and non-KKA-licensed Contractors are subject to the following provisions:

a) Nothing in this Exhibit E, Subsection 1.1.1 (*Governing Law*) is intended to relieve Contractor of any other duties or requirements that would otherwise apply; and

b) In the event that a provision of this Contract sets a standard or requirement that is higher, or affords a greater benefit or right to a Member than that which the KKA provides, the Contract provisions prevail.

1.1.2 DHCS Guidance

Contractor must comply with all DHCS guidance, including but not limited to All Plan Letters (APLs), PLs, the California Medicaid State Plan, and the Medi-Cal Provider Manual.

A. APLs and PLs

Contractor must comply with all existing and future APLs and PLs as follows:

1) APLs and PLs existing on the effective date of the Contract will be considered part of the Contract as if fully set forth herein;

2) APLs and PLs issued or revised subsequent to the effective date of the Contract can provide clarification of existing contractual obligations;

3) APLs and PLs issued or revised subsequent to the effective date of the Contract can provide instructions regarding implementation of mandated obligations, including but not limited to implementation of changes in State or federal statutes or regulations, or pursuant to judicial interpretation; and

4) APLs and PLs issued by DHCS pursuant to statutory authority to issue guidance in lieu of regulations will have the same force and effect as regulations and may set forth new obligations.

5) APLs and PLs cited and incorporated by reference into the Contract also include any subsequent revisions to the APL or PL.

B. California Medicaid State Plan

Unless otherwise specified in this Contract, Contractor will comply with all applicable provisions of the California Medicaid State Plan, as amended. In the event there is a conflict between the California Medicaid State Plan and this Contract, the California Medicaid State Plan will control. The California Medicaid State Plan and any amendments thereto, can be viewed at the California's Medicaid State Plan (Title XIX) web page.

C. Medi-Cal Provider Manual

Unless otherwise specified in this Contract, Contractor must comply with all current and applicable provisions of the Medi-Cal Provider Manual. In the event that the Medi-Cal Provider Manual conflicts with this Contract, APLs and PLs, and/or any applicable federal or State laws, the Contract, the APL or PL, or the applicable law will control. The Medi-Cal Provider Manual can be viewed online.

1.1.3 Contract Interpretation

A. Conflict with Law

Any provision of this Contract that is in conflict with current or future applicable federal or State laws or regulations is hereby amended to conform to the provisions of those laws and regulations. Such amendment of the Contract will be effective on the effective date of the statutes or regulations necessitating it and will be binding on Contractor even though such amendment may not yet have been put in writing, formally agreed upon, and executed by Contractor and DHCS.

If changes in federal or State law result in a material change to the Contract, the amendment may constitute grounds for termination of this Contract in accordance with Exhibit E, Subsection 1.1.16 (*Termination*). The parties will be bound by the terms of the amendment until the effective date of the termination.

B. Word Usage

Unless the context of this Contract clearly requires otherwise, (a) the plural and singular numbers will each be deemed to include the other; (b) the masculine, feminine, and neuter genders will each be deemed to include the others; (c) "shall," "will," "must," or "agrees" are mandatory, and "may" is permissive; (d) "or" is not exclusive; and (e) "includes" and "including" are not limiting.

C. Ambiguities

If it is necessary to interpret the text of this Contract to address potential ambiguities, all applicable laws may be used as aids in interpreting the Contract. However, DHCS and Contractor agree that any such applicable laws will not be interpreted to create additional contractual obligations upon either DHCS or Contractor, unless such applicable laws are expressly incorporated into this Contract in some section other than this Section. This Contract is the product of mutual negotiation, and if any ambiguities should arise in the interpretation of this Contract, both parties will be deemed authors of this Contract.

D. Unenforceable Provisions

In the event that any provision of this Contract is unenforceable or held to be unenforceable, then DHCS and Contractor agree that all other provisions of this Contract have force and effect and will not be affected thereby.

E. Timeliness

Time is of the essence in this Contract.

F. Entire Agreement

This written Contract, any amendments thereto, and DHCS guidance as identified in Exhibit E, Subsection 1.1.2 (*DHCS Guidance*), will constitute the entire agreement between the parties. No oral representations will be binding on either party unless such representations are put in writing and made an amendment to this Contract.

1.1.4 Assignments, Mergers, Acquisitions

Contractor is prohibited from assigning this Contract, either in whole or in part, without the express written consent of DHCS in the form of a formal written amendment signed by DHCS, Contractor, and the third-party assignee (See also, Exhibit A, Attachment III, Subsection 3.1.2 (*DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements).* Contractor must also obtain the express written consent of DHCS prior to entering into a merger or acquisition, whether or not Contractor is the merging party or the acquiring party.

1.1.5 Independent Contractor

Contractor and their employees and agents, in the performance of this Contract, will act in an independent capacity and not as officers or employees or agents of DHCS.

1.1.6 Amendment and Change Order Process

A. General Provisions

The parties recognize that during the term of this Contract, the Medi-Cal managed care program is a dynamic program requiring ongoing changes to its operations and that the scope and complexity of changes will vary widely over the term of this Contract. Contractor must develop a system which has the capability to implement such changes in an orderly and timely manner. This is an essential contract performance obligation.

B. Proposal of Contract Changes

Except for required amendments pursuant to Exhibit E, Subsection 1.1.3.A (*Contract Interpretation*) should either party, during the life of this Contract, desire a change in this Contract, that change must be proposed in writing to the other party. The other party must acknowledge receipt of the proposal within ten calendar days of receipt of the proposal. The party proposing any such change will have the right to withdraw the proposal any time prior to acceptance or rejection by the other party. Any proposal must set forth an explanation of the reason and basis for the proposed change and the text of the desired amendment to this Contract.

1) Regardless of the party desiring the change, DHCS will be responsible for drafting the proposed amendment and providing it to Contractor for review and comment prior to the language being finalized and submitted to CMS for approval.

2) DHCS will determine Contractor’s Capitation Payment rates for each Rating Period and, as necessary, subsequent revised rates for the same Rating Period, as stated in Exhibit B, Subsection 1.1.5 (*Determination and Redetermination of Capitation Payment Rates*).

C. Implementation of Contract Capitation Payments

DHCS may, at any time within the general scope of this Contract and by written notice, implement Capitation Payment rates through amendments to the Contract upon approval from CMS. Capitation Payment rates that are tied to proposed changes to the terms or requirements of the Contract effective within the Rating Period will be included in an amendment to the Contract.

D. Contractor's Obligation to Implement

Notwithstanding approval by CMS of proposed changes to this Contract, Contractor will comply with changes mandated by DHCS. In the case of

changes mandated by regulations, statutes, federal guidelines, or judicial interpretation, Contractor must immediately begin implementation of any change proposed in an amendment to this Contract or through an APL. If DHCS implements an amendment or APL, Contractor must implement the required changes and accept current Capitation Payments as stated in Exhibit B, Section 1.5 (*Determination and Redetermination of Capitation Payment Rates*) while discussions relevant to any Capitation Payment rate adjustment, if applicable, are taking place.

1.1.7 Delegation of Authority

DHCS intends to implement this Contract through a single administrator, called the "DHCS Contracting Officer." The Director will appoint its DHCS Contracting Officer. The DHCS Contracting Officer, under the direction of the Director and on behalf of DHCS, will make all determinations and take all actions as are appropriate under this Contract, subject to the limitations of applicable federal and State laws and regulations. The DHCS Contracting Officer may delegate their authority to act to an authorized representative through written notice to Contractor.

Contractor will designate a single administrator (Contractor's Representative) to implement this Contract. Contractor's Representative, on behalf of Contractor, will make all determinations and take all actions as are appropriate to implement this Contract, subject to the limitations of the Contract, federal and State laws and regulations. Contractor's Representative may delegate their authority to act to an AR through written notice to the DHCS Contracting Officer. Contractor's Representative will be empowered to legally bind Contractor to all agreements reached with DHCS.

Contractor will designate Contractor’s Representative in writing and must notify the DHCS Contracting Officer in accordance with Exhibit E, Subsection 1.1.12 (*Notices*).

1.1.8 Authority of the State

A. Subject to federal and State laws and regulations, DHCS has sole authority to establish, define, and determine the reasonableness, necessity, level, and scope of Covered Services available under the Medi-Cal managed care program administered through this Contract or coverage for such benefits, or the eligibility of Members or Providers to participate in the Medi-Cal managed care program.

B. DHCS has sole authority to establish or interpret policy and its application related to administration of the Medi-Cal program.

C. Contractor must not make any limitations, exclusions, or changes in benefits or benefit coverage; any changes in definition or interpretation of benefits; or any changes in the administration of the Contract related to the scope of benefits, allowable coverage for those benefits; or eligibility of Members or Providers to participate in the program, without the express, written direction or approval of the DHCS Contracting Officer.

1.1.9 Fulfillment of Obligations

Contractor must not waive any covenant, condition, duty, obligation, or undertaking contained in or made a part of this Contract except by written agreement of the parties. 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 will have the right to invoke any remedy available under this Contract, or under law, notwithstanding such forbearance or indulgence.

1.1.10 Obtaining DHCS Approval

A. DHCS Approval of Deliverables Prior to Commencement of Operations

Prior to commencement of operations, Contractor must obtain written approval from DHCS for all deliverables, including but not limited to protocols, policies, and procedures, set forth in Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*).

B. DHCS Approval of Protocols, Policies, and Procedures

In addition to the deliverables identified in Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*) of this Contract, DHCS reserves the right to review and approve or disapprove Contractor's protocols, policies, and procedures. DHCS may, from time to time, request changes to Contractor's existing protocols, policies, and procedures. DHCS will issue such requests through APLs or other similar instructions. The deliverables, protocols, policies, and procedures referenced in this Exhibit E, Subsections 1.1.10.A and B (*Obtaining DHCS Approval*), will be subject to the DHCS approval process set forth in Exhibit E, Subsection 1.1.10.C (*Obtaining DHCS Approval*), below.

C. DHCS Approval Process

Within 60 calendar days of receipt, DHCS will make all reasonable efforts to approve in writing Contractor's deliverables, protocols, policies, and procedures; provide Contractor with a written explanation of disapproval;

or provide a written estimated date of completion of DHCS' review process.

If DHCS does not complete its review of submitted materials within 60 calendar days of receipt, or within the estimated date of completion of DHCS review, Contractor may elect to implement or use the materials at Contractor's sole risk and subject to possible subsequent disapproval by DHCS. This Exhibit E, Subsection 1.1.10.C (*Obtaining DHCS Approval*) will not be construed to imply DHCS approval of any materials that have not received written DHCS approval. This Section will not apply to Subcontractor Agreements, Downstream Subcontractor Agreements, or Network Provider Agreements subject to DHCS approval in accordance with Exhibit A, Attachment III, Subsection 3.1.2 (*DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements*).

1.1.11 Certifications

A. For each data submission required by 42 Code of Federal Regulations (CFR) section 438.604, Contractor must comply with the requirements of 42 CFR section 438.606 and APL 17-005. Contractor must submit its certification of compliance concurrently with the submission of its data, documentation or information pursuant to 42 CFR section 438.606(c). Contractor's certification(s) must be certified by Contractor's Chief Executive Officer (CEO); Chief Financial Officer (CFO); or an individual who reports directly to the CEO or CFO with delegated authority to sign for the CEO or CFO. Contractor's CEO or CFO is solely responsible for the truth, accuracy and completeness of Contractor's certification.

1) Contractor's data submissions must be in a form and manner specified by DHCS:

a) Encounter Data as set forth in 42 CFR section 438.604(a)(1); and

b) Data used by the State to certify actuarial soundness of Capitation Payment rates as set forth in 42 CFR section 438.604(a)(2).

2) Medical Loss Ratio (MLR) data as set forth in 42 CFR section 438.604(a)(3);

3) Financial data regarding provisions against risk of insolvency as set forth in 42 CFR section 438.604(a)(4);

4) Documentation described in 42 CFR section 438.207(b) used to certify compliance with this Contract's requirements for accessibility and availability of services, including Network adequacy;

5) Contractor's information on ownership and control, including its Subcontractors, Downstream Subcontractors, and Network Providers, as set forth in 42 CFR sections 438.608(c)(2), 438.602(c), and 455.104;

6) The annual report of overpayment recoveries as required in 42 CFR section 438.608(d)(3);

7) Network Data as required in Exhibit A, Attachment III, Subsection 2.1.4 (*Network Provider Data Reporting*);

8) Documentation confirming compliance with this Contract's interoperability requirements and APL 22-026 that is certified by Contractor's CEO or CFO and in accordance with submission requirements in APL 17-005; and

9) Any other data, documentation, or information requested by DHCS relating to the performance of Contractor's obligations under this Contract.

B. The Contractor Certification Clauses (CCC) contained in the Department of General Services form document CCC 04/2017 are hereby incorporated by reference and made a part of this Contract by this reference as if attached hereto.

1.1.12 Notices

All notices to be given under this Contract must be in writing and are deemed given when sent certified mailed or electronic mail (email) to DHCS or Contractor. DHCS and Contractor will designate email addresses for notices sent via email. Notices sent certified mail must be addressed to the following DHCS and Contractor addresses:

California Department of Health Care Services	[Contractor's Name]
Managed Care Operations Division	
Attn: DHCS Contract Manager	Attn: Contractor Representative
MS 4407	
P.O. Box 997413	[Mailing Address]
Sacramento, CA 95899-7413	[City, State Zip Code]

1.1.13 Term

A. The Contract will be effective January 1, 2024, and will continue in full force and effect through December 31, 2025, subject to Exhibit B, Subsection 1.1.1 (*Budget Contingency Clause*), CMS waiver approval, and Exhibit D(f), Section 9 (*Federal Contract Funds*).

B. If Contractor has not already commenced operations, the term of this Contract consists of the following three periods:

1) The Implementation Period;

2) The Operations Period; and

3) The Phaseout Period.

C. The Operations Period will commence at the conclusion of the Implementation Period, subject to DHCS acceptance of Contractor's readiness to begin the Operations Period. The term of the Operations Period is subject to the termination requirements of Exhibit E, Subsections 1.1.16 (*Termination*) and 1.1.19, (*Sanctions*), and subject to the limitation provisions of Exhibit B, Subsection 1.1.1 (*Budget Contingency Clause*).

D. The Phaseout Period will commence on the date the Operations Period or Contract extension ends. The Phaseout Period will extend until all activities required during the Phaseout Period for each Service Area are fully completed to the satisfaction of DHCS, in its sole discretion.

E. If Contractor has commenced operations as of the effective date of this Contract, the term of the Contract consists of the Operations Period and the Phaseout Period. The term of the Operations Period is subject to the termination requirements of Exhibit E, Subsections 1.1.16 (*Termination*) and 1.1.19 (*Sanctions*) below and subject to the limitation requirements of Exhibit B, Subsection 1.1.1 (*Budget Contingency Clause*).

1.1.14 Service Area

The Service Area covered under this Contract includes:

XXXXXXX County/ies

Unless otherwise specified in this Contract, all Contract provisions apply separately to each Service Area. This Contract may expire for some Service Areas and remain in effect for others with each Service Area having its own Operations and Phaseout Periods.

1.1.15 Contract Extension

DHCS has the exclusive option to extend the term of the Contract for any Service Area during the last 12 months of the Contract, as determined by the original expiration date or by a new expiration date if an extension option has been exercised. Contractor will be given at least nine months prior written notice of DHCS' decision on whether it will exercise this option to extend the Contract for each Service Area.

Contractor will provide written notification to DHCS of its intent to accept or reject the Contract extension within five Working Days of the receipt of the notice from DHCS.

1.1.16 Termination

A. DHCS-Initiated Terminations

1) Mandatory Termination

a) DHCS must terminate this Contract in the event of any of the following:

i. The Secretary of the U.S. Department of Health & Human Services (U.S. DHHS) determines that Contractor does not meet the requirements for participation in the Medicaid program (42 United States Code (USC) section 1396);

ii. DMHC finds that Contractor no longer qualifies for licensure under the KKA (Health and Safety Code (H&S) section 1340 *et seq.*), if licensure is required; or

iii. The Director determines the health and welfare of Members is jeopardized by continuation of the Contract.

b) Termination pursuant to Subsection 1.16.A.1 (*Mandatory Termination*) will be effective immediately. Termination under this Section 1.16.A does not relieve Contractor of its obligations under Exhibit E, Section 1.17 (*Phaseout Requirements*).

2) Termination for Cause

a) DHCS may terminate this Contract and be relieved of any payments should Contractor fail to perform the requirements of this Contract. In the event of such termination, DHCS may

proceed with providing the services required under this Contract in any manner deemed proper by DHCS. All costs to the State will be deducted from any sum due Contractor under this Contract and the balance, if any, will be paid to Contractor upon demand.

b) DHCS will provide Contractor with at least 60 calendar days' notice prior to the effective date of termination, unless Potential Member harm requires a shorter notice period. Contractor agrees that this notice provision is reasonable. Termination under this Subsection does not relieve Contractor of its obligations under Exhibit E, Subsection 1.1.17 (*Phaseout Requirements*).

c) DHCS will terminate this Contract under this Subsection, pursuant to the provisions of W&I section 14197.7 and 22 CCR section 53873.

d) Contractor may dispute termination decisions under this Exhibit E, Subsection 1.1.16 (*Termination*), through the dispute resolution process pursuant to Exhibit E, Subsection 1.1.21 (*Contractor's Dispute Resolution Requirements*).

3) Permissive Termination

Following a merger or acquisition involving Contractor in which Contractor did not obtain DHCS' express written consent pursuant to Exhibit E, Subsection 1.1.4 (*Assignments, Mergers, Acquisitions*), whether Contractor is the merging party or the acquiring party, DHCS, in its sole discretion, retains the right to terminate this Contract.

a) DHCS will provide written notice of termination to Contractor at least 60 calendar days prior to the effective date of termination.

b) Contractor must fully perform all Contract obligations prior to the effective date of termination. Contractor will not be entitled to additional reimbursement for the services provided following notice of termination until the termination effective date.

c) Termination under this Subsection does not relieve Contractor of its Phaseout Requirement obligations as stated in Exhibit E, Subsection 1.1.17 (*Phaseout Requirements*).

4) Termination Without Cause

a) DHCS may terminate this Contract and award a new contract for one or more of the Service Areas to another Medi-Cal managed care plan during one of the amendment periods as described in Exhibit E, Subsection 1.1.15 (*Contract Extension*).

b) Notwithstanding any other provision in this Contract, DHCS may terminate this Contract in whole or in part at any time at DHCS' sole discretion.

c) DHCS will notify Contractor of termination under this Exhibit E, Subsection 1.1.16 (*Termination*) at least six months prior to the effective date of termination to allow for all Phaseout Requirements to be completed.

B. Contractor-Initiated Terminations

Contractor may only terminate this Contract under one or more of the following circumstances:

1) For Rating Periods subsequent to Calendar Year 2024, if Contractor does not accept the Capitation Payment rates determined by DHCS, or if DHCS decides to negotiate the Capitation Payment rates and the parties do not agree on the rates; or

2) When a change in contractual obligations is created by a State or federal change in the Medi-Cal program or a lawsuit that substantially alters the financial assumptions and conditions under which Contractor entered into this Contract, such that Contractor can demonstrate to the satisfaction of DHCS that it cannot remain financially solvent through the term of the Contract, the following will apply:

a) Contractor will submit a detailed written financial analysis to DHCS supporting its conclusions that it cannot remain financially solvent. At DHCS' request, Contractor will submit or otherwise make available to DHCS all of Contractor's financial work papers, financial reports, financial books and other records, bank statements, computer records, and any other information requested by DHCS to evaluate Contractor's financial analysis;

b) DHCS and Contractor may negotiate an earlier termination date than the termination date set forth in this Subsection 1.16.B, if Contractor can demonstrate to the satisfaction of DHCS that it cannot remain financially solvent until the termination date that would otherwise be established under this Subsection;

c) Contractor must provide at least a six-month written notice of termination under this Exhibit E, Subsection 1.1.16 (*Termination*). The effective date of termination will be December 31 of the year in which Contractor gives notice, unless the date of notice is less than six months before December 31. In that event, termination under this Exhibit E, Subsection 1.1.16 (*Termination*) will be effective no earlier than December 31 of the following year.

d) Termination under these circumstances does not relieve Contractor of its obligations as stated in Exhibit E, Subsection 1.1.17 (*Phaseout Requirements).*

C. Termination of Obligations

Contractor's obligations to provide Covered Services under this Contract or under any Contract extension terminate on the date the Operations Period ends.

D. Notice to Members of Transfer of Care

Following notice of termination by either DHCS or Contractor, notice to the Member will be directed by DHCS. Contractor will not send any notices to its Members regarding the termination unless it receives prior approval from DHCS.

1.1.17 Phaseout Requirements

A. DHCS will retain Capitation Payment for each Service Area from Contractor's Capitation Payment for the last four months of the Operations Period for each Service Area, or Contractor must provide a performance bond to DHCS of an equal amount, until all Directive Payment Initiatives and Supplemental Payments have been calculated and processed by DHCS and all activities required during the Phaseout Period for each Service Area are fully completed to the satisfaction of DHCS, in its sole discretion.

Upon DHCS' processing of all Directive Payment Initiatives and Supplemental Payments and the completion of all Phaseout Period

activities for each Service Area, the withhold will be paid to Contractor or the performance bond will be released. If Contractor fails to meet any requirements of the Phaseout Period for each Service Area, DHCS will deduct the costs of the remaining activities from the withhold amount and continue to withhold payment until all activities are completed.

B. The objective of the Phaseout Period is to ensure that, in connection with the expiration or termination of this Contract, Contractor ensures an orderly transfer of necessary data and history records to DHCS or to a successor Medi-Cal managed care plan. Contractor will not provide services to Members during the Phaseout Period.

Within no later than 90 calendar days prior to termination or expiration of this Contract and through the Phaseout Period for each Service Area, Contractor must assist DHCS in the transition of Members and in ensuring, to the extent possible, continuity of Member-Provider relationships. In doing this, Contractor will make available to DHCS, without additional compensation, copies of each Member's Medical Records and files, and any other pertinent information, including information maintained by any Subcontractor, Downstream Subcontractor, or Network Provider, necessary to provide effected Members with case management and continuity of care. In no circumstances will a Medi-Cal Member be billed for this activity.

C. Phaseout for this Contract includes processing, payment, and monetary and data reconciliations necessary regarding Provider claims for Covered Services.

1) Phaseout for this Contract includes the completion of all financial and reporting obligations of Contractor. Contractor will remain liable for the processing and payment of invoices and other claims for payment for Covered Services and other services provided to Members prior to the expiration or termination of this Contract. Contractor must timely submit to DHCS all reports required in Exhibit A, Attachment III, Article 7.0 (*Operations Deliverables and Requirements*) for the period from the last submitted report through the expiration or termination date, and Contractor will be obligated to cooperate with DHCS with regard to the reconciliation of Contractor's Encounter Data Reporting and Network Provider Data Reporting for up to two years following the expiration or termination of this Contract.

2) All data and information provided by Contractor will be accompanied by a letter, signed by the responsible authority, certifying, under penalty of perjury, to the accuracy and completeness of the materials provided.

D. The Phaseout Period will commence on the date the Operations Period of the Contract or Contract extension ends. Phaseout related activities are non-payable obligations and services.

1.1.18 Indemnification

A. As a condition of entering into this Contract, Contractor agrees to indemnify, defend and hold harmless the State, DHCS and its officers, agents, and employees from any and all claims and losses accruing or resulting from any and all Network Providers, Subcontractors, Downstream 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 Contract, 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 Contract.

B. Contractor further agrees to indemnify, defend, and hold harmless the State, DHCS and its officers, agents, and employees from any and all claims and losses, any and all attorneys' fees and costs, judgments, damages, and any Administrative Costs incurred by DHCS or a Member from any and all litigation, arbitration or mediation resulting directly, indirectly, or arising out of Contractor's denial, delay, or modification of requested Covered Services.

C. Contractor further agrees to indemnify, defend, and hold harmless the State, DHCS and its officers, agents and employees from any and all claims and losses, any and all attorneys' fees and costs, including DHCS' defense costs, judgments, damages, any Administrative Costs incurred from claims that Contractor violated the Telephone Consumer Protection Act of 1991, 47 USC section 227 *et seq*., and/or related Federal Communications Commission regulations in the performance of this Contract.

D. Contractor further agrees to indemnify, defend and hold harmless the State, DHCS and its officers, agents and employees from any and all claims and losses, any and all attorneys' fees and costs, judgments, damages, any Administrative Costs incurred to the extent DHCS is required to provide notice to affected Members and Potential Members, and any other costs associated with any actual or alleged breach, by Contractor and any vendor, Subcontractor, Downstream Subcontractor, or Network Provider Contractor contracts with in the performance of this Contract, of the following statutes and regulations: the of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical

Health Act, Public Law 111-005 (“the HITECH Act"), 42 USC section 17921 *et seq.*, and their implementing privacy and security regulations at 45 CFR parts 160 and 164 and the Information Practices Act, and Civil Code (CC) section 1798 *et seq.* by Contractor.

E. DHCS is authorized to withhold any and all attorneys’ fees and costs, judgments, damages, any Administrative Costs incurred pursuant to this indemnification agreement, from Contractor’s next Capitation Payment or any other method to recoup DHCS’ costs from Contractor.

1.1.19 Sanctions

A. Contractor is subject to sanctions and civil penalties for the specific conduct set forth in 42 CFR sections 438.700, 438.702, 438.704, 438.706, and 438.708. DHCS is also authorized to impose additional sanctions on Contractor pursuant to 42 CFR section 438.702(b) as set forth in W&I section 14197.7, APL 23-012, and any other applicable law.

B. Monetary sanctions imposed pursuant to W&I section 14197.7 may be separately and independently assessed and may also be assessed for each day Contractor fails to correct an identified deficiency. For deficiencies that impact Members and Potential Members, each impacted Member or Potential Member constitutes a separate violation for the purposes of imposing a monetary sanction.

C. Good cause for imposing monetary sanctions includes but is not limited to a breach of this Contract, a violation of a legal obligation (including, but not limited to, obligations imposed by statute, regulation, APL, PL, or other DHCS Guidance), a finding of deficiency that results in an improper denial or delay in the delivery of health care services, potential endangerment of a Member’s care, disruption in Contractor’s Network, failure to approve continuity of care for a Member, failure to timely and correctly reimburse claims, or a delay in required reporting to DHCS. Further grounds for imposing sanctions include, but are not limited to, those set forth in 42 CFR section 438.700 et seq., W&I section 14197.7, and APL 23-012.

D. DHCS may identify findings of noncompliance or good cause through any means, including, but not limited to, findings in audits; investigations; contract compliance reviews; Quality Improvement System monitoring; routine monitoring; facility site surveys; Encounter Data submissions; Grievances and Appeals; Network adequacy reviews; assessments of timely access requirements; reviews of utilization data; health plan rating systems; State Hearing decisions; IMR decisions; complaints from Members, Providers, Network Providers, Subcontractors, Downstream Subcontractors, other stakeholders, or whistleblowers; and Contractor’s self-disclosures.

E. Sanctions in the form of denial of payments provided for under this Contract for new Members will be taken, when and for as long as, payment for those Members is denied by CMS under 42 CFR section 438.730.

F. DHCS may also impose nonmonetary sanctions as set forth in 42 CFR section 438.700 et seq., W&I section 14197.7, APL 23-012, and any other applicable law.

G. DHCS is not required to impose a Corrective Action plan on Contractor before imposing any of the sanctions set forth in this Section or in State and federal law.

H. DHCS may impose sanctions in addition to any monetary damages recovered pursuant to Exhibit E, Subsection 1.1.20 (*Liquidated Damages*).

1.1.20 Liquidated Damages

A. If Contractor breaches this Contract, DHCS will be entitled to all legal and equitable remedies available under the law, including monetary damages in the form of actual, consequential, direct, indirect, special, and/or liquidated damages.

B. Contractor agrees that any breach of this Contract, including but not limited to a breach due to Contractor's delay in implementing new program requirements or plan readiness requirements or Contractor's failure to meet its Quality or Network Adequacy obligations, may result in damage to the State or DHCS that is difficult to quantify. In the event of such a breach, Contractor agrees that the Director is authorized to impose liquidated damages on Contractor in the amount of $25,000 for each separate and distinct breach in addition to liquidated damages in the amount of $25,000 for each day Contractor fails to remedy the breach, which the Parties agree bears a reasonable relationship to the range of actual damages the Parties anticipate would flow from such a breach.

C. Contractor acknowledges that DHCS' authority to impose monetary sanctions and other intermediate sanctions pursuant to 42 CFR section 438.700 *et seq*. and W&I section 14197.7, as set forth in Exhibit E, Subsection 1.1.19 (*Sanctions*)*,* is separate and distinct, and that DHCS may recover damages for Contractor's breach, including liquidated damages, in addition to any sanctions imposed under Exhibit E, Subsection 1.1.19 *(Sanctions).*

1.1.21 Contractor's Dispute Resolution Requirements

Contractor must comply with and exhaust the requirements of this Section when it initiates a contract dispute with DHCS. This Exhibit E, Subsection 1.1.21 (*Contractor's Dispute Resolution Requirements*) does not apply to challenges to sanctions as described in Exhibit E, Subsection 1.1.19 *(Sanctions)* liquidated damages as described in Exhibit E, Subsection 1.1.20 *(Liquidated Damages)*, or any other contract compliance action initiated by DHCS. Contractor's filing of a Notice of Dispute, as defined in Paragraph B of this Section, does not preclude DHCS from withholding or recouping the value of the amount in dispute from Contractor, or from offsetting the amount in dispute from subsequent Capitation Payment(s).

A. Resolution of Dispute by Negotiation

Contractor agrees to make best efforts to resolve all alleged contractual issues by negotiation and mutual agreement at the DHCS Contracting Officer level before appealing to the DHCS Office of Administrative Hearings and Appeals (OAHA). Contractor must exhaust OAHA's appeal process before filing a writ in Sacramento County Superior Court. During the negotiations to resolve Contractor's issues, DHCS and Contractor may agree, in writing, to an extension of time for continuing negotiations to resolve Contractor's dispute before the decision of the DHCS Contracting Officer is issued.

B. Notice of Dispute

Within 30 calendar days from the date that the alleged dispute arises or otherwise becomes known to Contractor, Contractor must serve a written notice of dispute to the DHCS Contract Manager. Contractor's failure to serve its notice of dispute within 30 calendar days from the date the alleged dispute arises or otherwise becomes known to Contractor constitutes a waiver of all issues raised in Contractor's notice of dispute.

Contractor's notice of dispute must include, based on the most accurate information and substantiating documentation available to Contractor, the following:

1) That the dispute is subject to the procedures in this Exhibit E, Subsection 1.1.21 (*Contractor's Dispute Resolution Requirements*);

2) The date, nature, and circumstances of the alleged conduct that is subject of the dispute;

3) The names, phone numbers, functions, and conduct of every Subcontractor, Downstream Subcontractor, Network Provider, DHCS/State official or employee involved in or knowledgeable of the alleged issue(s) that is the subject of the dispute;

4) The identification of any substantiating documents and the substance of any oral communications that are relevant to the alleged conduct;
5) Copies of all substantiating documentation and any other evidence attached to its notice of dispute;

6) The factual and legal bases supporting Contractor's notice of dispute;

7) The cost impact to Contractor directly attributable to the alleged conduct, if any; and

8) Contractor's desired remedy.

After Contractor submits its notice of dispute with all accurate available substantiating documentation, Contractor must comply with 22 CCR section 53851(d) and diligently continue performance of its obligations under this Contract, including compliance with contract requirements that are the subject of, or related to, Contractor's notice of dispute.

If Contractor requests and DHCS agrees, Contractor's notice of dispute may be decided by an alternate dispute officer (ADO). DHCS will designate an ADO who was not directly involved in the alleged conduct that prompted Contractor's notice of dispute.

Any appeal of the DHCS Contracting Officer's decision to OAHA or a writ seeking review of OAHA's decision in Sacramento County Superior Court is limited to the issues and arguments set forth and properly documented in Contractor's notice of dispute, that were not waived or resolved.

C. Timeframes

The DHCS Contracting Officer or ADO will have 90 calendar days to review Contractor's initial notice of dispute and available substantiating documentation and issue a decision unless there is a written agreement between DHCS and Contractor to extend that time. If the DHCS Contracting Officer or ADO determines that additional substantiating documentation is required, they will provide Contractor with a written request identifying the issue(s) requiring additional supporting documentation. Contractor must provide that additional substantiating documentation no later than 30 calendar days from receipt of the request.

Unless Contractor and the DHCS Contracting Officer or ADO agree to an extension of time, in writing, Contractor's failure to provide additional substantiating documentation, or otherwise notify the DHCS Contracting

Officer or ADO that no additional documents exist, within 30 calendar days from the request, constitutes Contractor's waiver of all issues raised in Contractor's notice of dispute.

Issues raised by Contractor in the notice of dispute will be decided by the DHCS Contracting Officer or the ADO within 90 calendar days from receipt of Contractor's substantiating documentation or within 60 calendar days from receipt of all additionally requested substantiating documentation from Contractor, whichever is later.

D. The DHCS Contracting Officer's or ADO's Decision

1) If the DHCS Contracting Officer or the ADO finds in favor of Contractor, they may:

a) Correct the conduct which prompted Contractor's notice of dispute; or

b) Require performance of the disputed conduct and, if there is a cost impact sufficient to constitute a material change in obligations pursuant to the payment provisions under Exhibit B, Subsection 1.1.1 (*Budget Contingency Clause*), direct DHCS to comply with that Exhibit. In the event of such a finding DHCS will not owe interest on any underpayment found due and owing pursuant to the notice of dispute.

2) If DHCS' Contracting Officer or the ADO denies Contractor's notice of dispute, they are authorized to direct the manner of Contractor's future contractual performance.

E. Appeal of the DHCS Contracting Officer's or ADO's Decision

1) Contractor will have 30 calendar days following the receipt of DHCS Contracting Officer's or ADO's decision to appeal the decision to the Director, through OAHA. All of Contractor's appeals will be governed by H&S section 100171, except Government Code (GC) section 11511 relating to depositions will not apply. The venue of OAHA appeals will be in Sacramento.

2) All of Contractor's appeals must be in writing and must be filed with OAHA and a copy sent to the Chief Counsel of DHCS and DHCS Contract Manager. Contractor's appeal will be deemed filed on the date it is received by OAHA. Contractor's appeal must specifically set forth the unresolved issues that remain in dispute and issues that have not been waived because of Contractor's failure to provide all substantiating documentation to DHCS, as specified in

Exhibit E, Subsection 1.1.21 (*Contractor's Dispute Resolution Requirements*). Additionally, Contractor's appeal is solely limited to the issues raised in its notice of dispute that have not been resolved or waived.

3) Contractor has the burden of proof of demonstrating that its position is correct and must show by a preponderance of evidence that:

   a) DHCS acted improperly such that it breached this Contract; and

   b) Contractor sustained a cost impact directly related to DHCS' breach.

4) OAHA's jurisdiction is limited to issues and arguments raised in the notice of dispute that were not waived either by the untimely filing of the notice of dispute or statement of disputed issues, or by Contractor's failure to provide all requested substantiating documentation requested by DHCS Contracting Officer or ADO or otherwise resolved by Contractor and DHCS.

5) Contractor's failure to timely appeal the decision to OAHA constitutes a waiver by Contractor of all issues raised in Contractor's notice of dispute. This waiver of claims also precludes the filing of a writ in Sacramento Superior Court, or any other court.

F. No Obligation to Pay Interest

If Contractor prevails on its notice of dispute pursuant to a DHCS Contracting Officer's or ADO's decision, an OAHA decision, or an order or decision issued by any State or federal court, including any State or federal court of appeal, or any order, decision, opinion, or award issued in any other forum, DHCS will not be required to pay interest on any amounts found to be due or owing to Contractor arising out of the notice of dispute.

G. Contractor's Duty to Perform

Contractor must comply with all requirements of 22 CCR section 53851(d) and all obligations under this Contract, including continuing Contract requirements that are the subject of, or related to, Contractor's notice of dispute until there is a final decision from the DHCS Contracting Officer, the ADO or a decision on an appeal in Sacramento County Superior Court.

H. Waiver of Claims

Contractor waives all claims or issues if it fails to timely submit a notice of dispute with all substantiating documents within the timeframes noted in Subsection 1.1.21.C, above. Contractor also waives all claims or issues set forth in its notice of dispute if it fails to timely submit all additional substantiating documentation within 30 calendar days of the DHCS Contracting Officer's or ADO's request, or if it fails to timely appeal the DHCS Contracting Officer's or ADO's decision in the manner and within the time specified in this Subsection 1.1.21. Contractor's waiver includes all damages whether direct or consequential in nature.

1.1.22 Inspection and Audit of Records and Facilities

A. Recordkeeping Requirements

1) Records to be Maintained

Contractor must maintain all records and documents necessary to disclose how Contractor discharges its obligations under this Contract. These records and documents will disclose the quantity of Covered Services provided under this Contract, the quality of those services, the manner and amount of payment made for those services, the persons eligible to receive Covered Services, the manner in which Contractor administered its daily business, and the cost thereof.

Contractor must maintain all working papers, reports submitted to (DHCS, DMHC, Division of Medi-Cal Fraud & Elder Abuse (DMFEA), United States Department of Health & Human Services (U.S. DHHS), and United States Department of Justice (US DOJ), financial records, books of account, Medical Records, prescription files, laboratory results, Subcontractor Agreements, Downstream Subcontractor Agreements, and Network Provider Agreements, information systems and procedures, and any other documentation pertaining to medical and non-medical services rendered to Members.

In addition, and in accordance with 42 CFR section 438.3(u), Contractor must retain the following information for no less than ten years and allow auditing entities to inspect and audit:

a) Member Grievance and Appeal records as required in 42 CFR section 438.416;

b) Base data as defined in 42 CFR section 438.5(c);

c) MLR reports as required in 42 CFR section 438.8(k); and

d) Data, information, and documentation specified in 42 CFR sections 438.604, 438.606, 438.608, and 438.610.

2) Records Retention Period

Notwithstanding any other records retention time period set forth in this Contract, Contractor must maintain all records and documents described in this Exhibit E, Subsection 1.1.22 (*Inspection and Audit of Records and Facilities*) for a minimum of ten years from the final date of the Phaseout Period or from the date of completion of any audit, whichever is later, in accordance with 42 CFR sections 438.3(h) and (u) and 438.230(c).

B. Right to Audit and Inspect Records and Facilities

1) Authorized Agencies

Contractor agrees that the following agencies, including but not limited to, DHCS, the Centers for Medicare & Medicaid Services (CMS), U.S. DHHS, U.S. DHHS Office of the Inspector General, the Comptroller General of the United States, US DOJ, DMFEA, DMHC, the External Quality Review Organization (EQRO) contractor, and all other agencies authorized under State and federal law (authorized agencies), and their duly authorized representatives or designees, will have the right to audit and inspect the records and documents in the form or manner in which the authorized agencies request, and facilities of Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers.

2) Right to Audit and Inspect at Any Time

DHCS, and its designees, and other authorized agencies and their designees, may, at any time, inspect and audit any and all records, documents, contracts, computers, or other electronic systems maintained by Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers in the form or manner in which the authorized agencies request, and may, at any time, inspect the premises, facilities, and equipment pertaining directly or indirectly to the delivery of Medi-Cal services pursuant to 42 CFR sections 438.3(h) and (u) and 438.230(c), and other applicable State and federal law.

3) Scope of Inspection

DHCS and other authorized agencies may, at any time, audit, inspect, and monitor, Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers, to assure compliance with any provision of this Contract; evaluate the quality, appropriateness, and timeliness of services performed under this Contract; and for any other reasonable purpose.

Upon request, and through the end of the records retention period specified in Exhibit E, Subsection 1.1.22.A.2 (*Inspection and Audit of Records and Facilities*), Contractor must furnish any record, or copy of it, to DHCS or any other auditing entity listed in this Exhibit E, Subsection 1.1.22 (*Inspection and Audit of Records and Facilities*), at Contractor's sole expense.

4) Right to Audit and Inspect Exists for Ten Years

The right to audit and inspect under this this Exhibit E, Subsection 1.1.22 (*Inspection and Audit of Records and Facilities*) exists for ten years from the final date of the Contract Phaseout Period or from the date of completion of any audit, whichever is later, in accordance with 42 CFR sections 438.3(h) and (u) and 438.230(c).

5) Additional Facility Inspection Rights

In addition to Exhibit D(f), Section 8 (*Site Inspection*) in order to ensure compliance with this Contract, and for any other reasonable purpose, Contractor agrees to the following:

a) DHCS, and its authorized representatives and designees, and authorized agencies, and their authorized representatives and designees, will have the right to access the premises and facilities of Contractor, and the premises and facilities of its Subcontractors, Downstream Subcontractors, and Network Providers, with or without notice, including, but not limited to, the management information systems operations site or such other places where duties and obligations under the Contract are performed.

b) Staff designated by DHCS, and the designated staff of other authorized agencies, must be provided access to security areas of all Contractor, and its Subcontractors, Downstream Subcontractors,' and Network Providers, . Contractor must provide, and must require any and all of its Subcontractors, Downstream Subcontractors, and Network Providers to

provide, reasonable cooperation and assistance to auditing representatives in the performance of their duties.

c) DHCS may conduct unannounced inspections and audits of the premises and facilities of Contractor, and its Subcontractors, Downstream Subcontractors, and Network Providers, selected at DHCS' sole discretion, to verify compliance of these sites with DHCS requirements.

1.1.23 Confidentiality of Information

In addition to Exhibit D(f), Section 14 (*Confidentiality of Information*), Contractor also agrees to the following duties and responsibilities with respect to confidentiality of information and data:

A. Notwithstanding any other provision of this Contract, names of persons receiving public social services are confidential and are to be protected from unauthorized disclosure in accordance with 42 CFR section 431.300 *et seq.*, W&I section 14100.2, and regulations adopted thereunder. For the purpose of this Contract, all information, records, data, and data elements collected and maintained for the operation of the Contract and pertaining to Members will be protected by Contractor.

Contractor may release Medical Records in accordance with applicable law pertaining to the release of this type of information. Contractor is not required to report to DHCS requests for Medical Records made in accordance with applicable law, unless the law requires such reporting.

B. With respect to any identifiable information obtained by Contractor, or its Subcontractors, Downstream Subcontractors, or Network Providers, concerning a Member under this Contract, Contractor will ensure the following:

1) Any such information will not be used for any purpose other than carrying out the express terms of this Contract;

2) All requests for disclosure of such information will be promptly transmitted to DHCS, except requests for Medical Records in accordance with applicable law;

3) Any such information will not be disclosed, except as otherwise specifically permitted by this Contract, to any party other than DHCS without DHCS' prior written authorization specifying that the information is releasable under 42 CFR section 431.300 *et seq.*, W&I section 14100.2, and regulations adopted thereunder; and

4) At the termination of this Contract, the return all such information to DHCS or maintain such information as directed by DHCS.

C. Contractor will have provisions in its Subcontractor Agreements and Network Provider Agreements requiring Subcontractors, Downstream Subcontractors, and Network Providers to comply with this Exhibit E, Subsection 1.1.23 (*Confidentiality of Information*).

1.1.24 Pilot Projects

DHCS may establish pilot projects to test alternative managed care models tailored to suit the needs of populations with special health care needs. The operation of these pilot projects may result in the disenrollment of Members that participate. Implementation of a pilot project may affect Contractor's obligations under this Contract. Any changes in the obligations of Contractor that are necessary for the operation of a pilot project in Contractor's Service Area will be implemented through a contract amendment.

1.1.25 Cost Avoidance and Post-Payment Recovery of Other Health Coverage

A. Contractor must Cost Avoid or make a Post-Payment Recovery **(**PPR) for the reasonable value of services paid by Contractor and rendered to a Member whenever a Member's Other Health Coverage (OHC) covers the same services, fully or partially. However, in no event may Contractor Cost Avoid or seek PPR for the reasonable value of services from a Third-Party Tort Liability (TPTL) action or make a claim against the estates of deceased Members.

B. Contractor must, at a minimum, utilize the Medi-Cal eligibility record for Cost Avoidance and PPR purposes.

C. Contractor retains all monies for PPR when Contractor initiates and completes recovery within 12 months from the date of payment of a service. Any monies for PPR obtained after the 12 months following the date of payment of a service are considered Medi-Cal recoveries and must be remitted to DHCS.

D. If Contractor initiates an active repayment plan with Network Providers or third-party insurance carriers that is agreed upon prior to, and extends beyond 12 months from, the date of payment of a service, Contractor will be allowed to retain the recovered monies.

E. Contractor must coordinate benefits with other coverage programs and entitlements, recognizing the OHC as primary and the Medi-Cal program as the payer of last resort, except for services in which Medi-Cal is required to be the primary payer.

F. If Contractor does not perform PPR for a Member with OHC, Contractor must demonstrate to DHCS, upon request, that the cost of PPR exceeds the total Contract Revenues Contractor projects it would receive from such activity.

G. Cost Avoidance

1) Contractor must not pay claims for services provided to a Member whose Medi-Cal eligibility record indicates third-party coverage, designated by an OHC code or Medicare coverage, without proof that the Provider has first exhausted all sources of other payments. Acceptable forms of proof that all sources of payment have been exhausted or do not apply include a denial letter from the OHC for the service, an explanation of benefits indicating that the service is not covered by the OHC, or documentation demonstrating that Provider has billed the OHC and received no response for at least 90 calendar days.

2) Contractor must ensure that Providers do not refuse to provide Covered Services to Members, when OHC is indicated on a Member's Medi-Cal eligibility record.

3) Contractor must allow Providers to direct bill services that meet DHCS' requirements for direct billing without attempting to Cost Avoid those services. Cost Avoidance is not required prior to payment for services provided to Members with OHC codes A or N. More information on services that qualify for direct billing can be found in the Medi-Cal Provider Manual, Part 2 – General Medicine, section "Other Health Coverage (OHC): CPT-4 and HCPCS Codes (oth hlth cpt)".

4) Prior to delivering services, Contractor must ensure that Providers review the Member's Medi-Cal eligibility record for third-party coverage, designated by OHC or Medicare coverage code. If the Member's Medi-Cal eligibility record indicates OHC and the requested service is covered by OHC, Contractor must ensure that Providers notify the Member to seek the service from OHC.

5) When Contractor denies a claim due to OHC, Contractor must include OHC information in its notice of claim denial to Provider. OHC information includes, but is not limited to, the name of the OHC or Medicare carrier, and contact or billing information of the OHC.

H. Reporting Requirements for Cost Avoidance

Contractor must report new OHC information not found on the Medi-Cal eligibility record or that is different from what is reflected on the Medi-Cal eligibility record to DHCS within ten calendar days of discovery. Contractor must report discrepancies in the Medi-Cal record by either completing and submitting an OHC removal or addition form found online at https://www.dhcs.ca.gov or reporting OHC information to DHCS in batch updates. Batch updates regarding OHC information are processed by DHCS on a weekly basis. Contractor may contact its DHCS Contract Manager for more information regarding this process.

I. Post-Payment Recovery

1) Contractor must pay Provider's claim and then seek to recover the cost of the claim by billing the liable third parties in either of the following circumstances:

   a) The Member had OHC code A on their Medi-Cal eligibility record at the time of service; or

   b) For services defined by DHCS as preventive pediatric services.

2) When Contractor discovers that a service was provided to a Member with OHC designated in the Medi-Cal eligibility record, and Contractor did not properly Cost Avoid the service, then Contractor must bill the OHC for the cost of actual services rendered. If OHC is discovered retroactively, Contractor must also bill the OHC for the cost of actual services rendered.

3) Contractor must bill the liable OHC for the cost of services provided to Members. Billing and recoupment must be completed within 12 months from the date of payment of a service.

4) Monies recovered by DHCS or DHCS' contracted recovery agent starting on the first day of the 13th month after the date of payment of a service will be retained by DHCS.

J. Reporting Requirements

Contractor must submit a monthly PPR Report to DHCS via Secure File Transfer Protocol (SFTP) by the 15th day of each month in a format specified by DHCS in APLs. This report must contain claims and recovery information and any other information specified by DHCS in APLs.

K. Contractor must have written policies and procedures implementing all of the requirements of this Subsection 1.1.25 (*Cost Avoidance and Post-Payment Recovery of Other Health Coverage*).

1.1.26 Third-Party Tort and Workers' Compensation Liability

Contractor must not make a claim for recovery of the value of Covered Services rendered to a Member in cases or instances involving casualty insurance, tort, Workers' Compensation, or class action claims. Contractor's failure to comply with this provision is non-delegable. In the event that Contractor's failure to comply with this provision negatively impacts DHCS' ability to recover its full statutory lien, DHCS reserves the right to deduct any losses from Contractor's Capitation Payments. To assist DHCS in exercising DHCS' exclusive responsibility for recovering casualty insurance, tort, Workers' Compensation, or class action claims, Contractor must meet the following requirements:

A. Within 30 calendar days of DHCS' request, submit all requested service and utilization information and, when requested, copies of paid invoices/claims for its Members, including information from Network Providers, out-of-Network Providers, Subcontractors, and Downstream Subcontractors. Service and utilization information and copies of paid invoices/claims must set out any services provided by Contractor, including, but not limited to, physical, mental, and dental health services. Records must include services provided on a Fee-For-Service, capitated basis, and any other payment arrangements, regardless of whether a payment was made or denied. The reasonable value of the services must be calculated as the usual, customary, and reasonable charge made to the general public for similar services, or the amount paid to Network Providers or out-of-Network Providers for similar services. No additional payment will be made to Contractor for compliance with this provision.

B. Submit the requested service and utilization information and paid invoices/claims in a form and manner specified by DHCS through DHCS designated SFTP, in compliance with the electronic format and process, as set forth in APLs . Contractor must include the attestation in a form and manner specified by DHCS signed by the custodian of records or a designee with knowledge of the Member Information provided to DHCS, as set forth in APLs.

C. Notify DHCS using the appropriate online notification form at the Third Party Liability and Recovery Division Online Forms page, https://dhcs.ca.gov/PIForms, within ten calendar days of receiving a request from attorneys, insurers, or Members for a lien, pursuant to DHCS' recovery rights. These requirements do not relieve Contractor of other legal duties to Contractor's Members or other entities, including, without limitation, the duty to respond to Members' requests for their own

Protected Health Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

D. Use the TPLManagedCare@dhcs.ca.gov inbox for all communications regarding Contractor's service and utilization information and copies of paid invoices/claims file submissions, to submit questions or comments related to the preparation and submission of these reports, and for issues related to accessing the SFTP folders.

E. Have written policies and procedures implementing all of the requirements of this Exhibit E, Subsection 1.1.26 (*Third-Party Tort and Workers' Compensation Liability*).

1.1.27 Litigation Support

A. Records

Upon request by DHCS, Contractor must timely gather, preserve, and provide, in the form and manner specified by DHCS, any information, subject to any lawful privileges, in the possession of Contractor or its Subcontractors, Downstream Subcontractors, or Network Providers , relating to threatened or pending litigation by or against DHCS. If Contractor asserts that any requested documents are covered by a lawful privilege, Contractor must:

1) Sufficiently identify the claimed privileged documents to reasonably identify the documents; and

2). State the privilege being claimed that supports withholding production of the document.

Contractor agrees to promptly provide DHCS with a copy of any documents provided to any party in any litigation by or against DHCS. Contractor acknowledges that time is of the essence in responding to such a request. Contractor will use its best efforts to immediately notify DHCS of any subpoenas, document production requests, or requests for records received by Contractor or its Subcontractors, Downstream Subcontractors, or Network Providers related to this Contract or the Subcontractor Agreements, Downstream Subcontractor Agreements, and Network Provider Agreements entered into under this Contract.

B. Document Authentication and Testimony

Contractor will make its personnel and employees available to DHCS to authenticate documents, provide testimony as a witness, act as a "person most knowledgeable," and assist in other ways as requested by DHCS, in

connection with litigation, Public Record Acts requests, subpoenas, inquiries, and/or audits by federal and State agencies and departments, and inquiries by third-parties, as requested by DHCS. No additional payments will be paid to Contractor for the activities described in this Exhibit E, Subsection 1.1.27 (*Litigation Support*).

1.1.28 Equal Opportunity Employer

Contractor must comply with all applicable federal and State employment discrimination laws. Contractor, must:

A. In all solicitations or advertisements for employees placed by or on behalf of Contractor, state that it is an equal opportunity employer;

B. Send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a DHCS-approved notice, advising the labor union or workers' representative of its commitment as an equal opportunity employer and post copies of the notice in conspicuous places available to employees and applicants for employment;

C. 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;

D. Ensure that the evaluation and treatment of its employees and applicants for employment are free of such discrimination and comply with the provisions of the Fair Employment and Housing Act (GC §12900 *et seq*.), and the applicable regulations promulgated thereunder (2 CCR § 11000 *et seq.*). The applicable regulations of the Fair Employment and Housing Council implementing GC section 12990, set forth in Subchapter 5 of Division 4.1 of Title 2 of the California Code of Regulations are incorporated into this Contract by reference and made a part hereof as if set forth in full;

E. Give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement; and

F. Include the nondiscrimination and compliance provisions of this clause in all contracts to perform work under the Contract, in accordance with 2 CCR section 11105.

1.1.29 Federal and State Nondiscrimination Requirements

Contractor must:

A. Comply with federal nondiscrimination requirements in Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Sections 504 and 508 of the Rehabilitation Act of 1973, as amended; Titles II and III of the Americans with Disabilities Act of 1990, as amended; Section 1557 of the Patient Protection and Affordable Care Act of 2010; and federal implementing regulations promulgated under the above-listed statutes; and

B. Comply with California nondiscrimination requirements, including, without limitation, the Unruh Civil Rights Act, GC sections 7405 and 11135, W&I section 14029.91, and State implementing regulations.

1.1.30 Discrimination Prohibitions

A. Member Discrimination Prohibition

Contractor must not unlawfully discriminate against Members or Potential Members on the basis of any characteristic protected under federal or State nondiscrimination law, including sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, in accordance with the statutes identified in Exhibit E, Subsection 1.1.29 (*Federal and State Nondiscrimination Requirements*) above, rules and regulations promulgated pursuant thereto, or as otherwise provided by law. For the purpose of this Contract, discrimination includes, but is not limited to, unlawfully:

1) Denying any Member Covered Services or availability of a Facility;

2) Providing a Member with any Covered Service that is different, or is provided in a different manner or at a different time from that which is provided to other Members under this Contract except where medically indicated;

3) Subjecting a Member to segregation, separate treatment, or harassment in any manner related to the receipt of any Covered Service;

4) Restricting or harassing a Member in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any

Covered Service; treating a Member or Potential Member differently from others in determining whether they satisfy any admission, Enrollment, quota, eligibility, membership; or adding other requirements or conditions which Members must meet in order to be provided any Covered Service;

5) Assigning times or places for the provision of services on the basis of the sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, to the Members to be served;

6) Utilizing criteria or methods of administration which have the effect of subjecting individuals to discrimination;

7) Failing to make Auxiliary Aids available, or to make reasonable accommodations in policies, practices, or procedures, when necessary to avoid discrimination on the basis of disability; and

8) Failing to ensure meaningful access to programs and activities for Limited English Proficient (LEP) Members and Potential Members.

B. Member Affirmative Action

Contractor must take affirmative action to ensure that Members are provided Covered Services without regard to sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, except as needed to provide equal access to LEP Members or Members with disabilities, or where medically indicated. For the purposes of this Section, genetic information includes the carrying of a gene which may, under some circumstances, be associated with disability in that person's offspring, but which causes no adverse effects on the carrier. Such genes will include, but are not limited to, Tay-Sachs trait, sickle cell trait, thalassemia trait, and X-linked hemophilia.

C. Discrimination Related To Health Status

Contractor must not discriminate against Members or Potential Members on the basis of their health status or requirements for health care services during Enrollment, re-Enrollment or disenrollment. Contractor must not

terminate the Enrollment of a Member based on an adverse change in the Member's health.

1.1.31 Small Business Participation and Disabled Veteran Business Enterprises Reporting Requirements

A. Contractor must comply with applicable requirements of California law relating to Disabled Veteran Business Enterprises (DVBE) commencing at Public Contract (PC) Code section 10230.

B. If for this Contract, Contractor made a commitment to achieve small business participation, then Contractor must annually and within 60 calendar days of receiving final payment under this Contract report to DHCS the actual percentage of small business participation that was achieved (GC § 14841).

C. If for this Contract, Contractor made a commitment to achieve DVBE participation, then Contractor must annually and within 60 calendar days of receiving final payment under this Contract certify in a report to DHCS:

1) The total amount 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 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. (Military and Veterans Code § 999.5(d); GC § 14841

1.1.32 Conflict of Interest Avoidance Requirements

Contractor will comply with all requirements relating to Contractor's obligations to avoid conflicts of interest as described in Exhibit H (*Conflict of Interest Avoidance Requirements*).

1.1.33 Guaranty Provision

If Contractor is a subsidiary of another entity, Contractor must submit a guaranty from any entity in Contractor's chain of ownership that is publicly traded. If no such parent entity is publicly traded, the guaranty must be submitted by a parent entity at a level in the chain of ownership that is acceptable to DHCS. The guaranty must meet all requirements set forth in

Exhibit I (*Contractor's Parent Guaranty Requirements*) of this Contract and be in a form satisfactory to DHCS, and provide for the full and prompt performance of all covenants, terms and conditions, and agreements throughout the term of the Contract.

1.1.34 Priority of Provisions

In the event of a conflict between the provisions of Exhibit D(f) (*Special Terms and Conditions*) and any other Exhibits of this Contract, the provisions in the other Exhibits will prevail over the provisions in Exhibit D(f). Additionally, where Exhibit D(f) contains provisions on the same subject matter as a provision in another Exhibit of this Contract, the language in the other Exhibit preempt and prevail over the language in Exhibit D(f).

In the event of a conflict between any Article summary (Articles 2.0, 3.0, 4.0, 5.0, 6.0, and 7.0) and a more specific term in this Contract, the more specific term will prevail over the Article summary.

1.1.35 Additional Incorporated Provisions – Proposals

Any and all final Proposals, including Exhibits and Attachments (collectively referred to as "Proposal"), submitted by Contractor in response to the Request for Proposal 20-10029 (RFP), or any subsequent Requests for Proposal in connection with any managed care contract, are hereby incorporated by reference into this Contract. DHCS is relying on Contractor's representations in Contractor's Proposal in awarding contracts, and, accordingly, DHCS may enforce such representations against Contractor, including, but not limited to, representations that it will perform in a certain manner, provide enhanced services, and/or meet more stringent requirements than those required in the Contract. Contractor is required to obtain written approval from DHCS before implementing any such enhanced services or requirements reflected in Contractor's Proposal. In the event the Proposal(s) does not address Contract requirements, the Contract will govern.

1.1.36 Miscellaneous Provisions

A. Antitrust Claims

By signing this Contract, Contractor hereby certifies that if these services or goods are obtained by means of a competitive bid, Contractor must comply with the Antitrust Claims requirements of the GC sections 4550 *et seq.*.

B. Child Support Compliance Act

Contractor recognizes the importance of Child and family support obligations and must fully comply with all applicable State and federal laws relating to Child and family support enforcement (Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code).

C. Priority Hiring Considerations

Contractor must give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under W&I section 11200 in accordance with PC section 10353.

D. Interoperability

1) Contractor must comply with the CMS Interoperability and Patient Access Final Rule, as set forth in 42 CFR sections 406, 407, 422, 423, 431, 438, 457, 482 and 485, and 45 CFR section 156.

2) Contractor must ensure that its contracted hospitals comply with the electronic notification requirements as set forth in 42 CFR section 482.24(d).

3) Contractor must participate in the California Health and Human Services Data Exchange Framework to exchange health information or provide access to health information to and from various entities in real time as set forth in H&S section 130290.

E Electronic Visit Verification

All Network Providers who are eligible must comply with Electronic Visit Verification (EVV) requirements.

1) Contractor must collaborate with DHCS, and take action as required by DHCS, to comply with and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers comply with federal requirements for Electronic Visit Verification (EVV) set forth in 42 USC section 1396b(l) and with State requirements for EVV set forth in W&I section 14043.51, Section 12006(a) of the Federal Cures Act, and APL 22-014.

2) Contractor must implement and ensure that its applicable Subcontractors, Downstream Subcontractors, and Network Providers implement a State-approved EVV solution, as required, for personal care services and home health care services provided in a Member’s home.

3) Contractor must verify that all Network Providers capture and transmit the following six mandatory data components when providing Personal Care Services and Home Health Care Services in a Member's home:

a) The type of service performed;

b) The individual receiving the service;

c) The date of the service;

d) The location of service delivery;

e) The individual providing the service; and

f) The time the service begins and ends.

4) Contractor must monitor and ensure all Network Providers comply with the EVV requirements when rendering personal care services and home health care services, subject to federal EVV requirements in accordance with APL 22-014 and the established guidelines below:

a) Monitor providers for compliance with the EVV requirements and Information Notice(s), and alert DHCS to any compliance issues.

b) Supply Providers with technical assistance and training on EVV compliance.

c) Require Providers to comply with an approved corrective action plan.

d) Deny payment if the Provider is not complying with EVV requirements and arrange for Members to receive services from a Provider who does comply.

1.1.37 Data Sharing

A. General Statement

Contractor must transfer all data in compliance with the terms of this Contract, including but not limited to the requirements of Exhibit G (*Business Associate Addendum*). Nothing in this Contract is exhaustive, exclusive, or limiting of DHCS' ability to provide data to Contractor or receive data from Contractor should DHCS determine, in its sole

discretion, that the data is necessary and appropriate for Contractor to perform its duties under this Contract.

B. Post-Termination/Expiration Transactions; Survival of Terms

When this Contract terminates or expires, Contractor must continue to exchange data in order to facilitate an orderly phaseout of Contract requirements including, but not limited to, data sharing in connection with continuity of care for Members, Encounter Data reconciliation, Network Provider Data Reporting, and payment reconciliation. These phaseout transactions will require the transfer of data between Contractor and DHCS, including Protected Health Information (PHI) and other potentially sensitive data. To facilitate the safe and secure transfer of data, all requirements of this Contract pertaining to the transfer of data, including but not limited to Exhibit G (*Business Associate Addendum)*, will survive the termination or expiration of this Contract for as long as any PHI or other sensitive data remains in the possession of Contractor. This Subsection is intended to supplement and not replace the requirements of Exhibit G (*Business Associate Addendum*) regarding data sharing.

Exhibit F – Contractor's Release

Contractor's Release

Instructions to Contractor:

With final invoice(s), submit one (1) original and one (1) copy. The original must bear the original signature of a person authorized to bind Contractor. The additional copy may bear photocopied signatures.

Submission of Final Invoice

Pursuant to **contract number** _____entered into between the Department of Health Care Services (DHCS) and Contractor (identified below), Contractor does acknowledge that final payment has been requested via **invoice number(s)** _____, in the **amount(s) of $** _____and **dated** _____. If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement do not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that a minimum of 0% unless otherwise specified in writing of postconsumer 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 it meets the requirements of Public Contract Code Section 12209. Contractor specifies that printer or duplication cartridges offered or sold to the State comply with the requirements of Public Contract Code Section 12156(e).

Reminder to Return State Equipment/Property (If Applicable)

(Applies only if equipment was provided by DHCS or purchased with or reimbursed by contract funds)

Unless DHCS has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another DHCS agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to DHCS, at DHCS' expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

Patents / Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

ONLY SIGN AND DATE THIS DOCUMENT WHEN ATTACHING IT TO THE FINAL INVOICE

Contractor’s Legal Name (as on contract):
Signature of Contractor or Official Designee:
Date:

Printed Name/Title of Person Signing:
Distribution: Accounting (Original) Program

Exhibit G – 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' 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 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.

8. Compliance with Other Applicable Law

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 18. 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, W&I section 5328, and 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

Nondisclosure. Business Associate not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as required by law.

9.1 Safeguards and Security.

9.1.1 Business Associate 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 be based on applicable Federal Information Processing Standards (FIPS) Publication 199 protection levels.

9.1.2 Business Associate, 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 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; updates will be available online at the NIST Computer Security Resource Centerhttps://csrc.nist.gov/publications/sp800.

9.1.3 Business Associate employ FIPS 140-2 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 140-2 validation can be determined online at the NIST Cryptographic Module Validation Program page, with information about the Cryptographic Module Validation Program under FIPS 140-2 available online. In addition, Business Associate maintain, at a minimum, the most current industry standards for transmission and storage of PHI and other confidential information.

9.1.4 Business Associate 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 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 be renewed annually.

9.1.6 Business Associate 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.

9.2 Business Associate's Agent. Business Associate 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 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 make PHI available in accordance with 45 CFR section 164.524.

12. **Amendment of PHI.** Business Associate 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 make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.

14. **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.

15. **Access to Practices, Books and Records.** Business Associate make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to DHCS upon reasonable request, and to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR part 164, subpart E.

16. **Return or Destroy PHI on Termination; Survival.** At termination of this Agreement, if feasible, Business Associate 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 notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate 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.

17. **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 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.

18. **Breaches and Security Incidents.** Business Associate implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:

18.1 Notice to DHCS.

18.1.1 Business Associate notify DHCS **immediately** upon the discovery of a suspected breach or security incident that involves SSA data. This notification will be provided by email upon discovery of the breach. If Business Associate is unable to provide notification by email, then Business Associate provide notice by telephone to DHCS.

18.1.2 Business Associate notify DHCS **within 24 hours by email** (or by telephone if Business Associate is unable to email DHCS) of the discovery of the following, unless attributable to a treatment provider that is not acting as a business associate of Business Associate:

18.1.2.1 Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

18.1.2.2 Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;

18.1.2.3 Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or

18.1.2.4 Potential loss of confidential information affecting this Agreement.

18.1.3 Notice be provided to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office (collectively, "DHCS Contacts") using the DHCS Contact Information at Section 18.6. below.

Notice be made using the current DHCS "Privacy Incident Reporting Form" ("PIR Form"; the initial notice of a security incident or breach that is submitted is referred to as an "Initial PIR Form") and include all information known at the time the incident is reported. The Privacy Incident Reporting Form is available online.

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate take:

18.1.3.1 Prompt action to mitigate any risks or damages involved with the security incident or breach; and

18.1.3.2 Any action pertaining to such unauthorized disclosure required by applicable federal and State law.

18.2 Investigation. Business Associate immediately investigate such security incident or breach.

18.3 Complete Report. To provide a complete report of the investigation to the DHCS contacts within ten (10) working days of the discovery of the security incident or breach. This "Final PIR" include any applicable additional information not included in the Initial Form. The Final PIR Form 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 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 information in addition to that requested through the PIR form, Business Associate make reasonable efforts to provide DHCS with such information. A "Supplemental PIR" may be used to submit revised or additional information after the Final PIR is submitted. 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.

18.3.1 If Business Associate does not complete a Final PIR within the ten (10) working day timeframe, Business Associate request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the Final PIR.

18.4 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 notify individuals accordingly and pay all costs of such notifications, as well as all costs associated with the breach. The notifications comply with applicable federal and State law. DHCS approve the time, manner and content of any such notifications and their review and approval be obtained before the notifications are made.

18.5 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.

18.6 DHCS Contact Information. To direct communications to the above referenced DHCS staff, the Contractor 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: Office of HIPAA Compliance 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 DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413 Email: incidents@dhcs.ca.gov

19. **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.

20. **Audits, Inspection and Enforcement**

20.1 From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate promptly remedy any violation of this Agreement and 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.

20.2 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 promptly notify DHCS unless it is legally prohibited from doing so.

21. **Termination**

21.1 Termination for Cause. Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCS may in its discretion:

21.1.1 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

21.1.2 Terminate this Agreement if Business Associate has violated a material term of this Agreement.

21.2 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.

22. Miscellaneous Provisions

22.1 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.

22.2. Amendment.

22.2.1 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.

22.2.2 Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 shall constitute a material violation of this Agreement.

22.3 Assistance in Litigation or Administrative Proceedings. Business Associate 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.

22.4 No Third-Party Beneficiaries. Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.

22.5 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.

22.6 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.

Exhibit H – Conflict of Interest Avoidance Requirements

1.0 The Department of Health Care Services (DHCS) requires Contractor to avoid conflicts of interest or the appearance of conflicts of interest. DHCS reserves the right to determine, in DHCS' sole discretion, whether any information received from any source indicates the existence of a potential, suspected, and/or actual conflict of interest.

Exhibit H

1.0 Conflict of Interest Avoidance Requirements

1.1.1 Introduction
1.1.2 Identification of Ownership, Contractual, and Financial Interests
1.1.3 Conflicts of Interest
1.1.4 DHCS Approval of Conflict Avoidance Plan
1.1.5 Third-Party Monitor Oversight
1.1.6 DHCS' Right of Termination
1.1.7 Notice of Conflict of Interest to DHCS

1.0 Conflict of Interest Avoidance Requirements

1.1.1 Introduction

Contractor must ensure that it complies with the conflict of interest avoidance requirements set forth in this Exhibit H and must also ensure the compliance of its employees, officers, and directors throughout the entire term of the Contract, and any extensions thereto. Contractor must also ensure that its Subcontractors and Downstream Subcontractors (as those terms are defined in the Contract), and the employees, officers and directors of Subcontractors and Downstream Subcontractors, comply with the requirements set forth in this Exhibit H throughout the entire term of the Contract, and any extension thereto.

1.1.2 Identification of Ownership, Contractual, and Financial Interests

Contractor will disclose the following to DHCS, in a form and manner directed by DHCS through All Plan Letter (APL) or other similar instructions:

A. Any form of ownership interest, affiliation, financial interest, contractual relationship, and/or control Contractor has in any corporation or other entity that operates as a Medi-Cal managed care health plan, Prepaid Inpatient Health Plan (PIHP), Prepaid Ambulatory Health Plan (PAHP), Primary Care Case Management (PCCM), pharmaceutical company or any other health care provider, fiscal intermediary, billing agent, or any other controlling agent for Medi-Cal services (“Medi-Cal Program Participant”); and

B. Any form of ownership interest, affiliation, financial interest, contractual relationship, and/or control Contractor has in any corporation, partnership, limited partnership, limited liability company, sole proprietorship, or any other legal entity that is not a Medi-Cal Program Participant.

To the extent any interest identified by Contractor in Section 1.2 results in a potential, suspected, and/or actual conflict of interest, Contractor will be subject to all requirements of this Exhibit H.

1.1.3 Conflicts of Interest

If Contractor has a potential, suspected, and/or actual conflict of interest, Contractor must provide a description of the relationship and a conflict avoidance plan to ensure that such a relationship will not adversely affect DHCS, other Medi-Cal managed care plans, and/or Medi-Cal Members. In the conflict avoidance plan, Contractor must also establish procedures to avoid, neutralize, and/or mitigate a potential, suspected, and/or actual conflict of interest.

Any of the following instances would be considered a potential, suspected, and/or actual conflict of interest, including but not limited to any of these instances in the past, present, or future:

A. An instance where Contractor or any of its Subcontractors and Downstream Subcontractors, or any employee, officer, or director of Contractor or any of its Subcontractors and Downstream Subcontractors, 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 inconsistent with the goals and objectives of the Contract;

B. An instance where Contractor or any of its Subcontractors and Downstream Subcontractors, or any employee, officer, or director of Contractor or any of its Subcontractors and Downstream Subcontractors, improperly uses their positions for purposes that are, or give the appearance of being, for private gain for themselves or others, such as those with whom they have family, business, or other ties that are determined by DHCS to be a conflict of interest;

C. An instance where Contractor or any of its Subcontractors and Downstream Subcontractors, or any employee, officer, or director of Contractor or any of its Subcontractors and Downstream Subcontractors, gains an unfair competitive advantage due to its unequal access to information, such as where non-public information gained on one contract by Contractor may be leveraged in bidding for another government contract;

   1) Where pursuant to the Political Reform Act (Govt. Code (GC) §§ 87100–87500), a DHCS official has an economic Interest in Contractor and the official makes, participates in the making of, or uses his or her official position to influence the making of a decision involving Contractor where it is reasonably foreseeable that the decision could materially affect the official's economic interest;

   2) Where pursuant to GC section 1090 *et seq*., a DHCS official participates in the making of a Contract with Contractor and the official is financially interested in the Contract;

   3) Where in contravention of Welfare and Institutions Code (W&I) section 14479, a DHCS officer or employee is employed in a management or consultant position by Contractor, Subcontractor, or Downstream Subcontractor one year after the DHCS officer or employee terminates their State employment; and

4) For Two-Plan managed care models, an instance where Contractor will be contracted, affiliated, or otherwise entered into a partnership arrangement to serve as a Local Initiative in the same Two-Plan county where Contractor is operating as the commercial plan, or has indicated an intent to do so.

D. Conflict Avoidance Plan Framework

The requirements of a conflict avoidance plan will vary depending on the nature of the conflict, but must include, at a minimum, the following elements:

1) Clear definitions;

2) Statement of organizational commitment to develop and follow the conflict avoidance plan;

3) Description of the type of conflict of interest (*e.g.*, unequal access to information, impaired objectivity, and/or biased ground rules implicated by a contract);

4) Description of the factors that may or do place Contractor in a potential, suspected, and/or actual conflict of interest situation;

5) If applicable, identification of Subcontractors and Downstream Subcontractors with potential, suspected, and/or actual conflict of interest;

6) Detailed plans for avoiding, neutralizing, and/or mitigating conflicts of interest, or, if not feasible, an explanation and justification for accepting conflicts of interest;

7) Administrative, technical, physical, and management controls, as required in the context of the specific conflict of interest;

8) Provision for third-party monitoring and a requirement that the third-party monitor certify Contractor's compliance with the conflict avoidance plan, if required by DHCS;

9) Contractor's certification of compliance with the conflict avoidance plan; and

10) Provisions requiring periodic review and amendment by Contractor of the conflict avoidance plan to address material changes impacting the conflict of interest.

1.1.4 DHCS Approval of Conflict Avoidance Plan

DHCS, in its sole discretion, will determine whether the specific provisions of the conflict avoidance plan satisfactorily address the actual, suspected, or potential conflicts of interest. DHCS, in its sole discretion, may impose additional requirements or require modification to the conflict avoidance plan, which may include, but are not limited to, the following:

A. Termination of contractual obligations that in DHCS' determination create actual or potential conflicts of interest;

B. Removal of Contractor's management or staff who DHCS determines were involved in the relationship creating the conflict of interest; and/or

C. Creation of an "ethical firewall," with measures to ensure that no information passes between individuals/entities within Contractor's organization that were involved in the conflict and those individuals/entities not involved in the conflict.

These requirements will vary, depending on the nature of the potential, suspected, and/or actual conflicts of interest, the manner in which those potential, suspected, and/or actual conflicts of interest impact the Contract, and DHCS' determination of the best method for addressing those conflicts of interest.

1.1.5 Third-Party Monitor Oversight

DHCS may, in its sole discretion, appoint a third-party monitor to assist in overseeing Contractor's compliance with the conflict avoidance plan. The third-party monitor's responsibilities will include monitoring, reporting, consulting, and, where necessary, investigation of compliance concerns. Appropriate provisions regarding the third-party monitor's duties and Contractor's obligations in connection with the third-party monitor will be included in the conflict avoidance plan.

1.1.6 DHCS' Right of Termination

If DHCS is aware or becomes aware of a potential, suspected, and/or actual conflict of interest, Contractor will be given an opportunity to submit additional information to resolve the conflict of interest. If Contractor has a potential, suspected, and/or actual conflict of interest, Contractor will have five Working Days from the date of notification by DHCS of the potential, suspected, and/or actual conflict of interest to provide complete information regarding the conflict of interest. If DHCS determines that an actual conflict of interest exists and the conflict cannot be resolved or mitigated to the satisfaction of DHCS, the conflict of interest will be grounds for termination of the Contract by DHCS for cause.

1.1.7 Notice of Conflict of Interest to DHCS

Contractor, and each of its Subcontractors and Downstream Subcontractors, must notify their DHCS Contract Manager within ten Working Days of when they become aware of any potential, suspected, or actual conflict of interest, or when any change occurs to the information provided to DHCS previously, whether provided previously through the Request for Procurement or previous notice given during the term of the Contract. This notice will be in a form and manner as directed by DHCS through APL or other similar instructions.

Exhibit I – Contractor's Parent Guaranty Requirements

1.0 Contractor's Parent Guaranty Requirements

If Contractor is a subsidiary of a corporation or other legal entity, the full and prompt performance of all covenants, provisions, and agreements resulting from this Contract for the life of the Contract must be guaranteed by that entity in Contractor's chain of ownership, which is publicly traded (the "Guaranty"). This entity will be known as Contractor's "parent corporation" for purposes of the Contract (the "Guarantor").

1.1 Contractor's Parent Guaranty Requirements

1.1.1 Minimum Requirements
1.1.2 Provisions
1.1.3 Terms

1.0 Contractor's Parent Guaranty Requirements

1.1.1 Minimum Requirements

The Guaranty must, at a minimum, meet the following requirements. It must:

A. Be made to DHCS, in writing, by the Contract effective date;

B. Be signed by an official authorized to bind the Guarantor organization;

C. Accept unconditional responsibility for all performance and financial requirements and obligations of the Contract including, but not limited to, maintenance of Tangible Net Equity (TNE) and payment of liquidated damages;

D. Recite that "for good and valuable consideration, receipt of which is hereby acknowledged," Guarantor is making the Guaranty;

E. State that Guarantor stipulates that if the Contract is ultimately awarded to the subsidiary, that DHCS will so award in reliance upon the Guaranty;

F. State that the undersigned corporate officer warrants that they have personally reviewed all pertinent corporate documents, including but not limited to, articles of incorporation, bylaws, and agreements between the parent and subsidiary; and

G. State that the undersigned corporate officer warrants that nothing in these documents in any way limits the capacity of the parent to enter into this Guaranty

1.1.2 Provisions

The Guaranty must include the following provisions:

A. DHCS need not take any action against Contractor, any other guarantor, or any other person, firm or corporation, or resort to any security held by Contractor at any time before proceeding against Guarantor;

B. Guarantor hereby waives any and all notices and demands which may be required to be given by any other statute or rule of law and agrees that its liability hereunder will be in no way affected, diminished, or released by any extension of time, forbearance, or waiver, which may be granted to Contractor, its successor or assignee;

C. This Guaranty will extend to and include all future amendments, modifications, and extensions of the Contract and all future supplemental

and other agreements with respect to matters covered by the Contract that DHCS and Contractor may enter into, with or without notice to or knowledge of Guarantor, but Guarantor will have the benefit of any such extension, forbearance, waiver, amendment, modification, or supplemental or other agreement. It is the purpose and intent of the parties hereto that the obligations of Guarantor hereunder will be co-extensive with, but not in excess of, the obligations of Contractor, its successor or assignee, under the Contract; and

D. Guarantor agrees that the Guaranty will continue in full force and effect despite any change in the legal or corporate status of the subsidiary, including, but not limited to, its sale, reorganization, dissolution or bankruptcy.

1.1.3 Terms

The Guaranty must be presented in terms, which DHCS in its sole discretion, determines, as a whole, adequately establish Contractor’s financial responsibility.

Exhibit J: Delegation Reporting and Compliance Plan

This Exhibit contains instructions and templates for Contractor to make submissions to DHCS per the requirements set forth in Exhibit A, Attachment III, Subsection 3.1.3 *(Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan)*. As with all Exhibits to the Contract, Exhibit J is a part of this Contract and the reporting requirements in this Exhibit J and the use of the prescribed template are binding and enforceable contractual obligations under this Contract. Contractor must complete Exhibit J for each county in which they operate.

Template A: Delegation Function Matrix

Instructions: Complete *Table A1: Delegation Function Matrix – For Subcontractor* for all functions that are delegated through applicable Subcontractor Agreements. Contractor may not delegate contractual duties and obligations where delegation is legally or contractually prohibited. Use additional pages of Table A1 as needed – additional pages will not be counted in the total page count for the Delegation Justification and Plan.

Contractor Name:

Applicable County:

Compliance Officer:

Compliance Contact Information:

1. **Subcontractor Name:** Name of the Subcontractor with whom Contractor has a Subcontractor Agreement
2. **Type of Subcontractor:** Fully Delegated Subcontractor, Partially Delegated Subcontractor, Administrative Subcontractor
3. **Delegated Function(s):** The function(s) Contractor is delegating to Subcontractor. In the case of a Fully Delegated Subcontractor, this may be "all delegable functions."
4. **Address:** The address for location of the performance of Subcontractor's functions

5. **Contact Info:** Name and contact information for each of Subcontractor's key personnel who is responsible for ensuring compliance.

6. **Medi-Cal Managed Care Member:** Percentage of the total Medi-Cal Members assigned to the Subcontractor if applicable.

7. **Proportion of Capitated Rates At Risk:** Proportion of total capitated rates for which the Subcontractor is at risk, if applicable.

Table A1: Delegation Function Matrix—For Subcontractors

Sub-contractor Name (1)	Type of Sub-Contractor (2)	Delegated Function(s) (3)	Address (4)	Contact Info (5)	Percentage of Total Members (6)	Proportion of Total Capitated Rate (7)

Instructions: Complete *Table A2 Delegation Function Matrix—Downstream Subcontractors* for all functions that are delegated through applicable Downstream Subcontractor Agreements. Use additional pages of Table A2 as needed. Subcontractor or Downstream Subcontractor may not delegate contractual duties and obligations where delegation is legally or contractually prohibited. Complete one for each Subcontractor that delegates functions downstream and, as applicable, for each Downstream Subcontractor, if they further delegate functions downstream. Use additional pages of Table A2 as needed – additional pages will not be counted in the total page count for the Delegation Justification and Plan.

Subcontractor or Downstream Subcontractors Name:
Applicable County(ies):
Compliance Officer:
Compliance Contact Information:

1. **Downstream Subcontractor Name:** Name of the Downstream Subcontractor with whom the Subcontractor has a Downstream Subcontractor Agreement; or the name of the Downstream Subcontractor with whom the Subcontractor's Downstream Subcontractor further delegates functions downstream
2. **Type of Downstream Subcontractor:** Downstream Fully Delegated Subcontractor, Downstream Partially Delegated Subcontractor, Downstream Administrative Subcontractor
3. **Delegated Function(s):** The function(s) Subcontractor is delegating to Downstream Subcontractor; in the case of a Downstream Fully Delegated Subcontractor, this may be "all delegable functions."
4. **Address:** The address of the location of the performance of the Downstream Subcontractor's functions.
5. **Contact Info:** Name and contact information for each of the Downstream Subcontractor's key personnel who is responsible for ensuring compliance.
6. **Medi-Cal Managed Care Member:** Percentage of the total Medi-Cal Members assigned to the Downstream Subcontractor, if applicable.
7. **Proportion of Capitated Rates At Risk:** Proportion of total capitated rates for which the Downstream Subcontractor, is at risk, if applicable.

Table A2: Delegation Function Matrix—For Downstream Subcontractors

Downstream Subcontractor Name (1)	Type (2)	Delegated Function(s) (3)	Address (4)	Contact Info (5)	Percentage of Total Members (6)	Proportion of Total Capitated Rate (7)

Template B: Delegation Justification and Plan

Instructions: Complete this template for each Subcontractor or Downstream Subcontractor. Contractor may not delegate for those contractual duties and obligations where delegation is legally or contractually prohibited. Responses must be limited to no more than ten pages.

Subcontractor or Downstream Subcontractor Name:

Applicable County(ies):

Subcontractor or Downstream Key Personnel:

Subcontractor Key Personnel Contact Information:

Type of Subcontractor or Downstream Subcontractor: Fully delegated, Partially delegated, Administrative, Downstream Fully delegated, Downstream Partially delegated, Downstream Administrative:

a) **Justification of Subcontractor Agreement or Downstream Subcontractor Agreement:** Describe the purpose and the justification of the Subcontractor Agreement or Downstream Subcontractor Agreement.

b) **Pre-Existing Relationships:** Describe any pre-existing relationship, including any affiliation, parent entity, or prior existing contract between Contractor and Subcontractor, or Subcontractor and Downstream Subcontractor including the duration of such pre-existing relationship.

c) **Sub-Delegation**: Indicate if Subcontractor or Downstream Subcontractor is permitted to sub-delegate any functions. If so, describe how Contractor will maintain oversight over delegated functions to Subcontractors and Downstream Subcontractors. Provide citations to provisions in the Subcontractor Agreement and Downstream Subcontractor Agreement to support Contractor's assertions.

d) **Impact on Contractor:** Describe the impact and benefit, if any, the Subcontractor Agreement or Downstream Subcontractor Agreement will have on Contractor's operations, administrative capacity, and financial viability.

e) **Contractor's Administrative Capacity to Oversee and Monitor Subcontractor and Downstream Subcontractor:** Describe Contractor's administrative capacity to oversee and monitor Subcontractor and Downstream Subcontractor as applicable

f) **Subcontractor's and Downstream Subcontractor's Administrative Capacity:** Describe Subcontractor's and Downstream Subcontractor's administrative capacity to perform each delegated function, including but not limited to Subcontractor's and Downstream Subcontractor's capacity to perform quality monitoring and community engagement, if applicable.

g) **Subcontractor's and Downstream Subcontractors' Compliance with Applicable Contractual Provisions:** Detail how the Subcontractor Agreement and Downstream Subcontractor Agreement complies with, and ensures compliance, with all provisions of the Contract applicable to the delegated functions, including appropriate citations to the provisions in the Subcontractor Agreement and Downstream Subcontractor Agreement. Please complete Template C (Contract Requirements Grid) in Exhibit J to indicate which provisions are included in the Subcontractor Agreements and Downstream Subcontractor Agreements, as applicable for each Agreement.

h) **Contractor's Oversight Policy and Procedures:** Describe how Contractor will inform Subcontractor and Downstream Subcontractors of Contractor's oversight policies and procedures.

i) **Financial Arrangement:** Contractor must include description of any financial arrangements it has with Subcontractor and Downstream Subcontractor.

j) **Other Information:** Include any other information that would assist DHCS in its review of Contractor's delegated structure.

k) **Previously Approved Documents: (Applicable to annual submissions only)** If Contractor has previously submitted documentation to DHCS in connection with the Subcontractor Agreement or Downstream Subcontractor Agreement, either through the Request for Proposal (RFP) process or during the term of this Contract, Contractor must provide any such documentation.

Template C: Contract Requirements Grid

Instructions: If you delegate any functions, complete this template for those contractual duties. One Template C should be submitted showing all delegated functions to accompany Templates A and B.

Contractors must complete this table to indicate all the contract requirements that are applicable to their Subcontractors or Downstream Subcontractor, depending on the functions that are delegated to the respective entities.

This table also references obligations of Contractor where delegation must be contractually prohibited. While Contractor must not delegate contractual duties and obligations where delegation is contractually prohibited, Contractor or Subcontractor or Downstream Subcontractor may include related contractual requirements in their Agreements. For example, while Contractor may not delegate the functions of a Compliance Program, they may require Subcontractor and Downstream Subcontractors to maintain their own compliance programs. Regardless of Contractor's system of delegation, Contractor remains obligated to ensure performance of all duties and obligations under the Contract.

Fully Delegated Subcontractors must comply with all contractual requirements. Partially Delegated Subcontractors and Downstream Partially Delegated Subcontractors, and Administrative Subcontractors and Downstream Administrative Subcontractors must at minimum comply with requirements outlined in Exhibit A, Attachment III, Subsection 3.1.5.B *(Subcontractor and Downstream Subcontractor Agreement Requirements)*.

Additional requirements may apply depending on the nature of the function or functions delegated. For example, if a Subcontractor delegates claims processing to an Administrative Downstream Subcontractor for this function, the Administrative Downstream Subcontractor must comply with Exhibit A, Attachment III, Subsection 3.3.5 *(Claims Processing)* for all requirements related to timely processing of claims.

Delegating functions or including contractual provisions in Subcontractor Agreements or Downstream Subcontractor Agreements does not absolve Contractor of ensuring compliance of the Subcontractors or Downstream Subcontractors.

Note:

(1) Must not be delegated: These rows reference contractual requirements associated with functions for which delegation is contractually prohibited. While Contractor must not delegate contractual duties and obligations where delegation is legally or contractually prohibited, Contractor may include related contractual requirements in the

Subcontractor Agreements. For example, while Contractor may not delegate the functions of a Compliance Program, they may require Subcontractor and Downstream Subcontractors to maintain their own compliance programs.

Contractor Name:

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
1.0 Organization	
1.1 Plan Organization and Administration	
1.1.1 Legal Capacity	☐
1.1.2 Key Personnel Disclosure Form	☐
1.1.3 Conflict of Interest – Current and Former State Employees	☐
1.1.4 Contract Performance	☐
1.1.5 Medical Decisions	☐
1.1.6 Medical Director	☐
1.1.7 Chief Health Equity Officer	*(1) Must not be delegated*
1.1.8 Key Personnel Changes	☐
1.1.9 Administrative Duties/Responsibilities	☐
1.1.10 Member Representation	☐
1.1.11 Diversity, Equity, and Inclusion Training	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
1.2 Financial Information	
1.2.1 Financial Viability and Standards Compliance	☐
1.2.2 Contractor's Financial Reporting Obligations	☐
1.2.3 Independent Financial Audit Reports	☐
1.2.4 Cooperation with DHCS' Financial Audits	☐
1.2.5 Medical Loss Ratio	*(1) Must not be delegated*
1.2.6 Contractor's Obligations	☐
1.2.7 Community Reinvestment Plan and Report	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
1.3 Program Integrity and Compliance Program	
1.3.1 Compliance Program	*(1) Must not be delegated*
1.3.2 Fraud Prevention Program	☐
1.3.3 Provider Screening, Enrolling, and Credentialing/Recredentialing	☐
1.3.4 Contractor's Obligations Regarding Suspended, Excluded, and Ineligible Providers	☐
1.3.5 Disclosures	☐
1.3.6 Treatment of Overpayment Recoveries	☐
1.3.7 Federal False Claims Act Compliance and Support	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
2.0 Systems and Processes	
2.1 Management Information System	
2.1.1 Management Information System Capability	☐
2.1.2 Encounter Data Reporting	☐
2.1.3 Participation in the State Drug Rebate Program	☐
2.1.4 Network Provider Data Reporting	☐
2.1.5 Program Data Reporting	☐
2.1.6 Template Data Reporting	☐
2.1.7 Management Information System/Data Audits	☐
2.1.8 Management Information System/Data Correspondence	☐
2.1.9. Tracking and Submitting Alternative Format Selections	☐
2.1.10 Interoperability Application Programming Information System Requirements	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
2.2 Quality Improvement and Health Equity Transformation Program	
2.2.1 Quality Improvement and Health Equity Transformation Program Overview	☐
2.2.2 Governing Board	☐
2.2.3 Quality Improvement and Health Equity Committee	☐
2.2.4 Provider Participation	☐
2.2.5 Subcontractor and Downstream Subcontractor Quality Improvement Activities	☐
2.2.6 Quality Improvement and Health Equity Transformation Program Policies and Procedures	☐
2.2.7 Quality Improvement and Health Equity Annual Plan	☐
2.2.8 National Committee for Quality Assurance Accreditation	*(1) Must not be delegated*
2.2.9 External Quality Review Requirements	☐
2.2.10 Quality Care for Children	☐
2.2.11 Skilled Nursing Facilities—Long-Term Care	☐
2.2.12 Disease Surveillance	☐
2.2.13 Credentialing and Recredentialing	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
2.3 Utilization Management Program	
2.3.1 Prior Authorizations and Review Procedures	☐
2.3.2 Timeframes for Medical Authorization	☐
2.3.3 Review of Utilization Data	☐
2.3.4 Delegating Utilization Management Activities	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
3.0 Provider, Network Providers, Subcontractors, and Downstream Subcontractors	
3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties	
3.1.1 Overview of Contractor's Duties and Obligations	☐
3.1.2 DHCS Approval of Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements	☐
3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan	☐
3.1.4 Contractor's Duty to Ensure Subcontractor, Downstream Subcontractor, and Network Provider Compliance	*(1) Must not be delegated*
3.1.5 Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements	☐
3.1.6 Financial Viability of Subcontractors, Downstream Subcontractors, and Network Providers	☐
3.1.7 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Federally Qualified Health Centers and Rural Health Clinics	☐
3.1.8 Network Provider Agreements with Safety-Net Providers	☐
3.1.9 Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements with Local Health Departments	☐
3.1.10 Nondiscrimination in Provider Contracts	☐
3.1.11 Public Records	☐
3.1.12 Requirement to Post	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
3.2 Provider Relations	
3.2.1 Exclusivity	☐
3.2.2 Provider Dispute Resolution Mechanism	☐
3.2.3 Out-of-Network Provider Relations	☐
3.2.4 Contractor's Provider Manual	☐
3.2.5 Network Provider Training	☐
3.2.6 Emergency Department Protocols	☐
3.2.7 Prohibited Punitive Action Against the Provider	☐
3.2.8 Submittal of Inpatient Days Information	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
3.3 Provider Compensation Arrangements	
3.3.1 Compensation and Value Based Arrangements	☐
3.3.2 Capitation Arrangements	☐
3.3.3 Provider Financial Incentive Program Payments	☐
3.3.4 Identification of Responsible Payor	☐
3.3.5 Claims Processing	☐
3.3.6 Prohibited Claims	☐
3.3.7 Federally Qualified Health Center, Rural Health Center, and Indian Health Care Provider	☐
3.3.8 Non-Contracting Certified Nurse Midwife, Nurse Practitioner, and Licensed Midwife Providers	☐
3.3.9 Non-Contracting Family Planning Providers	☐
3.3.10 Sexually Transmitted Disease	☐
3.3.11 Human Immunodeficiency Virus Testing and Counseling	☐
3.3.12 Immunizations	☐
3.3.13 Community Based Adult Services	☐
3.3.14 Organ and Bone Marrow Transplants	☐
3.3.15 Long-Term Care Services	☐
3.3.16 Emergency Services and Post-Stabilization Care Services	☐
3.3.17 Provider-Preventable Conditions	☐
3.3.18 Prohibition Against Payment to Excluded Providers	☐
3.3.19 Compliance with Directed Payment Initiatives and Related Reimbursement Requirements	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.0 Member	
4.1 Marketing	
4.1.1 Training and Certification of Marketing Representatives	☐
4.1.2 Marketing Plan	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.2 Enrollments and Disenrollments	
4.2.1 Enrollment	☐
4.2.2 Disenrollment	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.3 Population Health Management and Coordination of Care	
4.3.1 Population Health Management Program Requirements	☐
4.3.2 Population Needs Assessment	☐
4.3.3 Data Integration and Exchange	☐
4.3.4 Medi-Cal Connect (DHCS' PHM Service)	☐
4.3.5 Population Risk Stratification and Segmentation, and Risk Tiering	☐
4.3.6 Screening and Assessments	☐
4.3.7 Care Management Programs	☐
4.3.8 Basic Population Health Management	☐
4.3.9 Other Population Health Requirements for Children	☐
4.3.10 Transitional Care Services	☐
4.3.11 Targeted Case Management Services	☐
4.3.12 Mental Health Services	☐
4.3.13 Alcohol and Substance Use Disorder Treatment Services	☐
4.3.14 California Children's Services	☐
4.3.15 Services for Persons with Developmental Disabilities	☐
4.3.16 School-Based Services	☐
4.3.17 Dental	☐
4.3.18 Direct Observed Therapy for Treatment of Tuberculosis	☐
4.3.19 Women, Infants, and Children Supplemental Nutrition Program	☐
4.3.20 Home and Community-Based Services Programs	☐
4.3.21 In-Home Supportive Services	☐
4.3.22 Indian Health Care Providers	☐
4.3.23 Justice Involved Reentry Coordination	☐
4.3.24 Managed Care Liaisons	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.4 Enhanced Care Management	
4.4.1 Contractor's Responsibilities for Administration of Enhanced Care Management	☐
4.4.2 Populations of Focus for Enhanced Care Management	☐
4.4.3 Enhanced Care Management Providers	☐
4.4.4 Enhanced Care Management Provider Capacity	☐
4.4.5 Enhanced Care Management Model of Care	☐
4.4.6 Member Identification for Enhanced Care Management	☐
4.4.7 Authorizing Members for Enhanced Care Management	☐
4.4.8 Assignment to an Enhanced Care Management Provider	☐
4.4.9 Initiating Delivery of Enhanced Care Management	☐
4.4.10 Discontinuation of Enhanced Care Management	☐
4.4.11 Core Service Components of Enhanced Care Management	☐
4.4.12 Data System Requirements and Data Sharing to Support Enhanced Care Management	☐
4.4.13 Oversight of Enhanced Care Management Providers	☐
4.4.14 Payment of Enhanced Care Management Providers	☐
4.4.15 Enhanced Care Management Reporting Requirements	☐
4.4.16 Enhanced Care Management Quality and Performance Incentive Program	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.5 Community Supports	
4.5.1 Contractor's Responsibility for Administration of Community Supports	☐
4.5.2 DHCS Pre-Approved Community Supports	☐
4.5.3 Community Supports Providers	☐
4.5.4 Community Supports Provider Capacity	☐
4.5.5 Community Supports Model of Care	☐
4.5.6 Identifying Members for Community Supports	☐
4.5.7 Authorizing Members for Community Supports and Communication of Authorization Status	☐
4.5.8 Referring Members to Community Supports Providers for Community Supports	☐
4.5.9 Data System Requirements and Data Sharing to Support Community Supports	☐
4.5.10 Contractor's Oversight of Community Supports Providers	☐
4.5.11 Delegation of Community Supports Administration to Network Providers, Subcontractors, or Downstream Subcontractors	☐
4.5.12 Payment of Community Supports Providers	☐
4.5.13 Community Supports Reporting Requirements	☐
4.5.14 Community Supports Quality and Performance Incentive Program	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
4.6 Member Grievance and Appeal System	
4.6.1 Grievance and Appeal Program Requirements	☐
4.6.2 Grievance Process	☐
4.6.3 Discrimination Grievances	☐
4.6.4 Notice of Action	☐
4.6.5 Appeal Process	☐
4.6.6 Responsibilities in Expedited Appeals	☐
4.6.7 State Hearings and Independent Medical Reviews	☐
4.6.8 Continuation of Services Until Appeal and State Hearing Rights Are Exhausted	☐
4.6.9 Grievance and Appeal Reporting and Data	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.0 Services – Scope and Delivery	
5.1 Member Services	
5.1.1 Members Rights and Responsibilities	☐
5.1.2 Member Services Staff	☐
5.1.3 Member Information	☐
5.1.4 Primary Care Provider Selection	☐
5.1.5 Notices of Action for Denial, Deferral, or Modification of Prior Authorization Requests	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.2 Network and Access to Care	
5.2.1 Access to Network Providers and Covered Services	☐
5.2.2 Network Capacity	☐
5.2.3 Network Composition	☐
5.2.4 Network Ratios	☐
5.2.5 Network Adequacy Standards	☐
5.2.6 Access to Emergency Service Providers and Emergency Services	☐
5.2.7 Out-of-Network Access	☐
5.2.8 Specific Requirements for Access to Programs and Covered Services	☐
5.2.9 Network and Access Changes to Covered Services	☐
5.2.10 Access Rights	☐
5.2.11 Cultural and Linguistic Programs and Committees	☐
5.2.12 Continuity of Care for Seniors and Persons with Disabilities	☐
5.2.13 Network Reports	☐
5.2.14 Site Review	☐
5.2.15 Street Medicine	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.3 Scope of Services	
5.3.1 Covered Services	☐
5.3.2 Medically Necessary Services	☐
5.3.3 Initial Health Appointment	☐
5.3.4 Services for Members Less Than 21 Years of Age	☐
5.3.5 Services for Adults	☐
5.3.6 Pregnant and Postpartum Members	☐
5.3.7 Services for All Members	☐
5.3.8 Investigational Services	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.4 Community Based Adult Services	
5.4.1 Covered Services	☐
5.4.2 Coordination of Care	☐
5.4.3 Required Reports for the Community Based Adult Services Program	☐
5.4.4 Community Participation	☐
5.4.5 Community Based Adult Services Program Integrity	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.5 Mental Health and Substance Use Disorder Benefits	
5.5.1 Mental Health Parity Requirements	☐
5.5.2 Non-specialty Mental Health Services and Substance Use Disorder Services	☐
5.5.3 Non-specialty Mental Health Services Providers	☐
5.5.4 Emergency Mental Health and Substance Use Disorder Services	☐
5.5.5 Mental Health and Substance Use Disorder Services Disputes	☐
5.5.6 No Wrong Door for Mental Health Services	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
5.6 MOUs with Local Government Agencies, County Programs, and Third Parties	
5.6.1 MOU Purpose	☐
5.6.2 MOU Requirements	☐
5.6.3 MOU Oversight and Compliance	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
6.0 Emergency Preparedness and Response	
6.1 General Guidance	☐
6.2 Business Continuity Emergency Plan	☐
6.3 Member Emergency Preparedness Plan	☐
6.4 California's Standardized Emergency Management System	☐
6.5 Reporting Requirements During an Emergency	☐
6.6 DHCS Emergency Directives	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit A, Attachment III	
7.0 Operations Deliverables and Requirements	☐

Contractual Requirements	Delegated to Subcontractor
Exhibit E	
1.0 Program Terms and Conditions	
1.1.1 Governing Law	☐
1.1.2 DHCS Guidance	☐
1.1.3 Contract Interpretation	☐
1.1.4 Assignments, Mergers, Acquisitions	☐
1.1.5 Independent Contractor	☐
1.1.6 Amendment and Change Order Process	☐
1.1.7 Delegation of Authority	*(1) Must not be delegated*
1.1.8 Authority of the State	☐
1.1.9 Fulfillment of Obligations	☐
1.1.10 Obtaining DHCS Approval	☐
1.1.11 Certifications	☐
1.1.12 Notices	☐
1.1.13 Term	☐
1.1.14 Service Area	☐
1.1.15 Contract Extension	☐
1.1.16 Termination	☐
1.1.17 Phaseout Requirements	☐
1.1.18 Indemnification	☐
1.1.19 Sanctions	☐
1.1.20 Liquidated Damages	☐
1.1.21 Contractor's Dispute Resolution Requirements	☐
1.1.22 Inspection and Audit of Records and Facilities	☐
1.1.23 Confidentiality of Information	☐
1.1.24 Pilot Projects	☐
1.1.25 Cost Avoidance and Post-Payment Recovery (PPR) of Other Health Coverage (OHC)	☐

1.1.26 Third-Party Tort and Workers' Compensation Liability	☐
1.1.27 Litigation Support	☐
1.1.28 Equal Opportunity Employer	☐
1.1.29 Federal and State Nondiscrimination Requirements	☐
1.1.30 Discrimination Prohibitions	☐
1.1.31 Small Business Participation and Disabled Veteran Business Enterprises (DVBE) Reporting Requirements	☐
1.1.32 Conflict of Interest Avoidance Requirements	*(1) Must not be delegated*
1.1.33 Guaranty Provision	☐
1.1.34 Priority of Provisions	☐
1.1.35 Additional Incorporated Provisions – Proposals	☐
1.1.36 Miscellaneous Provisions	☐
1.1.37 Data Sharing	☐

Exhibit K – Excluded Provisions as to Contractors Not Licensed Pursuant to the Knox-Keene Health Care Service Plan Act of 1975

Unless otherwise specified in this Contract, the following provisions of the Knox-Keene Health Care Service Plan Act of 1975, (KKA), and its implementing regulations (28 California Code of Regulations (CCR) section 1000, *et seq*.) are excluded from this Contract if Contractor is not licensed to operate as a health care service plans pursuant to the KKA. This list is not exhaustive or exclusive since other provisions of the KKA may also be excluded from the Contract pursuant to Exhibit E, Section 1.1.D (*Applicability of the Knox-Keene Act*) or other provisions of the Contract:

1. Health and Safety Code (H&S) sections 1341 – 1341.14.
2. H&S sections 1342.4 – 1342.73.
3. H&S sections 1346 – 1347.5.
4. H&S sections 1348.9 – 1348.96.
5. H&S, Article 3 of Chapter 2.2 of Division 2.
6. H&S, Article 3.1 of Chapter 2.2 of Division 2.
7. H&S, Article 3.15 of Chapter 2.2 of Division 2.
8. H&S, Article 3.16 of Chapter 2.2 of Division 2.
9. H&S, Article 3.17 of Chapter 2.2 of Division 2.
10. H&S, Article 3.5 of Chapter 2.2 of Division 2.
11. H&S sections 1359 – 1361.1.
12. H&S section 1363.01.
13. H&S section 1363.03.
14. H&S section 1363.05.
15. H&S, Article 4.5 of Chapter 2.2 of Division 2.
16. H&S sections 1367.002 – 1367.009.
17. H&S section 1367.010 – 1367.012.
18. H&S section 1367.02.
19. H&S section 1367.035.
20. H&S section 1367.042.
21. H&S section 1367.07 – 1367.1
22. H&S sections 1367.45 – 1367.46.
23. H&S section 1367.15.
24. H&S section 1367.23.
25. H&S section 1367.30.
26. H&S section 1368.2
27. H&S sections 1368.04 – 1368.05.
28. H&S section 1372.
29. H&S section 1373.5.
30. H&S sections 1373.621 – 1373.622.
31. H&S section 1373.7 – 1373.8.
32. H&S section 1373.95.
33. H&S section 1373.10.
34. H&S section 1373.14.
35. H&S section 1373.18.

36. H&S section 1374.
37. H&S sections 1374.5 – 1374.58.
38. H&S sections 1374.9 – 1374.10.
39. H&S, Article 5.5 of Chapter 2.2 of Division 2.
40. H&S, Article 5.55 of Chapter 2.2 of Division 2.
41. H&S sections 1374.65 – 1374.721.
42. H&S sections 1374.723 – 1374.76.
43. H&S sections 1375.1 – 1375.3.
44. H&S section 1376.
45. H&S section 1377.
46. H&S sections 1379.5 – 1380.
47. H&S section 1381.
48. H&S section 1383.
49. H&S section 1385.
50. H&S, Article 6.1 of Chapter 2.2 of Division 2.
51. H&S, Article 6.2 of Chapter 2.2 of Division 2.
52. H&S, Article 7 of Chapter 2.2 of Division 2.
53. H&S sections 1389.1 – 1389.7.
54. H&S, Article 8 of Chapter 2.2 of Division 2.
55. H&S, Article 8.5 of Chapter 2.2 of Division 2.
56. H&S sections 1395.6.H&S sections 1399.5.
57. H&S section 1399.57.
58. H&S, Article 10 of Chapter 2.2 of Division 2.
59. H&S, Article 10.2 of Chapter 2.2 of Division 2.
60. H&S, Article 11 of Chapter 2.2 of Division 2.
61. H&S, Article 11.1 of Chapter 2.2 of Division 2.
62. H&S, Article 11.5 of Chapter 2.2 of Division 2.
63. H&S, Article 11.8 of Chapter 2.2 of Division 2.

Exhibit L – Requirements Specific to Contractor

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Tehama County

Agenda Request Form

File #: 26-0234 **Agenda Date:** 3/3/2026 **Agenda #:** 11.

HEALTH SERVICES AGENCY / CLINIC

Requested Action(s)
a) AGREEMENT - Approval and authorization for the Executive Director to sign Amendment No. 1 to Misc. Agreement 2025-125 with Provider Healthcare, LLC for the provision of locating and arranging placements for locum tenens, thereby increasing the maximum compensation not to exceed $1,500,000, effective 6/1/25 and shall terminate 6/30/27

Financial Impact:
Fees for services provided by the vendor are in the Department's budgets and are outlined in Exhibit A of the contract. Costs are paid for with Medi-Cal fee reimbursements and Mental Health realignment funds allocated for medically necessary services.

Background Information:
On May 13, 2025, the Board of Supervisors approved Misc. Agreement 2025-125 with Provider Healthcare, LLC for the provision of locating and arranging placements for locum tenens. This amendment No. 1 increases the maximum compensation from $1,000,000 to $1,500,000 and replaces Exhibit A in its entirety to include Primary Care Physicians in the Fee Schedule. This amendment will allow the Department to begin utilizing the services of Family Medicine and Internal Medicine Physicians during staffing shortages or vacations.

AMENDMENT #1

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND PROVIDER HEALTHCARE, LLC

This Amendment to Agreement Number 2025-125, dated April 30, 2025, by and between the County of Tehama, through its Health Services Agency (County) and Provider Healthcare, LLC (Contractor) for the provision of locating and arranging for locum tenens, shall be amended as follows:

- All references to the types of locum tenens providers shall hereafter include: Family Medicine Physicians and Internal Medicine Physicians.

3. **COMPENSATION**

County agrees to pay to Contractor at the times and in the amounts set forth on Exhibit "A", attached hereto, all amounts due for physician(s), psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) services under this agreement after completing the duties described in this agreement. The rate per hour charged by Contractor will be mutually determined by County and Contractor prior to placement. The total maximum compensation payable to Contractor under this agreement shall not exceed One Million Five Hundred Thousand dollars and no cents ($1,500,000.00). If County fails to make any payments when due, or to perform any of its obligations under this agreement, Contractor may declare termination of this agreement and shall be released from all obligations in law or equity to continue performance under this agreement. Termination shall not operate as a forfeiture of Contractor's rights under this agreement, and the rights granted by this provision shall be in addition to any other rights which Contractor may have in law or in equity.

- **Exhibit A** shall be replaced in its entirety.

It is mutually agreed that all other terms and conditions of Agreement Number 2025-125 shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: 2-13-26

Jayme S. Bottke, Executive Director

PROVIDER HEALTHCARE, LLC

Date: 01/22/2026

Mandy Burke, Director of Client Development

Vendor Number

Standard Form of Amendment – Services adopted 4-27-10

Exhibit A

PSYCHIATRY

County agrees to pay Contractor per psychiatrist:

$2,120.00 to $2,280.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the psychiatrist may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which psychiatrist is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If psychiatrist works less than 8 hours during any day or provides telemedicine, then at the rate of $265.00 to $285.00 per hour for hours worked on site or providing telemedicine.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of locum tenens psychiatrist requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of Nine Hundred ($900.00) dollars will be charged.

PSYCHIATRIC PHYSICIAN ASSISTANT (PPA)

County agrees to pay Contractor per Psychiatric Physician's Assistant:

$1,560.00 to $1,640.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PPA may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PPA is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PPA works less than 8 hours during any day, then at the rate of $195.00 per hour to $205.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PPA requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of four hundred fifty ($450.00) dollars will be charged.

PSYCHIATRIC NURSE PRACTITIONER (PNP)

County agrees to pay Contractor per Psychiatric Nurse Practitioner:

$1,560.00 to $1,640.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PNP may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PNP is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PNP works less than 8 hours during any day, then at the rate of $195.00 per hour to $205 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PNP requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of six hundred fifty ($650.00) dollars will be charged.

PHYSICIAN ASSISTANT (PA)

County agrees to pay Contractor per Physician's Assistant:

$1,400.00 to $1,480.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PA may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PPA is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PA works less than 8 hours during any day, then at the rate of $175.00 per hour to $185.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PA requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of four hundred fifty ($450.00) dollars will be charged.

NURSE PRACTITIONER (NP)

County agrees to pay Contractor per Nurse Practitioner:

$1,400.00 to $1,480.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the NP may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which NP is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If NP works less than 8 hours during any day, then at the rate of $175.00 per hour to $185.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of NP requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of six hundred fifty ($650.00) dollars will be charged.

Physician

County agrees to pay Contractor per Family Medicine Physician or Internal Medicine Physician:

$1,960.00 to $2,040.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the Physician may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which physician is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If Physician works less than 8 hours during any day, then at the rate of $245.00 per hour to $255.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of Physician requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of six hundred fifty ($650.00) dollars will be charged.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Provider Healthcare

Contract Description: For the purpose of increasing compensation to include Physician rates

APPROVED AS TO FORM:

Date: 01/26/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Minutes Certification

File Number: 25-0752 **Enactment Number: MISC. AGR 2025-125**

5. HEALTH SERVICES AGENCY / CLINIC DIVISION / MENTAL HEALTH 25-0752

a) AGREEMENT - Approval and authorization for the Executive Director to sign the agreement with Provider Healthcare, LLC for the purpose of locating and arranging for Locum Tenens Psychiatrist(s), Psychiatric Nurse Practitioner(s), Nurse Practitioner(s), Psychiatric Physician Assistant(s) and/or Physician Assistant(s) to provide medical services at the placement address for the rates as set forth in Exhibit "A" with maximum compensation not to exceed $500,000 during any fiscal year, effective 6/1/25, and shall terminate on 6/30/27.

Enactment No: MISC. AGR 2025-125

Approval of the 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

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 an order adopted by said Board of Supervisors on 5/13/2025.

Attest: Deputy

May 21, 2025
Date Certified

AGREEMENT
BETWEEN
THE COUNTY OF TEHAMA
AND
PROVIDER HEALTHCARE, LLC

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Provider Healthcare, LLC, a limited liability company ("Contractor") for the purpose of locating and arranging for locum tenens psychiatrist(s), psychiatric nurse practitioner(s) (PNPs), psychiatric physician assistant(s) (PPAs), nurse practitioner(s) (NPs), and/or physician assistant(s) (PAs) to provide medical services at the placement address and for the period described below, subject to the terms of this Agreement.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall:

a) use its best efforts to locate and arrange for psychiatrist(s) and/or psychiatric nurse practitioner(s) (PNPs) and/or psychiatric physician assistant (PPAs), and/or nurse practitioner(s) (NPs), and/or physician assistant(s) (PAs) acceptable to County and properly licensed for the placement to provide medical services from time to time as specifically requested by County and as mutually agreed upon by County and Contractor during the term described below;

b) make payments to psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) providing medical coverage under this Agreement from payments made under this contract by County;

c) be responsible for providing the billing information on the form provided by the County;

d) have documentation that psychiatrists(s)/PNP(s)/PPA(s)/NP(s)/PA(s) have received HIPAA (Health Insurance Portability and Accountability Act) training and compliance training, and such documentation will be available to County upon request;

e) ensure that all psychiatrists(s)/PNP(s)/PPA(s)/NP(s)/PA(s) have a valid National Provider Identifier prior to placement at County;

f) determine that psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) are not presently excluded from participation in any federally funded health care program, including, without limitation, Medicare, or Medi-Cal. Contractor will search the lists indicated below and

verify that the psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) supplied to County to provide services pursuant to this Agreement, does not appear on these lists. Such verification shall occur prior to placement at County. The lists to be searched are:

- Social Security Death Master File (located at: https://www.ssdmf.com)
- U.S. Department of Health and Human Services, Office of Inspector General List of Excluded Individuals/Entities (located at: http://exclusions.oig.hhs.gov)
- State of California, Medi-Cal Suspended and Ineligible List (located at: www.medi-cal.ca.gov and click on References tab)
- System for Award Management (located at: https://www.sam.gov/portal/SAM#1)

Evidence of these searches shall be made available to County upon request. Contractor will not be responsible for any falsification of information, purposeful or not, by any employee.

2. RESPONSIBILITIES OF THE COUNTY

During the term of this agreement, County shall:

a) provide all instruments, tools, supplies, and support personnel necessary to enable the psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) to perform the medical services required;

b) comply with American Medical Association, ("AMA") and governmental procedural and ethical standards relating to patient care and other operations and to provide a reasonable work schedule and suitable practice environment for the psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) to perform medical services;

c) have the obligation to collect, and may retain, all fees generated by psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) providing services under this Agreement.

3. COMPENSATION

County agrees to pay to Contractor at the times and in the amounts set forth on Exhibit "A", attached hereto, all amounts due for psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) services under this agreement after completing the duties described in this agreement. The rate per hour charged

by Contractor will be mutually determined by County and Contractor prior to placement. The total maximum compensation payable to Contractor under this agreement shall not exceed Five Hundred Thousand dollars and no cents ($500,000.00) in any one fiscal year (July – June). If County fails to make any payments when due, or to perform any of its obligations under this agreement, Contractor may declare termination of this agreement and shall be released from all obligations in law or equity to continue performance under this agreement. Termination shall not operate as a forfeiture of Contractor's rights under this agreement, and the rights granted by this provision shall be in addition to any other rights which Contractor may have in law or in equity.

4. LITIGATION COSTS AND FEES

In the event either party brings an action or proceeding arising out of or related to this agreement or to establish the right or remedy of either party, each party shall bear its own attorney's fees and costs as part of such action or proceedings.

5. TERM OF AGREEMENT

This agreement shall commence on June 1, 2025, and shall terminate on June 30, 2027, 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. County may terminate this contract immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors decline to appropriate funding for this agreement in any fiscal year.

Either party may terminate this agreement for convenience with no less than thirty (30) days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice.

If this agreement is cancelled for convenience by County less than thirty and more than ten (10) days prior to the scheduled commencement of locum tenens services under this agreement, County shall pay to Contractor one-half (1/2) of the total sum due under this agreement, or one-half (1/2) of the total sum payable under this agreement for services scheduled within thirty (30) days of the effective date of notice to Contractor, whichever is less. If County cancels this agreement within ten (10) days prior to the commencement or after the commencement of scheduled locum tenens services under this agreement, County shall pay to Contractor the full amount called for under this agreement or the total sum payable under this agreement for services scheduled within thirty (30) days of the effective date of notice to Contractor, whichever is less, plus the actual amount owing for services rendered to the date of cancellation. These charges represent liquidated and agreed upon damages for cancellation.

If Contractor is unable for any reason to provide a psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) acceptable to County, the agreement may be terminated by Contractor upon giving written notice of termination to County. Termination shall be effective on receipt of said notice to County from Contractor, and Contractor shall thereafter return any payments received under this agreement.

7. HIRING

This section applies only to hiring a psychiatrist(s) in a permanent position.

Contractor encourages County to hire psychiatrist(s) introduced to County in connection with this agreement for a permanent position. County agrees to pay a hiring fee in the amount of Eighteen Thousand Dollars and no cents ($18,000.00) for any psychiatrist introduced to County by Contractor if that psychiatrist(s):

a) accepts a permanent position with County, or any organization or group owned by or affiliated with County, whether or not in County's actual community; or,

b) accepts a permanent position in County's community if County deliberately provides any substantial enticements or substantially participates in any negotiations or agreements relating to that position.

This section applies only to hiring a PNP(s)/PPA(s)/NP(s)/PA(s) in a permanent position.

Contractor encourages County to hire PNP(s)/PPA(s)/NP(s)/PA(s) introduced to County in connection with this agreement for a permanent position. County agrees to pay a hiring fee in the amount of Fifteen Thousand Dollars and no cents ($15,000.00) for any PNP or PPA or NP or PA introduced to County by Contractor if that PNP(s)/PPA(s)/NP(s)/PA(s):

a) accepts a permanent position with County, or any organization or group owned by or affiliated with County, whether or not in County's actual community; or,

b) accepts a permanent position in County's community if County deliberately provides any substantial enticements or substantially participates in any negotiations or agreements relating to that position.

The hiring fee shall be payable on the earlier of:

a) the date any contract is made for the psychiatrist's/PNP's/PPA's/NP's/PA's permanent position; or

b) the date the psychiatrist's/PNP's/PPA's/NP's/PA's permanent position commences.

Until the hiring fee is paid, all services by that psychiatrist/PNP/PPA/NP/PA in such permanent position shall be treated as provided through Contractor's locum tenens program, and payment for such services shall be made to Contractor as provided in this agreement in Exhibit A.

County's obligation under this paragraph will apply only to any hiring fee first payable within two (2) years of the termination of this agreement. The obligation to pay the hiring fee shall continue for the period described regardless of the date or reason of termination or cancellation of this agreement and regardless of any breach by either party of this agreement.

Notwithstanding any other provision of this Agreement, or of any other Agreement between County and Contractor, no hiring fee shall be payable if a psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) introduced to County in connection with this Agreement, or any other Agreement between County and Contractor, provides locum tenens services to any party through a locum tenens program other than Contractor. Contractor shall not be entitled to any payment whatsoever by reason of such locum tenens services.

This Section shall supersede and replace the hiring fee provisions of any prior or contemporaneous Agreement between County and Contractor, which shall have no further force or effect.

8. QUALIFICATIONS AND PERFORMANCE OF PSYCHIATRIST/PNP/PPA/ NP/PA

If County reasonably finds the performance of any psychiatrist/PNP/PPA/NP/PA providing coverage under this agreement to be unacceptable for reasons of professional competence or personal conduct, it shall give notice to Contractor and may then remove the psychiatrist/PNP/PPA/NP/PA from the placement. Contractor may either replace such psychiatrist/PNP/PPA/NP/PA in a timely manner with a psychiatrist/PNP/PPA/NP/PA approved by County or may terminate this agreement immediately by giving notice of such termination to County. Fees calculated to the date of termination shall be paid to Contractor by County.

9. INDEPENDENT CONTRACTORS

The relationship between Contractor and County, Contractor and psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) providing services under this agreement, and between psychiatrist/PNP/PPA/NP/PA providing services under this agreement and County, are each that of an independent Contractor providing services. As such, Contractor does not involve itself in the practice of medicine, nor have any responsibility for the medical acts of psychiatrist(s)/PNP(s)/PPA(s)/NP(s)/PA(s) providing services under this agreement.

10. DELAY

Neither party shall be liable in damages for any delay or default in performing its respective obligations under this agreement if such delay or default is caused by conditions beyond its control, including, but not limited to, acts of God, governmental restrictions, strikes, fires, floods, or work stoppages. So long as any such delay or default continues, the party affected by the conditions beyond its control shall keep the other party fully informed concerning the matters causing the delay or default and the prospects of their ending.

11. CULTURAL COMPENTENCY

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 their 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.

Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

12. CODE OF CONDUCT

Contractor shall comply with the 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 Contractor shall follow an established Code of Conduct.

PURPOSE

The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and Contractor 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 Contractor 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.
- 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, or the Quality Assurance Manager, or the Compliance Auditor.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, 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 Contractor;
- 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 Quality Assurance Manager any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Quality Assurance Manager 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 Contractor's employees who report or suspect wrongdoing.

13. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The parties acknowledge that the performance of Contractor's obligations under this contract does not involve the use or disclosure of individually identifiable health information. Contractor shall not receive individually identifiable health information from the County, nor create or receive individually identifiable health information on County's behalf. Consequently, the parties hereby agree that Contractor is not a "business associate" of County for purposes of the Health Insurance Portability and Accountability Act of 1996 and implementing regulations (HIPAA).

14. 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.

15. 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.

16. 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.

Notwithstanding the foregoing, Contractor's obligation to indemnify does not extend to any acts or omissions of providers, provided that medical malpractice insurance coverage is maintained as set forth in the following paragraph.

17. INSURANCE

Contractor shall obtain and maintain continuously medical malpractice insurance coverage under Contractor's group malpractice insurance policy for all medical professionals placed with County by Contractor in at least the minimum amounts of One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) aggregate per medical professional.

Contractor shall provide a certificate of such insurance, naming County of Tehama as certificate holder.

An insurance binder listing County of Tehama as a certificate holder shall be issued for each medical professional placed. Insurance shall be maintained for at least five years after completion of contract work.

18. 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.

19. 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.

20. 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.

21. 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.

22. 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.

23. 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.

24. 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.

25. GENERAL PROVISIONS

a.) No Waiver: The failure of either party to exercise any of its rights under this agreement shall not be deemed to be a waiver of such rights.

b.) Severability: If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

26. COUNTY PLACEMENT INFORMATION

Specialty:	**Psychiatry or Psychiatric Nurse Practitioner or Psychiatric Physician Assistant**
Placement Address:	1860 Walnut St., Suite A, Red Bluff, CA 96080
Mailing Address:	PO Box 400
	Red Bluff, CA 96080
Placement Telephone:	(530) 527-8491 ext. 3026
Contact person:	Mental Health Director

Specialty:	**Nurse Practitioner or Physician Assistant**
Placement Address:	1850 Walnut St., Suite F, Red Bluff, CA 96080
Mailing Address:	PO Box 400
	Red Bluff, CA 96080
Placement Telephone:	(530) 528-3236
Contact Person:	Clinic Director

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 County:	Tehama County Health Services Agency Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
If to Contractor:	Provider Healthcare, LLC 2455 E. Parleys Way, Ste 310 Salt Lake City, UT 84109 (801) 996-8721

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

28. 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.

29. 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.

30. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

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

Date: 4-30-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

Date: 04/30/2025

PROVIDER HEALTHCARE, LLC

Mandy Burke, Director of Client Development

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

PSYCHIATRY

County agrees to pay Contractor per psychiatrist:

$2,120.00 to $2,280.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the psychiatrist may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which psychiatrist is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If psychiatrist works less than 8 hours during any day or provides telemedicine, then at the rate of $265.00 to $285.00 per hour for hours worked on site or providing telemedicine.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of locum tenens psychiatrist requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of Nine Hundred ($900.00) dollars will be charged.

PSYCHIATRIC PHYSICIAN ASSISTANT (PPA)

County agrees to pay Contractor per Psychiatric Physician's Assistant:

$1,560.00 to $1,640.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PPA may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PPA is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PPA works less than 8 hours during any day, then at the rate of $195.00 per hour to $205.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PPA requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of four hundred fifty ($450.00) dollars will be charged.

PSYCHIATRIC NURSE PRACTITIONER (PNP)

County agrees to pay Contractor per Psychiatric Nurse Practitioner:

$1,560.00 to $1,640.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PNP may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PNP is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PNP works less than 8 hours during any day, then at the rate of $195.00 per hour to $205 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PNP requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of six hundred fifty ($650.00) dollars will be charged.

PHYSICIAN ASSISTANT (PA)

County agrees to pay Contractor per Physician's Assistant:

$1,400.00 to $1,480.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the PA may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which PPA is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If PA works less than 8 hours during any day, then at the rate of $175.00 per hour to $185.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of PA requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of four hundred fifty ($450.00) dollars will be charged.

NURSE PRACTITIONER (NP)

County agrees to pay Contractor per Nurse Practitioner:

$1,400.00 to $1,480.00 per day for an eight-hour day. (Rate to be mutually agreed upon prior to placement)

An "eight-hour day" consists of a total of eight hours during which the NP may be scheduled for direct patient contact, consultation, review of records or quality assurance duties. All breaks or lunch periods during which NP is not available for scheduling as described above shall not count toward completion of the "eight-hour day" described here.

If NP works less than 8 hours during any day, then at the rate of $175.00 per hour to $185.00 per hour for hours worked on site.

1.5 times the per hour rate for work on site over eight hours per day.

The above rates are inclusive of acceptable lodging during the placement, and transportation expense.

All invoices are due and payable upon receipt. Billing periods are the 1st through the 15th and the 16th through the end of the month. Invoices for adjustments to each billing period (such as overtime hours) are sent one week after each billing period**.**

When scheduling of NP requires them to physically (excluding telephone coverage) remain in the placement community on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, or Christmas Day, a premium of six hundred fifty ($650.00) dollars will be charged.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Provider Health Care, LLC

Contract Description: For the purpose of providing locum tenens

APPROVED AS TO FORM:

Date: 4/08/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0235 **Agenda Date:** 3/3/2026 **Agenda #:** 12.

HEALTH SERVICES AGENCY / PUBLIC HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment No.3 to Misc. Agree. 2023-342 (as amended by Misc. Agree. 2024-171 and Misc. Agree. 2025-180), with Chico State Enterprises, for the provision of assisting with Supplemental Nutrition Assistance Program-Education (SNAP-ED) activities, thereby increasing the compensation not to exceed amount to $152,388.04 for 10/1/25 through 4/30/26, increasing the total maximum compensation not to exceed to $466,149.38; changing the termination date to 4/30/26, and adding the “Summary” pages & “FFY 2026 Tehama County 2026 Budget Report” to the end of Exhibit B, all other provisions of Exhibit B remain unchanged

Financial Impact:
This contract is budgeted in the Department's FY 25/26 budget using SNAP-Ed grant funds. The FFY 25/26 compensation is increasing by $47,138.04 due to carry-over funds, thereby increasing the total maximum compensation amount from $419,011.34 to $466,149.38 for the entire three-year contract.

Background Information:
For several years, the Health Services Agency has subcontracted with Chico State Enterprises with funds from the SNAP-Ed grant within the Nutrition Education Obesity Prevention (NEOP) program. This subcontract assists Public Health in completing the grant objectives of supporting a youth-led project to promote healthy foods and active lifestyles through the creation of a nutrition awareness program for youth in Tehama County. SNAP-ED activities include, but are not limited to, indirect and direct education to K-12 youth, collaboration with community partners, outreach events, and school wellness policy.

This amendment to increase the compensation is necessary due to unfilled staff vacancies and is essential to completing the scope of work. If approval is not granted, the Public Health Division may not be able to meet the grant objectives for this year.

AMENDMENT #3
TO THE AGREEMENT
BETWEEN
THE COUNTY OF TEHAMA
AND
CHICO STATE ENTERPRISES

This Amendment #3 to Agreement #2023-342, dated November 7, 2023, as amended by Misc. Agreement #2024-171, and Misc Agreement #2025-180, by and between the County of Tehama, through its Health Services Agency (County) and Chico State Enterprises – Center for Healthy Communities, a California nonprofit public benefit corporation and an auxiliary organization of the California State University, Chico (Contractor) 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, shall be amended as follows:

3. COMPENSATION

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred. The Maximum Compensation payable under Agreement shall not exceed $466,149.38. The Compensation amount for October 1, 2023, through September 30, 2024, shall not exceed $164,222.77; compensation amount for October 1, 2024, through September 30, 2025, shall not exceed $149,538.57; and compensation amount for October 1, 2025, through April 30, 2026, shall not exceed $152,388.04. Contractor shall break out administrative costs and program costs separately on the invoice. Contractor shall only be entitled to payment for actual expenditures incurred and documented. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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. Both County and Contractor agree that invoicing from the contractor needs to be received within 30 days from the end date of the contract in order to meet state invoicing deadlines. 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.

County shall review invoices from Contractor within 15 calendar days of receipt and provide Contractor 15 calendar days to make any corrections/adjustments required and resubmit to County for payment. County agrees that this section of the agreement doesn't cancel out approval of indirect costs that are permitted in other parts of the agreement.

5. TERM OF AGREEMENT

This agreement shall commence on October 1, 2023, and shall terminate on April 30, 2026, unless terminated in accordance with section 6 below.

The Summary pages and FFY 2026 Tehama County 2026 Budget Report will be added to the end of Exhibit B, as set forth on pages 3-29 of this amendment. All other provisions of Exhibit B will remain unchanged.

It is mutually agreed that all other terms and conditions of Misc. Agreement #2023-342, #2024-171, and #2025-180 shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: 1-30-26

Jayme S. Bottke, Executive Director

CHICO STATE ENTERPRISES

Date: Jan 28, 2026

Susan W Podesta
Susan W Podesta (Jan 28, 2026 08:36:08 PST)

Susan Podesta, Director of Sponsored Contracts

Summary: Tehama Local Health Department will subcontract with Chico State Enterprises - Center for Healthy Communities (CHC) to address local objectives and activities in the approved FFY 26 carry-in allocation.

Required FFY 2025 Year-end Activities

1. Enter FFY 2025 Program Evaluation and Reporting System (PEARS) data, due 10/3/25
2. Review, edit or otherwise clean FFY 2025 PEARS data, due 10/10/25
3. Submit a FFY 2025 Year-end Progress Report in the online LHD Progress Report Form, due 10/15/2025
4. Submit FFY 2025 Quarter 4 invoice no later than October 30, 2025. Tehama County shall submit the final Q 4 invoice no later than November 14, 2025, to: NPABFiscal@cdph.ca.gov

Required FFY 2026 Program Reporting Transition Activities

1. Submit a FFY 2026 Year-end Progress Report (revised report and submission mechanism TBD), due 3/31/2026
2. Enter FFY 2026 activities in Program Evaluation and Reporting System (PEARS) and in supplemental surveys, due 3/31/2026

Required FFY 2026 Administrative and Fiscal Transition Activities

1. Submit FFY 2026 invoices quarterly by the following dates: October 30, 2025 (FFY 25/Q4), January 30, 2026 (FFY 26/Q1), April 30, 2026 (FFY 26/Q2), and May 30, 2026 (Final)
2. Complete annual Civil Rights Training for all funded staff and subcontractors, due 4/30/2026
3. Submit FFY 2026 Quarter 4 invoice no later than May 30, 2026. Tehama County shall submit the final Q 4 invoice no later than June 15, 2026, to: NPABFiscal@cdph.ca.gov

FFY 2026 Programmatic Transition Activities

1. Identify key CalFresh Healthy Living program elements to transition/share, such as:
    a. Materials (curricula, printed resources, fact sheets, work plans)
    b. Coalition and/or partnership documents
    c. Physical resources (equipment, etc.)
2. Work with school, community and other local partners to continue nutrition and physical activity work and build in sustaining/adopting program elements

3. Distribute CalFresh Healthy Living materials, toolkits, and other resources available through the Web StoreFront to partners and provide social media/website/newsletter/digital content to other applicable programs
    a. Download and save/share relevant web-based materials for local use Resources of local value should be housed somewhere locally due to the uncertainty of availability after the program ends
4. Implement Train-the-Trainer programs for direct education and policy, system, and environmental change (PSE) strategies. Trainings may include CATCH, garden, harvest of the month, and ReThink Your Drink, etc.
5. Assess 1:1 TA from the Partnership and Coalition Statewide Coordinating Center to support Tehama Together
6. Download and export PEARS data and share with Tehama LHD

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5. Assess 1:1 TA from the Partnership and Coalition Statewide Coordinating Center to support Tehama Together
6. Download and export PEARS data and share with Tehama LHD

FFY 2026 Tehama County 2026 Budget Report

FFY 2026 Tehama County 2026 Budget Report

Budget Name:	Tehama County Budget 2026
Budget Agency:	Tehama County
Budget Type:	LIA
Contract Number:	
Modified Date:	09/15/2025 8:44:46 AM

FFY 2025 Carry-In:	$162,390.00
FFY 2026 Award Amount:	$0.00
FFY 2026 Total Budget Amount:	**$162,390.00**

Expenses	FFY 2025 Budget	FFY 2025 Carry-In Budget	FFY 2026 Budget	FFY 2025 Carry-In and FFY 2026 Budget Total	% Difference
Salaries/Benefits	$31,356.29	$6,959.66	**$0.00**	$6,959.66	100.00%
Travel	$2,028.67	$0.00	**$0.00**	$0.00	100.00%
Non-Capital Equipment/Supplies	$127.85	$449.76	**$0.00**	$449.76	100.00%
Materials	$3,337.00	$0.00	**$0.00**	$0.00	100.00%
Building/Space	$114.00	$90.33	**$0.00**	$90.33	100.00%
Maintenance	$451.44	$762.30	**$0.00**	$762.30	100.00%
Equipment and Other Capital Expenditures	$0.00	$0.00	**$0.00**	$0.00	0.00%
Contracts/Sub-Grants/ Agreements	$117,135.67	$152,388.04	**$0.00**	$152,388.04	-100.00%
Total Direct Costs:	$154,550.92	$160,650.09	**$0.00**	$160,650.09	-100.00%
Indirect Cost Rate	$7,839.07	$1,739.92	**$0.00**	$1,739.92	100.00%
Total Federal Funds	**$162,390.00**	**$162,390.00**	**$0.00**	**$162,390.00**	**-100.00%**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA

Budget Name: Tehama County Budget 2026

Expenses	Justification for Greater than 5% Difference from FFY 2025 Budget
Salaries/Benefits	Program funding ending; carry in only
Travel	Program funding ending; carry in only
Non-Capital Equipment/Supplies	Program funding ending; carry in only
Materials	Program funding ending; carry in only
Building/Space	Program funding ending; carry in only
Maintenance	Program funding ending; carry in only
Equipment and Other Capital Expenditures	
Contracts/Sub-Grants/ Agreements	Program funding ending; carry in only
Indirect Cost Rate	Program funding ending; carry in only

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

1a) Staffing: Salaries/Benefits:

Item #	Position Title	Staff Name	Mgmt and Admin %	Direct Delivery %	FTE Rate	Annual Salary	Total Funded Salary	Benefit Rate	Total Funded Benefits	Total Funded Salary and Benefits
1	Health Education Specialist	TBD	90%	0.1%	0.1	$41,365.00	$4,136.50	68.25%	$2,823.16	$6,959.66
X					**0.1**		**$4,136.50**		**$2,823.16**	**$6,959.66**

Definition and basis for calculations of benefit rate(s):	Includes payroll, taxes, medical/dental benefits, and retirement as a percentage of salaries.

Total Salaries/Benefits Carry-in Amount:	$6,959.66
Total Salaries/Benefits Award Amount:	$0.00
Total Salaries/Benefits:	**$6,959.66**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

3a) Non-Capital Equipment/Supplies (Less than $5,000):

Item #	Budget Item	Description and Justification	FTE	Cost Per Item	# of Items	Total
1	Office Supplies	General Office Supplies - including, but not limited to: pens, pencils, highlighters, color markers, note pads, staples, stapler, tape, tape dispenser, paper clips, paper, calculator, etc. Prorated by FTE located in TCHSA offices	0.1	$27.05	72	$194.76
2	Computer Software	This line item including but not limited to Microsoft Office Licenses, Microsoft Server licenses and Adobe.	0.1	$12.75	200	$255.00
X						**$449.76**

Total Non-Capital Equipment/Supplies Carry-In Amount:	$449.76
Total Non-Capital Equipment/Supplies Award Amount:	**$0.00**
Total Non-Capital Equipment/Supplies (TSE) Carry-In Amount:	$0.00
Total Non-Capital Equipment/Supplies (TSE) Award Amount:	**$0.00**

Total Non-Capital Equipment/Supplies and TSE Carry-In Amount:	$449.76
Total Non-Capital Equipment/Supplies and TSE Award Amount:	$0.00
Total Non-Capital Equipment/Supplies and TSE:	**$449.76**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

5) Building/Space:

Item #	Building Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total
1	Storage Space Rent/Lease	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies; Storage space ($129/month/FTE x 7 months; FTE = 0.10)	0.1	$129.04	7	$90.33
X								**$90.33**

Total Building/Space Carry-In Amount:	$90.33
Total Building/Space Award Amount:	$0.00
Total Building/Space:	**$90.33**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

6) Maintenance:

Item #	Maintenance Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total
1	Custodial/ Janitorial Services	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.1	$172.00	7	$120.40
2	Copier Service and Maintenance	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Postage meter and copy machine repairs based upon percentage of program usage by FTE	0.1	$176.00	7	$123.20
3	Utilities	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.1	$425.00	7	$297.50
4	Building Maintenance Fees	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.1	$184.00	7	$128.80
5	Telecommunication Costs	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Phone and ethernet prorated by FTE in Public Health office.	0.1	$132.00	7	$92.40
X								**$762.30**

Total Maintenance Carry-In Amount:	$762.30
Total Maintenance Award Amount:	$0.00
Total Maintenance:	**$762.30**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

8b) Contracts/Sub-Grants/Agreements $25,000 or more:

Item #	Organization Name	Description of Services	Total Grant
1	Chico State University, Center for Healthy Communities	Chico State University, Center for Healthy Communities (CSU/CHC) will provide a Health Educator that will assist with nutrition education for school wellness policy related activities. CSU/CHC staff will also coordinate and implement a nutrition education and physical activity promotion at Tehama County elem	$152,388.04
X			**$152,388.04**

Total Contracts/Sub-Grants/Agreements Carry-In Amount:	$152,388.04
Total Contracts/Sub-Grants/Agreements Award Amount:	$0.00
Total Contracts/Sub-Grants/Agreements:	**$152,388.04**

Total Direct Costs:	**$160,650.09**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

9) Indirect Costs:

Item #	Budget Option	Direct Cost Categories	Indirect Cost Rate	Calculation Method	Total Admin. / Program Dollars	Total
1	Selected Categories	Salaries/Benefits	25%	25% calculated based on Salaries, Wages and Fringe Benefits	$6,959.66	**$1,739.92**
X						**$1,739.92**

Total Indirect Costs Carry-In Amount:	$1,739.92
Total Indirect Costs Award Amount:	$0.00
Total Indirect Costs:	**$1,739.92**

Total Budget:	**$162,390.00**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2026

Budget Name	Budget Agency	Budget Type	Contract Number	Budget Number	Budget Date	Modified Date	FFY 2025 Carry-In Amount	FFY 2026 Award Amount	FFY 2026 Total Budget Amount
Chico State University, Center for Healthy Communities	Tehama County	LIA Sub		2026-2-*-*-5992	3/18/2025 9:47:00 AM	9/15/2025 8:44:37 AM	$152,388.04	$0.00	$152,388.04

Row #	Expenses	FFY 2025 Carry-In Budget	FFY 2026 Budget	FFY 2025 Carry-In and FFY 2026 Budget Total	Justification for Greater than 5 % Difference from FFY 2026 Budget
1	1) Salaries/Benefits	$125,693.06	$0.00	$125,693.06	
2	2) Travel	$176.40	$0.00	$176.40	
3	3) Non-Capital Equipment/Supplies	$588.77	$0.00	$588.77	
4	4) Materials	$2,000.17	$0.00	$2,000.17	
5	5) Building/Space	$0.00	$0.00	$0.00	
6	6) Maintenance	$139.11	$0.00	$139.11	
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00	
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00	
9	**9) Total Direct Costs**	**$128,597.50**	**$0.00**	**$128,597.50**	
10	10) Indirect Cost Rate	$23,790.54	$0.00	$23,790.54	
X	**Total Federal Funds**	**$152,388.04**	**$0.00**	**$152,388.04**	

X	Position Title	Staff Name	Time Spent on Mgmt./Admin	Time Spent on Direct Delivery	FTE Rate	Annual Salary	Total Funded Salary	Benefit Rate	Total Funded Benefits	Total Admin. Costs	Total Funded Salary and Benefits	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Project Director/Registered Dietitian	Jen Murphy	0.00%	100.00%	0.112	$138,527.00	$15,515.02	49.250%	$7,641.15	$0.00	$23,156.17	$23,156.17	$0.00
2	Program Manager/Registered Dietitian	Bri LoFink	0.00%	100.00%	0.110	$97,585.00	$10,734.35	49.250%	$5,286.67	$0.00	$16,021.02	$16,021.02	$0.00
3	Program Manager	Noelle DiSano	0.00%	100.00%	0.145	$95,118.00	$13,792.11	49.250%	$6,792.61	$0.00	$20,584.72	$20,584.72	$0.00
4	CHC Director/Evaluator/AE	Stephanie Bianco	50.00%	50.00%	0.030	$168,129.00	$5,027.06	8.800%	$442.38	$2,734.72	$5,469.44	$5,469.44	$0.00
5	Program Admin Manager	Pamela "Suzi" Kochems	100.00%	0.00%	0.082	$97,556.62	$7,989.89	49.250%	$3,935.02	$11,924.91	$11,924.91	$11,924.91	$0.00
6	Graphic Design Manager	Skyla Smith	70.00%	30.00%	0.040	$99,285.00	$3,981.33	49.250%	$1,960.80	$4,159.49	$5,942.13	$5,942.13	$0.00
7	Co-Director	Kristin Gruneisen	70.00%	30.00%	0.020	$175,397.00	$3,437.78	49.250%	$1,693.11	$3,591.62	$5,130.89	$5,130.89	$0.00
8	Program Manager	Michelle Harris	0.00%	100.00%	0.078	$120,931.00	$9,420.52	49.250%	$4,639.61	$0.00	$14,060.13	$14,060.13	$0.00
9	Program Manager	Michele Buran	0.00%	100.00%	0.083	$130,208.00	$10,807.26	49.250%	$5,322.58	$0.00	$16,129.84	$16,129.84	$0.00
10	Research Analyst/Data Manager	Guadalupe Valdivia	0.00%	100.00%	0.045	$108,785.00	$4,873.57	49.250%	$2,400.23	$0.00	$7,273.80	$7,273.80	$0.00
X			**29.00%**	**71.00%**	**0.744**		**$85,578.89**		**$40,114.16**	**$22,410.74**	**$125,693.06**	**$125,693.06**	**$0.00**

Row #	Position Name and Title	Presenter?	Travel Title	Travel Location	Description and Justification	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Mileage Rate	Registration Fee	Other	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Noelle DiSano : Program Manager Bri LoFink : Program Manager/Registered Dietitian Jen Murphy : Project Director/Registered Dietitian Michelle Harris : Program Manager Michele Buran : Program Manager	No	Health Education Specialist and/or CSU, Chico Unpaid Intern	Various locations within Tehama Co (including Los Molinos and Red Bluff)	Local mileage to conduct nutrition education	6.000	1.000	0.000	0.000	$0.00	$0.00	$0.00	42	$0.700	$0.00	$0.00	$176.40	$176.40	$0.00
X																	$176.40	$176.40	$0.00

Row #	Position Name and Title	Presenter?	Travel Title	Travel Location	Description and Justification	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Mileage Rate	Registration Fee	Other	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X																	$0.00	$0.00	$0.00

Row #	Budget Item	Description and Justificaion	FTE	Cost Per Item	# of Items	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Office Supplies	Including, but not limited to: Pens, pencils, highlighters, color markers, note pads, staples, stapler, tape, tape dispenser, paper clips, paper, ink, printing, etc. prorated by FTE (.7442)	0.74	$77.27	7	$402.53	$402.53	$0.00
2	Computer Software	Software subscriptions prorated by FTE; i.e. Canva, Click Up, Pingboard (.7442 FTE)	0.74	$35.75	7	$186.24	$186.24	$0.00
X						**$588.77**	**$588.77**	**$0.00**

Row #	Building Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X								$0.00	$0.00	$0.00

Row #	Budget Item	Description and Justification	Cost Per Item	# of Items	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Educational Curriculum & Materials	Purchase SNAP-Ed approved educational materials and curricula to promote nutrition education and physical activity. May include PSE supplies such as PA kits	$10.00	100	$1,000.00	$1,000.00	$0.00
2	Garden Materials	PSE supplies for gardening (e.g. stencils, gardening supplies for multiple sites, etc.); One PSE strategy will be focused on gardening, necessitating the purchase of SNAP-Ed approved garden materials and curricula to promote gardening and nutrition education; approved supplies will be based on each school site's need.	$1,000.17	1	$1,000.17	$1,000.17	$0.00
X					**$2,000.17**	**$2,000.17**	**$0.00**

Row #	Building Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X								$0.00	$0.00	$0.00

Row #	Maintenance Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Telecommunication Costs	CHC Chico	25 Main St #101, Chico, CA 95926	Phone/Ethernet based on FTE (.9959) will support prorated portion of monthly phone/Ethernet expense.	0.996	$11.64	12	$139.11	$139.11	$0.00
X								**$139.11**	**$139.11**	**$0.00**

Row #	Budget Item	Description and Justification	FTE	Cost Per Item	# of Items	Misc.	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X							$0.00	$0.00	$0.00

Row #	Organization Name	Description of Services	Total Grant	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X			$0.00	$0.00	$0.00

Row #	Organization Name	Description of Services	Total Grant	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
X			$0.00	$0.00	$0.00

Row #	Budget Option	Direct Cost Categories	Indirect Cost Rate	Calculation Method	Total Admin./Program Amount	Total	FFY 2025 Carry-In Amount	FFY 2026 Award Amount
1	Selected Categories	Salaries/Benefits Travel Non-Capital Equipment/Supplies Materials Maintenance Equipment and Other Capital Expenditures Contracts/Sub-Grants/ Agreements	18.500%	Off-campus indirect rate applied to total direct costs. Not applied to space cost.	$128,597.50	$23,790.54	$23,790.54	$0.00
X					**$128,597.50**	**$23,790.54**	**$23,790.54**	**$0.00**

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Chico State Enterprise, Center for Healthy Communities

Contract Description: For the purpose of assisting with SNAP-ED activities

APPROVED AS TO FORM:

Date: 01/12/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND CHICO STATE ENTERPRISES

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Chico State Enterprises - Center for Healthy Communities, a California non-profit public benefit corporation and an auxiliary organization of California State University, Chico ("Contractor") for the purpose 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.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide services as outlines 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

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred. The Maximum Compensation payable under Agreement shall not exceed $366,000.00. The Compensation amount for October 1, 2023, through September 30, 2024, shall not exceed $155,500.01; compensation amount for October 1, 2024, through September 30, 2025, shall not exceed $105,250.00; and compensation amount for October 1, 2025, through September 30, 2026, shall not exceed $105,250.00. Contractor shall break out administrative costs and program costs separately on the invoice. Contractor shall only be entitled to payment for actual expenditures incurred and documented. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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

Contractor shall submit a quarterly invoice to County at the address listed within 30 (Thirty) days of the end of each quarter. For purposes of this agreement, the term "quarter" is defined as 3 (Three) month time periods ending December 31, March 31, June 30, and September 30th for the term that this agreement remains in effect. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's statement.

5. TERM OF AGREEMENT

This agreement shall commence on October 1, 2023, and shall terminate on September 30, 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 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.

County shall defend, hold harmless, and indemnify Contractor, California State University, Chico, Trustees of the CSU, its officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of Contractor), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of Contractor) being damaged by the negligent acts, willful acts, or errors or omissions of County, or any person employed by or under County in any capacity, during the provision of services provided for herein, except when the injury or loss is caused by the negligence or intentional wrongdoing of Contractor.

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. 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.

13. 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.

14. 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.

15. 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.

16. 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.

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 Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
If to Contractor:	Chico State Enterprises Attn: Director, Sponsored Programs Administration 25 Main St., Suite 103 Chico, CA 95928 Tel: (530) 898-5700 Fax: (530) 898-6804

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. 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.

20. 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.

21. 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.

22. 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.

23. 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.

24. 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.

25. DOCUMENTS AND RETENTION

Contractor and County agree to retain all documents relevant to this agreement for a minimum of three (3) years from the termination of the agreement or until all audits, Federal and/or State are complete, whichever is later. Upon request, Contractor shall make available these records to the County, State, or Federal government representatives.

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

Date: 10-24-23

COUNTY OF TEHAMA

Jayme S. Bottke

Jayme S. Bottke, Executive Director

Date: Oct 24, 2023

CHICO STATE ENTERPRISES

Michele Flowerdew

Michele Flowerdew, Director of Sponsored Programs Administration

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

Nutrition Education Obesity Prevention FFY 2024 – 2026
Sub-grant with **Chico State Enterprises – Center for Health Communities**

Summary: Chico State Enterprises – Center for Health Communities (CHC) will subcontract with Tehama Local Health Department to address local objectives and activities in the approved four-year Integrated Work Plan (IWP) for FFY 2024-2026.

Domain LEARN

- Direct Education: Provide evidence-based nutrition, gardening, and/or physical activity (PA) lessons specific to the target population. May include taste tests and/or food demonstrations. Curriculum from the Integrated Work Plan (IWP) will be utilized, and lessons may be provided virtually. Locations will be from the Local Health Department (LHD) approved Site Lists. In schools K-12, include a minimum of 2 school district and in Before and After School Programs include a minimum of 2 sites to serve approximately 50 students.
- Indirect Education: Promote, support, and reinforce messages consistent with DE, physical activity, school wellness policy, and other activities related to school wellness policy initiatives through promotional and education materials to reinforce health benefits of physical activity and healthy eating. Communicate through various appropriate channels including posters, school newsletters, self-guided learning displays, social media, websites, health fairs, etc. throughout the school campus and cafeteria.
- Indirect Education: Promote healthy food and beverages consumption to families with children 0-5 years-old at the local library through providing education and/or demonstrations on topics such as nutrition, gardening, Rethink your Drink, the American Dietary Guidelines, and MyPlate.
- Assessment: Assess and monitor the school environment in relation to site-specific wellness policy and/or a PA policy using Site level Assessment Questionnaire (SLAQ) and Local Health Department Assessment Checklist (LAC). Identify strengths and gaps regarding how the school environment promotes students' health, well-being, and ability to learn through support from healthy eating and physical activity such as PA breaks, structured PA during recess, stencils, and other PA opportunities during/after school. Identify new strategies to implement and share successes.
- Community Engagement: Identify local influencers such as teachers, students, parents, administrators, school nutrition services, community members, etc. Engage local influencers consistently throughout assessment, planning, implementation, and maintenance of the policies. Present assessment results and/or educate on the benefits and impact of wellness policies and additional PA opportunities in schools and/or Before/After school programs. Incorporate assessment results and local influencer feedback into the project planning through engaging them in meetings, and/or listening sessions, surveys, etc. Leverage relationships with influencers to generate support for updating existing or establishing new school wellness policies and non-PE PA opportunities.

- Community Engagement: Meet at least twice yearly to share and/or gather data from assessments, community engagements activities, implementation progress, successes, solutions for challenges, and report results with community stakeholders. Engage partners with common goals to leverage relationships, support, and funding opportunities. If appropriate, host convenings around specific, School Wellness Policy requirements and the final rule. Post intervention, share assessment results with decision makers and key stakeholders such as School Board members, principals, County Office of Education, etc. to promote successful interventions.
- Coordination & Collaboration: Establish, cultivate, and maintain relationships with appropriate partners such as school staff, nutrition services, Office of Education, First Five, public health departments, professional or community partners/coalitions for the planning and implementation of a school health assessment to determine an action plan based on the needs assessments and the current or future opportunities that may exist.
- Coordination & Collaboration: At least twice per year meet with parents/guardians, wellness committees/planning groups, or school staff and/or afterschool staff to assist with policy development, implementation, planning, and/or to provide summary of assessment results. As able, assist in monitoring the action plan once implemented. Share research related to increased learning and PA and/or healthy eating.
- Training and Technical Assistance: Provide technical assistance and/or training to teachers, staff aides, school administration, site councils, and/or school/afterschool staff on wellness policy, action plan, and/or PA resources or evidenced-based curriculum to support implementing pieces of the wellness policy or action plan and/or aimed at increasing non-PE PA opportunities during school or after school.

OVERARCHING/LHD Specific

- Target Population: Focus on at least one of the following school districts: Reeds Creek, Los Molinos, and Red Bluff Union Elementary School Districts.
- Coordinate & Collaborate: Coordinate and collaborate with IWP group on behalf of LHD group when LHD is unable to attend meetings. Coordinate and collaborate with Tehama Together when LHD is unable to attend when meetings are held quarterly, future dates are TBD.
- Training and Technical Assistance: Provide a minimum of one (1) training and ongoing technical assistance related to CFHL for public health staff as requested.

REPORTING for all above activities:

- All activities will be reported in PEARS.
- A biannual progress report is required; Mid-Year report will be due April 1st, and a Year-End report will be due October 1st.
- Report SLAQ and LAC assessment information on the Assessment Questionnaire webpage at: https://ucanr.edu/sites/SLAQ/SLAQ_Questionnaires/
- A Success Story may be provided if requested.

Row #	Expenses	FFY 2023 Carry-In Budget	FFY 2024 Budget	FFY 2023 Carry-In and FFY 2024 Budget Total
1	1) Salaries/Benefits	$32,478.00	$91,558.74	$124,036.74
2	2) Travel	$0.00	$3,272.40	$3,272.40
3	3) Non-Capital Equipment/Supplies	$0.00	$899.43	$899.43
4	4) Materials	$0.00	$2,300.00	$2,300.00
5	5) Building/Space	$0.00	$481.50	$481.50
6	6) Maintenance	$0.00	$308.73	$308.73
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$32,478.00**	**$98,820.81**	**$131,298.81**
10	10) Indirect Cost Rate	$0.00	$24,201.20	$24,201.20
X	**Total Federal Funds**	**$32,478.00**	**$123,022.01**	**$155,500.01**

Row #	Expenses	FFY 2024 Carry-In Budget	FFY 2025 Budget	FFY 2024 Carry-In and FFY 2025 Budget Total
1	1) Salaries/Benefits	$0.00	$85,037.31	$85,037.31
2	2) Travel	$0.00	$1,572.00	$1,572.00
3	3) Non-Capital Equipment/Supplies	$0.00	$624.59	$624.59
4	4) Materials	$0.00	$1,130.26	$1,130.26
5	5) Building/Space	$0.00	$294.38	$294.38
6	6) Maintenance	$0.00	$205.98	$205.98
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$0.00**	**$88,864.52**	**$88,864.52**
10	10) Indirect Cost Rate	$0.00	$16,385.48	$16,385.48
X	**Total Federal Funds**	**$0.00**	**$105,250.00**	**$105,250.00**

Row #	Expenses	FFY 2025 Carry-In Budget	FFY 2026 Budget	FFY 2025 Carry-In and FFY 2026 Budget Total
1	1) Salaries/Benefits	$0.00	$84,970.97	$84,970.97
2	2) Travel	$0.00	$1,572.00	$1,572.00
3	3) Non-Capital Equipment/Supplies	$0.00	$620.80	$620.80
4	4) Materials	$0.00	$1,201.92	$1,201.92
5	5) Building/Space	$0.00	$294.05	$294.05
6	6) Maintenance	$0.00	$204.73	$204.73
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$0.00**	**$88,864.47**	**$88,864.47**
10	10) Indirect Cost Rate	$0.00	$16,385.53	$16,385.53
X	**Total Federal Funds**	**$0.00**	**$105,250.00**	**$105,250.00**

727 Oak Street, Red
Bluff, CA 96080
(530) 527-4655
http://www.co.tehama.ca.us

Tehama County

Minutes Certification

File Number: 24-735 **Enactment Number: MISC. AGR 2024-171**

HEALTH SERVICES AGENCY / PUBLIC HEALTH

10. HEALTH SERVICES AGENCY / PUBLIC HEALTH 24-735

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment #1 with Chico State Enterprises (Misc. Agree #2023-342) 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 maximum compensation payable to $374,722.77; to replace page 14 within Exhibit B with the "FFY 2024 Chico State University, Center for Healthy Communities (ADJ v2) Report" as set forth on pages 3-15 of the amendment. All other provisions of Exhibit B will remain unchanged

Enactment No: MISC. AGR 2024-171

A motion was made by Supervisor Moule, seconded by Supervisor Carlson, to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: William Moule
SECONDER: Candy Carlson
AYES: Supervisor Moule, Supervisor Carlson, Supervisor Nolen, Vice Chair Hansen, and Chairperson Leach

I, JENNIFER VISE, 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 an order adopted by said Board of Supervisors on 6/11/2024.

Attest: Mary DiMaggio
Deputy

June 14, 2024
Date Certified

AMENDMENT #1
TO THE AGREEMENT
BETWEEN
THE COUNTY OF TEHAMA
AND CHICO STATE ENTERPRISES

This Amendment to Agreement #2023-342, dated November 7, 2023, by and between the County of Tehama, through its Health Services Agency (County) and Chico State Enterprises - Center for Health Communities, a California non-profit public benefit corporation and an auxiliary organization of the California State University, Chico (Contractor) 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, shall be amended as follows:

3. COMPENSATION

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred. The Maximum Compensation payable under Agreement shall not exceed $374,722.77. The Compensation amount for October 1, 2023, through September 30, 2024, shall not exceed $164,222.77; compensation amount for October 1, 2024, through September 30, 2025, shall not exceed $105,250.00; and compensation amount for October 1, 2025, through September 30, 2026, shall not exceed $105,250.00. Contractor shall break out administrative costs and program costs separately on the invoice. Contractor shall only be entitled to payment for actual expenditures incurred and documented. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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.

Only page 14 of Misc. Agreement #2023-342 will be replaced with the "FFY 2024 Chico State University, Center for Healthy Communities (ADJ v2) Report," as set forth on pages 3-15 of this Amendment. All other provisions of Exhibit B will remain unchanged.

It is mutually agreed that all other terms and conditions of Agreement #2023-342 shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: 5-29-24

Jayem S. Bottke, Executive Director

CHICO STATE ENTERPRISES

Date: May 29, 2024

Susan W Podesta
Susan W Podesta (May 29, 2024 13:39 PDT)

Susan W. Podesta, Director of Sponsored Contracts

A1 to CSE Agreement #SP-23-0315
A1 to TCHSA Misc. Agreement #2023-342

FFY 2024 Chico State University, Center for Healthy Communities (ADJ v2) Report

A1 to CSE Agreement #SP-23-0315
A1 to TCHSA Misc. Agreement #2023-342

FFY 2024 Chico State University, Center for Healthy Communities (ADJ v2) Report

Budget Name:	Chico State University, Center for Healthy Communities (ADJ v2)
Budget Agency:	Tehama County
Budget Type:	LIA Sub
Contract Number:	
MYA Number/Date:	ADJ-2024-2-*-*-4483 / 01/12/2024
Modified Date:	03/01/2024 9:47:03 AM

FFY 2023 Carry-In:	$32,478.00
FFY 2024 Award Amount:	$131,744.77
FFY 2024 Total Budget Amount:	**$164,222.77**

Expenses	Adjustment Type	FFY 2023 Carry-In Budget	Last Approved Carry-In Budget	FFY 2024 Budget	Last Approved Budget	FFY 2023 Carry-In and FFY 2024 Budget Total	Last Approved Carry-In and Budget Total	Adjustment % Difference
Salaries/Benefits	Decrease	$32,478.00	$32,478.00	$76,754.48	$91,558.74	$109,232.48	$124,036.74	-11.94%
Travel	Decrease	$0.00	$0.00	$3,272.31	$3,272.40	$3,272.31	$3,272.40	0.00%
Non-Capital Equipment/Supplies	Increase	$0.00	$0.00	$6,651.73	$899.43	$6,651.73	$899.43	639.55%
Materials	Increase	$0.00	$0.00	$18,713.00	$2,300.00	$18,713.00	$2,300.00	713.61%
Building/Space	Decrease	$0.00	$0.00	$481.48	$481.50	$481.48	$481.50	0.00%
Maintenance	Increase	$0.00	$0.00	$308.79	$308.73	$308.79	$308.73	0.02%
Equipment and Other Capital Expenditures		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Contracts/Sub-Grants/ Agreements		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Total Direct Costs:		$32,478.00	$32,478.00	$106,181.79	$98,820.81	$138,659.79	$131,298.81	7.45%
Indirect Cost Rate	Increase	$0.00	$0.00	$25,562.99	$24,201.20	$25,562.99	$24,201.20	5.63%
Total Federal Funds		**$32,478.00**	**$32,478.00**	**$131,744.77**	**$123,022.01**	**$164,222.77**	**$155,500.01**	**7.09%**

Dollar Difference Table

Expenses	FFY 2023 Carry-In and FFY 2024 Award Total Approved (Original)	FFY 2023 Carry-In and FFY 2024 Award Total Revised (New)	Amount Difference
Salaries/Benefits	$124,036.74	$109,232.48	-$14,804.26
Travel	$3,272.40	$3,272.31	-$0.09
Non-Capital Equipment/Supplies	$899.43	$6,651.73	$5,752.30
Materials	$2,300.00	$18,713.00	$16,413.00
Building/Space	$481.50	$481.48	-$0.02
Maintenance	$308.73	$308.79	$0.06
Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
Indirect Cost Rate	$24,201.20	$25,562.99	$1,361.79
Total Federal Funds	$155,500.01	$164,222.77	$8,722.77

Expenses	Adjustment Reason	Adjustment Justification
Salaries/Benefits		Decrease amount to align with actual expenses.
Travel		Decrease amount to align with actual expenses.
Non-Capital Equipment/Supplies		Added 3 laptops and 3 monitors to budget.
Materials		Added PSE materials for gardening and physical activity for multiple school sites.
Building/Space		Slight change due to change in organizational FTE.
Maintenance		Slight change due to change in organizational FTE.
Equipment and Other Capital Expenditures		
Contracts/Sub-Grants/ Agreements		
Indirect Cost Rate		Increased amount due to increase in direct costs.

1a) Staffing: Salaries/Benefits:

Item #	Adjustment Type	Position Title	Staff Name	Mgmt and Admin %	Direct Delivery %	FTE Rate	Annual Salary	Total Funded Salary	Benefit Rate	Total Funded Benefits	Total Funded Salary and Benefits	Last Approved Total
1	Decrease	Project Director	Priya Trivedi	0%	100%	0.0166	$108,082.00	$1,794.16	47.24%	$847.56	**$2,641.72**	$13,656.14
2	Decrease	Program Manager	Bri LoFink	0%	100%	0.4016	$88,488.76	$35,537.09	47.24%	$16,787.72	**$52,324.81**	$57,723.37
3	Increase	Project Manager	TBD	0%	100%	0.18	$69,691.75	$12,544.52	47.24%	$5,926.03	**$18,470.54**	$18,470.46
4		Production Kitchen Manager	Sheena Gruenberg	0%	100%	0.026	$93,358.08	$2,427.31	47.24%	$1,146.66	**$3,573.97**	$3,573.97
5	Increase	CHC Director/Evaluator	Bianco Additional Employment	50%	50%	0.0191	$157,039.45	$2,999.45	7.01%	$210.26	**$3,209.72**	$1,601.08
6		Program Assistants	TBD	0%	100%	0.2452	$43,262.64	$10,608.00	7.01%	$743.62	**$11,351.62**	$11,351.62
7	Increase	Fiscal Analyst	TBD	100%	0%	0.135	$88,845.12	$11,994.09	47.24%	$5,666.01	**$17,660.10**	$17,660.10
X						**1.0235**		**$77,904.62**		**$31,327.86**	**$109,232.48**	**$124,036.74**

Definition and basis for calculations of benefit rate(s):	Includes payroll, taxes, medical/dental benefits, and retirement as a percentage of salaries.

Section Total	Original	Adjusted
Total Salaries/Benefits Carry-In Amount:	$32,478.00	$32,478.00
Total Salaries/Benefits Award Amount:	$91,558.74	$76,754.48
Total Salaries/Benefits:	**$124,036.74**	**$109,232.48**

2a) Travel: In State:

Adjustment Type:	Decrease
Travel Title 1:	Health Education Specialist and/or CSU, Chico Unpaid Intern
Travel Location:	Various locations within Tehama Co (including Los Molinos and Red Bluff)
Travel Description and Justification:	Local mileage to conduct nutrition education
Mileage Rate:	$0.67

Item #	Position Name and Title	Presenter	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Last Approved Total
1	TBD : Project Manager TBD : Fiscal Analyst Bianco Additional Employment : CHC Director/Evaluator Bri LoFink : Program Manager Priya Trivedi : Project Director Sheena Gruenberg : Production Kitchen Manager TBD : Program Assistants	No	35	0	0	0	$0.00	$0.00	$0.00	100.55	$0.00	$0.00	**$2,357.90**	$2,358.00

Adjustment Type:	Increase
Travel Title 2:	CFHL Forum
Travel Location:	Orange County, CA
Travel Description and Justification:	3-day State sponsored LIA Forum. "Other" $40.01 will be used for airport parking and/or transportation between the destination airport and the hotel/conference location.
Mileage Rate:	$0.655

Item #	Position Name and Title	Presenter	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Last Approved Total
2	Bri LoFink : Program Manager Priya Trivedi : Project Director TBD : Project Manager	No	1	1	3	2	$46.00	$109.25	$400.00	180	$0.00	$40.01	**$914.41**	$914.40

Section Total	Original	Adjusted
Total In-State Carry-In Amount:	$0.00	$0.00

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA Sub
Budget Name: Chico State University, Center for Healthy Communities (ADJ v2)

Total In-State Award Amount:	**$3,272.40**	**$3,272.31**

Section Total	Original	Adjusted
Total In-State and Out-of-State Travel Carry-In Amount:	$0.00	$0.00
Total In-State and Out-of-State Travel Award Amount:	$3,272.40	$3,272.31
Total In-State and Out-of-State Travel:	**$3,272.40**	**$3,272.31**

3a) Non-Capital Equipment/Supplies (Less than $5,000):

Item #	Adjustment Type	Budget Item	Description and Justification	FTE	Cost Per Item	# of Items	Total	Last Approved Total
1	Increase	Office Supplies	Pens, paper, ink, printing, etc. prorated by FTE (1.0140- 0.0096 position 5 = 1.0044 FTE)	1.0044	$52.61	12	**$634.10**	$633.92
2	Decrease	Computer Software	Software subscriptions prorated by FTE; ie Canva, ClickUp, Pingboard (1.0140- 0.0096 position 5 = 1.0044 FTE)	1.0044	$22.01	12	**$265.28**	$265.51
X							**$899.38**	**$899.43**

Section Total	Original	Adjusted
Total Non-Capital Equipment/Supplies Carry-In Amount:	$0.00	$0.00
Total Non-Capital Equipment/Supplies Award Amount:	**$899.43**	**$899.38**

3b) Non-Capital Equipment/Supplies (Theft-Sensitive/Technological Equipment less than $5,000):

Item #	Adjustment Type	Budget Item	Position Name and Title	Description and Justification	FTE	Cost Per Item	# of Items	Total	Last Approved Total
1	Add	Laptop Computer	Bri LoFink : Program Manager TBD : Program Assistants TBD : Project Manager	Dell Latitude 5540 13th Generation Intel Core i7-1355U, 12 MB cache, 10 cores, up to 5.0 GHz Windows 11 Pro, ($1,678), which includes 8.25% tax, e-waste fee & accidental damage service - plus 1.81% ITSS cost recovery fee. Laptops for use exclusively by CFHL staff for CFHL purposes.	1	$1,708.20	3	**$5,124.60**	$0.00
2	Add	Other (Please describe in Description and Justification)	Bri LoFink : Program Manager TBD : Program Assistants TBD : Project Manager	Dell 24 Monitor - P2422H, 60.5cm (23.8") @ $205.68) - which includes 8.25% tax, e-waste fee & accidental damage service - plus 1.74% ITSS cost recovery fee. Plus 3 year hardware warranty and e-waste fee. Monitors for use exclusively by CFHL staff for CFHL purposes.	1	$209.25	3	**$627.75**	$0.00
X								**$5,752.35**	**$0.00**

Section Total	Original	Adjusted
Total Non-Capital Equipment/Supplies (TSE) Carry-In Amount:	$0.00	$0.00
Total Non-Capital Equipment/Supplies (TSE) Award Amount:	**$0.00**	**$5,752.35**

Section Total	**Original**	**Adjusted**
Total Non-Capital Equipment/Supplies and TSE Carry-In Amount:	$0.00	$0.00
Total Non-Capital Equipment/Supplies and TSE Award Amount:	$899.43	$1,798.81
Total Non-Capital Equipment/Supplies and TSE:	**$899.43**	**$6,651.73**

4) Materials:

Item #	Adjustment Type	Budget Item	Description and Justification	Cost Per Item	# of Items	Total	Last Approved Total
1	Adjustment	Educational Curriculum & Materials	Purchase SNAP-Ed approved educational materials and curricula to promote nutrition education and physical activity. May include PSE supplies such as PA kits	$1.00	250	**$250.00**	$250.00
2	Increase	Food Demonstration Materials	Purchase of food and tasting supplies for demonstrations, taste testing and cooking classes. Cost of food not to exceed $4 per tasting; depending on the tasting, some events may be higher or lower.	$1.50	5155	**$7,732.50**	$1,500.00
3	Adjustment	Printing and Duplication Materials	educational materials and/or tasting supplies to support direct education, indirect education and/or meetings and trainings as needed.	$1.00	300	**$300.00**	$300.00
4	Increase	Garden Materials	PSE supplies for gardening (e.g. stencils, gardening supplies for multiple sites, etc.); One PSE strategy will be focused on gardening, necessitating the purchase of SNAP-Ed approved garden materials and curricula to promote gardening and nutrition education; approved supplies will be based on each school site's need.	$3,930.50	1	**$3,930.50**	$250.00
5	Add	Physical Activity Materials	PSE supplies for physical activity; One PSE strategy will be improving daily quality physical activity and materials would include CATCH curriculum and supporting PE equipment; approved supplies will be based on each school site's need.	$6,500.00	1	**$6,500.00**	$0.00
X						**$18,713.00**	**$2,300.00**

Section Total	Original	Adjusted
Total Materials Carry-In Amount:	$0.00	$0.00
Total Materials Award Amount:	$2,300.00	$18,713.00
Total Materials:	**$2,300.00**	**$18,713.00**

5) Building/Space:

Item #	Adjustment Type	Building Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	Last Approved Total
1	Decrease	Office Rent/Lease	Chico State university	25 Main St #101, Chico, CA 95926	Office space rental prorated by FTE (1.0140- 0.0096 position 5 = 1.0044 FTE)	1.0044	$6.76	12	**$81.48**	$81.50
2	Adjustment	Venue Rental	Chico State university	25 Main St #101, Chico, CA 95926	Kitchen Space Rental. $40/month for 10 months. Prorated by 1 FTE x 10 months.	1	$40.00	10	**$400.00**	$400.00
X									**$481.48**	**$481.50**

Section Total	Original	Adjusted
Total Building/Space Carry-In Amount:	$0.00	$0.00
Total Building/Space Award Amount:	$481.50	$481.48
Total Building/Space:	**$481.50**	**$481.48**

6) Maintenance:

Item #	Adjustment Type	Maintenance Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	Last Approved Total
1	Increase	Telecommunication Costs	CHC Chico	25 Main St #101, Chico, CA 95926	Phone/Ethernet based on FTE (1.0140- 0.0096 position 5 = 1.0044 FTE) will support prorated portion of monthly phone/Ethernet expense.	1.0044	$25.62	12	**$308.79**	$308.73
X									**$308.79**	**$308.73**

Section Total	Original	Adjusted
Total Maintenance Carry-In Amount:	$0.00	$0.00
Total Maintenance Award Amount:	$308.73	$308.79
Total Maintenance:	**$308.73**	**$308.79**

9) Indirect Costs:

Item #	Adjustment Type	Budget Option	Direct Cost Categories	Indirect Cost Rate	Calculation Method	Total Admin. / Program Dollars	Total	Last Approved Total
1	Increase	Manual Entry		18.5%	Off-campus indirect rate applied to total direct costs. Not applied to space cost.	$138,178.31	**$25,562.99**	**$24,201.20**
X							**$25,562.99**	**$24,201.20**

Section Total	Original	Adjusted
Total Indirect Costs Carry-In Amount:	$0.00	$0.00
Total Indirect Costs Award Amount:	$24,201.20	$25,562.99
Total Indirect Costs:	**$24,201.20**	**$25,562.99**

Total	Original	Adjusted
Total Budget:	**$155,500.01**	**$164,222.77**

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND CHICO STATE ENTERPRISES

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Chico State Enterprises - Center for Healthy Communities, a California non-profit public benefit corporation and an auxiliary organization of California State University, Chico ("Contractor") for the purpose 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.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide services as outlines 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

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred. The Maximum Compensation payable under Agreement shall not exceed $366,000.00. The Compensation amount for October 1, 2023, through September 30, 2024, shall not exceed $155,500.01; compensation amount for October 1, 2024, through September 30, 2025, shall not exceed $105,250.00; and compensation amount for October 1, 2025, through September 30, 2026, shall not exceed $105,250.00. Contractor shall break out administrative costs and program costs separately on the invoice. Contractor shall only be entitled to payment for actual expenditures incurred and documented. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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

Contractor shall submit a quarterly invoice to County at the address listed within 30 (Thirty) days of the end of each quarter. For purposes of this agreement, the term "quarter" is defined as 3 (Three) month time periods ending December 31, March 31, June 30, and September 30th for the term that this agreement remains in effect. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's statement.

5. TERM OF AGREEMENT

This agreement shall commence on October 1, 2023, and shall terminate on September 30, 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 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.

County shall defend, hold harmless, and indemnify Contractor, California State University, Chico, Trustees of the CSU, its officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of Contractor), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of Contractor) being damaged by the negligent acts, willful acts, or errors or omissions of County, or any person employed by or under County in any capacity, during the provision of services provided for herein, except when the injury or loss is caused by the negligence or intentional wrongdoing of Contractor.

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. 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.

13. 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.

14. 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.

15. 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.

16. 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.

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 Attn: Executive Director P.O. Box 400 Red Bluff, CA 96080 (530) 527-8491
If to Contractor:	Chico State Enterprises Attn: Director, Sponsored Programs Administration 25 Main St., Suite 103 Chico, CA 95928 Tel: (530) 898-5700 Fax: (530) 898-6804

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. 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.

20. 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.

21. 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.

22. 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.

23. 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.

24. 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.

25. DOCUMENTS AND RETENTION

Contractor and County agree to retain all documents relevant to this agreement for a minimum of three (3) years from the termination of the agreement or until all audits, Federal and/or State are complete, whichever is later. Upon request, Contractor shall make available these records to the County, State, or Federal government representatives.

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

Date: 10-24-23

COUNTY OF TEHAMA

Jayme S. Bottke

Jayme S. Bottke, Executive Director

Date: Oct 24, 2023

CHICO STATE ENTERPRISES

Michele Flowerdew

Michele Flowerdew, Director of Sponsored Programs Administration

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

Nutrition Education Obesity Prevention FFY 2024 – 2026
Sub-grant with **Chico State Enterprises – Center for Health Communities**

Summary: Chico State Enterprises – Center for Health Communities (CHC) will subcontract with Tehama Local Health Department to address local objectives and activities in the approved four-year Integrated Work Plan (IWP) for FFY 2024-2026.

Domain LEARN

- Direct Education: Provide evidence-based nutrition, gardening, and/or physical activity (PA) lessons specific to the target population. May include taste tests and/or food demonstrations. Curriculum from the Integrated Work Plan (IWP) will be utilized, and lessons may be provided virtually. Locations will be from the Local Health Department (LHD) approved Site Lists. In schools K-12, include a minimum of 2 school district and in Before and After School Programs include a minimum of 2 sites to serve approximately 50 students.
- Indirect Education: Promote, support, and reinforce messages consistent with DE, physical activity, school wellness policy, and other activities related to school wellness policy initiatives through promotional and education materials to reinforce health benefits of physical activity and healthy eating. Communicate through various appropriate channels including posters, school newsletters, self-guided learning displays, social media, websites, health fairs, etc. throughout the school campus and cafeteria.
- Indirect Education: Promote healthy food and beverages consumption to families with children 0-5 years-old at the local library through providing education and/or demonstrations on topics such as nutrition, gardening, Rethink your Drink, the American Dietary Guidelines, and MyPlate.
- Assessment: Assess and monitor the school environment in relation to site-specific wellness policy and/or a PA policy using Site level Assessment Questionnaire (SLAQ) and Local Health Department Assessment Checklist (LAC). Identify strengths and gaps regarding how the school environment promotes students' health, well-being, and ability to learn through support from healthy eating and physical activity such as PA breaks, structured PA during recess, stencils, and other PA opportunities during/after school. Identify new strategies to implement and share successes.
- Community Engagement: Identify local influencers such as teachers, students, parents, administrators, school nutrition services, community members, etc. Engage local influencers consistently throughout assessment, planning, implementation, and maintenance of the policies. Present assessment results and/or educate on the benefits and impact of wellness policies and additional PA opportunities in schools and/or Before/After school programs. Incorporate assessment results and local influencer feedback into the project planning through engaging them in meetings, and/or listening sessions, surveys, etc. Leverage relationships with influencers to generate support for updating existing or establishing new school wellness policies and non-PE PA opportunities.

- Community Engagement: Meet at least twice yearly to share and/or gather data from assessments, community engagements activities, implementation progress, successes, solutions for challenges, and report results with community stakeholders. Engage partners with common goals to leverage relationships, support, and funding opportunities. If appropriate, host convenings around specific, School Wellness Policy requirements and the final rule. Post intervention, share assessment results with decision makers and key stakeholders such as School Board members, principals, County Office of Education, etc. to promote successful interventions.
- Coordination & Collaboration: Establish, cultivate, and maintain relationships with appropriate partners such as school staff, nutrition services, Office of Education, First Five, public health departments, professional or community partners/coalitions for the planning and implementation of a school health assessment to determine an action plan based on the needs assessments and the current or future opportunities that may exist.
- Coordination & Collaboration: At least twice per year meet with parents/guardians, wellness committees/planning groups, or school staff and/or afterschool staff to assist with policy development, implementation, planning, and/or to provide summary of assessment results. As able, assist in monitoring the action plan once implemented. Share research related to increased learning and PA and/or healthy eating.
- Training and Technical Assistance: Provide technical assistance and/or training to teachers, staff aides, school administration, site councils, and/or school/afterschool staff on wellness policy, action plan, and/or PA resources or evidenced-based curriculum to support implementing pieces of the wellness policy or action plan and/or aimed at increasing non-PE PA opportunities during school or after school.

OVERARCHING/LHD Specific

- Target Population: Focus on at least one of the following school districts: Reeds Creek, Los Molinos, and Red Bluff Union Elementary School Districts.
- Coordinate & Collaborate: Coordinate and collaborate with IWP group on behalf of LHD group when LHD is unable to attend meetings. Coordinate and collaborate with Tehama Together when LHD is unable to attend when meetings are held quarterly, future dates are TBD.
- Training and Technical Assistance: Provide a minimum of one (1) training and ongoing technical assistance related to CFHL for public health staff as requested.

REPORTING for all above activities:

- All activities will be reported in PEARS.
- A biannual progress report is required; Mid-Year report will be due April 1st, and a Year-End report will be due October 1st.
- Report SLAQ and LAC assessment information on the Assessment Questionnaire webpage at: https://ucanr.edu/sites/SLAQ/SLAQ_Questionnaires/
- A Success Story may be provided if requested.

Row #	Expenses	FFY 2023 Carry-In Budget	FFY 2024 Budget	FFY 2023 Carry-In and FFY 2024 Budget Total
1	1) Salaries/Benefits	$32,478.00	$91,558.74	$124,036.74
2	2) Travel	$0.00	$3,272.40	$3,272.40
3	3) Non-Capital Equipment/Supplies	$0.00	$899.43	$899.43
4	4) Materials	$0.00	$2,300.00	$2,300.00
5	5) Building/Space	$0.00	$481.50	$481.50
6	6) Maintenance	$0.00	$308.73	$308.73
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$32,478.00**	**$98,820.81**	**$131,298.81**
10	10) Indirect Cost Rate	$0.00	$24,201.20	$24,201.20
X	**Total Federal Funds**	**$32,478.00**	**$123,022.01**	**$155,500.01**

Row #	Expenses	FFY 2024 Carry-In Budget	FFY 2025 Budget	FFY 2024 Carry-In and FFY 2025 Budget Total
1	1) Salaries/Benefits	$0.00	$85,037.31	$85,037.31
2	2) Travel	$0.00	$1,572.00	$1,572.00
3	3) Non-Capital Equipment/Supplies	$0.00	$624.59	$624.59
4	4) Materials	$0.00	$1,130.26	$1,130.26
5	5) Building/Space	$0.00	$294.38	$294.38
6	6) Maintenance	$0.00	$205.98	$205.98
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$0.00**	**$88,864.52**	**$88,864.52**
10	10) Indirect Cost Rate	$0.00	$16,385.48	$16,385.48
X	**Total Federal Funds**	**$0.00**	**$105,250.00**	**$105,250.00**

Row #	Expenses	FFY 2025 Carry-In Budget	FFY 2026 Budget	FFY 2025 Carry-In and FFY 2026 Budget Total
1	1) Salaries/Benefits	$0.00	$84,970.97	$84,970.97
2	2) Travel	$0.00	$1,572.00	$1,572.00
3	3) Non-Capital Equipment/Supplies	$0.00	$620.80	$620.80
4	4) Materials	$0.00	$1,201.92	$1,201.92
5	5) Building/Space	$0.00	$294.05	$294.05
6	6) Maintenance	$0.00	$204.73	$204.73
7	7) Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
8	8) Contracts/Sub-Grants/ Agreements	$0.00	$0.00	$0.00
9	**9) Total Direct Costs**	**$0.00**	**$88,864.47**	**$88,864.47**
10	10) Indirect Cost Rate	$0.00	$16,385.53	$16,385.53
X	**Total Federal Funds**	**$0.00**	**$105,250.00**	**$105,250.00**

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Chico State Enterprises

Contract Description: For the purpose of providing collaboration with community partners, outreach events and school wellness.

APPROVED AS TO FORM: Date: 5/17/2024

Office of the Tehama County Counsel
Margaret E. Long, County Counsel

Tehama County

Minutes Certification

File Number: 25-1106 **Enactment Number: MISC. AGR 2025-180**

HEALTH SERVICES AGENCY / PUBLIC HEALTH

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

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Tom Walker
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

RESULT: APPROVE

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 an order adopted by said Board of Supervisors on 6/24/2025.

Attest: **June 27, 2025**
Date Certified

AMENDMENT #2
TO THE AGREEMENT
BETWEEN
THE COUNTY OF TEHAMA
AND CHICO STATE ENTERPRISES

This Amendment to Agreement #2023-342, dated November 7, 2023, as amended by Misc. Agreement #2024-171, by and between the County of Tehama, through its Health Services Agency (County) and Chico State Enterprises - Center for Health Communities, a California non-profit public benefit corporation and an auxiliary organization of the California State University, Chico (Contractor) 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, shall be amended as follows:

3. COMPENSATION

For work satisfactorily performed in accordance with the terms of this Agreement, as reasonably determined by County, Contractor shall invoice County at the actual cost incurred. The Maximum Compensation payable under Agreement shall not exceed $419,011.34. The Compensation amount for October 1, 2023, through September 30, 2024, shall not exceed $164,222.77; compensation amount for October 1, 2024, through September 30, 2025, shall not exceed $149,538.57; and compensation amount for October 1, 2025, through September 30, 2026, shall not exceed $105,250.00. Contractor shall break out administrative costs and program costs separately on the invoice. Contractor shall only be entitled to payment for actual expenditures incurred and documented. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, 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.

The FFY 2025 Tehama County 2025 (MYA v2) Report will be added to the end of Exhibit B, as set forth on pages 3-14 of this amendment. All other provisions of Exhibit B will remain unchanged.

It is mutually agreed that all other terms and conditions of Agreement #2023-342, and Agreement #2024-171, shall remain in full force and effect.

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

COUNTY OF TEHAMA

Date: 6-9-25

Jayme S. Bottke, Executive Director

CHICO STATE ENTERPRISES

Date: 05/06/2025

Susan W Podesta

Susan Podesta,
Director of Sponsored Contracts

FFY 2025 Tehama County 2025 (MYA v2) Report

1060

FFY 2025 Tehama County 2025 (MYA v2) Report

Budget Name:	Tehama County Budget 2025 (MYA v2)
Budget Agency:	Tehama County
Budget Type:	LIA
Contract Number:	23-10355
MYA Number/Date:	MYA-2025-2-*-*-5443 / 11/18/2024
Modified Date:	12/02/2024 11:16:58 AM

FFY 2024 Carry-In:	$32,478.00
FFY 2025 Award Amount:	$162,390.01
FFY 2025 Total Budget Amount:	**$194,868.01**

Expenses	Adjustment Type	FFY 2024 Budget	FFY 2024 Carry-In Budget	Last Approved Carry-In Budget	FFY 2025 Budget	Last Approved Budget	FFY 2024 Carry-In and FFY 2025 Budget Total	Last Approved Carry-In and Budget Total	Adjustment % Difference
Salaries/Benefits	Increase	$21,484.98	$0.00	$0.00	$31,356.29	$23,363.51	$31,356.29	$23,363.51	34.21%
Travel	Increase	$1,289.96	$0.00	$0.00	$2,028.67	$2,028.67	$2,028.67	$2,028.67	0.00%
Non-Capital Equipment/Supplies		$1,100.01	$75.10	$75.10	$127.85	$127.85	$202.96	$202.96	0.00%
Materials		$909.00	$0.00	$0.00	$3,337.00	$3,337.00	$3,337.00	$3,337.00	0.00%
Building/Space		$100.07	$0.00	$0.00	$114.00	$114.00	$114.00	$114.00	0.00%
Maintenance		$389.97	$0.00	$0.00	$451.44	$451.44	$451.44	$451.44	0.00%
Equipment and Other Capital Expenditures		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%
Contracts/Sub-Grants/ Agreements	Decrease	$131,744.77	$32,402.90	$32,478.00	$117,135.68	$127,126.66	$149,538.58	$159,604.66	-6.31%
Total Direct Costs:		$157,018.76	$32,478.00	$32,553.10	$154,550.94	$156,549.14	$187,028.94	$189,102.24	-1.28%
Indirect Cost Rate	Increase	$5,371.24	$0.00	$0.00	$7,839.07	$5,840.88	$7,839.07	$5,840.88	34.21%
Total Federal Funds		**$162,390.00**	**$32,478.00**	**$32,553.10**	**$162,390.01**	**$162,390.01**	**$194,868.01**	**$194,943.12**	**0.00%**

Dollar Difference Table

Expenses	FFY 2024 Carry-In and FFY 2025 Award Total Approved (Original)	FFY 2024 Carry-In and FFY 2025 Award Total Revised (New)	Amount Difference
Salaries/Benefits	$23,363.51	$31,356.29	$7,992.78
Travel	$2,028.67	$2,028.67	$0.00
Non-Capital Equipment/Supplies	$202.96	$202.96	$0.00
Materials	$3,337.00	$3,337.00	$0.00
Building/Space	$114.00	$114.00	$0.00
Maintenance	$451.44	$451.44	$0.00
Equipment and Other Capital Expenditures	$0.00	$0.00	$0.00
Contracts/Sub-Grants/ Agreements	$159,604.66	$149,538.58	-$10,066.08
Indirect Cost Rate	$5,840.88	$7,839.07	$1,998.19
Total Federal Funds	$194,943.12	$194,868.01	-$75.10

Expenses	Adjustment Reason	Adjustment Justification
Salaries/Benefits	Shifts occur within one or more budget categories with 5% and greater difference (CDSS)	Adjusted personnel salaries, fringe benefit rates and FTE to align better with anticipated expenses
Travel		
Non-Capital Equipment/Supplies		
Materials		
Building/Space		
Maintenance		
Equipment and Other Capital Expenditures		
Contracts/Sub-Grants/ Agreements	Shifts occur within one or more budget categories with 5% and greater difference (CDSS)	Adjusted personnel salaries, fringe benefit rates and FTE to align better with anticipated expenses
Indirect Cost Rate	Shifts occur within one or more budget categories with 5% and greater difference (CDSS)	Increase due to additional salary/fringe costs as a result of increasing the project director's FTE

1a) Staffing: Salaries/Benefits:

Item #	Adjustment Type	Position Title	Staff Name	Mgmt and Admin %	Direct Delivery %	FTE Rate	Annual Salary	Total Funded Salary	Benefit Rate	Total Funded Benefits	Total Funded Salary and Benefits	Last Approved Total
1	Increase	Project Director	Carissa Crawford	80%	20%	0.255	$73,970.20	$18,862.40	66.237%	$12,493.89	**$31,356.29**	$23,363.51
X						**0.255**		**$18,862.40**		**$12,493.89**	**$31,356.29**	**$23,363.51**

Definition and basis for calculations of benefit rate(s):	Includes payroll, taxes, medical/dental benefits, and retirement as a percentage of salaries.

Section Total	Original	Adjusted
Total Salaries/Benefits Carry-In Amount:	$0.00	$0.00
Total Salaries/Benefits Award Amount:	$23,363.51	$31,356.29
Total Salaries/Benefits:	**$23,363.51**	**$31,356.29**

2a) Travel: In State:

Adjustment Type:	Decrease
Travel Title 1:	Tehama County
Travel Location:	Tehama County
Travel Description and Justification:	Mileage for local & regional meetings, coalitions, partnerships, etc.
Mileage Rate:	$0.67

Item #	Position Name and Title	Presenter	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Last Approved Total
1	Carissa Crawford : Project Director	No	1	1	1	0	$0.00	$0.00	$0.00	1245.36	$0.00	$0.00	**$834.39**	$945.37

Adjustment Type:	Increase
Travel Title 2:	CFHL Forum
Travel Location:	TBD
Travel Description and Justification:	CFHL Forum travel expense to attend the 3-day State sponsored LIA Forum in San Diego (Lodging State Rate $199 +tax (20.90).
Mileage Rate:	$0.67

Item #	Position Name and Title	Presenter	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Last Approved Total
2	Carissa Crawford : Project Director	No	1	1	3	2	$68.00	$199.00	$0.00	884	$0.00	$0.00	**$1,194.28**	$1,083.30

Section Total	Original	Adjusted
Total In-State Carry-In Amount:	$0.00	$0.00
Total In-State Award Amount:	**$2,028.67**	**$2,028.67**

Section Total	Original	Adjusted
Total In-State and Out-of-State Travel Carry-In Amount:	$0.00	$0.00
Total In-State and Out-of-State Travel Award Amount:	$2,028.67	$2,028.67
Total In-State and Out-of-State Travel:	**$2,028.67**	**$2,028.67**

Oversight Agency: California Department of Public Health
Budget Agency: Tehama County
Budget Type: LIA
Budget Name: Tehama County Budget 2025 (MYA v2)

3a) Non-Capital Equipment/Supplies (Less than $5,000):

Item #	Adjustment Type	Budget Item	Description and Justification	FTE	Cost Per Item	# of Items	Total	Last Approved Total
1		Office Supplies	General Office Supplies - including, but not limited to: pens, pencils, highlighters, color markers, note pads, staples, stapler, tape, tape dispenser, paper clips, paper, calculator, etc. Prorated by FTE located in TCHSA offices	0.19	$7.91	35	**$52.60**	$52.60
2		Telecommunication Costs	Program needs for media equipment, telecommunications materials, and/or online platform access to support program delivery and virtual learning. Cover technology and licensures required.	0.19	$3.23	245	**$150.36**	$150.36
X							**$202.96**	**$202.96**

Section Total	Original	Adjusted
Total Non-Capital Equipment/Supplies Carry-In Amount:	$75.10	$75.10
Total Non-Capital Equipment/Supplies Award Amount:	**$127.85**	**$127.85**

Section Total	**Original**	**Adjusted**
Total Non-Capital Equipment/Supplies and TSE Carry-In Amount:	$75.10	$75.10
Total Non-Capital Equipment/Supplies and TSE Award Amount:	$127.85	$255.71
Total Non-Capital Equipment/Supplies and TSE:	**$202.96**	**$202.96**

4) Materials:

Item #	Adjustment Type	Budget Item	Description and Justification	Cost Per Item	# of Items	Total	Last Approved Total
1		Stencil/ Structured Physical Activity Materials	Create Environment change to promote physical activity and healthy eating to schools within our district and touch up on past projects that may be worn out to continue sustainable physical activity and healthy lifestyles	$1.00	3337	**$3,337.00**	$3,337.00
X						**$3,337.00**	**$3,337.00**

Section Total	Original	Adjusted
Total Materials Carry-In Amount:	$0.00	$0.00
Total Materials Award Amount:	$3,337.00	$3,337.00
Total Materials:	**$3,337.00**	**$3,337.00**

5) Building/Space:

Item #	Adjustment Type	Building Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	Last Approved Total
1		Storage Space Rent/Lease	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies; Storage space ($50/month/FTE x 12 months; FTE = 0.19)	0.19	$50.00	12	**$114.00**	$114.00
X									**$114.00**	**$114.00**

Section Total	Original	Adjusted
Total Building/Space Carry-In Amount:	$0.00	$0.00
Total Building/Space Award Amount:	$114.00	$114.00
Total Building/Space:	**$114.00**	**$114.00**

6) Maintenance:

Item #	Adjustment Type	Maintenance Type	Location Name	Address	Calculation Description	FTE	Cost Per Month	# of Months	Total	Last Approved Total
1		Custodial/ Janitorial Services	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.19	$42.00	12	**$95.76**	$95.76
2		Copier Service and Maintenance	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Postage meter and copy machine repairs based upon percentage of program usage by FTE	0.19	$50.00	12	**$114.00**	$114.00
3		Utilities	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.19	$81.00	12	**$184.68**	$184.68
4		Building Maintenance Fees	Public Health	1860 Walnut Street, Red Bluff, CA 96080	Based upon staff time usage calculated through the time studies.	0.19	$25.00	12	**$57.00**	$57.00
X									**$451.44**	**$451.44**

Section Total	Original	Adjusted
Total Maintenance Carry-In Amount:	$0.00	$0.00
Total Maintenance Award Amount:	$451.44	$451.44
Total Maintenance:	**$451.44**	**$451.44**

8b) Contracts/Sub-Grants/Agreements $25,000 or more:

Item #	Adjustment Type	Organization Name	Description of Services	Total Grant	Last Approved Total
1	Decrease	Chico State University, Center for Healthy Communities	Chico State University, Center for Healthy Communities (CSU/CHC) will provide a Health Educator that will assist with nutrition education for school wellness policy related activities. CSU/CHC staff will also coordinate and implement a nutrition education and physical activity promotion at Tehama County elem	**$149,538.58**	$159,604.66
X				**$149,538.58**	**$159,604.66**

Section Total	Original	Adjusted
Total Contracts/Sub-Grants/Agreements Carry-In Amount:	$0.00	$0.00
Total Contracts/Sub-Grants/Agreements Award Amount:	$0.00	$0.00
Total Contracts/Sub-Grants/Agreements:	**$0.00**	**$0.00**

Total	Original	Adjusted
Total Direct Costs:	**$189,102.24**	**$187,028.94**

9) Indirect Costs:

Item #	Adjustment Type	Budget Option	Direct Cost Categories	Indirect Cost Rate	Calculation Method	Total Admin. / Program Dollars	Total	Last Approved Total
1	Increase	Selected Categories	Salaries/Benefits	25%	25% calculated based on Salaries, Wages and Fringe Benefits	$31,356.29	**$7,839.07**	**$5,840.88**
X							**$7,839.07**	**$5,840.88**

Section Total	Original	Adjusted
Total Indirect Costs Carry-In Amount:	$0.00	$0.00
Total Indirect Costs Award Amount:	$5,840.88	$7,839.07
Total Indirect Costs:	**$5,840.88**	**$7,839.07**

Total	Original	Adjusted
Total Budget:	**$194,943.12**	**$194,868.01**

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Chico State Enterprises

Contract Description: For the purpose of Amendment #2 for assisting with SNAP-ED activities.

APPROVED AS TO FORM:

Date: 05/15/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0238 **Agenda Date:** 3/3/2026 **Agenda #:** 13.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Approval and authorization for the Executive Director to sign the Assignment and Assumption of Memorandum of Understanding with Palm Communities, Northern Valley Catholic Social Services, Inc, and Red Bluff PV Partners LP for the provision of supportive services in connection with Palm Villas at Red Bluff project in relation to the No Place Like Home Program

Financial Impact:
There is no financial impact related to this Memorandum of Understanding (MOU). Budget Unit is 40131. There is no impact to the General Fund.

Background Information:
Resolution Number 2021-143 for No Place Like Home (NPLH) for the Palm Villas Allocation granted the Department authorization to enter into agreements deemed necessary pertaining to the NPLH Loan. The Department entered into a Memorandum of Understanding (MOU) with Northern Valley Catholic Social Service (NVCSS) and Palm Communities for the parties to work together and establish a partnership for the successful development, operation and management of the Palm Villas at Red Bluff project consisting of 61 one, two and three-bedroom units, a new construction affordable housing development.

Previously, Aperto Property Management was assisting as the Property Management Company, however, Palm Communities and NVCSS, as the Development Sponsors under the MOU, formed Red Bluff PV Partners LP, a California limited partnership. This MOU assigns the Red Bluff PV Partners LP the rights and obligations under the MOU.

ASSIGNMENT AND ASSUMPTION OF MEMORANDUM OF UNDERSTANDING

This Assignment and Assumption of Memorandum of Understanding ("**Assignment**") is made and entered into as of February 1, 2026, by and among PALM COMMUNITIES, a California corporation ("**Palm**"), NORTHERN VALLEY CATHOLIC SOCIAL SERVICES, INC., a California nonprofit public benefit corporation ("**NVCSS**"), and RED BLUFF PV PARTNERS LP, a California limited partnership ("**Assignee**"), and consented to by TEHAMA COUNTY HEALTH SERVICES AGENCY ("**County**"), and Aperto Property Management ("**Aperto**"), with reference to the following:

Palm, NVCSS, County, and Aperto entered into that certain Memorandum of Understanding for Palm Villas at Red Bluff, dated on or about July 3, 2023 (the "**MOU**"), for the provision of supportive services in connection with Palm Villas at Red Bluff a new construction affordable housing development consisting of 61 one, two, and three-bedroom units, with one unit reserved for the property manager, to be located at 231 South Jackson Street, in the City of Red Bluff, Tehama County (the "**Project**").

Palm and NVCSS, as the Development Sponsors under the MOU, formed RED BLUFF PV PARTNERS LP, a California limited partnership (the "**Assignee**"), to own and operate the Project.

Palm and NVCSS (collectively, "**Assignor**") wish to assign to Assignee their interest in and to the MOU, in accordance with the terms and conditions set forth herein.

1. Assignment & Assumption. Assignor assigns to Assignee and Assignee assumes from Assignor, Assignor's rights and obligations under the MOU.

2. Miscellaneous. This Assignment shall be governed by the law of the State of California. This Assignment may be executed simultaneously in counterparts.

(signature page follows)

IN WITNESS WHEREOF, the undersigned have entered into this Assignment as of the date first above written.

PALM:

PALM COMMUNITIES,
a California corporation

By: Lauren Horn
Name: Lauren Horn
Its: Vice President

NVCSS:

NORTHERN VALLEY CATHOLIC SOCIAL SERVICES, INC., a California nonprofit public benefit corporation

DocuSigned by:
By: Erna Friedeberg
21F0056E3A7E460...
Name: Erna Friedeberg
Its: Executive Director

ASSIGNEE:

RED BLUFF PV PARTNERS LP,
a California limited partnership

By: PC Red Bluff Developers, LLC, a California limited liability company, its administrative general partner, by Palm Communities, a California corporation, its manager

By: Lauren Horn
Name: Lauren Horn
Its: Vice President

By: Northern Valley Catholic Social Services, Inc., a California nonprofit public benefit corporation, its managing general partner

DocuSigned by:
By: Erna Friedeberg
21F0056E3A7E460...
Name: Erna Friedeberg
Its: Executive Director

IN WITNESS WHEREOF, County and Aperto consent to the foregoing assignment of the MOU.

TEHAMA COUNTY HEALTH SERVICES AGENCY

By: Jayme S Bottke
Name: Jayme S. Bottke
Its: Executive Director

APERTO PROPERTY MANAGEMENT

By: Ed Quigley
Name: Ed Quigley
Its: President/CEO

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Northern Valley Catholic Social Services

Contract Description: For the purpose of Palm Villas Project MOU

APPROVED AS TO FORM:

Date: 02/18/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Cover Page

MHP Checklist Item #45

Lead Service Provider (LSP)

Tehama County Health Services Agency-Behavioral Health

Supportive Service Commitment Letter (dated 6-26-2023)

&

Memorandum of Understanding (MOU)

TEHAMA COUNTY HEALTH SERVICES AGENCY

JAYME BOTTKE
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE DIRECTOR, ADMINISTRATION

ALEXIS ROSS, MPH, MSDA
ASSISTANT EXECUTIVE DIRECTOR, PROGRAMS

MELISSA FIELD
COMPLIANCE OFFICER

ADMINISTRATIVE & FISCAL/SUPPORT SERVICES
818 MAIN STREET
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-8491
FAX (530) 527-0240

June 26, 2023

Multifamily Housing Program (MHP)
Attn: Gustavo Velasquez, Director
Department of Housing and Community Development
2020 West El Camino Avenue, Suite 500
Sacramento, CA 95833
Tel: (916) 263-2771
SuperNOFA@hcd.ca.gov

Subject: County of Tehama: Commitment Letter for Supportive Services Funding
Palm Villas at Red Bluff (APN 033-130-028)
321 South Jackson Street
Red Bluff, Tehama County, CA 96080

Dear Mr. Velasquez:

This letter is to confirm the County of Tehama's commitment to providing supportive services funding for Palm Villas at Red Bluff. The County will provide supportive services to ten (10) eligible No Place Like Home (NPLH) supportive housing tenants for 55 years. The permanent supportive housing project is to be developed, owned, and operated by Red Bluff PV Partners LP (formed by Palm Communities). The Lead Service Provider will be the Tehama County Health Services Agency-Behavioral Health (TCHSA-BH). TCHSA-BH will provide supportive services and coordinate the provisions of and/or referrals to other community-based services, as noted in the application's Supportive Service Plan.

Project Name: Palm Villas at Red Bluff

Description of Support Services:

- Case Management with an individual service plan
- Peer support activities
- Mental health care
- Substance use services
- Support in linking to Physical Health Care
- Benefits Counseling and advocacy
- Basic housing retention skills
- Services for persons with co-occurring mental & physical disabilities
- Services for persons with co-occurring mental and substance use disorders

- Recreational and social activities
- Educational services
- Employment services

Dollar Value of funds or in-kind services: $190,272 annually.

If cash is provided, state funding source: Not applicable, in-kind services provided.

Funding term or service provision: TCHSA-BH will provide support services to eligible NPLH tenants for 55 years or the term of the NPLH Loan. The supportive services start at the initial rent-up of the NPLH units.

A description and the history of the agency/organization providing funding or services: Tehama County Health Services Agency (TCHSA) has been providing and expanding health-related services for many years to meet the evolving health needs of the Tehama County Community. Direct services are provided through four different centers offering both prevention and intervention services. The centers include Behavioral Health, Medical Clinic, Public Health, and Substance Use Recovery. In addition to our direct service centers and their staff, an administrative team provides leadership, compliance, confidentiality, fiscal, and human resource support. TCHSA-BH has been providing services for the homeless population since its inception. Services for the homeless and at-risk of homelessness became more structured with TCHSA-BH's involvement with the AB 2034 program. Since providing AB 2034 services TCHSA-BH has continued to provide services to the homeless and at-risk homeless through the Mental Health Services Act (MHSA) Full-Service Partnership (FSP). Services to the homeless and at-risk of homelessness include outreach, intensive case management, rehabilitation, medication support, and clinical treatment. TCHSA-BH also implements and manages transitional housing for its clients. TCHSA-BH is the Lead Service Provider for 15 NPLH units at Olive Grove Apartments, a newly constructed 32-unit affordable housing project, partially funded by NPLH-Round 2 funds, located in the City of Corning.

TCHSA-BH provides all services utilizing culturally competent, strength-based, client and family-driven, recovery, and wellness-centered evidence-based treatment approaches.

Please contact me if you have any questions or need clarification on the supportive services funding commitment details.

Sincerely,

Jayme S. Bottke
Executive Director
Tel: (530) 527-8491, Ext. 3052
Jayme.bottke@tchsa.net

TEHAMA COUNTY HEALTH SERVICES AGENCY

JAYME BOTTKE, EXECUTIVE DIRECTOR
DEANNA GEE, ASSISTANT EXECUTIVE DIRECTOR, ADMINISTRATION
ALEXIS ROSS, MPH, MSDA, ASSISTANT EXECUTIVE DIRECTOR, PROGRAMS
MELISSA FIELD, COMPLIANCE OFFICER

ADMINISTRATIVE & FISCAL/SUPPORT SERVICES
818 MAIN STREET
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-8491
FAX (530) 527-0240

MEMORANDUM OF UNDERSTANDING
Between
Tehama County Health Services Agency
and
Northern Valley Catholic Social Service and Palm Communities
and
Aperto Property Management
for
Palm Villas at Red Bluff
Red Bluff, California

THIS MEMORANDUM OF UNDERSTANDING hereinafter referred to as "MOU" or "Agreement," is made and entered into by and between the County of Tehama, a political subdivision of the State of California, through its Health Services Agency (hereinafter known as "County"), and Northern Valley Catholic Social Service (NVCSS) and Palm Communities, and California Limited Partnership (to be formed) hereinafter known as the "Development Sponsors". Property management will be provided by Aperto Property Management. Together all the above entities shall be referred to hereafter as the "Parties."

WHEREAS, the Developer Sponsors propose to develop Palm Villas at Red Bluff a new construction affordable housing development consisting of 61 one, two, and three-bedroom units, with one unit reserved for the property manager. The project is located at 231 South Jackson Street, in the City of Red Bluff, Tehama County. Ten one-bedroom units will be dedicated to housing adults 18 years or older with serious mental health disabilities that are eligible under the No Place Like Home (NPLH) Program.

WHEREAS, the No Place Like Home Program (NPLH) is administered by the State Department of Housing and Community Development (HCD), the program provides financing for the development of permanent supportive housing for adults, 18 years or older, living with serious mental health disabilities who are homeless, chronically homeless, or at-risk of chronic homelessness. Permanent supportive housing is required to be linked with voluntary-based support services. The support services assist the tenant to retain housing, increase self-sufficiency, and improve his or her health.

WHEREAS, the County, through its Department of Health Services Agency, administers the County of Tehama's NPLH programs; and

WHEREAS, the County and Development Sponsors will seek approval from HCD to use capital funds for the development of permanent supportive housing; and

WHEREAS, the funding award will be made directly to the qualified Development Sponsors through agreements with HCD, the County shall commit to provide supportive services to NPLH eligible tenants for the term of the NPLH loan (est. 55 years); and

WHEREAS, HCD may request that any necessary updates to the supportive services plan or related documents, including fully executed written agreements between the County, the Development Sponsors, and Property Management, be provided prior to the beginning of the initial rent-up period or prior to the permanent loan closing.

NOW, THEREFORE, the Parties mutually agree as follows:

Section 1. Term

This MOU shall become effective upon the final execution and shall continue until the conclusion of the NPLH permanent loan, (est. fifty-five-year term), between the Development Sponsors and HCD, unless terminated early or extended, in whole or in part, to ensure that this MOU is in effect throughout the life of the NPLH permanent loan.

Section 2. Intent

The intention of this MOU is to outline the roles and responsibilities among all the Parties, including the County, the Development Sponsors, and Property Management, and for the Parties to coordinate their resources and efforts to provide permanent affordable housing to the NPLH Housing Program target populations utilizing the supportive housing model. Supportive services are made available to NPLH eligible tenants who may benefit from such services, to help them maintain stable housing and/or achieve improvements in health, wellness, recovery, employment, income, socialization, and quality of life.

Section 3. Guiding Principles

All Parties share the following common principles that will guide this housing project:

- All Parties shall work together, establish a foundation of trust and partnership, and provide seamless and high-quality services to each tenant, based on the tenant's individual needs.
- All Parties agree to provide permanent supportive housing that incorporates core Housing First Guidelines (CA Welfare and Institutions Code, Section 8255).
- All mental health services shall be client-driven and coordinated with the needs and wishes of the tenant.
- On-site and off-site supportive services provided by the County will be available to the NPLH eligible tenants on a voluntary basis.
- Social Services Amenities provided by the Development Sponsors, linked with the Low-Income Housing Tax Credit program, will be available to tenants on a voluntary basis. A representative from the Development Sponsors and/or contract provider will attend quarterly meetings for the duration of these services (*est. 15 years*).
- All Parties shall protect tenant privacy in the delivery of services.
- The supportive services shall include linkage to other community-based services.

- The County shall organize and facilitate quarterly meetings with representatives from Property Management to discuss emerging project issues.
- The Parties agree to establish key objectives regarding housing stability, increased skills or income, and self-determination as a means of evaluating the program. The key objectives may be reviewed at quarterly meetings, and whenever possible, will be assessed periodically for appropriateness.

Section 4. Scope of Services

A. Responsibilities of County: Lead Service Provider (LSP)-Tehama County Health Services Agency, Behavioral Health (TCHSA-BH).

1. <u>Tenant Referral, Outreach, Screening, and Communication.</u>

a. Upon notification by Property Management about upcoming vacancies, the County will access the Tehama County Continuum of Care's Coordinated Entry System (CES) permanent housing community queue and refer the top three or more ranked eligible NPLH participants.

b. At the time of move-in, the NPLH total household incomes shall not exceed the 30% Area Median Income limit as published by HCD.

c. Screen and document eligibility of a Serious Mental Health Disability by a qualified mental health worker. Screening and documentation are to occur before the applicants are approved to move into a NPLH unit.

d. The County will work with referring agencies to document the applicant's Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness status as defined under the NPLH Guidelines and procedures established by the local Coordinated Entry System (CES). Documentation is to occur before the applicants are approved to move into a NPLH unit.

e. Be responsible for monitoring the provisions of this MOU, including conducting quarterly administrative and programmatic collaborative meetings. These meetings will help to ensure that the Parties comply with this MOU, timely development of policies and procedures as issues emerge, and that units funded through the NPLH Housing Programs are being fully utilized.

f. Ensure representatives from the County will participate in quarterly meetings with Property Management representatives to discuss coordination of referrals, services, and vacancies. When needed, a Development Sponsor representative will attend the meetings.

g. Provide Property Management with a list of County staff hours, schedules of when staff will be on-site, and ongoing support service events. Whenever possible, keep this list updated.

2. <u>Move-In and Ongoing Tenancy:</u>

a. Arrange for the provision of supportive services for the term of the NPLH Permanent Loan.

b. Explain to the new NPLH tenant the roles and responsibilities of Property Management and the County. Obtain written permission from tenants, through an authority for "Release of Information" (ROI), for Property Management staff to contact the County should any behaviors occur that could place their housing in jeopardy (for example failure to pay tenant portion of rent or to follow terms and conditions of the lease or house rules).

c. At move-in, meet with tenants to provide an orientation of voluntary services that are available on-site and off-site, and to provide information about other community-based resources.

d. In collaboration with each eligible NPLH tenant conduct a "needs assessment," and develop a recovery-focused service plan. Supportive services may include, but are not limited, to the following:

- Mental Health Services
- Psychiatric Evaluations
- Case Management
- Physical Health Services
- Clinical Support
- Crisis Management
- Medication Support
- Linkage to Community-Based Services
- Nursing Support
- Substance Abuse
- Wellness and Recovery Action Planning (WRAP)
- Life Skills Training
- Peer Support
- Benefits Counseling
- Basic housing retention skills
- Educational Opportunities
- Employment/Vocational Services
- Budgeting & Financial Training
- Recreational and social activities
- Representative Payee Support
- 24/7 Consumer After-Hour Crisis Support

e. Conduct ongoing assessments/evaluations to monitor progress and provide appropriate interventions as needed. Update the NPLH tenant service plans at least annually.

f. Provide 24/7 response for crisis intervention, when needed, using various programs implemented by the County.

g. Coordinate and participate as needed (at least once a month) in case conferences with other members of the tenant's support team to discuss the tenant's progress.

h. Collaborate with Property Management, weekly or as appropriate to ensure tenants obtain the support and services needed to maintain their housing.

3. Lease Violation Intervention/Eviction Prevention:

a. Act as a liaison between the Property Management and the tenant to facilitate the communication of concerns that could jeopardize a tenant's residency.
b. In collaboration with the tenant and Property Management, establish plans to help tenants obtain appropriate support and services they need to maintain their permanent housing in times of crisis.
c. Whenever possible, notify the Property Management of any changes in the supportive services offered to tenants, and any changes and/or losses of funding that could affect the availability of supportive services.

4. Reporting:

a. Meet all HCD NPLH outcomes reporting requirements.

b. In consultation with the Development Sponsors, Property Management, and Homeless Management Information System (HMIS) collect and manage data for HCD's **Annual Occupancy Report** to demonstrate supportive service delivery and housing outcomes for the eligible NPLH tenants.

c. Collaborate with the Development Sponsors and Property Management to prepare and submit an annual supportive services budget to HCD NPLH, if required. The supportive services plan and budget may be amended from time to time between the County and HCD. The County will notify the Development Sponsors and Property Management of anticipated changes to the plan and budget.

B. Responsibilities of Development Sponsors-Northern Valley Catholic Social Service (NVCSS), and Palm Communities (Palm).

1. Development, Construction, and Property Management Contract:

a. Legally form a California Limited Partnership and non-profit Managing General Partner.

b. Have sole duties and responsibility for the successful development, operation, and management of the project.

c. Ensure the design and construction of the project will meet ADA requirements for accessibility.

d. Comply with prevailing wage laws regarding the payment of prevailing wages, if required by the County, or other lenders. In addition to any other indemnification provision of this MOU, the Development Sponsors shall indemnify and hold County harmless from and defend County against any and all claims of liability for any failure by the Development Sponsors arising in part or in whole from its agents, contractors, or employees' failure to pay prevailing wages for work on the project or to comply with the duties proscribed by this section.

e. On an annual basis, execute a management contract with a bonded and licensed property management agent. The Development Sponsors shall ensure the management contract includes copies of the NPLH Regulatory Agreement and NPLH Guidelines (dated October 2020) and are made a part of the contract.

f. The Development Sponsor will secure a Property Management contract with **Aperto Property Management.**

g. Monitor and provide oversight of the Property Management and ensure compliance with applicable local, state, and Federal statutes and regulations governing Fair Housing and tenant's rights.

h. Provide a 30-day written notice to the County prior to a change in property management. Any such change may need prior approval by the County and HCD, and other interested lenders. Please reference the NPLH Regulatory Agreement.

2. Outreach, Application & Screening:

a. Dedicate Ten (10) 1-bedroom units of the 61 units to eligible NPLH applicants of the County. The NPLH units will be integrated and randomly mixed with non-NPLH units within the apartment complex. One 3-bd unit will be available for the on-site property manager.

b. Will develop a Community Outreach and Marketing Plan for the lease-up of the new affordable housing units. The Plan shall comply with applicable local, state, and Federal Fair Housing regulations. This will include incorporating the Housing First Model and the use of the Coordinated Entry System (CES) for the NPLH units for tenant referral and screening. Develop an on-site waitlist for non-supportive housing units, which includes procedures to administer the waitlist, and ongoing maintenance of the waitlist.

c. Shall ensure that Property Management provides written notice to the County if an applicant certified by the County as eligible for the NPLH-funded unit is denied tenancy.

3. Ongoing:

a. Per provisions of the Low-Income Housing Tax Credit program, the Development Sponsors may contract with a non-profit agency to provide on-site social services (service amenities), for a minimum period of 15 years, that benefit all the tenants and will also enhance the County's supportive services to the NPLH tenants. Social services will include, but are not limited, to the following:

- Service Coordinator and/or other Services Specialist
- Case Manager
- Finance/Budgeting Classes
- Income Tax Preparation
- Adult Education Classes
- Benefit/Entitlement Assistance
- Health and Wellness Services

b. Shall ensure Property Management notifies the County staff and local Coordinated Entry System staff when new units under construction are placed into service and/or when vacancies occur in the NPLH-funded units.

c. Develop and maintain a clear separation of responsibilities and duties between the Property Management and the County.

d. Establish a process for resolving conflicts between the Property Management and the County when they cannot reach an agreement on a course of action.

e. Comply with the necessary documentation and reporting requirements and guidelines as established by the County, HCD, and other project lenders.

f. Whenever possible, assure regular training for on-site Property Management staff in advanced safety precautions, including first aid, crisis management, reasonable accommodations, conflict de-escalation, and other skills.

4. Communication and Reporting:

a. Provide on-site office space for the County and community-based service agencies to share for conducting individual and confidential meetings with the NPLH tenants.

b. Cooperate with the County, Homeless Management Information System (HMIS), and Property Management to collect, manage and submit data for the NPLH **Annual Occupancy Report**, to demonstrate supportive service delivery and housing outcomes for program-eligible tenants.

c. Collaborate with the County and Property Management to help the NPLH tenants resolve issues as they emerge. Whenever possible, have a representative

attend quarterly administrative and programmatic meetings to ensure all Parties are in compliance with this MOU, and that the units funded through the NPLH Housing Program are being fully utilized.

d. Submit an annual audit prepared by a certified public accountant in accordance with commonly accepted accounting standards.

e. In consultation with the County, Property Management to submit financial reports, an annual operating budget, and an annual supportive services budget to HCD and other project lenders.

C. Responsibilities of Property Management-Aperto Property Management.

1. Outreach, Application, and Screening:

a. The NPLH Regulatory Agreement and NPLH Guidelines (dated October 2020) shall be made a part of the Property Management Contract.

b. Assist the Development Sponsors to create the Community Outreach and Marketing Plan, and incorporating the Coordinated Entry System (CES) for the lease-up of the new NPLH supportive housing units. The Plan shall comply with applicable local, state, and Federal Fair Housing regulations. This will include the development of an on-site waitlist for the non-supportive housing units, procedures to administer the waitlist, and ongoing maintenance of the waitlist.

c. Create admission, eviction, and appeals policies that are consistent with requirements established by Fair Housing laws, Housing First Model, and regulatory agreements with all funding sources. These policies must include reasonable accommodations for the needs of the target population, particularly the needs of hard-to-serve individuals (i.e., individuals with histories of substance abuse as a co-occurring disorder, bad credit, behavior management issues, and/or incarceration).

d. Work with the County to have supportive service applicants sign an authorization for "Release of Information" (ROI) to allow agencies to discuss their housing issues.

e. Document the NPLH tenant's total household income at the time of move-in which shall not exceed 30% of the Area Median Income limit as published by HCD.

f. The NPLH-assisted units shall be restricted to no more than the 30% Area Median Income Rent level or below as specified in the Project's NPLH Regulatory Agreement, except, per NPLH Guidelines, if at the time of recertification, a tenant household's income exceeds the 30% AMI income level and this increase is based solely on the current SSI/SSP payment rate or cost-of-

living adjustment, the household rent shall not exceed 30% of household income. These units shall continue to be designated as Assisted Units. ***Please reference the NPLH October 2020 Guidelines for more details about this item (Sections 206 and 207).***

g. Collect and maintain documentation for the NPLH tenant eligibility:

    1. Serious Mental Health Disability.
    2. Status as Chronically Homeless, Homeless, or At-Risk of Chronic Homelessness.
    3. Incorporate local Coordinated Entry System procedures into the tenant referral and selection process.

h. Refer all candidates seeking NPLH set aside units, who apply directly to Property Management, to the County for enrollment into the local Coordinated Entry System.

i. Provide the County and applicants with a copy of reasonable accommodation policies and request forms and grievance policy.

j. Be responsible for consistent application of tenant selection criteria that is in accordance with all applicable Fair Housing provisions and/or applicable project funder(s) requirements, such as utilizing the Housing First Model, when considering tenancy for all NPLH unit applicants.

k. Recertification of the NPLH tenant household's income.

l. Be responsible for the creation of and maintenance of a housing waitlist for non-supportive housing units.

2. Move-In Process:

a. Ensure each NPLH Housing Program unit has a lease signed by all adult members of the household, 18 years or older, and occupied by at least one NPLH eligible tenant.

b. NPLH household income at the time of move-in shall not exceed the 30 percent AMI limit as published by HCD.

c. In writing, notify the County of the day and time of move-in and, if the formal introduction to the County staff has not occurred prior to this time, facilitate an introduction.

d. Provide the tenant and County with current copies of the lease, pet policy, grievance policy, and community rules.

e. Provide orientation of the lease and the community rules to the new tenants to establish Property Management expectations in areas such as the use of the community bathroom/kitchen, rent collection, maintenance requests, etc.

f. Orient the new tenants to emergency procedures.

3. Ongoing Tenancy, Maintenance of Property, Safety, and Security:

a. Maintain a system for identifying contact information for tenants' assigned case managers.

b. Have the capacity to respond to tenants' requests for services within seventy-two (72) hours, contingent on the nature of the request. This shall include providing facility and maintenance support to areas used for any onsite service provisions that are equivalent to the level of maintenance provided to tenants, not to include janitorial services.

c. Ensure that staff working in the housing site, including office staff, is introduced to the County staff, and is aware of the roles and responsibilities of the County.

d. Provide the County with written policies and procedures for maintenance requests, including any forms that must be completed to request maintenance work.

e. Maintain all the common grounds of the complex. This includes outside and inside fixtures, walls, and other such common areas that are not regarded as part of or under the control of the occupant's possession.

f. Comply with all applicable licensing regulations (i.e., elevator maintenance, inspections, and permits).

g. Immediately notify the County, in writing, in the event of a NPLH unit occupant leaving the project for any reason.

h. Provide regular training for tenants and staff on basic safety and evacuation procedures (provide the County copies of evacuation procedures).

i. Ensure that all onsite staff is trained on when to call emergency medical personnel or the police, and when to communicate with their supervisors and/or supportive service staff in the event of an emergency.

j. Notify the County and Development Sponsors immediately of any critical incidents at the housing site that results in emergency services response or police action resulting in loss of life, serious bodily harm, or major capital damage to buildings.

k. Report to County any unusual or uncharacteristic tenant behavior in a timely manner *(within two (2) business days after occurrence).*

4. Communication and Reports:

a. Establish policies and procedures ensuring the tenants have access to Property Management for routine business during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, and at any time for emergencies.

b. Establish policies and procedures that provide the County and Development Sponsors access to a management representative twenty-four (24) hours per day, seven days a week, for emergencies.

c. In consultation with the County, Homeless Management Information System (HMIS), and Development Sponsors to collect, manage and submit data for the **NPLH Annual Occupancy Report**, to demonstrate supportive service delivery and housing outcomes for eligible tenants. The County is the lead agency and will submit the annual reports to the state's NPLH Program.

d. Collaborate with the County and Development Sponsors to help supportive housing tenants resolve issues, as they emerge. Have a representative attend quarterly administrative and programmatic meetings to ensure all Parties are in compliance with this MOU, and that NPLH units funded through the NPLH Housing Programs are being fully utilized.

e. Comply with all HCD permanent supportive housing rules, regulations, and reporting requirements for the entire term of this MOU.

f. Notify the County, Development Sponsors, and project lenders, in writing, 30 days prior to any potential changes to the regular operations of the housing site, or any potential changes or losses of funding that could affect the operations of the housing site.

D. General Responsibilities of All Parties

1. The County and Property Management will participate in regular joint meetings coordinated by County, on at least a quarterly basis. The purpose of this meeting will be to discuss the coordination of services, referrals, and vacancies. When needed, one of the Development Sponsor's representatives will attend meetings.
2. Share with each other phone and contact directories of key staff to be involved with the housing development within their respective organizations (i.e., property managers, maintenance staff, supervisors, case managers, emergency contact phone numbers, etc.). The directory shall include e-mail, fax, office, and cell phone numbers where available and appropriate. Periodically update and/or confirm contact information with each agency.

3. Share written policies, procedures, and forms for filing complaints, grievances, and incident reports related to owners, managers, or services, including an overview of the reporting structure within each organization.
4. Respect tenant confidentiality and share information about specific tenants only when they have signed an authorization for "Release of Information" (ROI). All parties agree that their intake and consent documents will disclose to tenants in writing that they live in a supportive housing site in which the County, Property Management, and the Development Sponsors communicate confidential tenant information only when tenants have signed the above-referenced authorization form. Will ensure separate files and staff are used for property management services and social services.
5. Whenever possible, conduct regular training for staff regarding maintaining client/tenant confidentiality, and include maintenance of client/tenant confidentiality as a work performance expectation for all appropriate job classifications.
6. Participate in regular joint meetings of management-level staff coordinated by the County. These meetings may occur at least two times per year, with the annual schedule established in advance.
7. Participate in the data collection requirements of the NPLH Housing Program, and other project lenders, to include information specific to each Party's function (i.e., occupancy reports, and participation in services).

Section 5. Compensation for Services

There shall be no remuneration among the Parties hereto for services provided under this Memorandum of Understanding.

Section 6. Health Insurance Portability Act and Accountability Act HIPAA

A. All Parties included in this MOU are subject to all the relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. All parties hereto agree to cooperate in accordance with the terms and intent of the MOU for the implementation of the relevant law(s) and/or regulation(s) promulgated under this law. All Parties further agree that they shall be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

All privacy complaints shall be referred to:
Tehama County Health Services Agency
Attn: Executive Director
P.O. Box 400 (Regular Mail)
818 Main Street (Express Mail)
Red Bluff, California 96080

B. All Parties agree to maintain the confidentiality of all mental health and/or substance abuse client information in accordance with all applicable Federal, state, and local laws and regulations. All Parties will ensure that names, addresses, phone numbers, and other individually identifiable information concerning mental health and/or substance abuse clients and the services they may be receiving are kept confidential. Applicable confidentiality laws, include, but may not be limited to, California Welfare & Institution Code, Section 5328 through 5330, inclusive, 45 CFR Section 205.50, 42 CFR-Chapter 1-Part 2. The County will notify the County Compliance Officer of any breach of applicable confidential laws referenced herein.

Section 7. Financial Records

A. All Parties shall maintain financial, programmatic, statistical, and other supporting records of their operation and financial activities in accordance with State and Federal requirements. All records shall be open to inspection and may be audited by the authorized representatives of the County, and any State and/or Federal governing agencies. This provision shall survive the termination, expiration, or cancellation of this MOU.

B. All financial records, supporting documents, statistical records, and all other records pertaining to the use of the funds provided under this MOU shall be retained collectively by all Parties for a period of twenty-five (25) years, at a minimum, and shall be made available for audit by the County, State or Federal representatives as necessary. In the event of litigation, claim, or audit, the records shall be retained until all litigation, claims, and audit findings involving the records, have been fully resolved. The twenty-five (25) year period commences upon the issuance of a certificate of occupancy to the Development Sponsors. Exceptions to the twenty-five (25) year retention period will be made if County, State, and/or Federal laws mandate a longer retention period.

Section 8. Termination of this MOU

Either the County or Development Sponsors may terminate this MOU immediately upon breach of this MOU by the other Party. A written notice of such breach must be given, and if the noticed Party fails to cure such breach to the reasonable satisfaction of the notifying Party, within thirty (30) days of delivery of the notice of breach, or such extended period as is necessary to cure the breach. Such termination by the noticing Party shall be effective at the end of the cure period if no cure has been affected. In addition, the following occurrences will give the County the right to terminate this MOU. In the event:

A. A petition for the adjudication of the Development Sponsors is filed for voluntary or involuntary bankruptcy, which is not dismissed within sixty (60) days.

B. If the Development Sponsors make a general assignment, the Development Sponsors' interests hereunder are assigned involuntary or by operation of law, for the benefit of creditors.

C. Abandonment of the project by the Development Sponsors.

D. Project is terminated and terms of the MOU are not met after the expiration of the applicable cure period.

Section 9. Changes to MOU

A. This MOU may be amended by mutual consent of the Parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the Parties hereto and approved in advance, in writing, by HCD, and/or other interested lenders.

B. All notices to be given by the Parties hereto shall be in writing, served by depositing same in the United States Post Office, postage prepaid, return receipt requested or by overnight delivery service such as Federal Express.

Notices to the County shall be addressed as follows:

Tehama County Health Services Agency
Executive Director
P.O. Box 400 (Regular Mail) ***or*** 818 Main Street (Express Mail)
Red Bluff, California 96080
Tel: (530) 527-8491, Ext. 3052
Fax: (530) 527-0703

Alternatively, to such other location as the County directs.

Notices to **Development Sponsors** shall be addressed as follows:

Palm Communities
Danavon L. Horn, President
100 Pacifica, Suite 203
Irvine, CA 92618
Tel: (949-878-9399

Northern Valley Catholic Social Service
Executive Director
2400 Washington Avenue
Redding, CA 96001
Tel: (530) 247-3316

Alternatively, to such other locations as the Development Sponsor directs.

Notices to **Property Management** shall be addressed as follows:

Aperto Property Management
Ed Quigley, President/CEO
2 Venture, Suite 525
Irvine, CA 92618
(949) 873-0160

Alternatively, to such other location as the Property Management directs.

Section 10. Miscellaneous Provisions

A. SEVERABILITY: If any provisions in the MOU are held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalid in any way.

B. DELEGATION AND ASSIGNMENT: Development Sponsors and Property Management shall not delegate its duties or assign its rights under this MOU, or both, either in whole or in part, without the prior written consent of the County, and any prohibited delegation or assignment shall be null and void.

C. ENTIRE AGREEMENT: This document and the documents referred to herein or exhibits hereto are the entire MOU between the Parties and they incorporate or supersede all prior written or oral Agreements or understandings.

D. COMPLIANCE and NON-DISCRIMINATION: All Parties warrants and certifies that, in the performance of the MOU, it shall comply with all applicable laws, rules, regulations, and orders of the United States, the State of California, and the County of Butte, including the laws and regulations pertaining to labor, wages, hours and other conditions of employment. All Parties further warrants and certifies that it shall comply with new, amended, or revised laws, regulations, and/or procedures that apply to the performance of the MOU.

The Development Sponsors and Property Management shall not discriminate in employment practices or in the delivery of services on the basis of race, color, creed, religion, national origin, sex, age, marital status, sexual orientation, medical condition (including cancer, HIV, and AIDS) physical or mental disability, use of family care leave under either the Family & Medical Leave Act or the California Family Rights Act, or on the basis of any other status or conduct protected by law.

The Development Sponsors and Property Management represent that the Development Sponsors and Property Management are in compliance with and agrees that Development Sponsors and Property Management shall continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. sections 12101, *et seq*.), the Fair Employment and Housing Act (Government Code sections 12900, *et seq*.), and regulations and guidelines issued pursuant thereto.

E. HOLD HARMLESS-INDEPENDENT PROJECT SPONSOR/DEVELOPER AND PROPERTY MANAGEMENT: It is understood and agreed by Parties that the Development Sponsors and Property Management are both independent entities and that no relationship of employer-employee exists between the Parties hereto outside or what is explicitly declared and outlined in this MOU. The Development Sponsors and Property Management shall not be entitled to any benefits payable to employees of the County, including the County Workers' Compensation Benefits. The County is not required to make any deductions from the compensation payable to Development Sponsors and Property Management under the provisions of the MOU; and as an independent entity, Development Sponsors and Property Management hereby hold the County harmless from any and all claims that may be made against the County based upon any contention by any third party that an employer-employee relationship exists by reason of this MOU.

F. CHILD SUPPORT COMPLIANCE PROGRAM: Development Sponsors and Property Management warrants that it is now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

G. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES: Development Sponsors and Property Management officers, employees, and agents, and subcontractors performing the work or services required by this MOU, shall obtain and maintain in effect all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, the County, and all other appropriate governmental agencies, including any certification and credentials required by County. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this MOU and constitutes grounds for the termination of this MOU by the County.

H. CONFLICT OF INTEREST: Development Sponsors and Property Management officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or source of income that could be financially affected by or otherwise conflict in any manner or degree with the performance of the work or services required under this MOU.

I. SCOPE AND OWNERSHIP OF WORK: All work provided by the Development Sponsors and Property Management shall be the sole property of the County. Development Sponsors and Property Management shall have no proprietary interest in the programs or data they develop for the County or those programs or data developed during periods of time services are provided to the County. The Development Sponsors and Property Management understand that work performed in the described manner is accomplished for the benefit of the County and becomes

the sole property of the County. The Development Sponsors and Property Management agree that the products of this work, its "Intellectual Property" are by rights the sole possession of the County. Intellectual Property is defined as "The ownership of ideas and control over the tangible or virtual representation of those ideas, including but not limited to program names and phone numbers.

J. DISCLOSURE OF OWNERSHIP:
   1. Pursuant to 42 C.F.R. § 455.104, all County contractors, subcontractors, network providers must disclose ownership information set forth in subsection 2(a).
   2. Development Sponsors and Property Management shall submit updated disclosures to the County before entering into or renewing contracts, and within 35 days after any change in the Development Sponsors and Property Management ownership or upon request of the County.
      a) Disclosures to be Provided:
         i. The name and address of any person (individual or corporation) with an ownership or control interest in the Development Sponsors and Property Management. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

         ii. Date of birth and Social Security Number (in the case of an individual);

         iii. Other tax identification number (in the case of a corporation with an ownership or control interest in the Development Sponsors and Property Management, of 5 percent or more interest);

         iv. Whether the person (individual or corporation) with an ownership or control interest in the Development Sponsors and Property Management is related to another person with ownership or control interest in the same or any other contractor or provider of the County 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 Development Sponsors and Property Management has a 5 percent or more interest is related to another person with ownership or control interest in the Development Sponsors and Property Management as a spouse, parent, child, or sibling;

         v. The name of any other disclosing entity in which the Development Sponsors and Property Management or subcontractor has an ownership or control interest; and

vi. The name, address, date of birth, and Social Security Number of any managing employee of the Development Sponsors and Property Management.

Section 11. Insurance and Indemnification

A. The Development Sponsors and Property Management shall indemnify and hold County, its officers, agents, and employees, free and harmless from any liability whatsoever, including wrongful death, based or asserted upon any acts or omission of the Development Sponsors and Property Management, relating to or in any way connected with or arising from the accomplishment of the work by the Development Sponsors and Property Management.

B. Without limiting Development Sponsors and Property Management indemnification of the County, Development Sponsors, and Property Management shall procure and maintain for the duration of this contract, insurance against claims for injuries to persons or damages to property that may arise from, or be in connection with the performance of the work hereunder by Development Sponsors and Property Management, Development Sponsor and Property Management's agents, representatives, employees, and subcontractors. At the very least, Development Sponsors and Property Management shall maintain the insurance coverage, limits of coverage, and other insurance requirements as described in Standard Insurance Requirements for County contracts (Attachment 1), which by reference is incorporated hereto. Certificates evidencing the maintenance of Development Sponsors and Property Management's insurance coverage shall be filed with County. Said certificates must be on file prior to services performed under this MOU.

C. COUNTY shall indemnify, protect, defend, and hold the PARTIES, and their successors and assigns, shareholders, directors, members, managers, officers, employees, agents, attorneys, representatives and contractors (collectively, the "Indemnified Parties") harmless from any claims (including without limitation third party claims for personal injury or real or personal property damage), actions, administrative proceedings, judgments, damages, penalties, fines, costs, liabilities (including without limitation sums paid in settlements of claims), interest, or losses, including reasonable attorneys' fees and expenses (including without limitation any such fees and expenses incurred in enforcing this Agreement or collecting any sums due hereunder), together with all other reasonable costs and expenses of any kind or nature and including, without limitation, any claim by HCD for repayment of some or all of the NPLH Loan Funds (collectively, the "Partnership Costs") that arise directly or indirectly from or in connection with COUNTY's failure to perform any obligation to provide supportive services and related activities in accordance with the terms of the NPLH documents, including, without limitation Section S 1. of Exhibit D to the Standard Agreement; and (b) any breach of the obligations, representations, warranties or other terms and conditions of the NPLH Documents by COUNTY. Notwithstanding the above provisions of this Section C, COUNTY

shall not be required to indemnify, protect, defend, and/or hold harmless the Indemnified Parties for any liability, including, but not limited to, the Partnership Costs, to the extent caused by the gross negligence or intentional misconduct of the Indemnified Parties. Any amount due under this Section by the COUNTY shall be paid within thirty (30) days of written demand made therefore from the other Party.

Section 12. Jurisdiction and Venue

Should a dispute arise pertaining to this MOU, it is to be construed under the laws of the State of California. All Parties agree to the jurisdiction and venue of the appropriate courts in the County of **Tehama**, State of California.

Section 13. Signatures

All Parties mutually agree to fully, and faithfully perform all applications set forth in this MOU. All parties agree to have their duly authorized signatories sign this MOU.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties hereto have executed this MOU in the County of Tehama, State of California.

Palm Communities

By: _____ 6-21-23

Danavon L. Horn, President, and CEO — Date

Northern Valley Catholic Social Service, Inc., a California non-profit benefit corporation
Its Managing General Partner

By: _____ _____

Erna Friedeberg, Executive Director — Date

Aperto Property Management
By: _____ 7/3/2023

Ed Quigley, President/CEO — Date

County of Tehama

By: _____ 6-20-23

Jayme S. Bottke, Executive Director — Date
Tehama County Health Services Agency

IN WITNESS WHEREOF, the parties hereto have executed this MOU in the County of Tehama, State of California.

Palm Communities

By: _____ _____
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Northern Valley Catholic Social Service, Inc., a California non-profit benefit corporation
Its Managing General Partner

By: _____ 6/20/23
Erna Friedeberg, Executive Director Date

Aperto Property Management
By: _____ _____
Ed Quigley, President/CEO Date

County of Tehama

By: _____ 6-20-23
Jayme S. Bottke, Executive Director Date
Tehama County Health Services Agency

ATTACHMENT 1
STANDARD INSURANCE REQUIREMENTS

Before the commencement of work, the Contractor shall submit Certificates of Insurance and Endorsements evidencing that Contractor has obtained the following forms of coverage and minimal amounts specified:

A. MINIMUM SCOPE OF INSURANCE

1) Commercial General Liability coverage (Insurance Services Office (ISO) "occurrence" form CG 0001 1185).

2) Automobile Liability Insurance – standard coverage offered by insurance carriers licensed to sell auto liability insurance in California. Construction contracts only - Insurance Services Office's Business Auto Coverage form number CA 0001 0187 covering "any auto" and endorsement CA 0029 1288 Changes in Business Auto and Truckers Coverage forms - Insured Contract.

3) Workers' Compensation Insurance - As required by the State of California with Statutory Limits and Employer's Liability Insurance with limits of no less than $1,000,000 per accident for bodily injury and disease.

4) Professional Liability Insurance - when the contract involves professional services such as engineering architectural, legal, accounting, instructing, and consulting, professional liability insurance is required**. (If not contracting for professional services, delete this paragraph.)**

B. MINIMUM LIMITS OF INSURANCE

1) General Liability: At least $1,000,000 combined single limit **per occurrence** coverage for bodily injury, personal injury and property damage, plus an annual aggregate of at least $2,000,000. If a general aggregate limit is used, then either the general aggregate limit shall apply separately to this project/location, or the general aggregate limit shall be **twice** the required per occurrence limit. The contractor or contractor's insurance carrier shall notify County if incurred losses covered by the policy exceed 50% of the annual aggregate limit.

2) Automobile Liability: At least $100,000 to cover bodily injury for one person and $300,000 for two or more persons, and $50,000 to cover property damages. However, policy limits for construction projects shall be at least $1,000,000 combined single limit per accident for bodily injury and property damage for autos used by the contractor to fulfill the requirements of this contract, and coverage shall be provided for "Any Auto", Code 1 as listed on the Accord form Certificate of Insurance.

3) **Workers' Compensation and Employer's Liability:** As required by the State of California with Statutory Limits and Employer's Liability Insurance with limits of no less than $1,000,000 per accident for bodily injury and disease.

4) **Professional Liability Insurance (If not contracting for professional services, delete this paragraph)** Professional liability insurance covering professional services shall be provided in an amount of at least $1,000,000 per occurrence or $1,000,000 or on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide at least a two-year extended reporting provision.

B. DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retention must be declared on certificates of insurance and approved by the County. At the option of the County, either the contactor shall reduce or eliminate such deductibles or self-insured retentions, as respects the County, its officers, officials, employees and volunteers, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

D. OTHER INSURANCE PROVISIONS

1. **General liability insurance policies shall be endorsed to state:**

   a) The County, its officers, officials, employees and volunteers are to be covered as additional insured as respects liability arising out of activities performed by or at the direction of the Contractor, including products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by Contractor. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees or volunteers.

   b) 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 the Contractor's insurance and shall not contribute with it.

   c) Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

2. **Construction contracts.** Construction contracts must also provide an endorsement for Automobile liability insurance, which includes the items listed in D1 above.

E. ACCEPTABILITY OF INSURANCE CARRIERS.

Insurance is to be placed with insurers who are licensed to sell insurance in the State of California and who possess a Best's rating of no less than A-: VII. If the contractor's insurance carrier is not licensed to sell insurance in the State of California, then the carrier must possess a Best rating of at least A: VIII. (For Best ratings go to http://www.ambest.com/)

F. VERIFICATION OF COVERAGE.

Contractor shall furnish the County certificates of insurance and original endorsements affecting coverage required by this clause. All certificates of insurance and endorsements are to be received by the County before work under the contract has begun. The County reserves the right to require complete, certified copies of all insurance policies required by this contract.

Certificates of insurance shall state that the insuring agency agrees to endeavor to mail to County written notice 30 days before any of the insurance policies described herein are cancelled.

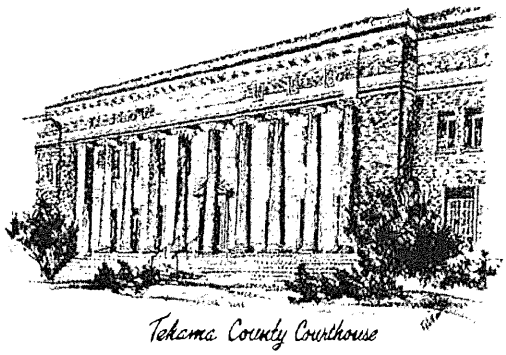
Contractor agrees to notify County within two working days of any notice from an insuring agency that cancels, suspends, reduces in coverage or policy limits the insurance coverages described herein.

G. SUBCONTRACTORS.

Contractor shall include all subcontractors as insured under its policies or require all subcontractors to be insured under their own policies. If subcontractors are insured under their own policies, they shall be subject to all the requirements stated herein, including providing the County certificates of insurance and endorsements before beginning work under this contract.

Board of Supervisors
COUNTY OF TEHAMA

District 1 – Bill Moule
District 2 – Candy Carlson
District 3 – Dennis Garton
District 4 – Bob Williams
District 5 – John Leach



Williams J. Goodwin
Chief Administrator

Resolution No. 2021-143

NO PLACE LIKE HOME: COMPETITIVE ALLOCATION PALM VILLAS AT RED BLUFF

IN THE MATTER OF: AUTHORIZATION TO PARTICIPATE IN THE NO PLACE LIKE HOME PROGRAM

WHEREAS, the State of California, Department of Housing and Community Development ("Department") issued a Notice of Funding Availability for Round 4 funds dated October 29, 2021, as may be amended from time to time, ("NOFA"), under the No Place Like Home Program ("NPLH" or "Program") authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890; and

WHEREAS, the NOFA relates to the availability of a minimum of $486 million in Competitive Allocation funds under the NPLH Program; and

WHEREAS, the County of Tehama is a County and an Applicant ("County"), as those terms are defined in the NPLH Program Guidelines, enacted in 2020 ("Guidelines").

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors for County does hereby determine and declare as follows:

SECTION 1. That County is hereby authorized and directed to apply for and if awarded, accept funds from the NPLH Program not to exceed $20 Million Dollars ("NPLH Loan").

SECTION 2. That the Executive Director of the Tehama County Health Services Agency, or his or her designee, is hereby authorized and directed to act on behalf of County in connection with an award of the NPLH Loan, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to evidence the NPLH Loan, the County's obligations related thereto, and the Department's security therefore. These documents may include, but are not limited to, a State of California Standard Agreement ("Standard Agreement"), a regulatory agreement, a promissory note, a deed of trust and security agreement, a capitalized operating subsidy reserve agreement

and any and all other documents required or deemed necessary or appropriate by the Department as security for, evidence of, or pertaining to the NPLH Loan, and all amendments thereto (collectively, the "NPLH Program Documents").

SECTION 3. That County shall be subject to the terms and conditions that are specified in the Standard Agreement; that the application in full is incorporated as part of the Standard Agreement; that any and all activities funded, information provided, and timelines represented in the application are enforceable through the Standard Agreement; and that County will use the NPLH Loan in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

SECTION 4. That County will make mental health supportive services available to each project's NPLH tenants for **at least 55 years** and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County's relevant supportive services plan, and as specified in Section 202 of the Guidelines.

PASSED AND ADOPTED this 21st day of **December, 2021**, by the following vote:

AYES: GARTON, CARLSON, LEACH, MOULE, WILLIAMS

NOES: NONE

ABSTENTIONS: NONE

ABSENT: NONE

Dennis Garton, Chair
Tehama County Board of Supervisors

CERTIFICATE OF THE CLERK OF THE BOARD OF THE PUBLIC ENTITY

The undersigned, Clerk of the Board of the County, does hereby attest and certify that the foregoing is a
true, full and correct copy of a resolution of the County's governing body adopted at a duly convened meeting on the date above-mentioned, and that the resolution has not been altered, amended, modified, repealed, rescinded, or annulled.

ATTEST: DECEMBER 22, 2021

JENNIFER VISE, County Clerk And ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

DATE: DEC 22 2021

BY: _____
DEPUTY

Tehama County

Agenda Request Form

File #: 26-0239 **Agenda Date:** 3/3/2026 **Agenda #:** 14.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign Agreement No. 14598-TC-PICR-25/26 with the California Mental Health Services Authority (CalMHSA) for participation in the Psychiatric Inpatient Concurrent Review Program ("PICR") with a funding amount of $292,320, effective 3/1/26 and shall terminate 6/30/28

Financial Impact:
Mental Health Services Act (MHSA) dollars will be utilized to pay for these services. Budget Unit is 40131. There is no impact on the General Fund.

Background Information:
This is a new Participation Agreement that will assist in conducting concurrent review and authorization for all psychiatric inpatient hospital and psychiatric health facility services on behalf of participating California County Mental Health Plans. Per the Department of Healthcare Services (DHCS) Behavioral Health Information Notice (BHIN) 19-026 and BHIN 22-017, Mental Health Plans are required to conduct these concurrent reviews. This program uses a technology-assisted concurrent review process that will be compliant with the BHINs.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT
PSYCHIATRIC INPATIENT CONCURRENT REVIEW PROGRAM

COVER SHEET

1. Tehama County ("Participant") desires to participate in the Program (identified in 2 below) offered by California Mental Health Services Authority ("CalMHSA") on the terms provided in this Participation Agreement ("Agreement"). Participant acknowledges that the Program also will be governed by CalMHSA's Joint Powers Agreement and its Bylaws, as well as the terms of the JPA-Business Associate Agreement executed between the parties, which is incorporated herein by reference. The following exhibits and attachment are attached and form part of this Agreement:
   - ☑ Exhibit A Program Description, Funding and Fees
   - ☑ Exhibit B General Terms and Conditions

2. **Program Name:** Psychiatric Inpatient Concurrent Review ("PICR") (the "Program").

3. **Program Description:** The Program is being administered by CalMHSA on behalf of Participants with the primary purpose of conducting concurrent review and authorization for all psychiatric inpatient hospital and psychiatric health facility services on behalf of participating California County Mental Health Plans ("MHPs").

4. **Term of Services:** This Agreement shall become effective upon final execution by both parties hereto and shall cover the period of March 1, 2026, through June 30, 2028.

5. **Service Fee**: The fees payable under this Agreement are set forth in Exhibit A marked "Program Description, Funding and Fees," Section III and IV, incorporated herein and made by reference a part hereof. Upon execution of this Agreement, Participant will be invoiced the fees at the end of each month which are payable within 30 days from the date of invoice.

6. **Maximum Funding:** The maximum funding amount payable under this Agreement shall not exceed **$292,320.00** for the stated services during the term of the Agreement.

7. **Authorized Signatures:**

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., MFT

Title: Executive Director Date: _____

Agreement No. 14598-TC-PICR-25_26
Psychiatric Inpatient Concurrent Review
Tehama County
January 29, 2026

Participant: Tehama County

Signed: Jayme S Bottke Name (Printed): Jayme S. Bottke

Title: Executive Director Date: 2-18-26

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

Participation Agreement
EXHIBIT A – PROGRAM DESCRIPTION, FUNDING AND FEES

I. Name of Program: Psychiatric Inpatient Concurrent Review ("PICR")

II. Program Overview:

Objective

CalMHSA shall administer this Program to assist participating counties in conducting concurrent review and authorization for all psychiatric inpatient hospital and psychiatric health facility services on behalf of participating California County Mental Health Plans ("MHPs").

Per the Department of Health Care Services ("DHCS") Behavioral Health Information Notice ("BHIN") 19-026 and BHIN 22-017, MHPs are required to conduct concurrent review and authorization for all psychiatric inpatient hospital services and psychiatric health facility services. These BHINs outline policy changes implemented to ensure an MHPs' compliance with the Parity in Mental Health and Substance Use Disorder Services Final Rule (Parity Rule; Title 42 of the CFR, part 438.910).

By utilizing a technology-assisted concurrent review process, a consistent and efficient review process will support MHP compliance with BHINs 19-026, 22-017, 26-001, 26-002 (and any additional or superseding BHIN), and the Parity in Mental Health and Substance Use Disorder Services Final Rule (Parity Rule; Tittle 42 of the CFR, part 438.910).

Services

CalMHSA has entered into a services contract ("Service Agreement") with Acentra Health, LLC (formerly known as Kepro/Keystone Peer Review Organization, Inc. ("Contractor")) to provide participating counties a web-enabled utilization review platform and clinical services to carry out psychiatric inpatient concurrent review and authorization services on behalf of multiple California County MHPs.

CalMHSA shall work closely with Contractor to coordinate implementation and onboarding of participating counties. Participants shall submit their Monthly MEDS Extract File ("MMEF") to Contractor via secure transfer utilizing Dropbox or a successor application, as determined by CalMHSA. For Participants utilizing the SmartCare electronic health record, Participant authorizes CalMHSA to import Participant's MMEF data from Participant's CalMHSA SmartCare instance, or any other data sources as otherwise agreed upon between CalMHSA and Participant, directly to Dropbox.

MHPs delegating concurrent review and authorization services to Contractor will range in size from small/rural to large counties and will be located throughout California. Although the review and authorization requirements are uniform, the communication practices may vary, as agreed upon, to accommodate the operational needs of the participating counties or inpatient psychiatric hospitals where county beneficiaries are hospitalized.

III. Service Fee:

Participant agrees to pay the following Service Fee for each completed Treatment Authorization Request ("TAR") conducted on behalf of Participant:

Table A.

Applicable Period	Service Fee Per Review
03/01/2026 – 06/30/2028	$168

Notes:

1. Service Fee refers to the cost to complete each TAR and is inclusive of all costs and fees. Participant will be invoiced at the end of each month based on Participants' actual utilization of the services according to the rate set forth in Table A above for each TAR completed.

IV. Program Funding

Maximum program funding under this Agreement shall not exceed the Not to Exceed ("NTE") amount set forth below for all the stated services during the term of the Agreement:

Table B.

Applicable Period	Not to Exceed ("NTE")
02/01/2026 – 06/30/2028	$292,320.00

Notes:

The NTE is generally determined based on the county's highest annual utilization over the past three fiscal years, with an additional 25% allowance to accommodate potential increases in utilization over the term of this Agreement.

Participation Agreement
EXHIBIT B – GENERAL TERMS AND CONDITIONS

I. Definitions

The following words, as used throughout this Participation Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association (now the California Behavioral Health Directors Association) to jointly develop and fund mental health services and education programs.

B. Department of Health Care Services (DHCS) – A department within the California Health and Human Services Agency that finances and administers a number of individual health care service programs, including Medi-Cal.

C. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.

D. Participant – Any County participating in the Program either as member of CalMHSA or under a Memorandum of Understanding with CalMHSA.

E. Program – The program identified in the Cover Sheet.

II. Responsibilities

A. Responsibilities of CalMHSA:

1. Act as the fiscal and administrative agent for the Program.
2. Invoice and collect funds from Participant for the Program.
3. Manage funds received through the Program, consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
4. Upon request, provide fiscal reports to Participant and/or other public agencies with a right to such reports.
5. Upon request, provide utilization reports to Participant and, as applicable, guide Participant to access such reports through the Atrezzo platform.
6. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
7. Work closely with the Contractor to coordinate on implementation and onboarding of participating MHPs.
8. Monitor and administer the Services Agreement on behalf of Participants.

B. Responsibilities of Participant:

1. Timely transfer of the funding amount for the Program as described in section V Fiscal Provisions.

2. Provide CalMHSA and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program.
3. Participant is responsible for tracking its own utilization and must request a contract maximum increase, if needed.
4. Any changes to the funding restrictions set out in the cover page will be communicated to CalMHSA within thirty (30) calendar days of any such changes made to Participant.
5. Provide feedback on Program performance, which shall include completing Acentra's Annual MHP Survey.
6. Participant shall timely notify CalMHSA of any staffing or contact changes that impact program communications, including changes to designated points of contact or key program staff, to ensure appropriate stakeholders receive all program-related updates.
7. Participant acknowledges that, in addition to CalMHSA's monthly vendor audits, the DHCS contracts with behavioral health plans ("BHPs") requires Participant to conduct independent monitoring of vendor activities. Participant shall maintain written policies and procedures describing its monitoring process, consistent with DHCS requirements, which require that a monitoring process be in place but do not prescribe a specific monitoring methodology.
8. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

III. Duration, Term and Amendment

A. This Agreement shall become effective upon final execution by both parties hereto and shall cover the period from February 1, 2026, and continue through June 30, 2028, unless earlier terminated or extended as provided below.

B. This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by authorized representatives of both parties.

IV. Withdrawal, Cancellation, and Termination

A. Participant may withdraw from the Program and terminate this Agreement upon three (3) months' written notice. Notice shall be deemed served on the date of mailing.

B. The withdrawal of a Participant from the Program shall not automatically terminate its responsibility for its share of the expense and liabilities of the Program. The contributions of current and past Participants are chargeable for their respective share of unavoidable expenses and liabilities arising during the period of their participation.

C. CalMHSA may terminate, cancel or limit the Program due to unforeseen circumstances, lack of County participation, government restrictions, inability to provide the Program due to vendor, lack of funding, force majeure or other issues.

D. If applicable, upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising under the Program shall be returned to Participant. However, funds used to pay for completed deliverables, services rendered, upfront fees to create the Program, or fees for portal/platform ongoing services etc. are not subject to such reversion subject to applicable laws. Unused funds that were paid for a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed to a particular Participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular County that paid them per the Program.

V. Fiscal Provisions

A. Funding amount shall not exceed the amount stated in Exhibit A. Section IV. "Program Funding".

B. Payment Terms

1. The fees payable by Participant under this Agreement are set forth in Exhibit A. Section III "Service Fee".
2. Participant will be invoiced monthly by CalMHSA, and Participant will issue payment amount within thirty (30) days of invoicing.
3. Each monthly invoice shall be based on the total number of Treatment Authorization Requests ("TARs") completed during that month.
4. The Participant's per TAR fee shall accrue from the actual utilization commencement date of Participant. The Participant shall not be invoiced until the client is discharged and a fully processed Treatment Authorization Request ("TAR") is completed.

C. In a Multi-County Program, Participants will share the costs of planning, administration, and evaluation in the same proportions as their overall contributions, which are included in the amount stated in Exhibit A, Program Description and Fees.

VI. Uptime and Support

A. Contractor's help desk is available Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. For any support questions please email: CAReviews@Acentra.com.

B. The platform services may occasionally be temporarily unavailable due to maintenance or factors beyond the Contractor's control. The Contractor will make every effort to minimize downtime and will provide timely communication regarding any disruptions.

VII. Indemnification. To the fullest extent permitted by law, each party shall hold harmless, defend and indemnify the other party, including its governing board, employees and agents from and against any and all claims, losses, damages, liabilities, disallowances, recoupments, and expenses, including but not limited to reasonable attorney's fees, arising out of or resulting from the indemnifying party's negligence or willful conduct in the performance of its obligations under this

Agreement, including the performance of the other's subcontractors, except that each party shall have no obligation to indemnify the other for damages to the extent resulting from the negligence or willful misconduct of any indemnitee. Each party may participate in the defense of any such claim without relieving the other of any obligation hereunder.

VIII. **No Responsibility for Mental Health Services**. CalMHSA is not undertaking responsibility for assessments, creation of case or treatment plans, providing or arranging services, and/or selecting, contracting with, or supervising providers (collectively, "mental health services"). Participant will defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from Participant's acts or omissions in connection with the provision of mental health services pursuant to this Agreement.

IX. **Notice.** All notices under this Participation Agreement shall be provided by personal delivery, nationally recognized courier service or mailed by U.S. registered or certified mail, return receipt requested, postage prepaid; AND by email. All notices shall be provided to the respective party at the addresses and email addresses set forth below and shall be deemed received upon the relevant party's receipt.

Either party may change its designee for notice by giving notice of the same and their relevant address information.

If to CalMHSA:

Name: Brandon Connors
Position: Director of Contract Management & Legal Counsel

Address: 1610 Arden Way, Suite 175
Sacramento, CA 95815
Telephone: (888) 210-2515

Email: brandon.connors@calmhsa.org

CC Email to Name: Randall Keen, Manatt
Email: RKeen@manatt.com

If to Participant:

Name: Natalie Shepard
Position: Director of Mental Health

Address: PO Box 400 Red Bluff, CA 96080
Telephone: (530) 527-8491

Email: Natalie.Shepard@tchsa.net

CC Email to Name: _____
Email: _____

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: CalMHSA

Contract Description: For the purpose of participating in the Psychiatric Inpatient Concurrent Review Program

APPROVED AS TO FORM:

Date: 02/18/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0183 **Agenda Date:** 3/3/2026 **Agenda #:** 15.

SHERIFF'S OFFICE

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF, B-41 - From Public Safety (106-301900) to Contingency (2002-59000), $5,250.00; and from Contingency (2002-59000) to Professional/Special Services (2027-53230), $5,250.00 **(Requires a 4/5's vote)**

Financial Impact:
There is no financial impact on the FY 2025/26 General Fund. The funds are being transferred from the AB443 funds.

Background Information:
The AB443 funds will be used to support additional structural analysis services necessary for the Emergency Communications Infrastructure Project. An initial structural assessment of the existing communications tower located at the Jail, which sustained significant damage in 2022, was completed earlier last year. In consultation with a licensed structural engineer, it was determined that further detailed analysis is required to advance the project and ensure the safety, structural integrity, and long-term viability of the tower.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-41

DEPARTMENT NAME AB443/Sheriff

Date: 02/09/2026

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source AB443 funds held in account 106-301163 for the purpose of providing additional structural analysis services for a new communications tower to be built at the Tehama County Jail to replace the old one. This is part of the Radio Communications Project.

****Note** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
106	301900	Public Safety	$ 5,250.00	2002	59000	Contingency	$ 5,250.00
2002	59000	Contingency	$ 5,250.00	2027	53230	Professional/Special Services	$ 5,250.00
		Total Journal	**$ 10,500.00**			Total Journal	**$ 10,500.00**

TRANSFER APPROVED

SIGNATURE OF REQUESTING OFFICIAL 2.9.26 DATE

SANDRA PALMER 02/09/2026
AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

1118

Tehama County

Agenda Request Form

File #: 26-0188 **Agenda Date:** 3/3/2026 **Agenda #:** 16.

SHERIFF'S OFFICE

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF, B-42 - From Public Safety (106-301900) to Contingency (2002-59000), $12,656.79; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $3,776.50; and Internal Assets (2032-53800), $8,880.29 **(Requires a 4/5's vote)**

Financial Impact:
There is no financial impact on the General Fund. The funds are being transferred from the COVID funds to the Jail for networking equipment and labor costs for the jail expansion.

Background Information:
During a walkthrough of the new jail expansion facility with the County's Information Systems Manager, it was determined that the network configuration funds originally budgeted only minimally met the requirements of the current equipment.

After confirmation of the infrastructure layout for the expansion facility, it was determined that a higher-capacity network is required to link the two facilities. The requested funds will provide full network connectivity, switching, and wireless coverage between the main jail and the expansion facility, including redundant power and network paths to ensure system reliability and maximum uptime.

In addition, the Information Systems Manager confirmed with the Sheriff's Information Technology vendor that upgrades to the existing jail-side network switching are required, along with new network equipment to support the expansion facility.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-42

DEPARTMENT NAME State COVID Relief/Jail

Date: 02/10/2026

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source State COVID Relief funds from held in account 106-301166 for networking equipment/labor for the jail expansion.

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
106	301900	Public Safety	$ 12,656.79	2002	59000	Contingency	$ 12,656.79
2002	59000	Contingency	$ 12,656.79	2032	53230	Professional/Special Services	$ 3,776.50
				2032	53800	Internal Assets	$ 8,880.29
		Total Journal	**$ 25,313.58**			Total Journal	**$ 25,313.58**

TRANSFER APPROVED

2-10-26

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 02/10/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

1120

A-117
07/2018

Tehama County

Agenda Request Form

File #: 26-0195 **Agenda Date:** 3/3/2026 **Agenda #:** 17.

SHERIFF'S OFFICE

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF, B-45 - From CALAIM (2032-4505723), to Contingency (2002-59000), $13,002.50; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $13,002.50 **(Requires a 4/5's vote)**

Financial Impact:
There is no financial impact on the General Fund. The Sheriff's Office will utilize CALAIM AB133 funds to issue payment to Health Management Associates, Inc.

Background Information:
The California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Initiative (JI) helps incarcerated people prepare for reentry into their communities. The Tehama County Jail utilized Health Management Associates, Inc. (HMA), a State-approved contractor under the CALAIM Program, to prepare the implementation plan as mandated by the State for inmates to receive these services. The implementation plan that HMA provided has been submitted and approved by the State of California.

HMA is currently working on a new Memorandum of Understanding (MOU) between the Sheriff's Office (SO) and Tehama County Health Services Agency (TCHSA), Request for Proposals (RFP) for Pharmacy Services and Electronic Health Records (EHR), as well as writing job classifications for two new positions needed to move forward into the CALAIM JI future.

The CALAIM AB133 funds will pay the invoice issued by HMA for services listed above that were rendered at the Tehama County Jail during the month of January 2026.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

1122

Auditor Number B-45

DEPARTMENT NAME CALAIM/Jail

Date: 2/11/2026

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source CALAIM AB133 funds held in fund 581 for payment to HMA for services rendered through January 2026.

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
2032	4505723	CALAIM	$ 13,002.50
2002	59000	Contingency	$ 13,002.50
		Total Journal	**$ 26,005.00**

Increase Expenditure Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
2002	59000	Contingency	$ 13,002.50
2032	53230	Professional/Special Services	$ 13,002.50
		Total Journal	**$ 26,005.00**

TRANSFER APPROVED

2.11.2026

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 2/11/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

HEALTH MANAGEMENT ASSOCIATES, INC.

INVOICE

Tehama County Sheriff's Office
Att. Finance
PO Box 729
nbrummond@tehamaso.org
Red Bluff, CA 96080

February 11, 2026
Invoice Number: 211996 - 0000024
Due Date: March 13, 2026

Current Invoice Total **$13,002.50**

Project: 211996 Tehama County: Medi-Cal DHCS

Professional Services from January 01, 2026 to January 31, 2026

Task: Sheriff

Professional and Consulting Services Rendered:

	Hours	Rate	Fees
[redacted]	4.00	400.00	1,600.00
[redacted]	11.50	260.00	2,990.00
[redacted]	10.50	440.00	4,620.00
[redacted]	20.50	185.00	3,792.50
Total Hours / Fees	46.50		13,002.50
Subtotal Fees			**13,002.50**

Current Invoice Total **$13,002.50**

[redacted]:

[redacted].

2501 Woodlake Circle, Suite 100, Okemos, MI 48864
Telephone: (517) 482-9236 Fax: (517) 482-0920
Email: accounting@healthmanagement.com · Federal ID # 38-2599727
WWW.HEALTHMANAGEMENT.COM

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND HEALTH MANAGEMENT ASSOCIATES, INC.

On December _, 2024, this Agreement is entered into between the County of Tehama, through its Sheriff's Office and Probation Department, ("County") and Health Management Associates, Inc. ("Contractor") for the purpose of providing consulting and technical assistance to the County.

1. **RESPONSIBILITIES OF CONTRACTOR**

Contractor shall perform the following responsibilities in addition to the deliverables found in Exhibit "B":

- Consulting and technical assistance on the approach to planning and implementation of pre-release services as well as budget development
- Training regarding CalAIM, the Office of Health Care Services (DHCS) operational guidance, and the required pre-release services
- Consulting and technical assistance on 90-day pre-release eligibility and behavioral health linkage screening
- Consulting and technical assistance for completing the release readiness assessment
- Stakeholder convening, consulting, and technical assistance for reentry coordination and planning
- Consulting and stakeholder engagement for the County Behavioral Health Department, Probation and Sheriff's Office oversight, governance, and project management
- Development of the DHCS required readiness assessment template provided by DHCS, which will focus on new processes required to support the implementation of behavioral health links and includes the following components:
    1. Initial Data Sharing
    2. Data Sharing for Release
    3. Release Planning: follow-up appointments; and transportation
    4. Reentry Professional-to-Professional Clinical Handoff
    5. Follow-up Post Release: post release scheduling; and post-release follow-up
    6. Oversight and Project Management: staffing structure and plan; governance structure for partnerships; and reporting and oversight processes
- Review of medical contracts and recommendations to align with the CalAIM Justice involved Initiative.
- Develop policies and procedures, and process flows in compliance with the operational guidance minimum requirements.
- Training and technical assistance regarding billing, claiming, and pharmacy services.
- Consulting and technical assistance on the operationalization of pre-release services and continuous quality improvement
- Actuarial Analysis of projected revenue from Medi-Cal reimbursement based on 2 years of Correctional Facilities health care encounter data provided the County
- Up to two site visits to Tehama County to develop Implementation Plan and provide TA for Readiness

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 Exhibit "B", after satisfactorily completing the duties described in this Agreement. The Maximum Compensation payable under this Agreement shall be up to $211,000 for the reasonable value of services in making necessary site visits, analysis, and plans in preparation for this contract and up to $764,000 for other services completed before the end of the term for a total not to exceed $975,000.00. Contractor shall be compensated 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 terminate September 30, 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 Sheriff and/or Chief Probation Officer.

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 insure 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**

Each party shall defend, hold harmless, and indemnify the other party, 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 each party), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of each party) 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. Each party shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Each party shall also defend and indemnify the other party 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.

All information and records obtained in the course of providing services under this Contract shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program or the services provided hereunder. Both parties shall comply with State and Federal requirements regarding confidential information.

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:

NOTICES TO COUNTY:
Tehama County Sheriff's Office
Attn: Dave Kain, Sheriff
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
dkain@tehamaso.org

Tehama County Probation Department
Attn: Pam Gonzalez, Chief Probation Officer
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3026
pgonzalez@tcprobation.org

NOTICES TO CONTRACTOR:
Jeff DeVries
Health Management Associates, Inc.
2501 Woodlake Circle, Ste. 100
Okemos, MI 48864
Fax: (517) 482-0920
contracts@healthmanagement.com

INVOICES SUBMITTED TO COUNTY:
Tehama County Sheriff's Office
Attn: Finance
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
nbrummond@tehamaso.org

Tehama County Probation Department
Attn: Finance
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3028
omorales@tcprobation.org

GRANTS/CONTRACTS TO COUNTY:
Tehama County Sheriff's Office
Attn: Finance
P.O. Box 729
Red Bluff, CA 96080
(530) 528-8979
nbrummond@tehamaso.org

Tehama County Probation Department
Attn: Finance
P.O. Box 99
Red Bluff, CA 96080
(530) 527-4052 ext. 3028
omorales@tcprobation.org

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. **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.

21. **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.

22. **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.

23. **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

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policy may cause termination of this agreement.

24. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through B, 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.

COUNTY OF TEHAMA

Date: DEC 1 7 2024

CHAIRMAN OF BOARD OF SUPERVISORS

Date: 12/31/2024

Dave Kain (Dec 31, 2024 10:29 PST)

DAVE KAIN, SHERIFF

Date: 12-31-24

PLG

PAM GONZALEZ, CHIEF PROBATION OFFICER

HEALTH MANAGEMENT ASSOCIATES, INC.

January 6, 2025 | 9:37 PST

Date:

Signed by:

Kelly Johnson

7533E7CBA7A5470...

KELLY JOHNSON, CHIEF ADMINISTRATIVE OFFICER

TBD
Vendor Number

2032-53230
Budget Account Number

2037-53230
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"

SHERIFF'S OFFICE DELIVERABLES

Pursuant to the Scope of Services discussed above, we will provide the following deliverables for the **Tehama County Sheriff's Office:**

	Deliverable	Description	Date	Cost
1.	Project Plan	HMA will provide a detailed project plan outlining key task, deliverables, and target time frames.	8/15/2024	$334.00
2.	Gaps Analysis and Plan to Close Gaps in Report Format	HMA consultants will assess Tehama County's current readiness to ensure individuals have health coverage up to 90 days before release and upon release, the county's readiness to provide pre-release services, and billing and claiming for such services. Gaps in readiness and recommendations to close the gaps will be provided in a report. **This information will guide the development of the mandatory implementation plan and budget**. Cost includes 3-day site visit and travel.	TBD based on extension date	$115,681.00
3.	Eight Training Modules	HMA will deliver eight trainings for Sheriff's Office staff, including the Medi-Cal Transformation PATH 3 initiative, reentry services, and billing and claiming.		$10,874.00
4.	Shared, Web-Based Site for Resource Management	HMA will develop and maintain or support a web-based site to share resources with the Sheriff's Office easily.		$1,082.00
5.	Policy and Procedures Manual	HMA will develop a Medi-Cal Transformation PATH 3 policy and procedure manual		$32,420.00
6.	Process Flows	HMA will develop process flows for all reentry services, billing, and claims		$28,704.00
7.	Staffing Structure Recommendations and Job Descriptions	HMA will assess the current staffing structure, make recommendations for staffing, and help create job descriptions, as needed		Included in Gap Analysis

8.	Governance Structure Recommendations	HMA will advise on a sustainable governance structure for the county to design, implement, and ensure ongoing quality pre-release healthcare services	TBD based on extension date	$11,678.00
9.	Development and Submission of Readiness Assessment	HMA will work closely with the Sheriff's Office to develop the plan addressing the DHCS required readiness elements, draft the readiness assessment, submit the readiness assessment and make any required adjustments.		$188,455.00
10	Process and Templates	HMA will work closely with key stakeholders to establish processes and templates to collect and monitor required data, report on DHCS required measures, and implement corrective action plan processes to address operational challenges, if necessary		$26,790.00
11	Continuous Quality Improvement Training and Recommendations	HMA will train Sheriff's Office staff and contractors on continuous quality improvement techniques and provide technical assistance on implementing a comprehensive health and reentry services CQI program		$21,925.00
12	Review of Healthcare Contract and Recommendations	HMA will review the contract with your healthcare vendor and ensure it aligns with the MEDI-CAL TRANSFORMATION JI Initiative mandates. HMA will also provide actuarial services and recommended reimbursement models for your healthcare program.		$21,925.00
13	Actuarial Analysis	An actuarial memorandum including an executive summary, methodology, and discussion and summary of estimated annual Medi-Cal revenue for 90-day pre-release services, along with all corresponding assumptions used under each scenario. This also provides the Tehama County Sheriff's Office the flexibility to change assumptions and review corresponding results.		$26,210
14	Other Support as Needed	Support for additional implementation activities as requested by the Sheriff Dpt.		**$12,500**

PROBATION DELIVERABLES

Pursuant to the Scope of Services discussed above, we will provide the following deliverables for the **Tehama County Probation Department**:

	Deliverable	Description	Date	Cost
1.	Project Plan	HMA will provide a detailed project plan outlining key tasks, deliverables, and target time frames.	15 days after contract execution	$333.00
2.	Gaps Analysis and Plan to Close Gaps in Report Format	HMA consultants will assess Tehama County's current readiness to ensure individuals have health coverage up to 90 days prior to release and upon release, the county's readiness to provide pre- release services, and ensure billing and claiming for such services. Gaps in readiness and recommendations or closing the gaps will be provided in a report. **From this, HMA will lead the Probation's Department in creating the budget and implementation plan design to be submitted to DHCS.**	TBD – Based on Extension of IP Due Date	$110,681.00
3.	8 Training Modules	HMA will deliver 8 trainings for Probation's Department staff, including topics such as the Cal Aim PATH 3 initiative, reentry services, MAT in carceral settings, and billing and claiming.		$10,874.00
4.	Development of a shared, web-based site for resource management	HMA will maintain or support a web-based site to easily share resources with the Probation's Department.		$1,082.00
5.	Policy and Procedures Manual	HMA will develop a Cal AIM PATH 3 Policy and Procedure Manual		$32,420.00
6.	Process Flows	HMA will develop process flows for all reentry services, billing, and claiming.		$28,704.00
7.	Staffing Structure Recommendations and Job Descriptions	HMA will assess the current staffing structure, make recommendations for staffing, and help create job descriptions, as needed		Included in Gaps Analysis
8.	Governance Structure Recommendations	HMA will advise on a sustainable governance structure for the county to design, implement, and ensure ongoing quality pre-release healthcare services		$11,678.00
9.	Development and Submission of Readiness Assessment	HMA will work closely with the Probation Department to develop the plan addressing the DHCS required readiness elements, draft the readiness assessment, submit the readiness assessment and make any required adjustments.		$171,530.00

10.	Process and templates for the established process to collect, monitor, and report on DHCS required measures, including corrective action processes to address operational challenges.	HMA will work closely with key stakeholders to establish processes and templates to collect required data and implement corrective action plans if necessary.		$26,790.00
11.	Continuous Quality Improvement Training and Recommendations	HMA will train the Probation Department staff and contractors on continuous quality improvement (CQI) techniques and provide technical assistance on implementing a comprehensive health and reentry services CQI program.		$21,925.00
12.	Provide recommendations regarding the delivery of healthcare services and associated agreements to align with CalAIM requirements	HMA will review the contract with your healthcare vendor and ensure it aligns with the CAL AIM JI Initiative mandates. HMA will also provide actuarial services and recommended reimbursement models for your healthcare program.		$21,925.00
13.	Actuarial Analysis	An actuarial memorandum including an executive summary, methodology, and discussion and summary of estimated annual Medi-Cal revenue for 90-day pre- release services, along with all corresponding assumptions used under each scenario. This also provides the Tehama County Probation Office the flexibility to change assumptions and review corresponding results.		$26,210
14	Other Support as Needed	Support for additional implementation activities as requested by the Probation Dpt.		$12,261

STAFFING

John Volpe will serve as the project director and Tara Kelly will serve as project manager. Both will ensure timely completion of deliverables, coordinate team activities, and provide consistent communication with the Tehama County Agencies. Julie White, Daniel Dean, Rebekah Kharrazi, Christina Kadelski, and Jessica Perillo will be the primary staff on this project. Additional HMA staff will provide services for the project as appropriate. Short biographies for the individuals working on this project and an overview of HMA are provided at the end of this letter.

TERM OF AGREEMENT

This Agreement will begin on June 1, 2024, and shall continue in effect until September 30, 2026, unless terminated earlier by either party giving the other party thirty (30) days' written notice of termination. If this Agreement is terminated by a party's written notice of termination, you agree to compensate

HMA for all services rendered prior to HMA's actual knowledge of termination and for all out-of-pocket expenses incurred to date. The staffing arrangements and the scope of work stated in this letter apply to this project only.

PROJECT FEES

The services described above will be provided on a time-and-materials basis for a total of $975,000. In addition, all out-of-pocket expenses will be reimbursed. Professional hourly rates and travel time will be billed as indicated in the table below. Project fees will not be incurred beyond the ascribed amount without your prior approval and a written amendment to this agreement signed by both parties. Finally, we will submit invoices monthly for services provided in the previous month. These invoices will be payable upon receipt.

Title	HMA 2024 Professional Hourly Rates	2024 Travel Time Rates
Principal Actuarial	$495	N/A
Physician Principal	$470	$293
Managing Director	$410	$255
Managing Principal	$410	$255
Principal	$400	$250
Associate Principal	$360	$225
Senior Consultant	$315	$203
Consultant Actuary	$280	N/A
Consultant 1	$240	N/A
Consultant/ Associate	$210	$140
Research Associate	$165	$108
Project Manager	$135	$85
Clerical and Admin	$120	$60

HMA billing rates increase on January 1 of each calendar year unless agreed otherwise in writing.

CONFIDENTIALITY, NON-DISCLOSURE, CONFLICTS AND GENERAL TERMS

HMA often serves multiple clients within a certain industry or market, including those with potentially opposing interests, and HMA's relationship with you will not be an exclusive relationship. Accordingly, HMA may have served, may currently be serving, or may in the future serve, other companies whose interests may be adverse to yours. In all such situations, HMA is committed to maintaining the confidentiality of each client's information, and ensuring that your interests, proprietary and otherwise, are protected. To that end, HMA strictly adheres to our Policy and Guidelines Related to Conflicts of Interest and Proprietary Information which contain nondisclosure procedures (such as firewall protocols and other safeguards) to maintain each client's confidential information and ensure that your interests are protected.

Both parties acknowledge that, while performing work under this Agreement, a party may learn of or receive confidential, trade secret, or other proprietary information concerning the other party or third parties to whom the party is obligated to confidentiality (Confidential Information). Each party agrees to take at least such reasonable precautions to protect the other party's Confidential Information as it takes to protect its own Confidential Information and agrees to not disclose to any third party any Confidential Information belonging to the other party.

All services will be performed by HMA as an independent contractor. This Agreement does not create a relationship between the parties of employment, joint venture, or agency. You agree that, for a period of two (2) years from the date of termination of this Agreement, neither you nor any of your representatives will entice away, solicit for employment, or employ any current or former employee of HMA without the express written consent of HMA. With prior notice, HMA may change the staff assigned to provide the Consulting Services with staff of equal abilities and qualifications. HMA may enter into subcontractor agreements for the performance of the services.

Attached are our standard terms and conditions for the provision of services ("Terms and Conditions"), which are incorporated into this Letter Agreement. This Letter Agreement and the Terms and conditions will constitute the entire agreement between HMA and Tehama County related to the project described above. We are happy to discuss the proposed services and terms with you or provide any additional information you may require. The proposed services, staffing arrangements, and this Letter Agreement are valid for sixty days from the date of HMA's signature, after which the project fees and staff availability may be subject to change.

E-Contract Review
Approval as to Form

Department Name: Probation/TCSO

Vendor Name: Health Management Associates, Inc.

Document Description: Agreement for consulting for pre-release services (CalAIM)

APPROVED AS TO FORM:

Date: 12/3/24

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Minutes Certification

File Number: 24-2213 **Enactment Number: MISC. AGR 2024-378**

15. SHERIFF'S OFFICE / PROBATION DEPARTMENT - Sheriff Dave Kain and Chief Probation Officer Pam Gonzalez **24-2213**

a) AGREEMENT - Approval and authorization for the Chairman to sign the agreement with Health Management Associates, Inc., to provide consulting and technical assistance related to PATH Round 3 funding and CalAIM implementation for both correctional facilities, the Jail and Juvenile Detention Facility, set forth in Exhibit "B" with maximum compensation not to exceed $975,000, effective 6/1/24 and shall terminate 9/30/26 *(Subject to receipt of insurance documentation).*

Sheriff Dave Kain and Chief Probation Officer Pam Gonzalez explained the benefits of the departments coming together regarding the CalAIM agreement and discussed the mandate and grant funding.

In response to Supervisor Moule, Mr. Kain explained the departments overlapping responsibilities and process.

In response to Supervisor Moule, Ms. Gonzalez explained the intent of CalAIM agreement regarding services for an incarcerated persons.

RESULT: APPROVED
MOVER: Pati Nolen
SECONDER: Candy Carlson
AYES: Supervisor Moule, Supervisor Carlson, Supervisor Nolen, Vice Chair Hansen, and Chairperson Leach
Enactment No: MISC. AGR 2024-378

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 an order adopted by said Board of Supervisors on 12/17/2024.

Attest: Deputy

January 17, 2025
Date Certified

Tehama County

Agenda Request Form

File #: 26-0226 **Agenda Date:** 3/3/2026 **Agenda #:** 18.

SHERIFF'S OFFICE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Chair and Sheriff to sign the Agreement with the Red Bluff Round-Up Association for the purpose of providing Special Event supplemental law enforcement services at the 2026 Red Bluff Round-Up in the estimated amount of $10,867, effective 4/17/26 and shall terminate 4/19/26

Financial Impact:
There is no impact to the general fund as this agreement is a receivable to cover the expenses for Law Enforcement services provided.

Background Information:
It is our honor to support our community by providing security to preserve the peace at special events held at our local Tehama District Fairgrounds.

Tehama County Sheriff's Office
Special Event Supplemental Law Enforcement Services Agreement

Name of Contractor/Organization: **Red Bluff Round-Up Association**

Name of Event: **2026 Red Bluff Round-Up**

Date(s) of Event: **April 17th - April 19th, 2026**

WHEREAS Government Code §53069.8 provides that the Tehama County Board of Supervisors may contract on behalf of the Sheriff to provide supplemental law enforcement services to private individuals or private entities to preserve the peace at special events or occurrences that happen on an occasional basis.

WHEREAS, 2026 Red Bluff Round-Up is such a special event; and

WHEREAS, the provision of supplemental law enforcement services shall not reduce the normal and regular ongoing service that the Sheriff's Office provides to the citizens of Tehama County;

NOW, THEREFORE, the parties hereto agree as follows:

THIS AGREEMENT, made between the County of Tehama, on behalf of the Tehama County Sheriff's Office, and **Red Bluff Round-Up ("Contractor"),** is intended to provide for the protection of the public and their property at the **2026 Red Bluff Round-Up**, to be held on **April 17th - April 19th, 2026,** Subject to the terms and conditions of this Agreement, the Sheriff agrees to provide law enforcement personnel staffing for the above-described event.

THIS AGREEMENT is for the purpose of providing supplemental law enforcement services to preserve the peace at the above-described special or private entity event or occurrence, which happens on an occasional basis. Said services shall be rendered by regularly appointed full-time peace officers as defined in Section 830.1 of the Penal Code, or by Level I reserve peace officers if authorized by Government Code section 53069.8, subdivision (c)(2). Such services shall encompass only law enforcement duties and shall not encompass services authorized to be provided by private patrol operators, as defined in Section 7521 of the Business and Professions Code. The services provided pursuant to this Agreement shall not reduce the normal and regular ongoing service that the County would otherwise provide if the County did not enter into this Agreement for supplemental law enforcement services.

NOTWITHSTANDING any other provision of this Agreement, the Sheriff may forthwith cancel the providing of services under this Agreement if he concludes that he has insufficient available personnel to provide the services required by this Agreement and to perform his other duties as required by law. In the event of such a circumstance, the Sheriff will provide at least ten days notice of his inability unless circumstances preclude him, as a practical matter, from giving at least ten days notice, in which event the Sheriff shall provide such notice of less than ten days as is feasible and practical under the circumstances.

THE SERVICES provided under this Agreement shall only encompass duties and functions customarily rendered by the Sheriff of the County of Tehama under the Charter and ordinances of the County, the statutes and laws of the State of California, and the policies and procedures of the Sheriff of the County of Tehama.

THE RENDITION of the services, the specific times the Sheriff's Office will provide law enforcement personnel, the number and rank of personnel provided, the selection and discipline of the Sheriff's deputies provided, the supervision, equipment, communications, supplies, and other matters incident to the performance of such services and the control of such personnel shall remain with the Sheriff of the County of Tehama or his authorized representatives. In the event of any dispute between the parties as to the extent of the duties and functions to be rendered hereunder, or the level or extent of service, or manner of performance of such services, the determination thereof made by the Sheriff of the County of Tehama or his authorized representatives shall be final and conclusive as between the parties hereto. The Sheriff agrees to make such determination in good faith.

IN CONSIDERATION of the rendition of the services to be performed by the County for the Contractor under this Agreement, the Contractor shall pay the County for said services, which may include pre-event briefings, according to the appropriate and prevailing billing rates as determined by the Sheriff's Office and the Auditor-Controller for the current fiscal year. The applicable hourly rates include workers' compensation costs and administrative overhead costs that are directly related to the provision of said services. The aforementioned rates, as determined by the County's Auditor-Controller, shall be adjusted to reflect changes in salary, workers' compensation and administrative overhead costs, as adopted by the Board of Supervisors. Annual rate adjustments shall be made pursuant to methods employed according to the policies and procedures established by the Board of Supervisors concerning the determination of said hourly rates. The **estimated cost** of providing services hereunder is **$10,867.00**. This estimate is stated herein for purposes of administrative convenience, and is **not a limitation upon Contractor's obligation to pay the County for full actual costs of the services, even if those costs exceed the estimate.**

AT THE SHERIFF'S DISCRETION, the Contractor shall pay the County a deposit for the estimated cost of providing the service, as set forth above. If a deposit is required, the Contractor shall make payment by check or money order to the County no later than two calendar days (48 hours) prior to commencement of services. The County shall render to the Contractor a summarized invoice which details all personnel, equipment, supplies, transportation and other costs for services performed under this Agreement, and the Contractor shall pay County within thirty (30) days after date of said invoice. If a deposit was required and there were costs above and beyond estimated costs, the Contractor shall pay County the difference therefore within (30) days after dated of said invoice. If a deposit was required and the total cost of services rendered is less than the deposit paid by the Contractor, the County shall reimburse the Contractor for the difference.

BOTH PARTIES hereto in the performance of this Agreement shall act as independent contractors and not as agents, employees, partners, joint ventures, or associates of one another. All persons employed by the Sheriff's Department in the performance of the services provided under this Agreement shall be County employees. The Contractor shall not assume any liability for the direct payment of any salaries, wages, retirement benefits, workers' compensation insurance, or other compensation to any County personnel performing services hereunder or any liability other than provided for in this Agreement.

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. Therefore, the parties agree that this Agreement does not, and is not intended to create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to Tehama County Sheriff's Office Deputy protection services or governmental law enforcement protection in favor of, and for the benefit of any particular person(s) and/or any other person, who, for any reason or

for no reason, is at the Special Event, beyond the Tehama County Sheriff's office's and/or any Deputy's governmental law enforcement officer duty, as established under existing law, to the general public. Furthermore, Contractor agrees that at all times, and for any and all purposes under this Agreement, the Tehama County Sheriff's Office and/or any Deputy present at any Special Event under the terms of this Agreement, shall be present strictly and solely to perform Deputy Services and governmental law enforcement functions as authorized by law to and for the benefit of the general public, and under no circumstances shall the Tehama County Sheriff's office and/or any Deputy be obligated in any manner to undertake any activity or duty on behalf of Contractor or provide any particular, direct, or specific service or benefit to or for Contractor or Contractor's agent(s), or any patron or other person attending any Special Event. In conclusion, there are no third-party beneficiaries to this Agreement and no third party shall be entitled to assert a claim against either party based upon this Agreement.

CONTRACTOR shall hold harmless, defend, and indemnify Tehama County, its elected officials, officers, and employees, against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees arising by reason of any person's or persons' bodily injury, including death, or property being damaged by Contractor or by any person employed by Contractor in any capacity during the progress of the work, whether by negligence or otherwise, except to the extent that such claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees arise from the sole negligence or willful misconduct of the County. Contractor shall also indemnify County of any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board against County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding. Without limiting the generality of the foregoing, if liability is imposed or sought to be imposed pursuant to Section 830 et seq. of the Government Code by reason of a dangerous conditions of property of the Contractor (including, but not limited to, the event grounds), the Contractor shall assume liability and defend and hold the County, its officers, employees and agents harmless from any action, loss, costs, or expenses caused by any condition of the Contractor's property and any negligent or wrongful act or omission of the Contractor's officers, agents and employees, in any way connected with such condition of the Contractor's property.

CONTRACTOR shall obtain and maintain continuously comprehensive general liability insurance and or other insurance necessary to protect the public with limits of liability of not less than $1,000,000.00 combined single limit bodily injury and property damage with appropriate coverage endorsements to include broad-form contractual, broad form property damage, contractor's protective, product/completed operations, auto and non-owned auto, host liquor, personal injury, and fire-legal liability here applicable. All such insurance coverage shall be provided on an "occurrence" form, rather than a "claims made" form. Such insurance shall include Tehama County, its elected officials, officers, and employees as an additional insured, and shall not be reduced or canceled without 30 days written prior-notice certain to the County. Contractor shall provide the County a certificate of insurance as evidence of insurance protection provided. Insurance certificates provided by any insurance company or underwriter shall not contain the language "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company", or similar language. If contractor has employees, he/she shall obtain and maintain continuously workers' compensation insurance to cover Contractor and Contractors employees and partners.

THIS AGREEMENT shall become effective as of the date of execution by the authorized representative of the County and unless sooner terminated as provided for herein, shall continue in full force and effect until the completion of the services provided for herein and receipt of full payment by the County. Any party who is not in default hereunder may terminate this Agreement by giving thirty (30) days written notice to the other party. If any portion of the desired service is canceled by Contractor, the Contractor shall provide

notice of cancellation at least twenty-four hours prior to the scheduled commencement of services. If the Contractor fails to give at least twenty-four hours notice, the Contractor shall pay the County an amount equal to the charge that would apply for four-hours of labor for the personnel scheduled to work at the commencement of services. This amount shall be liquidated damages, and the parties expressly acknowledge and agree that this amount represents the result of a reasonable endeavor by the parties to estimate a fair average compensation for any loss that may be sustained by the County, and that this amount does not constitute a penalty.

THE CONTRACTOR AND THE COUNTY hereby designate the following addresses for giving all notices.

CONTRACTOR	COUNTY
Red Bluff Round-Up Association	**Tehama County Sheriff's Office**
670 Antelope Blvd, Suite 1	**P.O. Box 729**
Red Bluff, CA 96080	**Red Bluff, CA 96080**

Notice shall be deemed to be effective two days after mailing. The parties may change the name of such person or the address of notice by giving thirty (30) days' written notice.

CONTRACTOR agrees to contract uniformed security guards and/or event staff, in addition to the Sheriff's Office personnel assigned to **2026 Red Bluff Round-Up** in a number as determined by the Sheriff or his designee and the Contractor's representative in a pre-event staffing profile meeting. In the event of any dispute between the parties, the determination thereof made by the Sheriff of the County of Tehama or his authorized representatives shall be final and conclusive as between the parties hereto. The Sheriff agrees to make such determination in good faith.

CONTRACTOR agrees that the designated officer-in-charge of the Sheriff's Office personnel at the **2026 Red Bluff Round-Up** may, in the event of an unforeseen or emergency situation, order any portion of, or all of, the activities at the event to be discontinued; including but not limited to: the sale of alcoholic beverages, the playing of live or recorded music, and the disbursal of all patrons from the event grounds and surrounding area.

THIS AGREEMENT supersedes all previous agreements and constitutes the entire understanding of 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.

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). The venue for any action arising from this agreement shall be in Tehama County, California.

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 purporting to act.

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

COUNTY OF TEHAMA

Date: _____

_____
Sheriff-Coroner

Date: _____

_____
Chairman, Board of Supervisors

RED BLUFF ROUND-UP ASSOCIATION

Date: February 12, 2026

_____
Signature, Authorized Agent

J. B. Stacy, General Manager

Printed Name & Title of Authorized Agent

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Red Bluff Round Up

Document Description: Supplemental Law Enforcement Services

APPROVED AS TO FORM:

Date: 2/13/26

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 26-0243 **Agenda Date:** 3/3/2026 **Agenda #:** 19.

ADMINISTRATION

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Purchasing agent to sign the utility agreement with Pacific Gas and Electric (PG&E) Company, for the Corning Veterans Hall Remodel Project for the purpose of providing gas and electricity for a maximum compensation of $57,579.30, effective upon signing and shall terminate upon completion of the project

Financial Impact:
This project is partially funded through Tehama County's allocation of American Rescue Plan Act funds and two Federal Community Project Funding grant awards. The anticipated costs for this project are fully covered by these funding sources.

Background Information:
This project is for the renovation and improvements to the Corning Veterans Memorial Hall, constructed in 1933. This project will keep the building functional and bring some aspects to current standards.

Customer Payment Coupon

References	
Notification #	130870860
Contract #	50130205 V1
E16-PM #	35634604
ERR-PM #	35634604
Customer #	4878161

September 11, 2025

TEHAMA COUNTY ADMINISTRATION
727 Oak Street
RED BLUFF, CA 96080

Customer Payment Summary

1620 SOLANO ST, CORNING

Please pay the Total Due based upon the payment option(s) you selected on page two of the enclosed Gas and Electric Extension Agreement.

Payment Options	Subtotal	Total Due
10-Year Refundable Advance Option Gas and Electric	$95,279.41	**$95,279.41**
Non-Refundable 50 percent Discount Option for Gas and Electric	$57,579.30	**$57,579.30**
10-Year Refundable Advance Option for Gas and Non-Refundable 50 percent Discount Option for Electric	$57,579.30	**$57,579.30**
Non-Refundable 50 percent Discount Option for Gas and 10-Year Refundable Advance Option for Electric	$95,279.41	**$95,279.41**

Subtotals for each payment option above include the following non-refundable values:	
Elec Reloc & Rearrangement Non-Refundable Payment	$15,349.50

Important Payment Information

To complete your contract ONLINE

- Follow the instructions provided with your electronic contract
- Submit payment at **https://www.pge.com/contractpayments**

To complete your contract BY MAIL

- Please make check payable to: **PG&E** or **Pacific Gas and Electric**
- Complete, sign and return the enclosed agreement(s), the SACAC form and the customer payment coupon with your payment
- **Remit payment and SACAC form to**:
  PG&E CFM/PPC Department
  PO BOX 997340
  Sacramento, CA 95899-7340

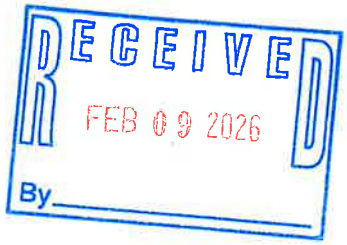
IMPORTANT MESSAGE

Please review the enclosed information and total due. This document needs to be returned with the enclosed agreements.

If you complete your contract ONLINE, a copy will be saved to your Customer Connections Online (CCO) account at **pge.com/cco.**

To learn more about PG&E's gas and electric safety initiatives and resources please visit **pge.com/safety.**

Have Questions?
Please Call 1-800-422-0436



130870860

Gas and Electric Extension Agreement*

For Internal Use	
Notification #	130870860
Contract #	50130205 V1
E-PM #	35634604
G-PM #	
E-Prior MLX/PM#	
G-Prior MLX/PM#	
Customer #	4878161

September 11, 2025

TEHAMA COUNTY ADMINISTRATION
727 Oak Street
RED BLUFF, CA, 96080

Re: 1620 SOLANO ST, CORNING

Dear Tom Provine

We are writing to let you know Pacific Gas and Electric Company (PG&E) will extend its facilities to provide the requested gas and electric service to the project address listed above. PG&E's costs have been developed based on the choices and information provided in your application and may change if you make changes. This letter, including PG&E's tariffs, which are incorporated by reference below, will serve as our contract. As required by the California Public Utilities Commission (CPUC), special facilities will be handled in a separate contract. Per Decision 22-09-026, Residential and Non-residential Customers submitting an application for new gas service on or after July 1, 2023, do not qualify for Allowances, Refunds or Discount Option.
Per Decision 23-12-037, Mixed-Fuel New Constructions project applications received after July 1, 2024, will not qualify for Allowances, Refunds, or Discount Option. For new applications for Gas Service Extension(s) on or after July 1, 2023, and Mixed Fuel New Construction projects after July 1, 2024, Applicants must pay PG&E its total estimated installed cost upon contract execution, in advance of PG&E commencing its work. Upon completion of the work and determination of actual costs, PG&E will provide Applicant with a final invoice or refund to account for a true-up to actual costs. An Applicant's failure to pay a final invoice in a timely manner is a violation of PG&E's Gas Rules 15/16 and may result in discontinuance of service. Non-Residential Customers submitting an application for new gas service on or after July 1, 2023 may qualify for Allowances, Refunds or Discount Option if approved by the CPUC. Please complete the following four steps to execute this contract.

1 Review the following work responsibilities and cost information.

Work To Be Done By	GAS MAIN		GAS SERVICE		ELECTRIC DISTRIBUTION			ELECTRIC SERVICE		
	Trench	Pipe	Trench	Pipe	Trench	Substr.	Facilities	Trench	Substr.	Facilities
PG&E										X
Customer								X	X	

		GAS		ELECTRIC
Total non-refundable project costs		**$0.00**		**$19,879.18**
Refundable extension costs		**$0.00**		**$117,207.37**
Allowances (credit)	-	$0.00	-	$41,807.15
Net refundable amount	=	**$0.00**	=	**$75,400.22**
10 YEAR REFUNDABLE OPTION				
Net refundable amount		**$0.00**		**$75,400.22**
Credit for value of design and/or facilities provided by applicant	-	$0.00	-	$0.00
Total non-refundable project costs	+	**$0.00**	+	**$19,879.18**
Total (if you select this option)	=	**$0.00**	=	**$95,279.40**
NON-REFUNDABLE 50% DISCOUNT OPTION				
Net refundable amount		**$0.00**		**$75,400.22**
Discount: 50% of Net refundable amount	-	$0.00	-	$37,700.11
Credit for value of design and/or facilities provided by applicant	-	$0.00	-	$0.00
Total non-refundable project costs	+	**$0.00**	+	**$19,879.18**
Total (if you select this option)	=	**$0.00**	=	**$57,579.29**
Potential refund per residential lot/unit		**$0.00**		**$0.00**
Potential reimbursement per service completion				
Pressurized or energized system		$0.00		$0.00
Not pressurized or energized system		$0.00		$0.00
Reimbursement for other work performed		**$0.00**		**$0.00**

All amounts include the Income Tax Component of Contribution (ITCC) PG&E is required to charge customers, where applicable.

DEFINITIONS AND EXPLANATION OF TERMS
(For more detail see rules 15 and 16):

Total non-refundable project costs include costs for work such as electric trench and excavation, conduits, inspections, streetlights, conversion from overhead to underground and contract processing.

Refundable extension costs include costs for facilities such as electric conductor, transformers and poles; gas pipe, gas share of distribution trench and regulators; and meters.

Allowances are a credit against refundable extension costs. They are based upon the number of residential units expected to be connected within the first six months and the expected annual non-residential net (distribution) revenue from your project.

Allowances granted under either option are subject to **deficiency billing** if the number of residential units connected or the annual non-residential net revenue falls below the forecast used to calculate the allowances.

Net refundable amount is the portion of overall costs eligible for refund to you based upon additional residential meters being set or upon increases in non-residential annual net (distribution) revenue. A cost-of-ownership charge is assessed against the Net refundable amount (except for individual residential applicants) per Rule 15.

Potential refund per residential lot/unit is for those lots/units for which you did not already receive an allowance (i.e., units not expected to be connected in the first six months). Any refunds may be decreased or eliminated by cost-of-ownership charges assessed under the provisions of Rule 15.

Potential reimbursement per service completion is the amount to which a customer may be entitled for performing certain service connection work PG&E would otherwise perform when installing service extensions and are not to be confused with refunds.

Reimbursement for other work performed is the amount to which a customer may be entitled for performing certain work (other than service completions) that normally is PG&E's responsibility.

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* Automated document, Preliminary Statement, Part A

Form 79-1169
Advice 4862-G/7158-E
January 2024

G&E" refers to Pacific C

Gas and Electric Extension Agreement*

2 Select one of the following payment options.

	Gas		Electric		Advance		Total Due
☐ **10-Year Refundable Option for Gas and Electric**	$0.00	+	$95,279.41	-	N/A	=	$95,279.41
☐ **Non-Refundable 50 Percent Discount Option for Gas and Electric**	$0.00	+	$57,579.30	-	N/A	=	$57,579.30
☐ **10-Year Refundable Option for Gas and Non-Refundable 50 Percent Discount Option for Electric**	$0.00	+	$57,579.30	-	N/A	=	$57,579.30
☐ **Non-Refundable 50 Percent Discount Option for Gas and 10-Year Refundable Option for Electric**	$0.00	+	$95,279.41	-	N/A	=	$95,279.41

3 Review these important terms and conditions.

This Gas and Electric Extension Agreement is controlled by, and incorporates by reference, PG&E's tariffs, including Gas and Electric rules 2, 15, and 16; the Distribution and Service Extension Agreement-Provisions (Form 62-0982) and the General Terms & Conditions for Gas and Electric Extension & Service Construction by Applicant (Form 79-716), all as approved and authorized by the CPUC. This agreement at all times shall be subject to such modifications as the CPUC may direct from time to time in the exercise of its jurisdiction.

You can view PG&E's tariffs online at **pge.com/tariffs** or contact the PG&E representative listed below. Additional details underlying the amounts shown in this agreement, as well as the calculation of allowances, refunds or deficiency bills can also be provided by your local PG&E representative.

4 After completing steps 1, 2 and 3 and having checked one, but only one, of the four payment options above, please complete and return the following items to PG&E.

- Sign and return this contract as indicated below.
- Submit the Payment Coupon with Total Due based on your option selected.
- Sign and return the enclosed Statement of Applicant's Contract Anticipated Costs (SACAC) [Form 79-1003] (explanation in box to the right).

Please provide your payment and required forms within 90 days from September 11, 2025. PG&E is not bound by the costs set forth above if payment and the signed forms are not received by PG&E within 90 days.

If you have any questions, please contact Chris Burlison at **877-743-7782** or by email at **CIBU@PGE.COM**.

ADDITIONAL INFORMATION

What is the SACAC form

Under PG&E's rules 15 and 16 you have a choice:you can perform the work yourself, hire a qualified contractor to perform the work or hire PG&E to do the work. We are required by the CPUC to provide you with PG&E's costs.

This form identifies our cost for the refundable service that is PG&E's responsibility to install. PG&E's costs were developed based on your choices within the application and may change if you change that choice.

How do I fill out the SACAC?

If you want to do this work yourself or have a qualified contractor do this work, please enter your estimated costs in the section of the SACAC form entitled "Applicant Costs" or check the box in the section entitled "Applicant's Election Not To Provide Costs," sign and return to PG&E. PG&E will send you a revised agreement by return mail only if you choose to provide your estimated costs.

If you want PG&E to do this work, please check the section "Applicant's Election Not to Provide Costs," sign and return the SACAC form along with a check for the Total Due based on the option you selected above.

You must return the completed SACAC form to PG&E regardless of who you choose to do the work.

Please follow payment instructions found on your Payment Coupon.

☐ I,_____ (Applicant), hereby attest and certify that this project does not meet the definition of Mixed-Fuel New Construction as described in PG&E Gas and Electric Rules 1 and 15, provided below:
MIXED-FUEL NEW CONSTRUCTION: A new end-use load or consistent with the definition of New Construction in the CEC 2022 Building Energy Efficiency Standards, a building that has never been used or occupied for any purpose, or any renovation where 50 percent or more of the exterior weight bearing walls are removed, that uses gas and/or propane in addition to electricity.

Pacific Gas and Electric Company

This contract has been reviewed and approved by:

Bill Powell

Service Planning Supervisor

Customer

Agreed and accepted by:

TEHAMA COUNTY ADMINISTRATION, A GOVERNMENT AGENCY

Authorized Signatory Tom Provine

Title Director

Signature _____

Date _____

* Automated document, Preliminary Statement, Part A

130870860

Form 79-1169
Advice 4862-G/7158-E
January 2024

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STATEMENT OF APPLICANT'S CONTRACT ANTICIPATED COSTS.*

September 11, 2025

Project Name: Corning Veterans Hall

Project Location: 1620 SOLANO ST, CORNING

Notification Number: 130870860

PM Number(s): **(Gas)** **(Electric)** 35634604

APPLICANT COSTS

The following statement must only include the contracted anticipated installed costs of facilities installed by the Applicant that are refundable and that are PG&E's responsibility under its tariffs.

The costs provided by the Applicant must be taken from the Applicant's contract with its contractor. If the Applicant will be performing the work itself, the Applicant must also complete and sign this form.

The Applicant's statement of costs will be compared with PG&E's estimated installed costs of the same facilities, the lower of which will be used to determine the amount subject to allowances and refunds in accordance with the provisions of PG&E's Gas and Electric Rules 15 and 16.

If the Applicant chooses not to provide its costs, it must complete the last section of this form. Until the Applicant either provides the refundable cost from its contract with its contractor (or its own cost, if applicable), or returns this form indicating that it will not do so, PG&E will not proceed with any work on the Applicant's project.

GAS	ELECTRIC
Residential Service Facilities:	**Residential Service Facilities:**
Applicant: $ _____	**Applicant: $** _____
PG&E: $0.00	**PG&E:** $0.00
Number of gas service: 0 **Stubs:** 0	**Number of Electric service:** 0

- Applicant's statement of costs include: overhead or underground service conductors,poles, service transformers, connection fittings, service pipe, valves, service connections,and other PG&E-owned service equipment, as detailed in Gas and Electric Rule 16.
- Applicant's statement of costs DOES NOT include: inspection fees, nonresidential service costs, regulators, or PG&E-owned metering equipment.

* This form at all times shall be subject to such modifications as the California Public Utilities Commission May direct form time to time in the exercise of its jurisdiction.

†Information collected on this form is used in accordance with PG&E's privacy policy. The privacy policy is available at pge.com/privacy

130870860

Automated document, Preliminary Statement, Part A

GAS	ELECTRIC
Gas Distribution Facilities and Non-Residential Service Services:	**Electric Distribution Facilities and Non-Residential Service Services:**
Applicant: $ _____	**Applicant: $** _____
PG&E: **$0.00**	**PG&E:** **$55,169.70**

GAS DISTRIBUTION TRENCH

Applicant: $ _____

PG&E: **$0.00**

- Applicant's statement of costs include: overhead or underground service conductors,poles, service transformers, connection fittings, service pipe, valves, service connections,and other PG&E-owned service equipment, as detailed in Gas and Electric Rule 16.
- Applicant's statement of costs DOES NOT include: inspection fees, nonresidential service costs, regulators, or PG&E-owned metering equipment.

I declare under penalty of perjury that the foregoing is true and correct.

☐ **APPLICANT'S ELECTION NOT TO PROVIDE COSTS:** (if this option selected, box must be checked)

I choose not to provide to the utility my refundable costs for this project as taken from my contract with my contractor, or as performed by myself, and acknowledge that PG&E will use its estimate of the refundable costs for this project in the contract between it and me.

Executed on _____ at _____
(Date) (City)

By: Tom Provine

Print Applicant Name: **TEHAMA COUNTY ADMINISTRATION, A GOVERNMENT AGENCY**

Signed: _____

Title: Director

Pacific Gas and Electric Company

Detailed Cost Sheet - Electric Distribution and Service Extension Costs

References	
Notification #	130870860
Contract #	50130205 V1
E16-PM #	35634604
ERR-PM #	35634604
Customer #	4878161

September 11, 2025

Applicant: **Tom Provine**

Project Location/Name **1620 SOLANO ST, CORNING**

Cost Breakdown

Total number of residential lots/units for this project: 0

Total number of non-residential lots/units for this project: 1

Total number of combined meters: 1

Cost of Services:

Engineering & Administrative Costs					$0.00
Including Applicant Design Value of				$0.00	
Service Tie-In Cost (Energized) by PG&E			(+)		$0.00
Service Tie-in Cost by Applicant			(+)		$0.00
Electric Metering			(+)		$0.00
Others (N/A)			(+)		$0.00
Inspection Fees			(+)		$0.00
Service Cost - PG&E installed	# Services	0	(+)		$0.00
Service Cost - Applicant installed	# Services	0	(+)		$0.00
Total Estimated Cost of Service Subject to Allowance			(=)		$0.00
Including Net Joint Pole Credit Value of				$0.00	

Cost of Service Within Allowance:

less Total Residential Service Allowance (not to exceed Total Estimated Cost of Service Subject to Allowance)					
$0.00	X	0	=	(-)	$0.00
Excess Service Cost				(=)	$0.00
Estimated Service Cost Within Allowance (Total less Excess)				(=)	$0.00
Average Cost per Lot or Unit Within Allowance					
$0.00	/	0	=		$0.00

Excess Service Allowance Applied to Distribution Line Extension Refundable

Amount per Lot or Unit:

$0.00 Allowance	-	$0.00 Ave. Cost / Unit	=	$0.00 **

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Allowances

Residential:

$0.00 (Allowance) X 0 (Lots / Units) = $0.00

plus ITCC @ 24%	Residential Allowances	(+)	$0.00
SUB TOTAL Residential Allowances		(=)	$0.00
Non-Residential: $4,976.40 (Net Annual Revenue) / 0.1476 (Cost-of-Service-Factor) =			$33,715.44
plus ITCC @24%	Non-Residential Allowances	(+)	$8,091.70
SUB TOTAL Non-Residential Allowances		(=)	$41,807.15

less Residential Service Allowance:

(0 (Lots/Units) X $0.00 (Ave. Cost / Unit)) + 24% (ITCC) = $0.00

Total Distribution Line Extension Allowance		(=)	$41,807.15

Amount Subject to Refund

Engineering & Administrative Costs			$18,102.06
Including Applicant Design Value of	$0.00		
Tie-In of Distribution by PG&E		(+)	$17,989.39
Electric Metering (Non-Residential Projects)		(+)	$3,260.93
Other Taxable charges (N/A)		(+)	$0.00
PG&E installed - Cost of Distribution Line and Non-Res Svcs.		(+)	$55,169.70
Applicant installed - Cost of Distribution Line and Non-Res Svcs.		(+)	$0.00
Value of Distribution Substructures		(+)	$0.00
Inspection Fees		(+)	$0.00
Less Non-Residential Service Costs not Qualified for Refunds		(-)	$0.00
Less Distribution Extension Costs not Qualified for Refunds		(-)	$0.00
SUB TOTAL		(=)	$94,522.08
Including Net Joint Pole Credit Value of	$0.00		
plus ITCC @ 24%		(+)	$22,685.29
Total Refundable Amount		(+)	$117,207.38
Less Total Allowances (not to exceed Total Refundable Amount)		(-)	$41,807.15
Balance: Net Refundable Amount			$75,400.22

10 Year Refundable Advance Option

Balance: Net Refundable Amount	$75,400.22	
Less Credit for Value of Applicant Design Work	$0.00	
Less Cost of Dist. Line Ext. and Non-Res Svcs. installed by Applicant	$0.00	
Less Distribution Substructures by Applicant	$0.00	
Net 10 Year Refundable Advance Option Amount		$75,400.22

Non-Refundable Discount Option

Balance: Net Refundable Amount			$75,400.22
less Discount	$75,400.22 (Balance) X 0.50 (Discount Rate) =	(-)	$37,700.11
Less Credit for Value of Applicant Design Work			$0.00
Less Cost of Dist. Line Ext. and Non-Res Svcs. installed by Applicant			$0.00
Less Distribution Substructures by Applicant			$0.00
Net Non-Refundable Discount Option Amount			$37,700.11

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Non-Refundable Payments

Rule 16 Non-Refundable Payments

Excess Service Costs		$0.00	
Non-Residential Service Costs not Qualified for Refunds	(+)	$0.00	
Service Costs Beyond Preferred Service Location	(+)	$0.00	
Service Riser	(+)	$1,934.96	
Value of Rule 16 Land Rights Costs	(+)	$0.00	
Value of Service Trench, Conduits & Substructures in the Franchise Area or on 3rd Party Property	(+)	$332.17	
Inspection Fees	(+)	$1,426.30	
Rule 16 Trench Permits Obtained by PG&E	(+)	$0.00	
Other Taxable Charges: N/A	(+)	$0.00	
Cost of Additional Rule 16 Applicant Design Plan Checks	(+)	$0.00	
SUB TOTAL	(=)	$3,693.43	
Plus ITCC @ 24%	(+)	$886.42	
Other Non-taxable Charges:	(+)	$0.00	
Residential Per Meter Charge = 0 unit(s)	(+)	$0.00	
Non-Residential Per Meter Charge 1 unit(s)	(+)	$282.00	
Inspection Fees (not subject to ITCC)	(+)	$0.00	
Plus Service Trench, Conduits, & Substructures installed by PG&E on Private Property	(+)	$0.00	
SUB TOTAL	(=)	$4,861.85	
Less Excess Service Facilities Installed by Applicant	(-)	$0.00	
Less Service Costs Beyond Preferred Location by Applicant	(-)	$0.00	
Less Service Trench in the Franchise Area or on & 3rd Party Property installed by Applicant	(-)	$332.17	
Less Rule 16 Applicant Design Work Associated with Excess	(-)	$0.00	
Total Rule 16 Non-Refundable Amount		(=)	$4,529.68

Rule 15 Non-Refundable Payments

Distribution Extension Costs not Qualified for Refunds		$0.00	
Inspection Fees	(+)	$0.00	
Re-estimating/Composite Preparation	(+)	$0.00	
Cost of Additional Applicant Design Plan Checks	(+)	$0.00	
Value of Distribution Conduits	(+)	$0.00	
Distribution Risers Installed by PG&E	(+)	$0.00	
Value of Distribution Trench	(+)	$0.00	
PG&E Land Rights Costs	(+)	$0.00	
Rule 15 Trench Permits Obtained by PG&E	(+)	$0.00	
Other	(+)	$0.00	
SUB TOTAL	(=)	$0.00	
Plus ITCC @ 24%	(+)	$0.00	
Other Non-taxable Charges	(+)	$0.00	
SUB TOTAL	(=)	$0.00	
Less Cost of Distribution Line Extension Installed by Applicant	(-)	$0.00	
Less Distribution Substructures by Applicant	(-)	$0.00	
Less Rule 15 Applicant Design Work	(-)	$0.00	
Less Distribution Conduits Installed by Applicant	(-)	$0.00	
Less Distribution Trench Provided by Applicant	(-)	$0.00	
Total Non-Refundable Electric Rule 15 Amount		(=)	$0.00

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Relocation / Rearrangement of PG&E Facilities

Value of Relocation/Rearrangement Facilities		$0.00	
Value of Relocation/Rearrangement Conduits & Substructures	(+)	$0.00	
Value of Relocation/Rearrangement Trench & Excavation	(+)	$0.00	
Engineering & Administrative Costs	(+)	$3,322.44	
Value of Relocation Applicant Design Work	(+)	$0.00	
Re-engineering/Comp Prep/Add'l AD Plan Checks	(+)	$0.00	
Tie-in/Meter of Relocation/Rearrangement by PG&E	(+)	$8,828.77	
Relocation/Rearrangement Trench Permits Obtained by PG&E	(+)	$0.00	
Relocation/Rearrangement Land Rights	(+)	$0.00	
Relocation/Rearrangement Inspection Fees	(+)	$0.00	
SUB TOTAL	(=)	$12,151.21	
Including Net Joint Pole Credit Value of	$0.00		
Plus ITCC @ 24%	(+)	$2,916.29	
Plus Relocation/Rearrangement - Non Taxable	(+)	$0.00	
D.0405055 Line Extension Costs - Residential (PMC Charge)	(+)	$0.00	
D.0405055 Line Extension Costs - Non-Residential (PMC Charge)	(+)	$282.00	
SUB TOTAL	(=)	$15,067.50	
Less Relocation/Rearrangement Facilities Installed by Applicant	(-)	$0.00	
Less Conduits & Substructures Installed by Applicant	(-)	$0.00	
Less Trench & Excavation Provided by Applicant	(-)	$0.00	
Less Value of Relocation Applicant Design Work	(-)	$0.00	
Less Relocation/Rearrangement Salvage	(-)	$0.00	
Total Relocation / Rearrangement of PG&E Facilities Amount		(=)	$15,349.50

Actual Cost Billing Forecast(6)

Total Non-Refundable Electric Rule 16 Amount	(+)	$4,529.68	
Total Non-Refundable Electric Rule 15 Amount	(+)	$0.00	
Total Non-Refundable Relocation / Rearrangement Amount	(+)	$15,349.50	
Total Non-Refundable Costs	(+)	$19,879.18	
Actual Cost Billing Forecast Fee	(+)	$0.00	
Total Non-Refundable Payment		(=)	$19,879.18

Value of Electric Facility Reinforcements by PG&E: $0.00 **based upon Applicant's estimated demand of:** 0.00 **kVa**

(Reference: Payment Adjustments. Excess Facilities section of provisions)

(1) Total Service Allowance not to exceed the Cost of Service

(2) 10 Year Refundable and Discount Option credit amounts will be paid upon acceptance of facilities. Credit amounts are subject to future deficiency billing in accordance with the tariff.

(3) 10 Year Refundable and Discount Option credit amounts do not offset Other Non-Refundable or Relocation Fees. See Reimbursement Summary for a total of Reimbursements and Credits to be paid upon acceptance of facilities.

(4) Inspection Fees (Only Refundable if Applicant's Actual Cost is Used. Applicant's Actual Cost + Inspection Cannot Exceed PG&E's Estimate)

(5) The lower of PG&E's estimated costs or the Applicant's Contract Anticipated Costs (as documented on Form 79-1003 "Statement of Contract Anticipated Costs") will be used to establish the cost of Service and Distribution Line Extension subject to Allowance

(6) Per CPUC Decision 23-12-037, Actual Cost Billing Forecast is to cover any cost increases due to unforeseen circumstances.

Note: This supplemental detailed cost sheet is **for reference only** and is not intended for use in place of the actual contract for the project listed.

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E-Contract Review
Approval as to Form

Department Name: Administration

Vendor Name: Pacific Gas and Electric (PG & E) Company

Contract Description: For the purpose of Corning Vets Hall project

APPROVED AS TO FORM:

Date: 02/18/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0179 **Agenda Date:** 3/3/2026 **Agenda #:** 20.

COMMITTEES & COMMISSIONS

Requested Action(s)
a) PLANNING COMMISSION - Confirm (1) one appointment to fill the vacancy for District 3 representative with said term expiring 1/5/27
(Nominee: Tim Potanovic)

Financial Impact:
No financial impact from this appointment.

Background Information:
Per Tehama County Code Section 2.20.010, "each member of the Board of Supervisors shall nominate one member of the planning commission, subject to confirmation by the full Board of Supervisors." Terms for appointees to the Planning Commission are tied to the appointing Supervisors' terms, and a vacancy exists, to be nominated by District 3 Supervisor Zane. The vacancy was posted from February 9-20, 2026, with two letters of interest received, and multiple other inquiries.

Tehama County

Agenda Request Form

File #: 26-0192 **Agenda Date:** 3/3/2026 **Agenda #:** 21.

COMMITTEES & COMMISSIONS

Requested Action(s)
a) Request approval and authorization to dissolve the following Standing Committee:
1) Public Safety Tax Initiative Working Group

Financial Impact:
None.

Background Information:
On February 3rd, 2026, the Board directed staff to return with an item seeking approval to dissolve the Public Safety Tax Initiative Working Group.

Tehama County

Agenda Request Form

File #: 26-0224 **Agenda Date:** 3/3/2026 **Agenda #:** 22.

APPROVAL OF MINUTES

Requested Action(s)
a) Waive the reading and approve the minutes of the regular meetings held:

1) 1/6/26
2) 1/7/26- Special Meeting
3) 1/13/26
4) 1/27/26
5) 2/3/26
6) 2/10/26
7) 2/12/26- Special Meeting

Financial Impact:
None

Background Information:
None

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

Robert Burroughs, District 1
Tom Walker, District 2, Vice Chair
Steve Zane, District 3
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: Vice Chair Greg Jones, Supervisor Rob Burroughs, Chairperson Tom Walker, Supervisor Matt Hansen, and Supervisor Steve Zane

Chair Hansen presided. Present in the chambers were Clerk of the Board Sean Houghtby, Deputy Megan Wilbanks, Senior Deputy County Counsel Daniel Klausner, and Chief Administrator Gabriel Hydrick.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Chair Hansen requested that the Board take immediate action on a non-agendized item to recognize the passing of Congressman Doug LaMalfa.

A motion was made by Supervisor Burroughs, seconded by Chairperson Walker, to APPROVE adding this item for immediate action to the agenda. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Tom Walker

AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

A motion was made by Supervisor Burroughs, seconded by Chairperson Walker, to APPROVE lowering the flags to half-staff, effective immediately, in honor of the passing of Congressman Doug LaMalfa. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Tom Walker

AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

The Chair called for a moment of silence to honor the passing of Congressman Doug LaMalfa.

PUBLIC COMMENT

A resident lead a prayer.

A resident welcomed Supervisor Zane and thanked the Board for holding a moment of silence to recognize the passing of Senator Doug LaMalfa. He then read a passage from the Bible.

A resident spoke on recruitment of correctional officers.

A resident commented on the passing on Senator Doug LaMalfa. She welcomed Supervisor Zane to the Board and invited him to attend a Lake California Board meeting.

A resident informed the board of issues with domestic dogs in Rancho Tehama attacking livestock and requested increased enforcement of animal registrations and enforcement.

A resident commented on the adoption process in Tehama County and other legal matters.

ANNOUNCEMENT OF AGENDA CORRECTIONS

Item #9 was pulled by the department.

Item #15.5 is no longer necessary, as the Sacramento River Conservation Area Forum adopted new bylaws, which amended the membership requirements for the body.

Item #16.6 is no longer necessary, as the Board dissolved the Indian Gaming Local Community Benefit Committee at their May 6, 2025 meeting.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

None

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 (Burroughs, Jones) - Has not met.

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - Has not met.

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs) - Has not met.

Rent Control Ordinance Ad Hoc (Jones, VACANT) - Has not met.

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Zane - Solid Waste Committee meeting.

Supervisor Jones - Solid Waste Committee meeting.

Supervisor Walker - Solid Waste Committee meeting where he was elected as Chair.

Supervisor Burroughs - Solid Waste Committee meeting, where he was elected to the Executive Committee.

Supervisor Hansen - Solid Waste Committee meeting.

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Child Support Services Director Tonya Moore presented updates to the Child Support website.

Environmental Health Director Tia Branton provided a recruitment update and commended IT Manager David Bliss on his assistance with implementing new software for her department.

Sheriff Dave Kain read a letter from the Town of Paradise regarding a recent mutual aid event.

CONSENT AGENDA

A motion was made by Chairperson Walker, seconded by Vice Chair 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:	Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

1. GENERAL WARRANT REGISTER-12/14/25-12/20/25 **25-2215**

2. SHERIFF'S OFFICE **25-2116**

a) AGREEMENT - Request approval and authorization for the Chair and Sheriff to sign the Agreement with the Red Bluff Bull & Gelding Sale for the purpose of providing Special Event supplemental law enforcement services at the 2026 Red Bluff Bull & Gelding Sale in the amount not to exceed $4,000, effective 1/30/26 and shall terminate 1/31/26

Enactment No: MISC. AGR 2026-001

3. SHERIFF'S OFFICE **25-2220**

a) TRANSFER OF FUNDS: SHERIFF, B-29 - From CALAIM (2032-4505723), to Contingency (2002-59000), $19,047.14; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $19,047.14 **(Requires a 4/5's vote)**

REGULAR AGENDA

4. BOARD OF SUPERVISORS **25-2229**

a) Appointment of the 2026 Chairperson and Vice-Chairperson

Supervisor Walker nominated Supervisor Hansen to serve as Chair for an additional term. Motion failed for lack of a second.

Supervisor Burroughs nominated himself as Chair. Motion failed for lack of a second.

Supervisor Jones nominated Supervisor Walker as Chair, seconded by Supervisor Zane. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Steve Zane
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

Supervisor Hansen nominated Supervisor Jones as Vice Chair, seconded by Supervisor Zane. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Vice Chair Jones, Chairperson Walker, Supervisor Hansen, and Supervisor Zane
NAYS: Supervisor Burroughs

5. EMPOWER TEHAMA - Director of Client Services Kimberlee Monroe **25-2160**

a) PROCLAMATION - Request adoption of a proclamation proclaiming January 2026 as Human Trafficking Prevention and Awareness Month

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

b) PROCLAMATION - Request adoption of a proclamation proclaiming January 2026 as Stalking Awareness Month

Chair Walker commented on his personal experience training his employees to be aware of the signs of human trafficking while they are conducting business along the I5 corridor.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

RECESS to convene as the Flood Control and Water Conservation District

6. FLOOD CONTROL AND WATER CONSERVATION DISTRICT - Senior Deputy County Counsel Daniel Klausner **25-2228**

a) RESOLUTION - Request adoption of a resolution consenting County Counsel advising and representing the El Camino Irrigation District and waving any actual or potential conflicts of interest

In response to Supervisor Jones, Senior Deputy County Counsel Daniel Klausner explained that this item was pulled from the December 30, 2025 meeting, so a resolution could be added to waive the legal conflict of interest.

Liz Merry requested more information on the item and how funding for legal representation is allocated.

In response to Supervisor Walker, Mr. Klausner confirmed that payment for legal services is remitted to the County, not the District. He further explained that the waiver is required by the Water Conservation District.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

Enactment No: RES NO. 2026-001

ADJOURN to reconvene as the Tehama County Board of Supervisors

7. COUNTY COUNSEL - Senior Deputy County Counsel Daniel Klausner **25-2227**

a) AGREEMENT - Request approval and authorization for the Chair to sign the Legal Services Agreement with El Camino Irrigation District for the purposes of general legal services, effective upon all party signatures and shall terminate 12/31/30

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

Enactment No: MISC. AGR 2026-002

RECESS to convene as Tehama County Public Facilities Financing Corporation

8. TEHAMA COUNTY PUBLIC FACILITIES FINANCING CORPORATION - Administrative Services Director Tom Provine **25-2195**

a) Call to Order

b) Election of new officers

Motion by Supervisor Hansen, seconded by Vice Chair Jones, to elect the following officers 1) Chair Walker as President; 2) Vice Chair Jones as Vice President; 3) Supervisor Burroughs as Secretary/Treasurer. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

c) Public Comments - None

d) Waive the reading and approve the minutes of the regular meeting held 01/07/2025

Motion by Supervisor Hansen, seconded by Vice Chair Jones, to approve the minutes of the regular meeting held 01/07/2025. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

e) Report of project(s) status

f) Adjournment

ADJOURN to reconvene as the Tehama County Board of Supervisors

~~**9. PUBLIC WORKS - Interim Director Tom Provine 25-2221**~~

~~a) CHANGE ORDER - Authorize the Director to issue Change Order No. 26, to the Agreement with S.T. Rhoades Construction, Inc. (Road Agreement #2024-03) for the 99W & South Main Street Project, to make final contract item quantity adjustments in an amount equal to $266,858.60~~

10. SHERIFF / PURCHASING - Sheriff Dave Kain 25-2120

a) Request authorization for the Purchasing Agent to sign a purchase order to Ensurity Mobile Corp for the acquisition of (3) three new Ensurity V3 E-Pursuit Tracking devices in the amount of $2,139.64

In response to Supervisor Walker, Sheriff Kain explained how the devices are stored and deployed.

In response to Supervisor Jones, Mr. Kain explained that the new devices are replacing current hardware, which is used by multiple departments.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Matt Hansen
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

11. SHERIFF / PURCHASING - Sheriff Dave Kain **25-2212**

a) Request authorization for the Purchasing Agent to sign a purchase order to Thermo Scientific Portable Analytical Instruments Inc. for the acquisition of (1) new TruNarc Delta drug identification tester in the amount of $36,116.44

In response to Supervisor Walker, Sheriff Kain explained the benefit of having two devices available to the department, so one can be stored in the office, and one can be deployed in the field.

In response to Supervisor Zane, Mr. Kain explained how the device is used and typical results observed in the field.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

12. SHERIFF / PERSONNEL - Sheriff Dave Kain **25-2136**

a) OTHER THAN "A" STEP - Request approval to appoint applicant as Correctional Deputy I, Range 28, Step 3, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

13. SHERIFF / PERSONNEL - Sheriff Dave Kain **25-2137**

a) OTHER THAN "A" STEP - Request approval to appoint applicant as Correctional Deputy I, Range 28, Step 3, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

10:13 A.M. RECESS

10:17 A.M. RECONVENE

14. COMMITTEES & COMMISSIONS **25-2207**

a) TEHAMA COUNTY DISASTER COUNCIL - One appointment to be Chairperson of the Board (Incumbent: Hansen)

Motion by Supervisor Hansen, seconded by Supervisor Jones, to appoint Chair Walker as the Chairperson of the Tehama County Disaster Council. The motion carried by the following vote:

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

15. COMMITTEES & COMMISSIONS **25-2210**

a) Board discussion and possible action regarding the appointments to the Board Committees and Commissions with terms longer than one year:

1) AREA AGENCY ON AGING ADVISORY COUNCIL - One Board member representative and one alternate for four-year terms; current terms expire 1/14/29 (Incumbent: Vacant / Alternate: Burroughs)

2) COMMISSION ON AGING - Two Board member representatives for three-year terms; current terms expire 1/14/28 (Incumbents: Vacant and Burroughs)

3) CALIFORNIA STATE ASSOCIATION OF COUNTIES (CSAC) POLICY COMMITTEE ASSIGNMENTS - One Board member representative for two-year term; current term expires 1/6/27
   a) Administration of Justice (Incumbent: Hansen)
   b) Agricultural & Natural Resources (Incumbent: Jones)
   c) Government Finance & Operations (Incumbent: Walker)
   d) Health & Human Services (Incumbent: Burroughs)
   e) Housing/Land Use/Transportation (Incumbent: Vacant)

4) LOCAL AGENCY FORMATION COMMISSION (LAFCo) - Two Board member representatives and one alternate for four-years terms (Incumbents: Jones- current term expires 4/30/29 and Vacant- current term expires 4/30/27; Alternate: Burroughs- current term expires 4/30/29)

5) SACRAMENTO RIVER CONSERVATION AREA FORUM - One Board member representative and one alternate for four-year terms; current terms expire 12/31/29 (Incumbents: Vacant / Alternate: Jones)

6) TEHAMA COUNTY MENTAL HEALTH BOARD - One Board Member representative for a three-year term; current term expires 12/31/28 (Incumbent: Hansen)

7) 3CORE COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY COMMITTEE - One Board member representative for a two-year term; current term expire 1/14/27 (Incumbent: Jones)

Motion made by Vice Chair Jones, seconded by Supervisor Hansen, to appoint 1) Supervisors Zane and Burroughs to the Area Agency on Aging Advisory Council; 2) Supervisors Zane and Burroughs to the Commission on Aging; 3a) Supervisor Hansen to Administration of Justice; 3b) Supervisor Jones to Agricultural & Natural Resources; 3c) Supervisor Walker to Government Finance & Operations; 3d) Supervisor Burroughs to Health & Human Services; Supervisor Zane to Housing/Land Use/Transportation; 4) Supervisor Jones and Supervisor Burroughs as Incumbents, Supervisor Zane as

Alternate; 6) Supervisor Hansen to the Tehama County Mental Health Board; 7) Supervisor Jones to the 3CORE Comprehensive Economic Development Strategy Committee.

Item 5 was pulled, as the Sacramento River Conservation Area Forum approved new bylaws, which amended membership requirements for the body.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

16. COMMITTEES & COMMISSIONS **25-2211**

a) Board discussion and possible action regarding the appointments to the Board Committees and Commissions with no set term:

1) CALWORKS ADMINISTRATIVE OVERSIGHT TEAM - Two Board member representatives for No Set Term (Incumbents: Jones and Burroughs)

2) CENTRAL SACRAMENTO VALLEY RESOURCE CONSERVATION & DEVELOPMENT DISTRICT - One Board member representative for No Set Term (Incumbent: Walker)

3) COMMUNITY ACTION AGENCY TRIPARTITE ADVISORY BOARD - One Board member for No Set Term (Incumbent: Burroughs)

4) COMMUNITY CORRECTIONS PARTNERSHIP - One Board member representative for No Set Term (Incumbent: Hansen)

5) HARDWOOD ADVISORY COMMITTEE - One Board member representative and one alternate for No Set Term (Incumbents: Walker / Alternate: Hansen)

6) INDIAN GAMING LOCAL COMMUNITY BENEFIT COMMITTEE (SB 621) - Two County representatives, one from the Board of Supervisors and one from Staff for No Set Term (Incumbents: Hansen and Hydrick)

7) JUVENILE JUSTICE COORDINATION COUNCIL - One Board member representative for No Set Term (Incumbent: Hansen)

8) NORTHEASTERN CALIFORNIA CONNECT CONSORTIUM (NECCC) - Two County representatives, one from the Board of Supervisors and one from Staff for No Set Term (Vacant and Hydrick)

9) NORTHERN SACRAMENTO VALLEY INTEGRATED REGIONAL WATER MANAGEMENT PLAN GOVERNING BOARD - One Board member representative and one alternate for No Set Term (Incumbent: Hansen / Alternate: Jones)

10) RED BLUFF COMMUNITY / SENIOR CENTER - Two Board member representatives for No Set Term (Incumbents: Walker and Burroughs)

11) SAFETY PROGRAM - One Board member representative with No Set Term (Incumbent: Walker)

12) SIERRA NEVADA CONSERVANCY - One Board member representative from District 3 or District 5 for No Set Term (Incumbent: Vacant)

13) SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES - One Board member representative and one as alternate for No Set Term (Incumbent: Vacant / Alternate: Hansen)

14) SUSTAINABLE FORESTRY ACTION COALITION - One Board member representative for No Set Term (Incumbent: Walker)

15) TEHAMA COUNTY CHILDREN & FAMILIES COMMISSION - One Board member representative for No Set Term (Incumbent: Burroughs)

16) TEHAMA COUNTY CONTINUUM OF CARE EXECUTIVE COUNCIL - One Board member representative and one as an alternate for No Set Term (Incumbent: Vacant / Alternate: Burroughs)

17) TEHAMA COUNTY COORDINATION COMMITTEE - Two Board member representatives for No Set Term (Incumbents: Vacant and Jones)

18) TEHAMA COUNTY INTERAGENCY COORDINATION COUNCIL - One Board member representative and one alternate for No Set Term (Incumbent: Vacant / Alternate: Jones)

19) TEHAMA COUNTY REMOTE ACCESS NETWORK (RAN) BOARD - One Board member representative for No Set Term (Incumbent: Vacant)

20) TEHAMA COUNTY VEHICLE ABATEMENT SERVICES AUTHORITY BOARD OF DIRECTORS - Two County representatives, one from the Board of Supervisors and one from Staff for No Set Term (Incumbents Hansen and Vacant)

21)TEHAMA COUNTY ECONOMIC DEVELOPMENT CORPORATION ADVISORY COMMITTEE (TEDC) - One Board member representative for No Set Term (Incumbent: Jones)

22) FOREST MANAGEMENT TASK FORCE- One board member representative and one alternate for No Set Term (Incumbent: Walker / Alternate: Vacant)

23) TEHAMA COUNTY SOLID WASTE MANAGEMENT AGENCY EXECUTIVE COMMITTEE-Two County representatives, for No Set Term (Incumbents Vacant and Walker)

Motion made by Supervisor Zane, seconded by Vice Chair Jones, to appoint 1) Supervisor Jones and Supervisor Burroughs to the Calworks Administrative Oversight Team; 2) Supervisor Walker to the Central Sacramento Valley Resource Conservation & Development District; 3) Supervisor Burroughs to the Community Action Agency Tripartite Advisory Board; 4) Supervisor Hansen to the Community Corrections Partnership; 5) Supervisor Walker as the Incumbent and Supervisor Hansen as the Alternate to the Hardwood Advisory Committee; 7) Supervisor Hansen to the Juvenile Justice Coordination Council; 8) Supervisor Walker and County Administrator Gabriel Hydrick to the Northeastern California Connect Consortium; 9) Supervisor Hansen as the Incumbent and Supervisor Jones as the Alternate to the Northern Sacramento Valley Integrated Regional Water Management Plan Governing Board; 10) Supervisor Walker and Supervisor Burroughs to the Red Bluff Community/Senior Center; 11) Supervisor Walker to the Safety Program; 12) Supervisor Zane to the Sierra Nevada Conservancy; 13) Supervisor Hansen as the Incumbent and Supervisor Zane as the Alternate to the Sierra-Sacramento Valley Emergency Medical Services; 14) Supervisor Walker to the Sustainable Forestry Action Coalition; 15) Supervisor Burroughs to the Tehama County Children & Families Commission; 16) Supervisor Burroughs as the Incumbent and Supervisor Zane as the Alternate to the Tehama County Continuum of Care Executive Council; 17) Supervisor Zane and Supervisor Jones to the Tehama County Coordination Committee; 18) Supervisor Zane at the Incumbent and Supervisor Jones as the Alternate to the Tehama County Interagency Coordination Council; 20) Supervisor Hansen as the Incumbent and the Staff Representative will remain vacant until the successful hiring of a Public Works Director; 21) Supervisor Jones to the Tehama County Economic Development Corporation Advisory Committee; 22) Supervisor Walker as the Incumbent and Supervisor Zane as the Alternate to the Forest Management Task Force; 23) Supervisor Walker and Supervisor Burroughs to the Tehama County Solid Waste Management Agency Executive Committee.

Item 16.6 was pulled, as the Board dissolved the Indian Gaming Local Community Benefit Committee at their May 5, 2025 meeting.

Item 16.19 was pulled, per Board direction to staff to return at a future date seeking appointment to the Tehama County Remote Access Network Board.

RESULT: APPROVE
MOVER: Steve Zane
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

17. COMMITTEES & COMMISSIONS **25-2208**

a) Board discussion and possible action regarding the Board Committees and Commissions annual appointments (all terms to expire 1/5/27 unless otherwise noted):

1) DOWNTOWN RED BLUFF BUSINESS ASSOCIATION - One appointment to be the Chairperson of the Board and one alternate (Incumbent: Walker / Alternate: Vacant)

2) FEMA ADVISORY BOARD - One Board member representative - *usually the representative who is the current appointee to the CAA Tripartite Advisory*

(Incumbent: Burroughs)

3) LOCAL TRANSPORTATION COMMISSION / TEHAMA COUNTY TRANSIT AGENCY BOARD - Three Board member representatives (Incumbents: Hansen, Walker, and Vacant)

4) SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL - Two Board member representatives (Incumbent: Jones and Burroughs)

5) NORTHERN RURAL TRAINING & EMPLOYMENT CONSORTIUM (NorTEC) - One Board member appointment as Director and one as alternate (Incumbent: Jones / Alternate: Vacant)

6) SACRAMENTO VALLEY BASIN-WIDE AIR POLLUTION CONTROL COUNCIL - One Board member representative and one as an alternate (Incumbent: Vacant / Alternate: Jones)

7) NATIONAL ASSOCIATION OF COUNTIES (NACo) - One Board member representative and one alternate (Incumbent: Vacant / Alternate: Burroughs)

Motion made by Supervisor Hansen, seconded by Vice Chair Jones, to appoint 1) Supervisor Walker as the Incumbent and Supervisor Jones as the Alternate to the Downtown Red Bluff Business Association; 2) Supervisor Burroughs to the FEMA Advisory Board; 3) Supervisor Hansen, Supervisor Walker, and Supervisor Burroughs to the Local Transportation Commission / Tehama County Transit Agency Board; 4) Supervisor Jones and Supervisor Zane to the Social Services Transportation Advisory Council; 5) Supervisor Jones as the Incumbent and Supervisor Hansen as the Alternate to the Northern Rural Training & Employment Consortium; 6) Supervisor Jones as the Incumbent and Supervisor Zane as the Alternate to the Sacramento Valley Basin-wide Air Pollution Control Council; 7) Supervisor Walker as the Incumbent and Supervisor Burroughs as the Alternate to the National Association of Counties.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

18. COMMITTEES & COMMISSIONS **25-2209**

a) Board discussion and possible action regarding appointments to Board Standing Committees and Board Ad Hoc Committees:

1) BOARD STANDING COMMITTEE APPOINTMENTS:
   a) PUBLIC WORKS (Incumbents: Hansen and Walker)
   b) PUBLIC SAFETY TAX INITIATIVE WORKING GROUP (Incumbents: Hansen and Jones)
   c) VETERANS HALL (Incumbents: Burroughs and Jones)

Motion made by Supervisor Burroughs, seconded by Vice Chair Jones, to appoint 1a) Supervisor Hansen and Supervisor Walker to the Public Works Standing Committee; 1b) Supervisor Burroughs and Supervisor Jones to the Public Safety Tax Initiative Working Group Standing Committee; 1c) Supervisor Burroughs and Supervisor Jones to Veterans Hall Standing Committee.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

2) BOARD AD HOC COMMITTEE APPOINTMENTS:

a) PERSONNEL PROCEDURES & GUIDELINES (Incumbents: Burroughs and Walker)

b) CITY OF RED BLUFF / TEHAMA COUNTY (Incumbents: Burroughs and Walker)

c) RENT CONTROL ORDINANCE (Incumbents: Jones and Vacant)

Motion by Supervisor Burroughs. seconded by Supervisor Hansen, to appoint 2a) Supervisor Burroughs and Supervisor Walker to the Personnel Procedures & Guidelines Ad Hoc Committee; 2b) Supervisor Burroughs and Supervisor Walker to the City of Red Bluff / Tehama County Ad Hoc Committee; 2c) Supervisor Jones and the second representative will remain vacant, as the Board intends to dissolve the Rent Control Ordinance Ad Hoc Committee at a future meeting date.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Matt Hansen
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

19. COMMITTEES & COMMISSIONS **25-2213**

a) Board discussion and appointment of 2026 Rural County Representatives of California (RCRC) Delegates and Alternates:

1) RURAL COUNTY REPRESENTATIVES OF CALIFORNIA (RCRC) - One Board member appointment as delegate and alternate, each serving a one-year term, which expires 1/8/27 (Incumbents: Hansen / Alternate: Jones)

2) RURAL COUNTY REPRESENTATIVES OF CALIFORNIA (RCRC) GOLDEN STATE FINANCE AUTHORITY - One Board member as
delegate and one alternate, each serving a one-year term, which expires 1/8/27 (should be the same members appointed to RCRC)
(Incumbents: Hansen / Alternate: Jones)

3) RURAL COUNTY REPRESENTATIVES OF CALIFORNIA (RCRC) GOLDEN STATE CONNECT AUTHORITY - One Board member as

delegate and one alternate, each serving a one-year term, which expires 1/8/27 (should be the same members appointed to RCRC)
(Incumbents: Hansen / Alternate: Jones)

Motion by Vice Chair Jones, seconded by Supervisor Hansen, to appoint A1) Supervisor Hansen as the Incumbent and Supervisor Jones as the Alternate to the Rural County Representatives of California; A2) Supervisor Hansen as the Incumbent and Supervisor Jones as the Alternate to the Rural County Representatives of California Golden State Finance Authority; A3) Supervisor Hansen as the Incumbent and Supervisor Jones as the Alternate to the Rural County Representatives of California Golden State Connect Authority.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

b) Board discussion and confirmation of 2026 Rural County Representatives of California Delegates and Alternates:

1) RURAL COUNTY REPRESENTATIVES OF CALIFORNIA (RCRC) ENVIRONMENTAL SERVICES JPA (ESJPA) - One Board member representative and one alternate delegate for no set term (Incumbents: Walker / Alternate: Vacant)

Motion by Supervisor Hansen, seconded by Supervisor Zane, to appoint B1) Supervisor Walker as the Incumbent and Supervisor Burroughs as the Alternate to the Rural County Representatives of California Environmental Services JPA.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

10:50 A.M. RECESS

1:30 P.M. RECONVENE

1:30 P.M.

20. ENVIRONMENTAL HEALTH DEPARTMENT / CODE ENFORCEMENT 25-2140
- Code Enforcement Officers Clint Weston and Ron Robbins

a) Request that the Board of Supervisors adopt the recommended decision of the Planning Commission declaring the existence of a public nuisance on the property, ordering the abatement thereof; and directing an itemized accounting of the costs incurred in abating the public nuisance, without further notice of hearing

Owner: Georgina Cardenas
Site Address: 8471 Hwy 99W, Gerber
APN: 063-140-009 (District 4)
Case No. CE-25-136

In response to Supervisor Zane, Code Enforcement Officer Clint Weston explained that there is no guarantee that the nuisance won't return if abated.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

21. ENVIRONMENTAL HEALTH DEPARTMENT / CODE ENFORCEMENT 25-2161

- Code Enforcement Officers Clint Weston and Ron Robbins

a) Request that the Board of Supervisors adopt the recommended decision of the Planning Commission declaring the existence of a public nuisance on the property, ordering the abatement thereof; and directing an itemized accounting of the costs incurred in abating the public nuisance, without further notice of hearing

Owner: Sami J Chartouni
Site Address: 500 Royal Lane, Red Bluff
APN: 039-281-007 (District 3)
Case No. CE-25-131

RESULT: APPROVE
MOVER: Steve Zane
SECONDER: Rob Burroughs
AYES: Vice Chair Jones, Supervisor Burroughs, Chairperson Walker, Supervisor Hansen, and Supervisor Zane

FUTURE AGENDA ITEMS

Supervisor Zane - Recognition for volunteer fire fighters (consensus received).

Supervisor Burroughs - Fuel stipend for Supervisors, Director and officers' insurance information from Trindel (consensus received).

ADJOURN

1:45 P.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: January 7, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Special Meeting

Tehama County
Wednesday, January 7, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

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

Present: Vice Chair Greg Jones, Supervisor Rob Burroughs, Chairperson Tom Walker, Supervisor Matt Hansen, and Supervisor Steve Zane

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Chairman Walker 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 commented about various issues in the County and her expectations of the District 3 Supervisor.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None

CLOSED SESSION

Jenny Alexander asked what exactly is being discussed in Closed Session today and how any recruitment was conducted. She further urged that all documentation on candidates be reviewed and a fully qualified candidate be hired.

1. CLOSED SESSION **25-2203**

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

Title: Director of Public Works

9:05 AM RECESS

12:01 PM RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

1. CLOSED SESSION **25-2203**

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

Title: Director of Public Works

Reportable Action: Direction to Staff

ADJOURN

12:01 PM There being no further business before the Board, the meeting was adjourned.

ATTEST: February 11, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, January 13, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

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

Present: Supervisor Matt Hansen, Supervisor Steve Zane, Supervisor Rob Burroughs, Vice Chair Greg Jones, and Chairperson Tom Walker

Chairman Walker presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long, and Chief Administrator Gabriel Hydrick.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

REMINDER - The January 20th meeting of the Board of Supervisors is cancelled pursuant to Board policy.

PUBLIC COMMENT

A resident led a prayer. He further commented on unity and how to accomplish it.

A resident read a passage from the Bible and commented on grace.

A resident commented about the hiring/promotion practices of the Sheriff's department and their base pay.

A resident commented about interviews she wants to conduct with election candidates.

A resident commented about religion, constitutional rights and his grandson.

A resident commented about the Groundwater Commission meeting tomorrow and encouraged people to attend.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

None.

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Works Committee (Standing) (VACANT, VACANT)

Veterans Halls Advisory Committee (Standing) (VACANT, VACANT)

Public Safety Tax Initiative Working Group (Burroughs, Jones) – Has not met.

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - Has not met.

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs) - Has not met.

Rent Control Ordinance Ad Hoc (Jones, VACANT) - Has not met.

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Hansen - Cattlemen's Dinner

Supervisor Zane - Cattlemen's Dinner

Supervisor Burroughs - None

Supervisor Jones - Met with Adam Schiff's Office, Water Attorney, Cattlemen's Dinner, Vet's Hall

Chairman Walker - Met with Adam Schiff's Office, Cattlemen's Dinner

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Sheriff Dave Kain read a letter from Red Bluff Police Department Captain Murgia regarding Sergeant Zach Backus and Deputy Eric Corral for their services on a high-risk traffic stop and suspected kidnapping. Specifically, Deputy Corral's translation services were very valuable.

Chief Administrator Gabriel Hydrick announced that Levi Conner has been promoted to Facilities and Improvement Director. Mr. Hydrick shared comments about Mr. Conner from his peers specifically his commitment to teamwork and creative solutions to save costs.

CONSENT AGENDA

Jessica Clark commented about disbanding standing committees.

Chairman Walker commented that the changes to the Brown Act requires more resources to keep those meetings and much of the material is covered in other meetings.

Supervisor Burroughs commented that he could not go to meetings that he was not appointed to.
Sharon Novak commented that she is grateful that Chairman Walker asked for comments on Consent and that she is in favor of cutting back committees that aren't working.

A motion was made by Vice Chair Jones, seconded by Supervisor Zane, to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA

MOVER: Greg Jones
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

1. GENERAL WARRANT REGISTER 12/21/25-12/27/25 **25-2231**

2. AUDITOR'S CLAIMS **25-2243**

a) Court Operations, 2026-53221, Benjamin E. Magid, $3,600.00
b) Court Operations, 2017-53230, Kent R. Caruso, PH.D., $1,000.00

3. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-2219**

a) DONATION - Request approval and authorization for the Director of Animal Services to accept the following monetary and property donations to the Tehama County Animal Care Center:

1) $500 from Judy Shatswell to medical donation fund
2) $1,000 from Penelope Costa to medical donation fund
3) $600 from Anonymous to medical donation fund
4) $1,000 from Petco Love to medical donation fund
5) $500 from Gretchen Koch to medical donation fund
6) $500 from James McLauchlan to medical donation fund
7) $500 from Zach Mustaine to medical donation fund
8) Property donation from Rebecca Winterson of (7) wire crates, valued at $560

4. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **25-2225**

a) DONATION - Annual Report of all donations accepted by the Director of Animal Services on behalf of County for the period of 9/1/24 through 8/31/25

5. WALNUT STREET COMPLEX SITE ACCESSIBILITY PROJECT **25-2244**

a) NOTICE OF COMPLETION - Request approval for the Chair to sign the Notice of Completion for the Walnut Street Complex Site Accessibility Project, as contracted by SnL Construction

6. BOARD OF SUPERVISORS **25-2239**

a) Determine that there is a need to continue the emergency proclamation, proclaiming the existence of the local emergency in Tehama County that caused conditions of peril

7. BOARD ORDERS **26-0024**

a) 2026 ATTENDANCE OF MEETINGS - Request authorization for the Board members to attend meetings considered of benefit to the County during 2026, as set forth in Resolution No. 2019-41, the Travel Reimbursement Policy for Legislative Bodies (AB 1234)

8. COUNTY OFFICIALS **26-0025**

a) 2026 OUT OF STATE TRAVEL

1) Request authorization for County Officials to leave the State whenever necessary on private business during 2026
2) Request authorization for County officials, including County employees directed by a Department Head or designee, to leave the State whenever

necessary on County business and/or training during 2026

9. COMMITTEES & COMMISSIONS 26-0026

a) Request approval and authorization to dissolve the following Standing Committees:
1) Public Works Committee
2) Veterans Hall Advisory Committee

10. COMMITTEES & COMMISSIONS 25-2224

a) BOARD OF LAW LIBRARY TRUSTEES OF TEHAMA COUNTY - One one-year appointment to fill the expired term of Alicia Meyer as County Librarian with new said term expiring upon first Board of Supervisors' meeting of January 2027
(Interested person: Alicia Meyer, County Librarian)

b) BOARD OF LAW LIBRARY TRUSTEES OF TEHAMA COUNTY - One one-year appointment to fill the expired term of Matthew Rogers as District Attorney with new said term expiring upon first Board of Supervisors' meeting of January 2027
(Interested person: Matthew Rogers, District Attorney)

c) BOARD OF LAW LIBRARY TRUSTEES OF TEHAMA COUNTY - One one-year appointment to fill the expired term of Andrew Plett as Deputy County Counsel with new said term expiring upon first Board of Supervisors' meeting of January 2027
(Interested person: Andrew Plett, Deputy County Counsel)

REGULAR AGENDA

11. CORNING VETERANS HALL REMODEL PROJECT - Administrative Services Director Tom Provine 25-2237

a) Request approval of the plans and specifications for the Corning Veterans Hall Remodel Project as amended by Addendum No. 1 and Addendum No. 2

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

In response to Supervisor Walker, Administrative Services Director Tom Provine stated that a lift will be added to the stage for ADA access.

Supervisor Burroughs commented that he would like to have a plaque placed at the Hall honoring Doug LaMalfa.

Supervisor Jones commented that the Veteran's Hall Committee is discussing something to honor Doug LaMalfa's contributions.

Jessica Clark asked if the veterans weighed in on what they want with the construction.

Supervisor Jones commented that they did have input and their requests were incorporated in the plans.

In response to Supervisor Walker, Mr. Provine discussed the length of the project and

if any delays are expected. Mr. Provine further explained the County's options should there be delays.

b) BID AWARD - Request to award the bid for the Corning Veterans Hall Remodel Project to Ginno Construction, Inc. of Chico, CA as the low responsive bidder in the amount of $4,510,962 for the base bid

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) AGREEMENT - Request approval and authorization for the Chair to sign the agreement with Ginno Construction, Inc. for an amount not to exceed $4,968,488 (including base bid and Additive Alternate No. 1, 2, 3) *(Subject to receipt of required insurance and bonding documentation)*

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-003

d) Request blanket authorization for the Chief Administrator to execute change orders for the project in an amount up to 10% of the contract price, with all change orders being brought back to the Board for confirmation

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

12. CORNING VETERANS HALL REMODEL PROJECT - Administrative Services Director Tom Provine **26-0003**

a) AGREEMENT - Request approval and authorization for the Chair to sign Amendment No. 1 to the agreement with Nichols, Melburg & Rossetto (Misc. Agree #2023-178) for the purpose of providing additional architectural/engineering services for the Corning Veterans Hall Remodel Project, thereby adding an additional $110,000, for a total maximum compensation amount to not exceed $422,000 *(Subject to receipt of required insurance documentation)*

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-004

13. DEPARTMENT OF AGRICULTURE **25-2236**

a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign Cooperative Agreement No. 25-0587-000-SA with the California Department of Food and Agriculture for the provision of costs incurred relative to apiary activities performed in an amount not to exceed $23,712.25 effective 1/1/26 and shall terminate 6/30/27

In response to Supervisor Walker, Agriculture Commissioner Tom Moss explained that about 60% of the bees that come into the County are from out of State and the inspections required.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-005

17. PUBLIC WORKS / ADMINISTRATION - Purchasing Agent Tom Provine **25-2238**

a) RESOLUTION - Request approval of a resolution authorizing the Purchasing Agent to sign purchase order and agreements up to $235,000 to maintain, repair, or restore the bridge at Newville Road and Kendrick Creek

In response to Supervisor Walker, Administrative Services Director Tom Provine explained that the parts for the bridge are coming from out of state.

In response to Supervisor Hansen, Mr. Provine agreed to put progress reports on the Public Works website and Facebook.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: RES NO. 2026-002

18. ADMINISTRATION - Chief Administrator Gabriel Hydrick **26-0001**

a) TRANSFER OF FUNDS: PROFESSIONAL COUNTY SERVICES, B-30, From Fund Balance (101-301900) to Contingency (1109-59000), $117,500; and from Contingency (1109-59000) to Professional Services (1105-53230), $117,500 **(Requires a 4/5's vote)**
RESULT: APPROVE

MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) AGREEMENT - Request approval and authorization for the Chair to sign the agreement with Matrix Consulting Group for the purpose of providing countywide fee study consulting services, with a maximum compensation not to exceed $117,500 effective upon signing and shall terminate upon completion *(Subject to receipt of required insurance documentation)*

Jessica Clark asked if the fee study is for the whole County. Chairman Walker clarified that this is to look at all fees charged in the County to ensure cost recovery.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-006

9:50 AM RECESS

10:02 AM RECONVENE

10:00 A.M.

14. PLANNING DEPARTMENT - Director Jessica Martinez **25-2185**

a) Public Hearing - Conduct a public hearing to consider Tehama County General Plan Amendment #24-01

Chairman Walker opened the Public Hearing.

In response to Supervisor Walker, Ms. Martinez explained that Tehama County has done everything it can to allow housing and that the State is now mandating several of those measures.

In response to Supervisor Zane, Ms. Martinez explained that the State dictates the language in the document.

Jessica Clark asked if there is a plan to build on the property referenced in the rezone. Ms. Martinez clarified that the State wants the language in the document.

In response to Supervisor Burroughs, Ms. Martinez clarified that Public Works dictates any charges for road improvements.

Health Services Agency Executive Director Jayme Bottke commended Ms. Martinez and Planning for their work on this document. Mrs. Bottke further explained that this

document will open up funds to the County in the next 5 year grant cycle.

Supervisor Hansen commented that the grant info clarified the funding of the homeless support requirements in the document.

Sharon Novak commented that she supports any efficient and transparent housing of the homeless. She further commented about the buildings the County owns and that some of them could be converted to housing the homeless.

b) Request to find that the project is exempt from CEQA pursuant to CEQA guidelines Section 15061(b)(3) Common Sense Exemption, Section 15262 Feasibility and Planning Studies, Section 15283 Housing Needs Allocation, and adopt the findings relative to CEQA in the staff report and as contained in Attachment A;

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) RESOLUTION - Request the Board of Supervisors Adopt the GPA #24-01 and resolution with findings as contained in Attachment A for the 2024-2029 Tehama County Housing Element update

In response to Supervisor Jones, Planning Director Jessica Martinez gave an explanation of how CEQA interacts with housing.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: RES NO. 2026-003

15. PLANNING DEPARTMENT - Director Jessica Martinez **25-2186**

a) Public Hearing - Conduct a public hearing to receive input on Rezone #25-01; Chapter 17.08 General Provisions

Chairman Walker opened the public hearing.

b) Request to find that the project is exempt from CEQA pursuant to CEQA guidelines Section 15061(b)(3) and adopt the findings relative to CEQA in the staff report

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) Request the Board of Supervisors adopt the findings and approve Rezone #25-01; Chapter 17.08 General Provisions

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

16. PLANNING DEPARTMENT - Director Jessica Martinez 25-2191

a) OTHER THAN "A" STEP - Request approval to appoint the candidate as a Planner IV at a Salary Range 43, Step E, effective upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

19. ADMINISTRATION - Chief Administrator Gabriel Hydrick 26-0028

a) AGREEMENT- Request authorization for the Chief Administrator to sign the CARE Court Funds Agreement with The State Bar of California for the purpose of providing funding to the County for public defender services in the amount of $50,000, effective 7/1/25 through 1/1/27

Supervisor Walker commented that he has been watching other Counties that were in the pilot program and is interested in their lessons learned. Mr. Hydrick commented that those Counties are seeing demand for these services to go up.

In response to Supervisor Burroughs, Mr. Hydrick commented that this is not specifically for veterans but for people with mental illness however veterans would be eligible.

Health Services Executive Director Jayme Bottke commented that they are providing CARE court services but currently referrals are low. Mrs. Bottke further commented that the State is broadening the requirements to include more people.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-007

FUTURE AGENDA ITEMS

None.

CLOSED SESSION

Louise Wilkenson commented on Closed Session #21.

Supervisor Hansen commented on Closed Session #22.

Jenny Alexander commented on Closed Session #21 and #22.

20. CLOSED SESSION **25-2189**

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin

Employee Organization: Tehama County Management Employees Association

21. CLOSED SESSION **25-2241**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957) Title: Public Guardian / Public Administrator

22. CLOSED SESSION **25-2242**

a) CONFERENCE WITH LEGAL COUNSEL- EXISTING LITIGATION (Paragraph (1) of subdivision (d) of Government Code Section 54956.9). Name of the Case: OmegaWaste v County of Tehama 19CI000131; People v. Bucky Lee 19CR-002563, 19CR-002564; People v. OConnor 20CI000041; People v. Bucky Lee 23CI000349; In Re Bucky Lee, Inc. 25-22736 and In Re Bucky Lee, Inc 25-10332-CN (Discussion and possible action relative to existing litigation.)

10:40 AM RECESS

11:56 AM RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

20. CLOSED SESSION **25-2189**

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin

Employee Organization: Tehama County Management Employees Association

Reportable Action: Direction given to staff

21. CLOSED SESSION **25-2241**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957) Title: Public Guardian / Public Administrator

Reportable Action: Direction given to staff

22. CLOSED SESSION **25-2242**

a) CONFERENCE WITH LEGAL COUNSEL- EXISTING LITIGATION (Paragraph (1) of subdivision (d) of Government Code Section 54956.9). Name of the Case: OmegaWaste v County of Tehama 19CI000131; People v. Bucky Lee 19CR-002563, 19CR-002564; People v. OConnor 20CI000041; People v. Bucky Lee 23CI000349; In Re Bucky Lee, Inc. 25-22736 and In Re Bucky Lee, Inc 25-10332-CN (Discussion and possible action relative to existing litigation.)

Reportable Action: Continued to 1/27/26 Board Meeting

ADJOURN

11:56 A.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: January 15, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, January 27, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

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

Present: Supervisor Matt Hansen, Supervisor Steve Zane, Supervisor Rob Burroughs, Vice Chair Greg Jones, and Chairperson Tom Walker

Chair Tom Walker presided. Present in the chambers were Clerk of the Board Sean Houghtby by Deputy Clerk Megan Wilbanks, Senior Deputy County Counsel Daniel Klausner, and Chief Administrator Gabriel Hydrick.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

PUBLIC COMMENT

A resident lead a prayer.

A resident read a passage from the Bible.

A resident commented about the Sheriff's Department and wages.

A resident commented about matters relating to their ongoing court case and requested an Administrative Hearing with County officers.

A resident congratulated Chair Walker on his appointment to the position of Chair and welcomed Supervisor Zane to the Board. He further commented about the passing of Congressman Doug LaMalfa and requested the Board agendize an item to memorialize the Congressman's contribution to the Corning Veteran's Hall.

A resident invited Board members to attend the North State Seed and Scion Exchange on March 7th from 11am - 3pm at the Tehama District Fairgrounds. She further commented on efforts to start a seed bank in the Corning Library.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None.

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

None.

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Safety Tax Initiative Working Group (Burroughs, Jones) - Has not met.

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - Has not met.

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs) - Has not met.

Rent Control Ordinance Ad Hoc (Jones, VACANT) - Has not met.

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Hansen - Meeting with CA Dept of Fish & Wildlife, Paskenta Water District meeting, Corning Chamber of Commerce Award Dinner, RCRC meeting, met with a Glenn County Supervisor, attended Congressman Doug LaMalfa's funeral service, TCTC meeting.

Supervisor Zane - Glenn County Farm Bureau dinner, Lake CA Fire Department Crab Feed.

Supervisor Burroughs – Public Safety Advisory meeting, TCTC meeting, Lake CA Fire Department Crab Feed.

Supervisor Jones - North Valley Nut Conference, LAFCO meeting, North State Economic Conference dinner, Glenn County Farm Bureau dinner, RCRC meeting, Public Safety Advisory meeting with FM3 and team CivX, met with Luis Moreno with 3Core.

Supervisor Walker – Meeting with CA Dept of Fish & Wildlife, Red Bluff City Council meeting, TCTC meeting, announced the upcoming 4-H Fun Night on 2/14 from 3-7pm at the fairgrounds.

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Facilities & Maintenance Director Levi Conner provided an update on a recently completed project to replace and paint siding on a structure at the Probation Department and thanked his staff and staff at the Probation Department for their assistance.

Sheriff Dave Kain provided an update on his staff's activity along the I-5 corridor and their efforts to ensure the safety of our community.

CONSENT AGENDA

A motion was made by Vice Chair Jones, seconded by Supervisor Hansen, to approve the Consent Agenda. The motion carried by the following vote:

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Greg Jones
SECONDER:	Matt Hansen
AYES:	Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

1. GENERAL WARRANT REGISTER 12/28/25-01/10/26 26-0043

2. AUDITOR'S CLAIMS **26-0054**

a) Court Operations, 2026-53221, Stone Law Office, Lindsay T. Stone, $4,240.00
b) Court Operations, 2021-53160, Ruth Ballard, PH.D., Inc., $2,000.00
c) Court Operations, 2021-53160, Ruth Ballard, PH.D., Inc., $1,200.00

3. SOCIAL SERVICES **26-0020**

a) AGREEMENT - Request approval and authorization for the Director of Social Services to sign Amendment No.1 to Agreement 2025-278 for the omission of the following clause in Exhibit A under Professional Liability: "If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor"

Enactment No: MISC. AGR 2026-008

4. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1968**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign Amendment No. 1 to Misc. Agreement 2025-195 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 thereby amending the rates set forth in 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

Enactment No: MISC. AGR 2026-009

5. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0063**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Amendment No. 1 to the Misc. Agreement 2025-345 with AB Staffing for the purpose of locating and arranging for locum tenens Psychiatrists, Psychiatric Nurse Practitioners, Physician Assistants, Licensed Clinical Social Workers and Licensed Marriage and Family Therapists to provide medical services, thereby updating the Exhibit B to remove the rates for "Travel/Lodge", with maximum compensation not to exceed $600,000 in any one fiscal year, effective 12/1/25 and shall terminate 6/30/28

Enactment No: MISC. AGR 2026-010

6. TEHAMA COUNTY COMMUNITY ACTION AGENCY **26-0044**

a) AGREEMENT - Request approval and authorization for the Executive Director or designee to sign Amendment No. 1 to Misc. Agreement #2025-382 with Partnership HealthPlan of California to replace existing language regarding the Enhanced Care Management Quality Incentive Program, effective from date of approval and will automatically renew at the end of one year and annually thereafter unless terminated sooner

Enactment No: MISC. AGR 2026-011

7. PROBATION **26-0073**

a) TRANSFER OF FUNDS: PROBATION, B-35- From CalAIM (2036-4505724), to Contingency (2002-59000), $18,058.75; and From Contingency (2002-59000) to Professional/Special Services (2036-53230), $18,058.75 **(Requires a 4/5's vote)**

8. PROBATION **26-0034**

a) TRANSFER OF FUNDS: PROBATION, B-33 - From CalAIM (2036-4505724) to Contingency (2002-59000), $19,931.00; and From Contingency (2002-59000) to Professional Services (2036-53230), $19,931.00 **(Requires a 4/5's vote)**.

9. SHERIFF'S OFFICE **26-0032**

a) TRANSFER OF FUNDS: SHERIFF, B-32- From Public Safety (106-301900), to Contingency (2002-59000), $35,185.00; and From Contingency (2002-59000) to Professional/Special Services (2027-53230), $35,185.00 **(Requires a 4/5's vote)**

10. SHERIFF'S OFFICE **26-0058**

a) TRANSFER OF FUNDS: SHERIFF, B-34 - From CALAIM (2032-4505723), to Contingency (2002-59000), $9,417.50; and from Contingency (2002-59000) to Professional/Special Services (2032-53230), $9,417.50 **(Requires a 4/5's vote)**

11. PERSONNEL **26-0019**

a) Request approval of compensation in lieu of Vacation/PTO time off during the 2026 calendar year for the employees listed on the attachment, in accordance with applicable MOU and contract provisions

REGULAR AGENDA

12. SHERIFF'S OFFICE / PUBLIC WORKS / ASSESSOR / SOCIAL SERVICES / HEALTH SERVICES AGENCY / ANIMAL SERVICES **26-0040**

a) Request approval of certificates recognizing the following employees for their years of faithful and dedicated service to the County of Tehama:

1) SHERIFF'S OFFICE - Christopher Thomas, 20 years
2) PUBLIC WORKS - Daniel Hencratt, 25 years
3) ASSESSOR - Burley Phillips, 10 years
4) SOCIAL SERVICES - Glen Capobianco, 15 years
5) HEALTH SERVICES AGENCY - Afton Williams, 10 years
6) ANIMAL SERVICES - Shawnee Winterson, 10 years

Sheriff Dave Kain provided background information on Christopher Thomas's 20 years of experience working in law enforcement. He remarked that Mr. Thomas has held a variety of positions in the Sheriff's office and is a wealth of knowledge.

Interim Public Works Director Tom Provine introduced Operations Superintendent Dave Branscomb, who highlighted Daniel Hencratt's 25 years of County service, praising him as a skilled equipment operator who excels in snow removal, tree trimming, and maintenance, and a team player who consistently arrives on time and ready to work.

Chair Walker commented on Burley Phillips' dedication to the County and thanked him for his 10 years of service.

Chief Deputy Director of Social Services Teresa Curiel recognized Glen Capobianco for his 15 years of service and described his extensive knowledge of both public and private IT infrastructure. She further described his inquisitive mind and his ability to clearly explain complex IT processes.

Health Services Director Jayme Bottke introduced Public Health Program Manager Laura Burlison who recognized Afton Williams for her 10 years of service. She described Ms. Williams as a key component of their program, providing education to parents and connecting them with resources to meet their needs.

Animal Services Director Tom Moss recognized Shawnee Winterson for her 10 years of service to the Tehama County Animal Shelter. He further remarked on Ms. Winterson's work ethic and commitment to improving the lives of animals in her care.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

13. ELECTIONS - Registrar of Voters Sean Houghtby 26-0051

a) Declare 3 vacancies for the position of Thomes Creek Water District Director

In response to Supervisor Jones, Clerk & Recorder Sean Houghtby confirmed there are currently three interested parties for the three vacant positions.

In response to Supervisor Hansen, Mr. Houghtby explained the cost differences between publishing the notice of vacancy in the newspaper and sending direct mailers to owners of record in the district.

Supervisor Hansen commented about service water allocations to the District, and how they could potentially offset groundwater pumping in that area.

Thomes Creek Water District Manager Bob Williams updated the Board on changes to the District map that further reduce its jurisdiction and provided background on the District's structure, activities, and future plans.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) Board discussion and direction to staff regarding the candidate selection process to fill the vacancies

The Board reached consensus to expand notice outreach by mailing the Notice of Vacancy directly to owners of record, and to forego formal interviews unless more than three applications are received. Staff was further directed to work with the Chair directly

if more than 3 applications were received to setup a process for the full Board to consider the applicants.

10:00 A.M.

16. DEPARTMENT OF AGRICULTURE - Agricultural Commissioner 26-0041
Thomas A. Moss

a) PRESENTATION - Review facts presented in the attached Environmental Checklist for California Counties Wildlife Damage Management Programs for Tehama County and the 2024 California Wildlife Damage Management EIR/EIS report

b) PUBLIC HEARING - Conduct a public hearing to determine whether further CEQA review is necessary

Chair Walker opened the Public Hearing

c) Request the Board take the following actions

1. Adopt the following findings:
   a. The 2024 California Wildlife Damage Management EIR/EIS was prepared for this project pursuant to the provisions of CEQA
   b. When reviewing the 2024 California Wildlife Damage Management EIR/EIS, the State adopted a statement of overriding considerations;
   c. The Tehama County Wildlife Damage Management Program (hereinafter referred to as the project or program) is within the scope of the 2024 California Wildlife Damage Management EIR/EIS
   d. The 2024 California Wildlife Damage Management EIR/EIS describes the project for the purposes of CEQA
   e. The project will not have any new or more severe impacts on the environment beyond what was already identified in the 2024 California Wildlife Damage Management EIR/EIS
   f. Mitigation measures found in the 2024 California Wildlife Damage Management EIR/EIS are a condition of the approval of this project

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

2. Adopt mitigation report or monitoring plans for the project as described in the 2024 California Wildlife Damage Management EIR/EIS

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

3. Authorize the Agricultural Commissioner to execute the Notice of

Determination that the activity is covered under the 2024 California Wildlife Damage Management EIR/EIS and take all steps necessary to meet the County's CEQA requirements to proceed with the program

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

d) AGREEMENT - Request approval and authorization for the Chairman to sign Cooperative Service Agreement (CSA) No. 26-7306-7593-RA with the US Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Wildlife Services (WS) to establish and maintain a USDA-APHIS-WS Integrated Wildlife Damage Management (IWDM) program in Tehama County, effective 1/1/2026 through 6/30/2030 and the attached Work and Financial Plan with USDA-APHIS-WS with a maximum compensation in an amount not to exceed $24,599.84 to provide wildlife management services for the period of 1/1/2026 through 6/30/2026

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-012

14. VETERAN SERVICES - Veteran Services Officer Shawn Bondon 26-0017

a) INFORMATIONAL PRESENTATION - Regarding the Tehama County Veteran Services January 2026 Report for the Board of Supervisors

Veteran Services Officer Shawn Bondon introduced Veterans Services Representative Travis Thomas as the newest member of his team and delivered the presentation.

15. PROBATION - Chief Probation Officer Pam Gonzalez 26-0047

a) AGREEMENT - Request approval and authorization for Chief Probation Officer to sign the agreement with Northern Valley Catholic Social Services for the purpose of providing Social Emotional Competency workshops to juveniles served by the Tehama County Juvenile Justice Center and Juvenile Detention Facility, with maximum compensation not to exceed $96,188, effective 1/1/26 and shall terminate 12/31/26

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-013

17. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES **26-0064**

a) AGREEMENT - Request approval and authorization for the Director of Animal Services to sign Amendment No. 1 to the Agreement #UCDPO00007561 (Misc. Agree. 2024-019) with The Regents of the University of California on behalf of its UC Davis Campus School of Veterinary Medicine on behalf of its Koret Shelter Medicine Program, thereby extending the expiration date to 6/30/26

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-014

b) TRANSFER OF FUNDS: ANIMAL SERVICES, B-36- From Misc. Grants (2078-466081), $4,743.55; and from Other Government Agencies (2078-450740), $26,873.45 to Contingency (1109-59000); and from Contingency (1109-59000),$31,617 to Salary & Wages (2078-51010), $26,562; PERS Retirement (2078-51020), $2,582; OASDI (2078-51021), $2,059; Unemployment Insurance (2078-51031), $54; and to Deferred Comp (2078-51050), $360 **(Requires 4/5's vote)**

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

18. AUDITOR / CONTROLLER - Auditor / Controller Krista Peterson **26-0042**

a) Request approval and authorization for the Chair to sign the audit letter requesting information from County Counsel with regards to contingencies related to litigation, claims, and assessments, thereby giving consent for County Counsel to provide the requested information to the audit firm of CliftonLarsonAllen, LLP

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

RECESS to convene as the Tehama County Air Pollution Control District

19. TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT - Air Pollution Control Officer Joseph Tona **26-0004**

a) AGREEMENT - Request approval and authorization for the Air Pollution Control Officer to accept and sign the Greenhouse Gas Emission Standards for Crude Oil and Natural Gas Facilities- Implementation and Enforcement Grant Award Agreement from the California Air Resources Board (CARB) in the amount of $15,000, effective 1/1/26 through 12/31/26

In response to Chair Walker, Air Pollution Control District Control Officer Joe Tona explained that there are approximately nine facilities in the County that are pumping natural gas from the ground.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Enactment No: MISC. AGR 2026-015

ADJOURN to reconvene as the Tehama County Board of Supervisors

20. SOCIAL SERVICES / PERSONNEL - Social Services Director **26-0013**

Bekkie Emery

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Eligibility Specialist I, Range 17, Step C, effective 01/28/2026 or upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

Supervisor Zane left the meeting at 10:58 a.m.

21. SHERIFF'S OFFICE - Sheriff Dave Kain **26-0069**

a) AGREEMENT - Request approval and authorization for the Sheriff to sign the Cooperative Law Enforcement Agreement No. 26-LE-11052560-016 with the United States Forest Service (USFS) to accept funding to be used for summer campground patrol and location and eradication of illicit cannabis plants, in the amount of $45,000, effective upon date of approval by the Board and shall terminate 9/30/30

In response to Chair Walker, Sheriff Kain explained the partnership with the U.S. Forest Service for cannabis eradication in State parks and how campgrounds are notified of upcoming enforcement activities.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker
ABSENT: Supervisor Zane

Enactment No: MISC. AGR 2026-016

22. SHERIFF / PERSONNEL - Sheriff Dave Kain **26-0014**

a) OTHER THAN “A” STEP - Request approval to appoint applicant as Deputy Sheriff, Range 40, Step 5, upon successful completion of all pre-employment requirements

Supervisor Zane returned to the meeting at 11:04 a.m.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker
ABSTAINED: Supervisor Zane

23. SHERIFF / PERSONNEL - Sheriff Dave Kain **26-0062**

a) OTHER THAN “A” STEP - Request approval to appoint applicant as Correctional Deputy I, Range 28, Step 3, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

24. HEALTH SERVICES AGENCY / PERSONNEL / ADMINISTRATION - Chief Administrator Gabriel Hydrick **25-2233**

a) AGREEMENT - Request approval and authorization for the Chairman to sign an Amendment to the Employment Agreement with Jayme Bottke (Misc. Agree. 2024-352) for the position of Executive Director, Health Services Agency, thereby amending the annual salary from Salary Range 72 to Salary Range 74, effective 11/16/24

Jessica Clark commented on the potential ramification of allowing a Department Head to modify their contract mid-term.

Jenny Alexander requested clarification on the proposed increase and the precedent that may be set by this action.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Zane, Vice Chair Jones, and Chairperson Walker
NAYS: Supervisor Burroughs

Enactment No: MISC. AGR 2026-017

b) RESOLUTION - Request adoption of a resolution amending Reso 2025-074, the FY 25/26 Position Allocation List (PAL) and the Master Salary Schedule, by amending the

salary range for the Executive Director, Health Services Agency from Salary Range 72 to Salary Range 74, effective 11/16/24

RESULT:	APPROVE
MOVER:	Matt Hansen
SECONDER:	Greg Jones
AYES:	Supervisor Hansen, Supervisor Zane, Vice Chair Jones, and Chairperson Walker
NAYS:	Supervisor Burroughs
	Enactment No: RES NO. 2026-004

FUTURE AGENDA ITEMS

Supervisor Burroughs- Light installation under the flagpole at the old courthouse (consensus)

CLOSED SESSION

Jenny Alexander commented on Item #26

25. CLOSED SESSION **26-0049**

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

Title: Director of Public Works

26. CLOSED SESSION **26-0087**

a) CONFERENCE WITH REAL PROPERTY NEGOTIATORS (Government Code Section 54956.8)

1) Property: APN 029-412-016-000
Agency Negotiator: Gabriel Hydrick
Negotiating Party: City of Red Bluff
Under Negotiation: Terms of Payment

11:14 A.M. RECESS

12:20 P.M. RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

25. CLOSED SESSION **26-0049**

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

Title: Director of Public Works

Reportable Action: Direction was given to staff.

26. CLOSED SESSION **26-0087**

a) CONFERENCE WITH REAL PROPERTY NEGOTIATORS (Government Code Section 54956.8)

1) Property: APN 029-412-016-000
Agency Negotiator: Gabriel Hydrick
Negotiating Party: City of Red Bluff
Under Negotiation: Terms of Payment

Reportable Action: Direction was given to the negotiator.

ADJOURN

12:21 P.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: January 30, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, February 3, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

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

Present: Supervisor Matt Hansen, Supervisor Steve Zane, Supervisor Rob Burroughs, Vice Chair Greg Jones, and Chairperson Tom Walker

Chairman Walker presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long by Deputy Daniel Klausner, and Chief Administrator Gabriel Hydrick.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

PUBLIC COMMENT

A resident led a prayer and commented about the Board supporting decisions they may not agree with.

A resident read a bible passage and commented about the Northern California Veterans Museum spaghetti dinner.

A resident commented about mental health.

A resident asked for the General Warrant Register to be removed from Consent.

A resident commented about how important an election year is and raises that are given.

A resident commented about the Planning Commission appointments vs other Commission appointments. He further commented about the Maddie Act.

A resident commented about belief in God in Tehama County and action taken by the Board.

ANNOUNCEMENT OF AGENDA CORRECTIONS

Consent item #2 was pulled by the Department.

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Safety Tax Initiative Working Group (Burroughs, Jones) - has not met

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - has not met

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs) - has not met

Rent Control Ordinance Ad Hoc (Jones, VACANT) - has not met

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Hansen - Met with media on wolf issue, Paskenta Water District

Supervisor Zane - Tehama County Cattlemen's, Bull Sale

Supervisor Burroughs - none

Supervisor Jones - none

Supervisor Walker - SB54 webinar, North Sacramento River Corridor webinar, Groundwater Commission public outreach ad hoc

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Health Services Executive Director Jayme Bottke gave an update on a confirmed case of measles in Shasta County and stated that there are no cases reported in Tehama County.

Administrative Services Director Tom Provine gave an update on election signs within the County right of way. Mr. Provine cited an ordinance stating that it is a misdemeanor to post any election signs within the County right of way.

CONSENT AGENDA

Approval of the Consent Agenda

A motion was made by Supervisor Hansen, seconded by Vice Chair Jones, to approve #3 through 7 of the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

~~**2. COMMITTEES AND COMMISSIONS 26-0098**~~

~~a) PLANNING COMMISSION - One appointment to fill the vacancy for District 3 representative with said term expiring 1/5/27~~
~~(Interested person: Tim Potanovic)~~

3. HEALTH SERVICES AGENCY / MENTAL HEALTH 26-0065

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Agreement with Dr. Heather O'Connell, Ph.D., for the purpose of providing Lanterman-Petris-Short (LPS) conservatorship evaluations for the rates as stated in Exhibit "B" with maximum compensation not to exceed $100,000, effective 1/1/26 and

shall terminate 6/30/28

Enactment No: MISC. AGR 2026-018

4. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0096**

a) AGREEMENT - Approval and authorization for the Executive Director to sign Amendment No. 1 to the Misc. Agreement 2024-189 with Vista Pacifica Enterprises, Inc. for the purpose of residential mental health treatment services not to exceed $950,000 during any fiscal year with a total maximum compensation amount not to exceed $1,900,000, effective 7/1/24 and shall terminate 6/30/26

Enactment No: MISC. AGR 2026-019

5. PROBATION **26-0091**

a) AGREEMENT- Request approval and authorization for the Chief Probation Officer to sign the Agreement with the Yuba County Maxine Singer Youth Guidance Center Youth Housing Agreement for the treatment of wards of the juvenile court for the maximum amount of $185,000, effective 7/1/25 through 6/30/28 *(Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2026-020

6. DISTRICT ATTORNEY **26-0093**

a) AGREEMENT - Request approval and authorization for the District Attorney to sign the two-year agreement with KARPEL Solutions Inc. for the annual routine software maintenance of copyrighted modern case management and annual hosting of the software program known as PROSECUTOR by Karpel in the amount of $68,800, effective 3/1/26 and shall terminate 2/28/28. (*Subject to receipt of required insurance documentation)*

Enactment No: MISC. AGR 2026-021

7. APPROVAL OF MINUTES **26-0101**

a) Waive the reading and approve the minutes of the regular meetings held:

1) 12/16/2025
2) 12/16/2025 - Special Meeting
3) 12/30/2025

REGULAR AGENDA

1. GENERAL WARRANT REGISTER - 1/11/26 - 1/17/26 **26-0084**

Candy Carlson asked why in some areas the department code is unavailable. Ms. Carlson asked what the $30,000 payment to the Chief Administrator is for. Ms. Carlson further stated that the incident the payment referenced never occurred and she objects to that payment.

Pati Nolen commented that she was also accused of the action that the payment is in reference to and that it never happened.

Louise Wilkenson commented that this did not happen.

Auditor Krista Peterson commented that reports look a little different in the new software and that she will look at any missing department information.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen

AYES: Supervisor Hansen, Supervisor Zane, Vice Chair Jones, and Chairperson Walker

NAYS: Supervisor Burroughs

8. PROBATION / PERSONNEL- Chief Probation Officer Pam Gonzalez **26-0103**

a) OTHER THAN "A" STEP- Request approval to appoint applicant as Deputy Probation Officer II, Range 33, Step 3, upon successful completion of all pre-employment requirements

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

9. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES - Director of Animal Services Thomas Moss and Animal Care Center Manager Christine McClintock **26-0089**

a) OTHER THAN "A" STEP - Request approval to appoint a candidate as Registered Veterinary Technician - Extra Help at Range 22, Step E, effective retroactively from 11/14/25

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Steve Zane

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

10. PURCHASING / HEALTH SERVICES AGENCY - Executive Director Jayme Bottke **25-2168**

a) Bid Waiver-

1) Request that Risk Management and Purchasing follow Trindel Insurance's bidding guidelines for a replacement vehicle following an accident with total loss

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of one (1) new 2025 Ford Escape

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) TRANSFER OF FUNDS: HEALTH SERVICES AGENCY, B-39 - Request approval

for the increase to revenue budget 40131-471126 Insurance Settlements in the amount of $38,806.10 and increase to the expenditure budget 40131-57605 Vehicles in the amount of $38,806.10. (**Requires a 4/5's vote)**

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) Request authorization for the Purchasing Agent to sign the purchase order for the acquisition of one (1) new 2025 Ford Escape from Corning Ford in the amount of $38,806.10

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

11. HEALTH SERVICES AGENCY - Executive Director Jayme Bottke 26-0095

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with Compassion Pathway Behavioral Health, LLC for the purpose of providing community residential treatment services for the rates set forth in Exhibit "B" with maximum compensation not to exceed $1,800,000, effective 2/1/26 and shall terminate 6/30/28 *(Subject to receipt of required insurance documentation)*

In response to Supervisor Burroughs, Health Services Executive Director Jayme Bottke clarified that State funds are used to pay for these services.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker
Enactment No: MISC. AGR 2026-022

12. DISTRICT ATTORNEY - District Attorney Matthew D. Rogers 26-0081

a) TRANSFER OF FUNDS: DISTRICT ATTORNEY, B-38 - From Salary/Wages (2013 -51010), $67,000, to Computers (2013-57603), $67,000. **(Requires a 4/5's vote)**

In response to Chairman Hansen, District Attorney Matt Rogers explained the ongoing funding needed to maintain the software system.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

13. SHERIFF / PURCHASING - Sheriff Dave Kain 26-0092

a) Bid Waiver-

1) Request to adopt the finding that California State Contract 1-22-23-20F with Downtown Ford for the acquisition of (1) one new 2025 Ford F150 Police Responder 4X4 meets all Tehama County bidding criteria and allow the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of (1) one new 2025 Ford F150 based on the finding

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) TRANSFER OF FUNDS: SHERIFF, B-37 - From Public Safety (106-301900), to Contingency (2002-59000), $52,116.16; and From Contingency (2002-5900), to Vehicles (2027-57605), $52,116.16 **(Requires a 4/5's vote)**

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Matt Hansen
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) Request authorization for the Purchasing Agent to sign a purchase order to Downtown Ford for the acquisition of (1) one new 2025 Ford F150 Police Responder 4X4 in the amount of $52,116.16

John Prinz commented in support of this item and Sheriff Deputy wages.

In response to Supervisor Burroughs, Sheriff Dave Kain explained that the funding used for vehicles is grant funding and Sheriff AB443 funding. Mr. Kain further explained that AB443 funds can't be used for salaries and is typically used for equipment.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

14. PUBLIC WORKS - Interim Director Tom Provine 26-0070

a) CHANGE ORDER - Authorize the Interim Director to issue Change Order No. 26, to the Agreement with S.T. Rhoads Inc. (Road Agreement #2024-03) for the 99W & South Main Street Project, to make final contract item quantity adjustments in an amount equal to $78,973.20

In response to Supervisors Burroughs, Interim Public Works Director Tom Provine explained that maintenance will be the responsibility of the agency that has jurisdiction of the area as the project crossed several areas of responsibility.

Louise Wilkenson thanked Mr. Provine for his explanation of the change orders.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

16. CLOSED SESSION **26-0107**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

17. CLOSED SESSION **26-0117**

a) CONFERENCE WITH LEGAL COUNSEL- EXISTING LITIGATION (Paragraph (1) of subdivision (d) of Government Code Section 54956.9). Name of the Case: OmegaWaste v County of Tehama 19CI000131; People v. Bucky Lee 19CR-002563, 19CR-002564; People v. OConnor 20CI000041; People v. Bucky Lee 23CI000349; In Re Bucky Lee, Inc. 25-22736 and In Re Bucky Lee, Inc 25-10332-CN (Discussion and possible action relative to existing litigation.).

10:04 A.M. RECESS

1:30 P.M. RECONVENE

1:30 P.M.

15. BOARD OF SUPERVISORS **26-0135**

a) STUDY SESSION- Regarding Tehama County Tax Voter Survey

Sharon Pinkerton from FM3 research and Joy Kummer from CivX presented the findings of the voter survey regarding a potential tax initiative and potential next steps.

Supervisor Hansen commented that he was impressed with the survey.

In response to Chairman Walker, Ms. Kummer explained the difference between a County measure and a voter initiative and that she has seen jurisdictions go to a voter initiative.

In response to Supervisor Hansen, Ms. Kummer explained that a smaller turnout is not normally beneficial to measures like this such as in a special election.

Ms. Kummer commented that she would encourage the county to continue outreach and education even if the measure doesn't go forward.

John Prinz asked how many voters in District 1 were contacted and related his

experience in participating in this survey.

Supervisor Zane commented that he was glad to see the Fire Department rated so high.

REPORTABLE ACTIONS FROM CLOSED SESSION

16. CLOSED SESSION **26-0107**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

Reportable Action: Direction was given to staff

17. CLOSED SESSION **26-0117**

a) CONFERENCE WITH LEGAL COUNSEL- EXISTING LITIGATION (Paragraph (1) of subdivision (d) of Government Code Section 54956.9). Name of the Case: OmegaWaste v County of Tehama 19CI000131; People v. Bucky Lee 19CR-002563, 19CR-002564; People v. OConnor 20CI000041; People v. Bucky Lee 23CI000349; In Re Bucky Lee, Inc. 25-22736 and In Re Bucky Lee, Inc 25-10332-CN (Discussion and possible action relative to existing litigation.).

Reportable Action: No reportable action

FUTURE AGENDA ITEMS

Supervisor Jones - CSAC letter regarding State Budget, Disband Public Safety Tax Ad Hoc, Disband Mobile Home Rent Ad Hoc (consensus received)

ADJOURN

2:35 pm There being no further business before the Board, the meeting was adjourned.

ATTEST: January 30, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County
Tuesday, February 10, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

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

Present: Supervisor Matt Hansen, Supervisor Steve Zane, Supervisor Rob Burroughs, Vice Chair Greg Jones, and Chairperson Tom Walker

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

Chairman Walker presided. Present in the chambers were Clerk of the Board Sean Houghtby, County Counsel Margaret Long by Deputy County Counsel Daniel Klausner, and Chief Administrator Gabriel Hydrick.

REMINDER - The February 17th & 24th meetings of the Board of Supervisors are cancelled pursuant to Board policy.

PUBLIC COMMENT

A resident led a prayer and commented on the funeral and life of Randy Dueck.

A resident read a bible passage.

Chairman Walker read a statement regarding free speech and inappropriate comments.

A resident commented on a bible passage.

A resident commented on Federal funding and audits.

A resident commented about a $30,000 payment and how it came about, she further commented about a special meeting scheduled for later in the week.

A resident commented about the sales tax survey that was presented last week and the Pati Nolen settlement.

A resident commented about medical marijuana and fentanyl overdoses.

ANNOUNCEMENT OF AGENDA CORRECTIONS

None

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

16. CLOSED SESSION **26-0107**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

Reportable Action: Direction was given to staff

17. CLOSED SESSION **26-0117**

a) CONFERENCE WITH LEGAL COUNSEL- EXISTING LITIGATION (Paragraph (1) of subdivision (d) of Government Code Section 54956.9). Name of the Case: OmegaWaste v County of Tehama 19CI000131; People v. Bucky Lee 19CR-002563, 19CR-002564; People v. OConnor 20CI000041; People v. Bucky Lee 23CI000349; In Re Bucky Lee, Inc. 25-22736 and In Re Bucky Lee, Inc 25-10332-CN (Discussion and possible action relative to existing litigation.).

Reportable Action: No reportable action

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Public Safety Tax Initiative Working Group (Burroughs, Jones) - has not met

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker) - has not met

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs) - has not met

Rent Control Ordinance Ad Hoc (Jones, VACANT) - has not met

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

Supervisor Hansen - Corning Subbasin Advisory Board

Supervisor Zane - none

Supervisor Burroughs - Solid Waste Executive Board, Vets Resource Center opening, Corning Fire Department visit

Supervisor Jones - IT overview, Steve Hilton visit

Chairman Walker - Tehama Shooters Association, Solid Waste Executive Board

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

Auditor Krista Peterson commented that the County has gone through an audit of Federal Funds every year. Mrs. Peterson further explained missing budget unit numbers on the warrant register and how those would be marked N/A from now on.

Administrative Services Director Tom Provine gave an update regarding road issues near

Bowman Road including the clean up of trash and scheduled bridge replacements.

CONSENT AGENDA

Approval of the Consent Agenda

A motion was made by Vice Chair Jones, seconded by Supervisor Zane, to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Greg Jones
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

1. GENERAL WARRANT REGISTER - 1/18/26 - 1/24/26 **26-0113**

2. AUDITOR'S CLAIMS **26-0114**

a) Court Operations, 2021-53160, Borges Law Office Inc., $4,995.00.

3. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0133**

a) AGREEMENT - Approval and authorization for the Executive Director to sign the grant agreement with Partnership HealthPlan of California (PHC) for participation in their Access Grant Program, in the amount of $132,389, effective upon the date of last signature and shall terminate on 4/30/26

Enactment No: MISC. AGR 2026-023

4. HEALTH SERVICES AGENCY / MENTAL HEALTH **26-0134**

a) AGREEMENT - Approval and authorization for the Executive Director to sign the grant agreement with Partnership HealthPlan of California (PHC) for participation in their CalAIM Incentive Payment Program (IPP) in the amount of $250,000, effective upon the date of the last signature and shall terminate on 12/31/26

Enactment No: MISC. AGR 2026-024

5. HEALTH SERVICES AGENCY / PUBLIC HEALTH **26-0138**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Memorandum of Understanding (MOU) with the California Department of Public Health (CDPH) Sexually Transmitted Disease (STD) Control Branch for participation in the 340B Drug Pricing Program as an STD Entity, effective upon signature by both parties and will remain in effect until the end of the current grant

Enactment No: MISC. AGR 2026-025

6. DISTRICT ATTORNEY **26-0140**

a) AGREEMENT - Request approval and authorization for the District Attorney to sign the agreement with Sun Ridge Systems, Inc. for the RIMS Public Safety Software, support and maintenance services, with the amount not to exceed $61,971, effective 1/27/26 and shall terminate 1/26/27

Enactment No: MISC. AGR 2026-026

7. CLERK & RECORDER **26-0151**

a) AGREEMENT - Request approval and authorization for the Clerk & Recorder to sign the Merchant Attestation between Paymentech LLC, JPMorgan Chase Bank, NA and County for the purpose of providing payment process services for the Tyler Technologies, Inc, effective upon the date of signing and shall remain in effect until terminated

Enactment No: MISC. AGR 2026-027

8. BOARD OF SUPERVISORS **26-0057**

a) Determine that there is a need to continue the emergency proclamation, proclaiming the existence of the local emergency in Tehama County that caused conditions of peril

9. COMMITTEES & COMMISSIONS **26-0139**

a) TEHAMA COUNTY PUBLIC HEALTH ADVISORY BOARD - One (1) three-year term appointment for Tia Branton as a voting member representing Tehama County Environmental Health, with said term expiring 6/30/28 (Interested person: Tia Branton)

b) TEHAMA COUNTY PUBLIC HEALTH ADVISORY BOARD - One (1) three-year appointment to re-appoint Romi Uribe as a voting member representing St. Elizabeth's Community Hospital, and Kellie Gore as alternate, with said term expiring 6/30/26 (Interested Person: Romi Uribe & Kellie Gore)

c) TEHAMA COUNTY PUBLIC HEALTH ADVISORY BOARD - One (1) three-year appointment to re-appoint Suzanne Ciciliot as a voting member representing the Rolling Hills Clinic, and Debbie Weaver as alternate, with said term expiring 6/30/26 (Interested Person: Suzanne Ciciliot & Debbie Weaver)

REGULAR AGENDA

10. ASSESSOR / DISTRICT ATTORNEY / PROBATION / AGRICULTURE **26-0094**

a) Request approval of certificates recognizing the following employees for their years of faithful and dedicated service to the County of Tehama:

1) ASSESSOR - Melissa Grootveld, 10 years

2) DISTRICT ATTORNEY
   a) James Waugh, 20 years
   b) Dana Birdsong, 10 years

3) PROBATION - Daniel Gallino, 10 years

4) Agriculture - Thomas Moss, 10 years

Assessor Burley Phillips presented Melissa Grootveld's contributions to the Assessor's office and her leadership in the office. Melissa Grootveld thanked the Board for the recognition and that she has enjoyed working for the Assessor's office.

District Attorney Matt Rogers presented James Waugh's work history and discussed his leadership within the office. James Waugh commented that he appreciates the 20 years he has worked for Tehama County and that he has enjoyed the office culture and

support.

Mr. Rogers presented Dana Birdsong's work history and her contributions to the office. Dana Birdsong commented that she loves working for the District Attorney, that it has been an interesting career.

Deputy Chief Probation Officer Nicole Fain presented Dany Gallino's work history and praised his collaboration with partner agencies.

Agriculture Director Thomas Moss commented that he is grateful to work for Tehama County and that he plans to continue.

Supervisor Jones commented that there are wonderful employees who serve the County.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

11. TEHAMA TOGETHER - Treasurer Noel Bookout **26-0099**

a) PROCLAMATION - Request adoption of a proclamation proclaiming the month of February 2026 as “2-1-1 Awareness Month” in Tehama County

Tehama Together Board member Susan Murphy presented the 211 proclamation and gave some information on 211 services and activities.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

12. EMPOWER TEHAMA - Prevention Coordinator Moriah Willis **26-0132**

a) PROCLAMATION - Request adoption of a proclamation proclaiming the month of February as “Teen Dating Violence Awareness and Prevention Month” in Tehama County

Empower Tehama Prevention Coordinator Moriah Willis and the President of the Mending Mindsets club presented the proclamation and information on teen dating violence.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice

Chair Jones, and Chairperson Walker

13. HEALTH SERVICES AGENCY - Executive Director Jayme Bottke & Public Health Director Minnie Sagar **26-0136**

a) PROCLAMATION - Request adoption of a proclamation proclaiming the month of February 2026 as “National Senior Independence Month” in Tehama County

Health Services Assistant Executive Director Michelle Schmidt and Public Health Director Minnie Sagar presented the proclamation.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Greg Jones
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

9:54 AM RECESS

10:01 AM RECONVENE

14. TEHAMA COUNTY ARTS COUNCIL - Treasurer Chrissie Clapp **26-0090**

a) RESOLUTION - Request adoption of a resolution designating the Tehama County Arts Council as Tehama County’s Local Partner with the California Arts Council for the fiscal year 26/27

Tehama County Arts Council Treasurer Chrissie Clapp presented information on the Arts Council activities and the benefits of art to culture and the economy. Ms. Clapp further presented information on upcoming events.

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker
Enactment No: RES NO. 2026-005

15. AUDITOR-CONTROLLER - Auditor-Controller Krista Peterson **26-0161**

a) INFORMATIONAL PRESENTATION - Report and Financial Overview of the quarter ending December 2025 for Fiscal Year 2025/26

Auditor Krista Peterson presented the quarterly financial report for quarter ending 12/31/25.

In response to Chairman Walker, Mrs. Peterson discussed the County's response to the PERS unfunded liability by contributing to a trust fund every year and making advanced payments to pay down the liability.

In response to Supervisor Burroughs, Mrs. Peterson discussed the use of salary savings to cover other expenses. Further discussion took place regarding one time expenses vs ongoing costs when salary savings are used.

Mrs. Peterson commented about the timing of the presentation and asked if the Board found the presentation useful.

Chairman Walker commented that this presentation is useful and would like it to continue.

Supervisor Hansen commented that he prefers a narrative rather than looking at all the raw data.

Louise Wilkenson complimented Mrs. Peterson on her report.

16. DEPARTMENT OF AGRICULTURE / DIVISION OF ANIMAL SERVICES - Animal Care Center Manager Christine McClintock **26-0137**

a) RESOLUTION - Request adoption of a resolution authorizing the Animal Care Center Manager, or their designee, to execute Microchip Checkpoint Agreements, with community partners on behalf of the County of Tehama, for the purpose of implementing the Microchip Checkpoint program

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker
Enactment No: RES NO. 2026-006

17. PERSONNEL / CHILD SUPPORT SERVICES - Director Tonya Moore **26-0119**

a) Request approval of revisions to the classification specification of Child Support Specialist I/II/III within the Joint Council Memorandum of Understanding, effective 2/10/26

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Rob Burroughs
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) Request approval of revisions to the classification specification of Child Support Specialist IV within the Joint Council Memorandum of Understanding, effective 2/10/26

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

18. PERSONNEL / ASSESSOR - Assessor Burley Phillips **26-0121**

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Transfer Analyst, Range 25, Step C, effective 2/10/26, or upon successful completion of all

pre-employment requirements

RESULT: APPROVE
MOVER: Matt Hansen
SECONDER: Steve Zane

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

RECESS to convene as the Tehama County Sanitation District No. 1

19. TEHAMA COUNTY SANITATION DISTRICT NO.1 26-0118

a) Request approval of the claims paid October 1, 2025, through December 31, 2025, in the amount of $351,743.30

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Greg Jones

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

ADJOURN to reconvene as the Tehama County Board of Supervisors

20. SHERIFF'S OFFICE - Sheriff Dave Kain 26-0100

a) Request to adopt a finding that retirement of the Sheriff's Office canine, Rogue, is appropriate due to age and that he is no longer needed for public service

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) AGREEMENT - Request approval and authorization for the Sheriff to sign the retirement agreement with Christopher Benson for the transfer of ownership of Rogue for the sum of $1.00

In response to Chairman Walker, Sheriff Dave Kain commented that a K-9 usually serves 9 or 10 years but that transition between handlers is difficult. Mr. Kain further commented that the younger the dog the easier retraining is and that it also depends on the dog.

Mr. Kain explained the liability clauses in the contract to transfer the dog to his former handler.

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Matt Hansen

AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice

Chair Jones, and Chairperson Walker
Enactment No: MISC. AGR 2026-028

21. PUBLIC WORKS / PURCHASING - Interim Director Tom Provine **25-0158**

a) BID WAIVER

1. Request authorization to use Assignment of Options to purchase transit vehicles as detailed in Assignment to Purchase Agreement Letter received from the CalACT-Basin Transit Purchasing Cooperative to allow the County to utilize the existing collective procurement agreement for the purchase of two (2) Allstar E-450 Type C Gasoline buses, and one (1) Braun Ability Low Floor MiniVan

2. Request to find it is in the best interest of the County to waive the formal bid process for the acquisition of the two (2) transit vehicles, and one (1) minivan

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) TRANSFER OF FUNDS: TCTC, B-40 - From Contingency (3037-59000) $110,000.00 to Fixed Assets-Vehicles (3037-57605) **(Requires a 4/5's vote)**

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

c) Request approval and authorization for the Purchasing Agent to sign Purchase Order No. SD-10347 with maximum compensation not to exceed $420,000

RESULT: APPROVE
MOVER: Rob Burroughs
SECONDER: Steve Zane
AYES: Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

22. HEALTH SERVICES GENERATOR PROJECT - Administrative Services Director Tom Provine **26-0072**

a) CHANGE ORDER - Request confirmation of Change Order No. 1 to the agreement with Hankins Group, Inc. (Misc. Agree. #2023-188) for the Health Services Generator Project, thereby allowing for changes as listed, for a contract increase in the amount of $7,644.45

RESULT:	APPROVE
MOVER:	Rob Burroughs
SECONDER:	Greg Jones
AYES:	Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

b) NOTICE OF COMPLETION - Request approval for the Chair to sign the Notice of Completion for the Health Services Generator Project, as contracted by Hankins Group, Inc.

RESULT:	APPROVE
MOVER:	Rob Burroughs
SECONDER:	Greg Jones
AYES:	Supervisor Hansen, Supervisor Zane, Supervisor Burroughs, Vice Chair Jones, and Chairperson Walker

FUTURE AGENDA ITEMS

Supervisor Hansen - Presentation on Medi-Cal funding(consensus)

ADJOURN

11:02 AM There being no further business before the Board, the meeting was adjourned.

ATTEST: February 11, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Special Meeting

Tehama County
Thursday, February 12, 2026 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, Chairman
Steve Zane, District 3
Matt Hansen, District 4
Greg Jones, District 5, Vice Chair

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

Supervisor Jones arrived at 9:02

Present: Vice Chair Greg Jones, Supervisor Rob Burroughs, Chairperson Tom Walker, Supervisor Steve Zane, and Supervisor Matt Hansen

Chairman Walker presided. Present in the chambers were Clerk of the Board Sean Houghtby by Deputy Jillian Kelly, County Counsel Margaret Long, and Chief Administrator Gabriel Hydrick by Administrative Services Director Tom Provine.

CLOSED SESSION

9:02 A.M. RECESS

1. CLOSED SESSION **26-0144**

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

Title: Director of Public Works

11:20 RECONVENE

REPORTABLE ACTIONS FROM CLOSED SESSION

1. CLOSED SESSION **26-0144**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)
Title: Director of Public Works

Report Out: Direction was given to staff, no reportable action.

ADJOURN

11:20 A.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: February 11, 2026

APPROVED

_____
Chairman of the Board
of Supervisors

SEAN HOUGHTBY, Clerk
of the Board of Supervisors

by_____

Tehama County

Agenda Request Form

File #: 26-0131 **Agenda Date:** 3/3/2026 **Agenda #:** 23.

ADMINISTRATION - Fiscal Manager Orepa Mamea

Requested Action(s)
a) Presentation and discussion of the Fiscal Year 2025-26 Mid-Year Budget Report

b) Public Comment

c) Request authorization for the Auditor to make Mid-Year Budget adjustments as presented (Transfer B-49)

d) RESOLUTION - Request adoption of a resolution amending the FY 2025-26 Position Allocation List (PAL) as part of FY 2025-26 Mid-Year Budget / PAL changes, effective 3/4/26

Financial Impact:
In the proposed mid-year budget, multiple departments are requesting adjustments to their appropriations. The total requested increase in the expenditures budget amounts to $7,320,256, accompanied by a revenue increase of $7,498,868. Additionally, departments are utilizing $11,425 from prior years' funds and grant funding to cover a portion of these requests, thereby minimizing the impact to General Fund contributions in the amount of $1,243,073.

Background Information:
If the FY 2025-26 mid-year budget is not approved by the Board, it will remain unchanged, preventing the necessary adjustments to departmental accounts. These adjustments are essential to maintaining a balanced budget within existing appropriations and ensuring that financial obligations are met for the remainder of the fiscal year. Without these revisions, departments may face funding shortfalls, potentially leading to financial constraints and an inability to fulfill critical obligations.

This underscores the importance of obtaining Board approval or alternative direction to uphold fiscal stability and ensure the effective operation of departmental budgets. Furthermore, compliance with Generally Accepted Accounting Principles (GAAP) and California Counties' accounting standards requires accurate financial reporting and budgetary adjustments to reflect actual expenditures and revenues. Failure to make these adjustments could result in financial discrepancies, misstatements, and inefficiencies in resource allocation, impacting the County's ability to meet its financial responsibilities in a transparent and accountable manner.

RESOLUTION NO. _____

MID-YEAR BUDGET PAL CHANGES

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Tehama, State of California, does hereby amend **Resolution 2025-074, the 2025-26** Position Allocation List, as follows:

DEPARTMENT/BUDGET Position	ACTION	ALLOCATION From	ALLOCATION To	RANGE From	RANGE To	EFFECTIVE DATE
COUNTY COUNSEL (1031)						
Paralegal	Increase	0.00	1.00	-	28/32	3/4/26
GENERAL SERVICES (1073)						
Information Systems Specialist II	Increase	0.00	1.00	-	41	3/4/26
FACILITIES MAINTENANCE (1074)						
Facilities Maintenance Technician – HVAC Specialist	Increase	0.00	1.00	-	29	3/4/26
JAIL (2032)						
Correctional Deputy I / Correctional Deputy	Increase	29.00	41.00	28/32	28/32	3/4/26
Dietary Cook	Increase	3.00	5.00	15	15	3/4/26
ENVIRONMENTAL HEALTH (4011)						
Hazardous Material Specialist I/II/III	Decrease	1	0	29/33/37	29/33/37	3/4/26
Environmental Health Specialist I/II/III	Increase	4	1.00	31/35/42	31/35/42	3/4/26
SOCIAL SERVICES (5013)						
Office Assistant I/II	Decrease	3.00	2.00	8/12	8/12	3/4/26
Office Assistant III	Decrease	1.00	0.00	14	-	3/4/26
Screener	Increase	8.00	10.00	16	16	3/4/26

Extension of Limited Term (Sunset Date)

Department	Fund # and Budget Unit	Classification Title	Sunset	Extension
Auto Shop	106-2028	Public Safety Vehicle & Equipment Mechanic I (Limited Term)	3/4/2026	3/4/2029

Positions Held Vacant

Department	Fund # and Budget Unit	Classification Title	FTE Held Vacant From	FTE Held Vacant To	Effective Date
Jail	106-2032	Correctional Deputy I / Correctional Deputy	3.00	0.00	3/4/26
Sheriff	106-2027	Deputy Sheriff I / Deputy Sheriff	2.00	0.00	3/4/26
Social Services	108-5013	Social Worker I/II, Social Worker III, Social Worker IV(A), or Social Worker IV(B)	1.00	0.00	3/4/26
Social Services	108-5013	Employment & Training Worker Supervisor	1.00	0.00	3/4/26

The Master Salary Schedule and any affected Exhibits will be updated to reflect the above changes, if applicable.

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 _____, 2026.

Dated this _____ day of _____, 2026.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors

County of Tehama, State of California

By _____
Deputy

RESOLUTION NO. _____

FISCAL YEAR 2025-26
MID-YEAR BUDGET

TEHAMA COUNTY

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AI Disclosure: This report was authored by Orepa Mamea, Fiscal Manager with Administration Office. An AI service was used solely for the purposes of cover image creation, grammar, spelling, and syntax refinement to ensure clarity and professional presentation.

INTRODUCTION

The mid-year budget adjustment process provides a comprehensive review of the County's financial performance during the first six months of the fiscal year. This review allows the Administration Office to recommend necessary adjustments to the Board of Supervisors, ensuring that the approved budget remains aligned with actual expenditures and revenues.

It is important to emphasize that the mid-year process is not intended for funding new initiatives or preempting the priority setting of the upcoming Fiscal Year 2026-27 budget development. Instead, it focuses on making adjustments that maintain the programmatic and service levels outlined in the Board's adopted budget for the current fiscal year. Departments have prioritized addressing unforeseen circumstances, such as state funding shortfalls and staffing shortages, that have arisen since the initial budget adoption.

This mid-year report provides a transparent overview of the County's current fiscal year budgetary status. It also proposes necessary technical and programmatic adjustments for the current fiscal year, including modifications to the Position Allocation List (PAL) to address critical staffing needs and reorganize existing resources.

According to the **FY 2025-26 Mid-Year Adjustments by Fund** (Table 1.), the report recommends a total expenditure budget increase of **$7,330,256**, which is fully offset by a revenue increase of **$7,498,868**. Within General Fund, this Mid-Year Budget request is proposing a **$1,467,816** expenditure increase to address departmental needs supported by a healthy **$2,830,873** rise in projected revenue.

A significant portion of the proposed spending is centered on Public Safety, where the Mid-Year Budget Request an increase of **$1,317,617**. A large portion of this request, totaling **$811,175**, is dedicated to essential Salary and Benefits adjustments. Specifically, **$474,451** of that amount is required to fund increased overtime and extra help for the Sheriff and Probation department. These departments are navigating critical staffing shortages and are utilizing these funds to maintain 24/7 coverage and public safety standards while actively working to recruit and fill vacant positions.

Rather than funding new initiatives, these adjustments prioritize the programmatic goals established at the start of the year such as the critical work managed by the Administration Office in the Plant and Acquisition budget unit. These projects we are currently focused on high-impact infrastructure projects, including broadband expansion, essential facility repairs, and the modernization of certain software, ensuring that county resources are utilized efficiently to meet both current and future service demands.

Table 1.

FY 2025-26 MID-YEAR ADJUSTMENTS BY FUND

		EXPENDITURE			REVENUE		
	FUND	Budgeted Exp. As of 12/31/2025	Mid-Year request	Adj. Exp Budget	Budgeted Rev. As of 12/31/2025	Mid-Year request	Adj. Rev Budget
101	General Fund	55,879,880	1,467,816	57,347,696	47,766,734	2,830,873	50,597,607
102	Road	20,677,524	(3,180,454)	17,497,070	20,677,524	(3,180,454)	17,497,070
103	Capital Outlay	13,962,586	7,344,586	21,307,172	13,962,586	7,334,586	21,297,172
105	Fire Fund	9,048,438	225,000	9,273,438	6,594,920	225,000	6,819,920
106	Public Safety	46,215,256	1,317,617	47,532,874	45,934,622	97,599	46,032,221
107	Risk Management	8,720,124	30,000	8,750,124	8,720,124	-	8,720,124
108	Social Services	54,615,170	(9,046)	54,606,125	54,614,670	(9,046)	54,605,625
116	Senior Nutrition	528,014	122,043	650,057	528,014	122,043	650,057
605	TC Sanitation	582,665	7,921	590,586	517,092	73,494	590,586
712	Tehama Major Crime Unit	109,537	4,772	114,309	109,537	4,772	114,309
		210,339,195	**7,330,256**	**217,669,451**	**199,425,823**	**7,498,868**	**206,924,691**

SUMMARY OF 2025-26 MID-YEAR BUDGET REPORT ADJUSTMENTS (ALL DEPARTMENT)

DEPARTMENT REQUESTS

This summary provides an overview of all mid-year budget adjustment requests submitted by departments alphabetically. Detailed information about each department's request, including specific line items, is available in Exhibit III.

AGRICULTURE COMMISSIONER

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 11,425	$ -	$ 11,425	$ -	12.00	**0.00**	**$ -**	**0.00**

Requested Adjustment:

The Agricultural Commissioner is requesting a mid-year budget increase of $11,425 to maintain the department's essential time-tracking and reporting software. For years, the department relied on an outdated Excel-based system created in 2007, which had become incompatible with modern Windows operating systems and required significant manual labor to repair and manage. To solve this, the department transitioned to CalCATS, a modern, web-based program that streamlines reporting to state agencies and improves overall efficiency.

The department successfully moved to the live version of this software during the previous fiscal year, however, the initial credits used to pay for the service have now been exhausted. This requested increase will cover existing credit shortages and ensure the department has the necessary funding to continue using the system for the remainder of the year. Importantly, this request does not require General Fund.

The increase is fully funded by revenues already collected and held in a dedicated department account from FY 2018-19.

PAL Request: None at this time.

ANIMAL SERVICES

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 122,435	$ 122,435	$ -	$ -	$ -	8.00	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County Animal Services division is requesting a mid-year budget adjustment of $122,435 to maintain essential shelter operations and expand community services, all of which are funded by grants and donations rather than the General Fund. A primary focus of this request is the continuation of the Sniptember program, which uses grant funds to operate a mobile van for spay and neuter surgeries. Because these surgeries require specialized help, the department is adjusting its staffing budget to cover contracted veterinarians and extra-help technicians for the remainder of the grant term. Additionally, the department is requesting to use $45,000 in existing medical donations to provide life-saving care for animals that require treatment beyond their initial holding period.

The request also addresses necessary facility and safety upgrades at the Animal Care Center. This includes the installation of a new, ADA-compliant phone system to replace an outdated setup from 2015, as well as required upgrades to the building's alarm system and parking lot lighting. Other community-focused initiatives include $5,000 from a "Return to Home" grant to host no-cost vaccine and microchipping clinics throughout the county. By approving these adjustments now, the Board will ensure the department has the necessary spending authority to use its grants and donations efficiently without needed multiple emergency requests later in the year.

PAL Request: None at this time.

BOARD OF SUPERVISORS

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 1,000	$ -	$ -	$ 1,000	5.00	**0.00**	**$ 1,000**	**0.00**

Requested Adjustments:

The Tehama County Board of Supervisors is requesting a modest mid-year budget adjustment of $1,000 to fund three licenses for ChatGPT Plus. This request aims to provide supervisors with a powerful, modern tool to enhance their efficiency and decision-making capabilities while ensuring high standards of data security. Unlike the free version of the software, the paid version offers advanced security features, such as enhanced data privacy protection and the option to prevent information from being used for general model training, making it safer choice for handling sensitive government communications and research.

By utilizing this technology, supervisors can more effectively synthesize complex information, draft public communications, and prepare for meetings, essentially adding a “digital research assistant” to their workflow. This small investment is designed to save significant time on routine administrative tasks, allowing the Board to focus more on strategic priorities and serving the residents of Tehama County.

PAL Request: None at this time.

SHERIFF - BOATING

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ (39,021)	$ -	$ -	$ -	$ 39,021	1.00	**0.00**	**$ 39,021**	**0.00**

Requested Adjustments:

The Tehama County Sheriff’s Office is requesting a mid-year budget adjustment for its Boating Safety program due to an unexpected reduction in state funding. The California Division of Boating and Waterways is currently facing a statewide funding shortfall, leading them to scale back grants to local agencies for the first time in nearly 30 years. As a result, the county’s state revenue for this program will decrease by $39,021. While these state grants are intended to supplement the costs of local boat patrols and safety enforcement, this reduction means that County’s General Fund will now have to cover the larger portion (59%) of the program’s expenses.

PAL Request: None at this time.

CAPITAL PROJECTS (ROADS)

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ (3,755,500)	$ (3,755,500)	$ -	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama County Public Works Department – Capital Projects is proposing a mid-year budget reduction of $3,755,500 for its Capital Projects fund. This adjustment is primarily due to a strategic decision to reduce the number of active capital projects this year, allowing the county to shift resources toward more essential infrastructure and operational needs. By scaling back these projects now, the department will move the associated costs for professional services and land rights-of-way into the upcoming 2026-2027 budget cycle. Because these projects are fully funded by outside sources, including state highway funds and federal reimbursements, these changes have no financial impact on the County General fund. Updating the budget at this time ensures that the county's financial plan accurately reflects current construction priorities and maintains a transparent account of how state and federal infrastructure money is being used.

PAL Request: None at this time.

COMMUNITY ACTION AGENCY

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 85,690	$ 85,690	$ -	$ -	$ -	9.00	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County Community Action Agency is requesting a mid-year budget increase of $85,690 to support expanded staffing and program services. This adjustment is entirely funded by new revenue, including a $27,824 increase in state grant funds and an additional $57,866 from Social Services for local programs like the Housing and Disability Advocacy Program (HDAP) and CalWORKs Family Stabilization. These funds will cover the cost of increasing staff to manage these growing contracts, as well as necessary operational expenses such as employee transportation, communication, and administrative support for a recent state audit. These adjustments are fully covered by state grants and inter-departmental funding; there is no impact on the County General fund.

PAL Request: None at this time.

COUNTY ADMINISTRATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 1,000	$ -	$ -	$ 1,000	3.85	**0.00**	**$ 1,000**	**0.00**

Requested Adjustments:

The County Administration Office is requesting a $1,000 mid-year budget adjustment to purchase a professional license for ChatGPT Plus. This tool will serve as a digital assistant to help staff manage the heavy workload of drafting reports, summarizing complex state regulations, and responding to public inquiries more quickly. Moving from the free version to a professional license is a critical step for data security, as it provides higher levels of privacy protection that prevents sensitive county information from being shared or used for general training purposes. By investing in this technology, the Administration Office can operate more efficiently, ensuring that county projects and public services move forward without unnecessary delays.

PAL Request: None at this time.

DA FRAUD AUTO

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 5,481	$ 5,481	$ -	$ -	$ -	0.00	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County District Attorney's Office is requesting a mid-year budget adjustment of $5,481 for the DA Insurance Fraud Auto Program to cover essential administrative and insurance costs. Although the department did not apply for the Auto Insurance Fraud grant for the current fiscal year, they are still required to complete a professional outside audit for the previous year's activities. The requested funds will pay for this mandatory audit, as well as the annual workers' compensation and general insurance expenses for the program. Starting next fiscal year, these recurring insurance costs will be moved into the District Attorney's main budget unit to simplify future accounting. Importantly, this request does not use any General Fund money. Instead, it is entirely funded by the specific state law enforcement revenue - COPS funds.

PAL Request: None at this time.

DA INSURANCE FRAUD

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 7,789	$ 7,789	$ -	$ -	$ -	0.00	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County District Attorney's Office is requesting a mid-year budget adjustment of $7,789 for the Workers' Compensation Insurance Fraud unit to cover mandatory administrative and safety costs. Although the department did not apply for the specific fraud grant this fiscal year, it is still legally required to pay for a professional outside audit of the previous year's activities. The requested funds will cover this audit, along with annual insurance and workers' compensation expenses. To streamline future accounting, these recurring insurance and safety costs will be moved into the District Attorney's main operating budget starting in the next fiscal year. This request has no impact on the General fund, as it is entirely funded by state law enforcement revenues - COPS funds.

PAL Request: None at this time.

DA VICTIM / WITNESS

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 10,144	$ 10,144	$ -	$ -	$ -	2.50	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County District Attorney's Office is requesting a mid-year budget adjustment of $10,144 for the Victim / Witness program to account for final expenses from the previous grant cycle. Because this program operates on a federal fiscal year (October through September) rather than the standard county schedule, these funds represent the final reimbursements for office supplies, communications, and travel costs incurred through September 30, 2025. Essentially, this adjustment allows the department to wrap up the previous year's bookkeeping as they transition into the new grant cycle. Importantly, this request does not require any local taxpayer money, the increased spending is fully offset by state and federal grant revenue already received by the county.

PAL Request: None at this time.

DISTRICT ATTORNEY

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
	$ 126,575	$ 124,377	$ -	$ 2,198	24.90	**0.00**	**$ 2,198**	**0.00**

Requested Adjustments:

The Tehama County District Attorney's Office is requesting a mid-year budget adjustment of $126,575 for the Criminal Division to address equipment failures and administrative updates. A small portion of this request, $2,198, is needed to replace an attorney's laptop that failed ahead of scheduled replacement date. The majority of the adjustment, totaling $124,377, is required to correct the retirement liability accounts. This correction is necessary because the department originally used last year's figures in the current budget and must now account for staff who were moved into this division following the closure of the three grant-funded units. While the department is proposing the use of General Fund money to cover the laptop replacement, the overall adjustment ensures that the county's retirement obligations for these employees are accurately funded and up to date.

PAL Request: None at this time.

ELECTION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 111,050	$ 111,050	$ -	$ -	2.80	**0.00**	**$ -**	**0.00**

Requested Adjustments:

The Tehama County Elections Department is requesting a mid-year budget adjustment of $111,050 to cover the costs of the Statewide Special Election held in November 2025. These funds are necessary to pay for essential election services such as printing and mailing ballots, programming voting equipment, paying poll workers, and hiring temporary "extra help" staff to assist with the increased workload. Importantly, this request has no financial impact on the General Fund because the State is providing a $300,000 reimbursement to cover these state-mandated election costs. After covering all election expenses, the remaining $188,950 of that state funding will be set aside specifically for future election-related upgrades and needs.

PAL Request: None at this time.

EMERGENCY OPERATIONS

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 2,557,964	$ 925,000	$ (1,632,964)	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama County Emergency Operations budget unit is requesting a mid-year budget adjustment to facilitate essential recovery and safety work following the Park Fire. With the help from Public Works and TCTC this budget unit has successfully secured $2,557,964 in State Disaster Relief funding, which is being specifically utilized for high-priority local projects. These projects include $840,000 for the removal of hazardous trees, $70,000 for a critical well repair in the Paynes Creek area, and $15,000 for necessary repairs to the Paynes Creek Fire Station.

Because these infrastructure and safety improvements are entirely funded by state disaster relief and insurance claims, this request results in zero net cost to the County General Fund. This adjustment essentially acts as a formal pass-through that allows the county to accept and spend these state funds as intended for fire recovery. By approving this request, the Board will enable the department to continue restoring vital services and addressing safety hazards in fire-impacted areas using outside resources rather than local taxpayer dollars.

PAL Request: None at this time.

FACILITIES MAINTENANCE

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 109,093	$ -	$ -	$ 109,093	10.00	**1.00**	**$ 109,093**	**1.00**

Requested Adjustments:

The Tehama County Facilities Maintenance Department is requesting a mid-year budget adjustment to add a specialized HVAC Technician to their team and purchase a new one-ton pickup truck to replace an ageing vehicle. Currently, the county relies heavily on outside companies for heating and cooling repairs, spending over $71,000 in just the first half of this fiscal year alone. By bringing this specialized work in-house, the department can significantly reduce expensive contractor labor costs and provide faster service across all county buildings. This new position will also free up other maintenance staff to focus on internal projects that are currently being outsourced due to a lack of time, creating a trickle down

effect of increased efficiency and cost savings department-wide. While this requires an initial investment in salary, benefit, and equipment, it is a strategic move designed to lower long term maintenance expenses.

PAL Request: None at this time.

FIRE SCH C VOLUNTEER

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 225,000	$ 225,000	$ -	$ -	$ -	5.00		**$ -**	

Requested Adjustments:

The Tehama County Fire Department is requesting a mid-year budget adjustment to modernize its emergency equipment and ensure its fleet remains reliable for public safety. The department is proposing to redirect $50,000 originally set aside for a new fire engine – the purchase order for which has already been secured. These funds will be used towards the purchase of vital handheld and mobile radios to improve communication for emergency personnel. Additionally, the department is seeking $225,000 to purchase a new water tender to replace an aging and unreliable vehicle that is no longer fit for service. While the vehicle purchase requires an increase in the budget, it is fully offset by $225,000 in new revenue the department has identified, making the entire request cost-neutral for the county's General Fund. These adjustments allow the department to equip firefighters with dependable tools and transportation without increasing the burden on local taxpayers.

PAL Request: None at this time.

GENERAL SERVICES

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 34,489	$ -	$ -	$ 34,489	1.00	**1.00**	**$ 34,489**	**1.00**

Requested Adjustments:

The Information Technology (IT) department is requesting the addition of one new FTE Information Systems Specialist position to support the county's ongoing strategic initiative to modernize and secure its digital infrastructure. Since hiring an Information Systems Manager, the county has made significant strides in addressing long-standing IT gaps and building a stable foundation. This new role will provide the

necessary technical support to maintain that momentum and ensure the manager can focus on high-level security and systems oversight.

For the remainder of the current fiscal year, the county is requesting $34,489 to cover the first three months of salary and benefits for this position. Looking forward, the department plans to fund this role long-term by consolidating technology contracts and eliminating duplicate software services, meaning these savings will help offset the ongoing costs. This addition to the permanent staffing list (PAL) is a proactive step toward a more efficient and secure county government that no longer relies on outdated or redundant systems.

PAL Request:

A new FTE for Information System Specialist this request has already been approved by the Joint Council Union.

JAIL

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 234,452	$ -	$ -	$ 234,452	43.00	**14.00**	**$ 234,452**	**14.00**

Requested Adjustments:

This budget adjustment request reflects personnel changes and operational updates within the Jail Budget Unit. Due to ten vacant positions, the Department is requesting decreases in salaries and related benefit accounts (PERS Retirement, OASDI, Group Insurance, and Unemployment Insurance). They are also requesting a decrease in the Deferred Comp Match account due to lower employee participation in the county match program.

However, they are requesting increases in several accounts to align with projected expenditures. This includes an increase to the CLR 2011 Realignment account to support realigned employee costs, and an increase to the Citizen Option-Pub Safety account to reflect the Board of Supervisors' recent approval of COPS funds for new furniture and flooring. Additionally, they are increasing the Other-Weekend Work account based on strong revenue projections from the Electronic Monitoring Program. Finally, they are adjusting the Interfund Revenue and Miscellaneous Revenue accounts to reflect the anticipated income from the Inmate Welfare Fund and unanticipated recycling sales.

PAL Request:

The Tehama County Sheriff's Office is requesting the addition of 14 new staff positions—specifically 12 Correctional Deputies and 2 Dietary Cooks—along with the unfreezing of three currently vacant deputy positions to prepare for the opening of the new Jail Reentry Facility. Securing these positions now is critical to meeting state requirements that the facility be occupied within 90 days of completion, with the

move-in date currently targeted for March or April. This staffing plan allows the county to maintain safe operations at the existing jail while gradually transitioning services to the new building.

It is important to recognize that this expansion is only one of several major state mandates hitting the county simultaneously. For example, the upcoming CalAIM program, which overhaul health services in the Jail, Juvenile Hall, and Probation, must be implemented by October 1, 2026. While some initial startup funding and potential reimbursements are available for these state-required programs, the county must remain fiscally disciplined. We must carefully plan for the long-term sustainability of these mandated services to ensure they do not overwhelm our limited local resources or jeopardize the county's future financial stability.

JAIL - HEALTH

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 172,750	$ -	$ -	$ 172,750	0.00		**$ 172,750**	

Requested Adjustments:

This mid-year budget request for the Tehama County Jail Health unit seeks an additional $172,750 to address rising medical costs. The primary driver for this increase is the increase in Jail staffing, which has led to a larger inmate population and a greater need for essential healthcare services. These fund will cover a variety of critical medical needs, including pharmacy supplies, hospital stays, and specialized dental, optical, and X-ray services. While a portion of the total budget is covered by state Realignment funds, the majority of this specific increase is a General Fund expense that was anticipated during the annual budget process to account for the facility's growth.

Maintaining these health services is vital for the safety and legal compliance of the jail's daily operations. If this request is not approved, the department warns it will face a significant funding deficit before the end of the fiscal year. More importantly, a lack of funding would hinder the county's ability to provide necessary medical care to incarcerated individuals, potentially leading to reduced service levels or budget overruns in other areas. This adjustment ensures the jail expansion can remain fully operational and that the county can continue to provide adequate health services without disrupting public safety or service quality.

PAL Request: None at this time.

JUVENILE HALL

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 370,721	$ -	$ -	$ 370,721	32.00		**$ 370,721**	

Requested Adjustments:

The Tehama County Probation Department is requesting a mid-year budget adjustment of $370,721 for the Juvenile Hall facility to ensure safe and legal operations. The largest portion of this request, approximately $301,091, is needed for overtime costs. Because the facility is currently facing staffing vacancies, remaining employees must work extra hours to meet strict state-mandated ratios for supervising residents. While the department is actively recruiting new staff and shifting personnel from other units to help, these overtime costs are necessary to maintain public safety and remain in compliance with state law.

Additionally, the department is seeking $69,630 to correct an administrative error in the health insurance budget. This adjustment is not for new costs, but rather to include the insurance coverage for three employees who were accidentally left out of the original budget calculations. Although this total request asks for General Fund support, the department notes that the money saved from the salaries of those vacant positions helps offset these expenses. Essentially, these funds allow Juvenile Hall to keep its doors open safely and correctly account for its existing workforce without increasing the overall planned staffing level.

PAL Request: None at this time.

L.A.F.C.O

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 1,600	$ -	$ -	$ 1,600	0.00		**$ 1,600**	

Requested Adjustments:

The Tehama County Planning Department is requesting a minor mid-year budget adjustment of $1,600 for the Local Agency Formation Commission (LAFCo) unit. This request is specifically for employee travel and training. The funds will allow the Executive Officer to participate in a professional LAFCo conference and receive additional specialized training, which is essential for managing several upcoming local projects anticipated in 2026. Because there are no other outside funding sources available for this

specific need, the department is requesting this small amount from the General Fund to ensure the office remains effective and well-prepared for the year's workload.

PAL Request: None at this time.

LIBRARY

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 15,200	$ 15,200	$ -	$ -	$ -	7.25		**$ -**	

Requested Adjustments:

The Tehama County Library is requesting a mid-year budget adjustment to formally incorporate $15,200 in grant funding for the Lunch at the Library (LATL) program. This adjustment aligns the budget with a previously approved grant award, ensuring that the revenue and the corresponding expenses for the program are accurately tracked. Because this program is entirely funded by the grant, there is no additional cost to the County's General Fund. This update is essential to reflect the actual spending that has already occurred and to ensure the library remains in compliance with its financial reporting for the remainder of the fiscal year.

PAL Request: None at this time.

PARKS & RECREATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 35,000	$ 35,000	$ -	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama County Parks and Recreation department is requesting a mid-year budget adjustment to complete the long-awaited remodel of the Ridge Way Park bathroom as part of the county's deferred maintenance plan. By utilizing the county's own Facilities Maintenance crew to handle all the labor, the department has significantly reduced the total cost of the project, with the requested $35,000 being used strictly for the materials needed to update the old structure. This renovation is a proactive step toward reducing safety risks and improving the quality of public facilities for residents. Most importantly, this project is entirely funded by a state grant, resulting in zero additional cost to the County General Fund.

PAL Request: None at this time.

PERSONNEL

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 4,440	$ 4,440	$ -	$ -	$ -	3.73		**$ -**	

Requested Adjustments:

The Tehama County Personnel department is requesting a mid-year budget adjustment of $4,440 to account for activities related to a recent employee wellness fair. This request is essentially a bookkeeping update that allows the department to recognize and use funds provided by an outside health partner (Prism Health Wellness) to cover the event's expenses, such as miscellaneous supplies and office costs. Additionally, the department is shifting some internal funds to purchase a necessary workstation for the personnel office. Because these costs are entirely offset by the reimbursement from the wellness partner, this adjustment results in zero net cost to the County General Fund. This ensures the department can support employee well-being and maintain efficient office operations without using additional local tax dollars.

PAL Request: None at this time.

PLANNING

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 250	$ -	$ -	$ 250	5.00		**$ 250**	

Requested Adjustments:

The Tehama County Planning Department is requesting a small mid-year budget adjustment of $250 for its Transportation Expense account. These funds are necessary to cover the costs of travel for staff to attend upcoming professional training and conferences, as well as to conduct essential site visits for various county projects. Because there are no outside revenue sources available for this specific operational need, the department is requesting this minor amount from the General Fund to ensure that staff can remain properly trained and perform necessary on-site inspections for the remainder of the fiscal year.

PAL Request: None at this time.

PLANT ACQUISITION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 7,334,586	$ 7,334,586	$ -	$ -	$ -	0.73		**$ -**	

Requested Adjustments:

The Administration and Facilities Maintenance offices are currently managing a high volume of priority infrastructure projects aimed at improving county facilities and reducing long-term liability. A primary focus this year is completing several projects funded by the American Rescue Plan Act (ARPA) to meet the spending timeline of December 2026. These safety-related updates include replacing outdated sprinkler systems at the County Annex and the Red Bluff Vets Hall, which will directly reduce the county's insurance risk. Additionally, the department is finalizing the accounting for the Walnut Street Complex project to ensure it stays within its grant funding limits.

This mid-year request also addresses critical deferred maintenance, specifically the long-overdue roof replacements for both the District Attorney Investigator's office and the Facilities Maintenance office itself. To fund these extensive improvements, the department is requesting a budget adjustment of $7,334,586 in both expenditure and revenue. Because these costs are entirely covered by a combination of federal ARPA funds, CDBG grants, and internal project savings, this massive undertaking results in zero net cost to the County General Fund. These efforts ensure that the county's buildings remain safe, functional, and compliant with modern standards without placing an additional burden on local taxpayers.

PAL Request: None at this time.

PROBATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 243,796	$ -	$ -	$ 243,796	39.00		**$ 243,796**	

Requested Adjustments:

The Tehama County Probation Department is requesting a mid-year budget correction of $243,796 to ensure its employee insurance accounts are accurately funded. This request is not for new or additional costs, but rather to fix an administrative error where certain calculations were accidentally left out of the original budget. Specifically, the adjustment covers $185,679 for Group Insurance and $58,117 for general Insurance to reflect the actual costs of the department's 39 staff members.

While this appears as a request for General Fund support, the department clarifies that the money to cover these expenses was already accounted for in the county's overall adopted budget plan. Approval of this item simply moves the funds into the correct accounts so the department can meet its existing financial obligations for its workforce.

PAL Request: None at this time.

PUBLIC ASSISTANCE

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ (629,885)	$ (629,885)	$ -	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama County Department of Social Services is reporting a significant mid-year decrease in the Public Assistance budget, with total projected expenses dropping by $629,885 compared to the original annual plan. This reduction is primarily driven by a decrease in both the number of families receiving CalWORKs assistance and a lower average cost per case than initially anticipated. While some programs like Adoption Assistance and Approved Relative Caregivers have seen slight increases due to more families needing support, these are more than offset by the savings in the larger CalWORKs and Foster Care programs.

Because these public assistance programs are largely supported by state and federal funding, the overall revenue expected for the department has also been adjusted downward to match these lower spending levels. The County General Fund contributes a very small portion, 1.5%—to this specific budget unit. This

mid-year update simply ensures the budget accurately reflects current caseload trends, ensuring that the county remains fiscally responsible while continuing to provide essential support services to the community.

PAL Request: None at this time.

RISK MANAGEMENT

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 30,000	$ 30,000	$ -	$ -	4.35		**$ -**	

Requested Adjustments:

The Tehama County Risk Management is requesting a mid-year budget adjustment of $30,000 to address costs associated with complex, ongoing investigations that began in the previous year. To ensure these important legal or administrative reviews can be completed thoroughly, the department is redirecting funds from other available internal accounts. Because this request uses existing resources already within the department's reach, it results in zero net cost to the County General Fund. This approach allows the county to fulfill its oversight responsibilities and maintain transparency without asking for additional tax dollars.

PAL Request: None at this time.

ROAD DEPARTMENT

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 575,046	$ 575,046	$ -	$ -	$ -	76.00		**$ -**	

Requested Adjustments:

The Tehama County Public Works Road Department is currently managing its mid-year budget to ensure all operations remain fully funded through the end of the fiscal year without requiring any additional money from the County's general tax fund. While the department has seen some savings in staff salaries and health insurance, it needs to redirect those funds to cover higher-than-expected costs in areas like professional services, equipment rentals, and general road maintenance projects. To keep everything balanced, the department is adjusting its budget by $575,046, which is entirely offset by updated revenue projections. These revenues are coming from specific sources like state highway funds (SB1) and federal forest reserves, rather than local property or sales taxes. Essentially, this is a "break-even" adjustment

that moves money to where it is needed most to keep the roads maintained while staying within the department's existing resource limits.

PAL Request: None at this time.

SENIOR NUTRITION (MEALS ON WHEELS)

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 122,043	$ 122,043	$ -	$ -	$ -	1.00		**$ -**	

Requested Adjustments:

The Meals on Wheels program in Tehama County provides a vital service by delivering approximately 3,000 hot meals and over 1,500 frozen meals to local seniors every month. For this mid-year update, the department is requesting a budget increase of $122,043 to better serve residents who are currently on a waiting list for food assistance. A large portion of this funding is dedicated to purchasing additional frozen meals and covering the fuel and staffing costs needed to deliver them directly to seniors' homes. The request also includes an essential $15,526 repair for a broken freezer at the Red Bluff meal site to ensure food remains safe and fresh.

Crucially for taxpayers, this expansion of services comes at no additional cost to the County General Fund. The entire increase is covered by specific state and federal grants, such as the Modernizing Older Californians Act, which are designed specifically to support senior nutrition. By utilizing these outside funds, the program can provide more meals and reach more seniors in need while maintaining a balanced budget and stable staffing levels.

PAL Request: None at this time.

SHERIFF

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 123,350	$ 143,100	$ -	$ -	$ 19,750	59.00		**$ 19,750**	

Requested Adjustments:

The Tehama County Sheriff's Office is requesting a mid-year budget adjustment to ensure the department can maintain public safety, fill essential vacant positions, and take advantage of state-funded grants. The primary goal of this request is to fund the salaries and benefits for five vacant positions that were not

included in the initial budget, which will help reduce staff burnout and prevent potential delays in emergency services. Additionally, the department has secured new grant funding from the California Highway Patrol and other state agencies to pay for specialized equipment—like drug and alcohol testing devices—and extra patrols for DUI checkpoints, meaning these specific safety improvements will be fully reimbursed by the state at no long-term cost to local taxpayers.

While much of the new spending is covered by these grants, the department is also addressing a few unexpected costs, such as an insurance claim repair and a clerical billing error from a vendor that resulted in several years of unpaid equipment leases. In total, these adjustments reflect a $143,100 increase in spending, with $123,350 offset by new state revenue. This leaves a remaining balance of $19,750 to be covered by the County's General Fund to ensure the department remains in good standing with its suppliers and maintains the high operational standards necessary to keep the community safe.

PAL Request:

The Sheriff's Office is seeking to release two Deputy Sheriff positions that are currently held vacant. Much like the recent request for the Jail, the department needs to move these positions from frozen to active status so they can begin hiring qualified staff immediately. Releasing these positions is a vital step toward achieving full staffing levels, which will improve overall community safety and reduce the heavy reliance on overtime for current officers.

SHERIFF – ANIMAL REGULATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ -	$ 12,953	$ -	$ -	$ 12,953	8.00		**$ 12,953**	

Requested Adjustments:

The Tehama County Animal Regulations department is requesting a mid-year budget adjustment to address a significant rise in calls for service and animal seizures across the county. Due to this increased activity, the department is facing higher operational costs, specifically for essential vehicle fuel and auto repairs. To maintain operational readiness and prevent service delays, the department is also requesting to restore funding for a vacant position to reach its authorized staffing level. These adjustments involve an increase of $12,953 from the General Fund, which aligns the budget with the department's existing Position Allocation List (PAL) to ensure reliable animal control services remain available to the community. The funding for the vacant position will be moved via transfer as per our vacancy contingency fund.

PAL Request: None at this time.

SOCAIL SERVICES ADMINISTRATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 620,840	$ 620,840	$ -	$ -	$ -	185.00		**$ -**	

Requested Adjustments:

The Tehama County Social Services Administration is requesting a mid-year budget increase of $620,840, bringing its total adjusted budget to approximately $31.5 million. This adjustment is primarily driven by updated information from the state and federal governments regarding final funding allocations for programs like CalWORKs and Housing Support. As part of this update, the department is activating two previously frozen staff positions to better manage these services while allowing one administrative position to sunset as planned. The request also covers necessary cost increases for staff training on mandated state and federal program changes, as well as essential support services for youth and families, such as transportation and housing.

Crucially for the local community, these budget changes have no impact on the County General Fund. The entire increase is funded through state and federal revenue sources. While the department is currently managing a planned deficit by using its own specialized "Realignment" fund balance, it remains focused on aggressive recruitment to fill 20 currently vacant positions to ensure that residents continue to receive the supportive services they need.

PAL Request:

Unfreezing two currently held vacant position, a Social Worker I/II/III/IV and a Employment & Training Worker Supervisor.

TC SANITATION

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 73,494	$ 7,921	$ (65,573)	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama County Sanitation District #1 is requesting a mid-year budget adjustment to accurately reflect the completion of major infrastructure projects and address rising operational costs. As part of a broader effort to close out long-standing initiatives, the district has successfully utilized all pre-approved American Rescue Plan Act (ARPA) funds for essential sanitation work. Additionally, this request accounts

for a $7,921 increase in insurance premiums, which the district is covering by transferring money from its own reserve funds rather than seeking new tax dollars.

Because these adjustments rely on specifically designated grants and existing internal reserves, there is zero net impact on the County General Fund. This update ensures the district's accounting is accurate and fully transparent as it wraps up these critical projects before the fiscal year ends.

PAL Request: None at this time.

TEHAMA MAJOR CRIME UNIT

Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
$ 4,772	$ 4,772	$ -	$ -	$ -	0.00		**$ -**	

Requested Adjustments:

The Tehama Major Crimes Unit is requesting a mid-year budget adjustment of $4,772 to ensure the unit remains secure and properly trained as new personnel join the team. This request includes funding for an unanticipated security upgrade—an alarm lock for the unit's office door—and additional travel and training funds required for new agency members. To keep the budget balanced, the department is redirecting savings from its office and special expense accounts and utilizing interest earned from state asset seizure funds. Importantly, this request has zero impact on the County General Fund, as the unit is entirely supported by specialized state revenues and interest rather than local tax dollars. These internal shifts simply ensure that the department can stay within its total authorized budget while meeting its immediate operational needs.

PAL Request: None at this time.

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DEPARTMENT REQUESTS WITH NO NET CHANGE TO ADOPTED BUDGET

	Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
DEPARTMENT	Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
CHILD SUPPORT SERVICES	$ -	$ -	$ -	$ -	$ -	15.00		$ -	
CLINIC SERVICES	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
COUNTY COUNSEL	$ -	$ -	$ -	$ -	$ -	7.75	**1.00**	$ -	**1.00**
DRUG & ALCOHOL	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
JAIL NURSHING SER.	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
PUBLIC HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
SHERIFF - CORONER	$ -	$ -	$ -	$ -	$ -	3.00		$ -	

Several county departments have completed their mid-year reviews and are reporting a neutral financial standing, meaning they are not requesting any additional funding or changes to their current spending plans. This net zero status indicates that these programs are operating successfully within their original budgets and are on track to finish the fiscal year without a deficit.

The following departments have **no requested changes** to their revenues or expenditures:

- **Child Support Services**: Maintaining operations with its current staff of 15.00 positions.
- **Health Services (Multiple Units)**: Clinic Services, Drug & Alcohol, Jail Nursing Services, Mental Health, and Public Health are all maintaining steady operations with no budget adjustments required.
- **Sheriff - Coroner**: Operating within its existing budget with 3.00 staff members.
- **County Counsel**: While the budget remains balanced with no new funding requested, this department is noting a staffing adjustment of 1.00 position to its permanent list.

SUMMARY OF REQUESTED REVISIONS TO THE POSITION ALLOCATION LIST

FY 2025-26 MID-YEAR BUDGET

SUMMARY
REQUESTED REVISIONS TO THE POSITION ALLOCATION LIST
FY 2025-26 Mid-Year Budget

COUNTY COUNSEL

Budget Unit	Fund # and Budget Unit #	Classification Title	Proposed Action	Total Allocations Currently in the PAL	PAL FTE Change + or -	Adjusted PAL Allocations	Comments	Requested Effective Date
County Counsel	101-1031	Paralegal I/II	Increase	0.00	1.00	1.00	The current incumbent is underfilling a Deputy County Counsel PAL allocation. The Department will continue to hold a Legal Secretary unfunded in order to use salary savings in addition to salary savings from an unfilled Deputy County Counsel.	3/3/2026
				Total:	**1.00**			
NET FTE CHANGE FOR COUNTY COUNSEL:					**1.00**			

GENERAL SERVICES

Budget Unit	Fund # and Budget Unit #	Classification Title	Proposed Action	Total Allocations Currently in the PAL	PAL FTE Change + or -	Adjusted PAL Allocations	Comments	Requested Effective Date
General Services	101-1073	Information Systems Specialist II	Increase	0.00	1.00	1.00		3/3/2026
				Total:	**1.00**			
NET FTE CHANGE FOR GENERAL SERVICES:					**1.00**			

FACILITIES MAINTENANCE

Budget Unit	Fund # and Budget Unit #	Classification Title	Proposed Action	Total Allocations Currently in the PAL	PAL FTE Change + or -	Adjusted PAL Allocations	Comments	Requested Effective Date
Facilities Maintenance	101-1074	Facilities Maintenance Technician - HVAC Specialist	Increase	0.00	1.00	1.00	Add position to better meet County and Maintenance Department needs while expanding in-house service delivery.	3/3/2026
				Total:	**1.00**			
NET FTE CHANGE FOR FACILITIES MAINTENANCE:					**1.00**			

SHERIFF'S OFFICE

Budget Unit	Fund # and Budget Unit #	Classification Title	Proposed Action	Total Allocations Currently in the PAL	PAL FTE Change + or -	Adjusted PAL Allocations	Comments	Requested Effective Date
Jail	106-2032	Correctional Deputy I / Correctional Deputy	Increase	29.00	12.00	41.00	Adding positions for new Jail expansion.	3/3/2026
		Dietary Cook	Increase	3.00	2.00	5.00	Adding positions for new Jail expansion.	3/3/2026

Extension of Limited Term (Sunset Date)

Department	Fund # and Budget Unit	Classification Title	Sunset	Extension	Comments
Sheriff's Auto Shop	106-2028	Public Safety Vehicle & Equipment Mechanic I (Limited Term)	3/1/2026	3/1/2029	Funding extended an additional three (3) years.

Positions Held Vacant

Department	Fund # and Budget Unit	Classification Title	FTE Held Vacant From	FTE Held Vacant To	Comments	Requested Effective Date
Jail	106-2032	Correctional Deputy I/Correctional Deputy	3.00	0.00	Unfreeze allocations	3/3/2026
Sheriff	106-2027	Deputy Sheriff I / Deputy Sheriff	2.00	0.00	Unfreeze allocations	3/3/2026
				Total:	**14.00**	
NET FTE CHANGE FOR SHERIFF'S OFFICE:					**14.00**	

ENVIROMENTAL HEALTH								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
ENVIROMENTAL HEALTH	101-4011	Hazardous Material Specialist I/II/III	Decrease	1.00	0.00	1.00	The Environmental Health Department is requesting to restore a Registered Environmental Health Specialist (REHS) position on the Position Allocation List. This position was previously reclassified to a Hazardous Materials Specialist to accommodate a specific staff member's qualifications; however, this change limited the scope of work that could be performed and resulted in a lower wage for the role. Following that employee's transfer to another department for higher pay, the department now seeks to revert the position to its original REHS status.	3/3/2026
ENVIROMENTAL HEALTH	101-4011	Environmental Health Specialist I/II/III	Increase	4.00	1.00	5.00		3/3/2026
NET FTE CHANGE FOR FACILITIES MAINTENANCE:					**1.00**			

SOCIAL SERVICES								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
Social Services	108-5013	Office Assistant I/II	Decrease	3.00	-1.00	2.00	Replace with Screener	3/3/2026
		Office Assistant III	Decrease	1.00	-1.00	0.00	Replace with Screener	3/3/2026
		Screener	Increase	8.00	2.00	10.00	Replaces 1.00 FTE OA I/II and 1.00 FTE OA III	3/3/2026
Positions Held Vacant								
Department	**Fund # and Budget Unit**	**Classification Title**	**FTE Held Vacant From**	**To**	**Comments**		**Effective Date**	
Social Services	108-5013	Social Worker I/II, Social Worker III, Social Worker IV(A), or Social Worker IV(B)	1.00	0.00	Unfreeze allocation		3/3/2026	
Social Services	108-5013	Employment & Training Worker Supervisor	1.00	0.00	Unfreeze allocation		3/3/2026	
				Total:	**0.00**			
NET FTE CHANGE FOR SOCIAL SERVICES:					**0.00**			

Fixed Asset Requests -- Mid-Year Budget -- FY 2025-26				
General Fund Requests				
Department	**Fund - Budget Unit**	**Amount**	**Funding Source**	**Request**
Facilities Maintenance	101-1074-57605	$ 62,000	General Fund	The Facilities Maintenance Department is requesting $62,000 to purchase a new one-ton pickup truck to replace an aging and unreliable vehicle in its current fleet. This upgrade is essential to provide the department with the heavy-duty capacity needed to handle specialized projects across the county that smaller vehicles cannot support. By securing this reliable transportation, the department will be better equipped to perform technical repairs internally, supporting the broader goal of reducing the county's dependence on expensive outside contractors.
Sheriff - Coroner	101-2072-57605	$ (20,053)	General Fund	Requesting the decrease due to cost of the vehicle came out lower than orginially estimated.
Sheriff - Coroner	101-2072-57608	$ 31,750	General Fund	Moving funds from 2072-57605 from the vehicle into this line item to help offset the cost of second gurney to e implemented with the new loading system currently installed in all three of the Coroners trucks.
Sheriff	106-2027-57600	$ 50,550	BSCC Grant	The Sheriff's Office is requesting a budget adjustment of $50,550 to purchase a TruNarc handheld narcotics analyzer, this purhcase is offset by BSCC grant.
General Fund & Public Safety Deprtments - Grant or Other Funding		**$ 124,247**		

Non General Fund Requests				
Department	**Fund - Budget Unit**	**Amount**	**Funding Source**	**Request**
Fire	105-2042-57605	$ (50,000)	Other Fees	The Fire Department is requesting to decrease its vehicle line item by $50,000 now that the purchase order for a new fire engine has been secured. These available funds will be redirected to the internal assests account to purchase essential handheld and mobile radios for emergency personnel.
Drug & Alcohol	112-40171-57603	$ (20,000)	Other Fees	The Drug and Alcohol Division is requesting to reduce its computer equipment budget by $20,000 to redirect those funds toward increasing software subscription costs, ensuring the department's digital tools remain fully supported without requiring new funding.
Non General Fund Requests		**$ (70,000)**		

FIXED ASSET SUMMARY			
Fixed Assets - General Fund Share		**$**	**73,697**
Fixed Assets - Grants or Other Funding (General Fund Departments)		**$**	**50,550**
Fixed Assets - Non General Fund Departments		**$**	**(70,000)**
Total Fixed Asset Requests		**$**	**54,247**

MID-YEAR REQUESTED ACTION – ADJUSTMENTS BY DEPARTMENTS

The Administration Office is respectfully requesting mid-year budget adjustments for several departments to address critical operational needs and ensure continued service delivery. These adjustments utilize existing funds and previous year's resources, while requiring $1,467,816 in additional General Fund expenditure authority, which is strategically offset by $2,830,873 in projected General Fund revenue. For the entire county, the total requested increase in the expenditure budget is $7,330,256, with a corresponding increase in revenue of $7,498,868.

We have carefully reviewed each request and believe these adjustments are necessary to maintain the programmatic and service levels outlined in the Board's adopted budget while addressing unforeseen operational challenges. We respectfully request your approval of these mid-year budget changes.

Details of summary of request are included in **Table 2** listed below.

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Table 2.

DEPARTMENT	Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
	Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
AGRICULTURE COMMISSIONER	$ -	$ 11,425	$ -	$ 11,425	$ -	12.00		$ -	
ANIMAL SERVICES	$ 122,435	$ 122,435	$ -	$ -	$ -	11.00		$ -	
BOARD OF SUPERVISORS	$ -	$ 1,000	$ -	$ -	$ 1,000	5.00		$ 1,000	
BOATING GRANT	$ (39,021)	$ -	$ (39,021)	$ -	$ 39,021	1.00		$ 39,021	
CAPITAL PROJECTS	$ (3,755,500)	$ (3,755,500)	$ -	$ -	$ -	0.00		$ -	
CHILD SUPPORT SERVICES	$ -	$ -	$ -	$ -	$ -	15.00		$ -	
CLINIC SERVICES	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
COMMUNITY ACTION AGENCY	$ 85,690	$ 85,690	$ -	$ -	$ -	9.00		$ -	
COUNTY ADMINISTRATION	$ -	$ 1,000	$ -	$ -	$ 1,000	3.85		$ 1,000	
COUNTY COUNSEL	$ -	$ -	$ -	$ -	$ -	7.75	**1.00**	$ -	**1.00**
DA FRAUD AUTO	$ 5,481	$ 5,481	$ -	$ -	$ -	0.00		$ -	
DA INSURANCE FRAUD	$ 7,789	$ 7,789	$ -	$ -	$ -	0.00		$ -	
DA VICTIM/WITNESS	$ 10,144	$ 10,144	$ -	$ -	$ -	1.10		$ -	
DISTRICT ATTORNEY	$ -	$ 126,575	$ 124,377	$ -	$ 2,198	24.90		$ 2,198	
DRUG & ALCOHOL	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
ELECTION	$ -	$ 111,050	$ 111,050	$ -	$ -	2.80		$ -	
EMERGENCY OPERATIONS	$ 2,557,964	$ 925,000	$ (1,632,964)	$ -	$ -	0.00		$ -	
FACILITIES MAINTENANCE	$ -	$ 109,093	$ -	$ -	$ 109,093	10.00	**1.00**	$ 109,093	**1.00**
FIRE SCH C VOL	$ 225,000	$ 225,000	$ -	$ -	$ -	5.00		$ -	
GENERAL SERVICES	$ -	$ 34,489	$ -	$ -	$ 34,489	1.00	**1.00**	$ 34,489	**1.00**
JAIL	$ -	$ 234,452	$ -	$ -	$ 234,452	43.00	**14.00**	$ 234,452	**14.00**
JAIL - HEALTH SERVICES	$ -	$ 172,750	$ -	$ -	$ 172,750	0.00		$ 172,750	
JAIL NURSHING SER.	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
JUVENILE HALL	$ -	$ 370,721	$ -	$ -	$ 370,721	32.00		$ 370,721	
L.A.F.C.O	$ -	$ 1,600	$ -	$ -	$ 1,600	0.00		$ 1,600	
LIBRARY	$ 15,200	$ 15,200	$ -	$ -	$ -	7.25		$ -	
MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
PARKS & RECREATION	$ 35,000	$ 35,000	$ -	$ -	$ -	0.00		$ -	
PERSONNEL	$ 4,440	$ 4,440	$ -	$ -	$ -	3.73		$ -	
PLANNING DEPARTMENT	$ -	$ 250	$ -	$ -	$ 250	5.00		$ 250	
PLANT ACQUISITION	$ 7,334,586	$ 7,334,586	$ -	$ -	$ -	0.73		$ -	
PROBATION	$ -	$ 243,796	$ -	$ -	$ 243,796	39.00		$ 243,796	
PUBLIC ASSISTANCE	$ (629,885)	$ (629,885)	$ -	$ -	$ -	0.00		$ -	
PUBLIC HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
RISK MANAGEMENT	$ -	$ 30,000	$ 30,000	$ -	$ -	4.35		$ -	
ROAD DEPARTMENT	$ 575,046	$ 575,046	$ -	$ -	$ -	76.00		$ -	
SENIOR NUTRITION	$ 122,043	$ 122,043	$ -	$ -	$ -	1.00		$ -	
SHERIFF	$ 123,350	$ 143,100	$ -	$ -	$ 19,750	59.00		$ 19,750	
SHERIFF - ANIMAL REG	$ -	$ 12,953	$ -	$ -	$ 12,953	8.00		$ 12,953	
SHERIFF - CORONER	$ -	$ -	$ -	$ -	$ -	3.00		$ -	
SOCIAL SERVICES ADMIN.	$ 620,840	$ 620,840	$ -	$ -	$ -	185.00		$ -	
TC SANITATION	$ 73,494	$ 7,921	$ (65,573)	$ -	$ -	0.00		$ -	
TEHAMA MAJOR CRIMES UNIT	$ 4,772	$ 4,772	$ -	$ -	$ -	0.00		$ -	
TOTAL	**$ 7,498,868**	**$ 7,320,256**	**$ (1,472,131)**	**$ 11,425**	**$1,243,073**	**1451.45**	**17.00**	**$1,243,073**	**17.00**

The Board of Supervisors plays a crucial role in ensuring the well-being and prosperity of our community by prioritizing and funding essential capital improvement projects. These projects are vital investments in our infrastructure, public safety, and community services, directly supporting the County's strategic plan to enhance the quality of life for all residents.

Prioritization of Projects:

The Board must carefully consider and prioritize the following projects during budget discussions:

- **Essential Infrastructure:**
    - **Walnut Street Complex and Corning Vets Hall Projects:** Upgrading these vital community facilities.
    - **Drought Assist Project:** Addressing water and wastewater needs for areas impacted by high nitrogen level for decades.
    - **Capital Improvement Plan:** Maintaining existing infrastructure and strategically addressing deferred maintenance with an estimated annual cost of $1.5 million.
    - **Jail Expansion Operating Costs:** Planning for the long-term operational costs of the jail expansion.
- **Unforeseen Challenges and Funding Gaps:**
    - **Park Fire Recovery and Road Repairs:** Securing funding, including a potential 25% County share for CDAA projects.
    - **Unfunded PERS Liability:** Addressing the unfunded pension liability.
    - **Potential Funding Losses:** Mitigating the potential loss of Federal and State grants.
    - **Rising Insurance Costs:** Rising insurance costs caused by the hardening insurance market in recent years.
    - **Retention and recruitment efforts:** important to maintain a stable workforce, reduce turnover costs, and ensure continued service delivery.
    - **New presidential Administration:** Our county needs to stay up-to-date with new presidential administrations and changes to ensure compliance with federal regulations, secure funding opportunities, and effectively advocate for their communities' needs.
- **Efficiency and Long-Term Sustainability:**
    - **Departmental Consolidation:** Exploring potential consolidation for increased efficiency.

- **Hazard Mitigation Plan:** Adopting a plan to protect the community from future disasters and connecting to budget where relevant.
- **IT Consolidation:** Improving operational efficiency and reducing long-term IT costs.
- **Francise Fees:** Charging where applicable to generate revenue to fund essential public services and infrastructure.
- **Master Fee Schedule:** Updating the fee schedule ensures accurate cost recovery for services, maintains financial stability, and promotes transparency for the public.
- **County Fleet Program:** Optimizing the County's fleet for efficiency and cost savings.

Key Responsibilities of the Board:

- **Review and Approve Budget:** The Board is responsible for thoroughly reviewing and approving the County budget.
- **Informed Decision-Making:** Making well-informed decisions about resource allocation.
- **Secure Funding:** Ensuring that vital projects receive the necessary funding.
- **Policy Development:** Developing policies with public input that allow supervisors to address local needs, allocate resources effectively, and represent their constituents' interests.

CLOSING COMMENTS

In closing, the Administration Office wants to say a sincere thank you to all our Department Heads and fiscal staff for their help during this mid-year review. Your patience and quick turnaround on revisions for our new supervisors made a demanding process much smoother and helped us keep everything transparent and efficient.

Our Department Heads are very aware of the County's current financial position. They have been incredibly responsible, asking only for what is strictly necessary to keep things running. We've seen a lot of creativity lately, with teams making do and finding clever ways to stretch limited resources. While that resourcefulness is a huge asset, we also know we can do even better by modernizing how we plan for the future.

A Shift Toward Better Budgeting

As we look toward the next budget cycle, we are moving away from the old way of just looking at what we spent last year. Instead, we're shifting toward a more strategic, collaborative approach that ensures every dollar is doing the most good for our community.

Here is what you can expect as we move forward together:

- **Focusing on Results**: We want to move past just looking at line items for supplies and travel to see how our spending actually improves public safety and local opportunities.
- **Justifying Every Dollar**: We'll be using a "zero-based" approach, which means we'll be looking at all expenses with fresh eyes to make sure funds go to our highest priorities.
- **Working as One Team**: We're moving away from the "zero-sum game" where departments feel they have to compete for a piece of the pie. We want a process that encourages us to work together on big-picture goals.
- **Clear Priorities**: We will be much clearer about which services are legally mandated and which are discretionary, so the Board can make more informed strategic choices.

By using better data and modern tools, we can make the budget a true roadmap for the County's success. We're committed to supporting our departments with the training and resources they need to make this transition a positive one.

Fixed Asset Requests -- Mid-Year Budget -- FY 2025-26

General Fund Requests

Department	Fund - Budget Unit	Amount	Funding Source	Request
Facilities Maintenance	101-1074-57605	$ 62,000	General Fund	The Facilities Maintenance Department is requesting $62,000 to purchase a new one-ton pickup truck to replace an aging and unreliable vehicle in its current fleet. This upgrade is essential to provide the department with the heavy-duty capacity needed to handle specialized projects across the county that smaller vehicles cannot support. By securing this reliable transportation, the department will be better equipped to perform technical repairs internally, supporting the broader goal of reducing the county's dependence on expensive outside contractors.
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Non General Fund Requests		**$ (70,000)**		

FIXED ASSET SUMMARY		
Fixed Assets - General Fund Share		**$ 73,697**
Fixed Assets - Grants or Other Funding (General Fund Departments)		**$ 50,550**
Fixed Assets - Non General Fund Departments		**$ (70,000)**
Total Fixed Asset Requests		**$ 54,247**

Exhibit III

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1011	BOARD OF SUPERVISORS	Expense	51010	SALARY & WAGES	68,100.00	31,185.72	36,914.28		68,100.00
101	1011	BOARD OF SUPERVISORS	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51020	PERS RETIREMENT	6,619.32	1,971.64	4,647.68		6,619.32
101	1011	BOARD OF SUPERVISORS	Expense	51021	OASDI	5,209.65	3,515.54	1,694.11		5,209.65
101	1011	BOARD OF SUPERVISORS	Expense	51022	UNFUNDED PERS LIAB MISC	7,983.46	7,983.46	0.00		7,983.46
101	1011	BOARD OF SUPERVISORS	Expense	51024	ADP MISC PERS UNFUNDED	2,346.34	2,346.34	0.00		2,346.34
101	1011	BOARD OF SUPERVISORS	Expense	51030	GROUP INSURANCE	46,419.84	19,421.88	26,997.96		46,419.84
101	1011	BOARD OF SUPERVISORS	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	16.06	(16.06)		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51040	WORKERS COMPENSATION	2,526.79	1,263.40	1,263.39		2,526.79
101	1011	BOARD OF SUPERVISORS	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	51060	SALARY & BENEFIT ADJUST	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53120	COMMUNICATIONS	6,000.00	2,850.00	3,150.00		6,000.00
101	1011	BOARD OF SUPERVISORS	Expense	53150	INSURANCE	9,812.00	4,906.00	4,906.00		9,812.00
101	1011	BOARD OF SUPERVISORS	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00	1,000.00	1,000.00
101	1011	BOARD OF SUPERVISORS	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53200	MEMBERSHIPS & DUES	8,841.00	7,803.70	1,037.30		8,841.00
101	1011	BOARD OF SUPERVISORS	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53292	AUTO ALLOWANCE	30,000.00	14,250.00	15,750.00		30,000.00
101	1011	BOARD OF SUPERVISORS	Expense	53298	BOS TRAVEL	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	532981	BOS TRAVEL DISTRICT 1	5,000.00	0.00	5,000.00		5,000.00
101	1011	BOARD OF SUPERVISORS	Expense	532982	BOS TRAVEL DISTRICT 2	5,000.00	994.38	4,005.62		5,000.00
101	1011	BOARD OF SUPERVISORS	Expense	532983	BOS TRAVEL DISTRICT 3	5,000.00	(725.00)	5,725.00		5,000.00
101	1011	BOARD OF SUPERVISORS	Expense	532984	BOS TRAVEL DISTRICT 4	5,000.00	1,074.49	3,925.51		5,000.00
101	1011	BOARD OF SUPERVISORS	Expense	532985	BOS TRAVEL DISTRICT 5	5,000.00	756.88	4,243.12		5,000.00
101	1011	BOARD OF SUPERVISORS	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450502	HEALTH & WELFARE REALIGN	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450580	STATE DISASTER RELIEF	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	4506242	INDIAN GAMING FUND SB-621	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	1011	BOARD OF SUPERVISORS	Revenue	471211	SALE OF CAPITAL ASSETS	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1011	BOARD OF SUPERVISORS	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	55450	INTEREST EXPENSE	50,000.00	0.00	50,000.00		50,000.00
101	1012	OPERATING TRSF-GENERAL	Expense	59711	ACO PROJECTS	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	59716	DEBT SERVICE COP'S 98	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	59717	DEBT SERVICE COP'S 02	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	59718	ROAD AB2928	3,580.00	0.00	3,580.00		3,580.00
101	1012	OPERATING TRSF-GENERAL	Expense	59723	DEBT SVC COP'S 2014	582,896.00	495,767.00	87,129.00		582,896.00
101	1012	OPERATING TRSF-GENERAL	Expense	59724	CHILD SUPPORT	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	59725	DEBT SVC AIRCON	315,911.00	42,806.00	273,105.00		315,911.00
101	1012	OPERATING TRSF-GENERAL	Expense	59726	XFER OUT PENSION TRUST	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
101	1012	OPERATING TRSF-GENERAL	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Expense	51010	SALARY & WAGES	124,246.29	38,971.02	85,275.27		124,246.29
101	1013	CLERK OF THE BOARD	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	644.73	(644.73)		0.00
101	1013	CLERK OF THE BOARD	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Expense	51020	PERS RETIREMENT	12,076.74	3,785.95	8,290.79		12,076.74
101	1013	CLERK OF THE BOARD	Expense	51021	OASDI	9,715.75	2,966.78	6,748.97		9,715.75
101	1013	CLERK OF THE BOARD	Expense	51022	UNFUNDED PERS LIAB MISC	19,702.00	11,125.70	8,576.30		19,702.00
101	1013	CLERK OF THE BOARD	Expense	51024	ADP MISC PERS UNFUNDED	5,824.00	3,269.84	2,554.16		5,824.00
101	1013	CLERK OF THE BOARD	Expense	51030	GROUP INSURANCE	53,382.82	7,344.22	46,038.60		53,382.82
101	1013	CLERK OF THE BOARD	Expense	51031	UNEMPLOYMENT INSURANCE	204.85	57.08	147.77		204.85
101	1013	CLERK OF THE BOARD	Expense	51040	WORKERS COMPENSATION	2,301.00	751.00	1,550.00		2,301.00
101	1013	CLERK OF THE BOARD	Expense	51050	DEFERRED COMP MATCH	1,843.00	0.00	1,843.00		1,843.00
101	1013	CLERK OF THE BOARD	Expense	53120	COMMUNICATIONS	500.00	840.59	(340.59)		500.00
101	1013	CLERK OF THE BOARD	Expense	53150	INSURANCE	70,729.00	35,364.50	35,364.50		70,729.00
101	1013	CLERK OF THE BOARD	Expense	53170	MAINTENANCE OF EQUIPMENT	2,700.00	169.49	2,530.51		2,700.00
101	1013	CLERK OF THE BOARD	Expense	53200	MEMBERSHIPS & DUES	550.00	550.00	0.00		550.00
101	1013	CLERK OF THE BOARD	Expense	53220	OFFICE EXPENSE	2,289.00	65.47	2,223.53		2,289.00
101	1013	CLERK OF THE BOARD	Expense	53230	PROFESSIONAL/SPECIAL SERV	29,500.00	37,244.68	(7,744.68)		29,500.00
101	1013	CLERK OF THE BOARD	Expense	53240	PUBLICATION/LEGAL NOTICES	1,800.00	393.48	1,406.52		1,800.00
101	1013	CLERK OF THE BOARD	Expense	53290	EMPLOYEE TRAVEL/TRAINING	1,800.00	0.00	1,800.00		1,800.00
101	1013	CLERK OF THE BOARD	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1013	CLERK OF THE BOARD	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1014	COUNTY ADMINISTRATION	Expense	51010	SALARY & WAGES	419,696.81	203,257.21	216,439.60		419,696.81
101	1014	COUNTY ADMINISTRATION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	2,559.60	(2,559.60)		0.00
101	1014	COUNTY ADMINISTRATION	Expense	51020	PERS RETIREMENT	40,794.53	15,722.55	25,071.98		40,794.53
101	1014	COUNTY ADMINISTRATION	Expense	51021	OASDI	32,175.66	13,097.43	19,078.23		32,175.66
101	1014	COUNTY ADMINISTRATION	Expense	51022	UNFUNDED PERS LIAB MISC	66,373.59	66,373.59	0.00		66,373.59
101	1014	COUNTY ADMINISTRATION	Expense	51024	ADP MISC PERS UNFUNDED	19,507.18	19,507.18	0.00		19,507.18
101	1014	COUNTY ADMINISTRATION	Expense	51030	GROUP INSURANCE	84,716.21	39,851.95	44,864.26		84,716.21
101	1014	COUNTY ADMINISTRATION	Expense	51031	UNEMPLOYMENT INSURANCE	839.39	414.68	424.71		839.39
101	1014	COUNTY ADMINISTRATION	Expense	51040	WORKERS COMPENSATION	7,805.96	3,902.98	3,902.98		7,805.96
101	1014	COUNTY ADMINISTRATION	Expense	51050	DEFERRED COMP MATCH	4,596.00	1,600.77	2,995.23		4,596.00
101	1014	COUNTY ADMINISTRATION	Expense	53120	COMMUNICATIONS	2,918.00	1,011.05	1,906.95		2,918.00
101	1014	COUNTY ADMINISTRATION	Expense	53150	INSURANCE	4,196.00	2,098.00	2,098.00		4,196.00
101	1014	COUNTY ADMINISTRATION	Expense	53170	MAINTENANCE OF EQUIPMENT	6,077.00	1,565.27	4,511.73	1,000.00	7,077.00
101	1014	COUNTY ADMINISTRATION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,500.00	1,612.15	1,887.85		3,500.00
101	1014	COUNTY ADMINISTRATION	Expense	53200	MEMBERSHIPS & DUES	2,000.00	1,536.00	464.00		2,000.00
101	1014	COUNTY ADMINISTRATION	Expense	53220	OFFICE EXPENSE	4,000.00	2,640.86	1,359.14		4,000.00
101	1014	COUNTY ADMINISTRATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	470.00	744.15	(274.15)		470.00
101	1014	COUNTY ADMINISTRATION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	7,192.00	3,790.74	3,401.26		7,192.00
101	1014	COUNTY ADMINISTRATION	Expense	53291	TRANSPORTATION EXPENSE	600.00	0.00	600.00		600.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1014	COUNTY ADMINISTRATION	Expense	53292	AUTO ALLOWANCE	0.00	0.00	0.00		0.00
101	1014	COUNTY ADMINISTRATION	Expense	53300	UTILITIES	34,955.00	2,514.31	32,440.69		34,955.00
101	1014	COUNTY ADMINISTRATION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1014	COUNTY ADMINISTRATION	Revenue	440320	RENTS & CONCESSIONS	38,880.00	23,600.85	15,279.15		38,880.00
101	1014	COUNTY ADMINISTRATION	Revenue	450502	HEALTH & WELFARE REALIGN	179,000.00	179,000.00	0.00		179,000.00
101	1014	COUNTY ADMINISTRATION	Revenue	461060	OTHER FEES	21,000.00	21,291.86	(291.86)		21,000.00
101	1014	COUNTY ADMINISTRATION	Revenue	471120	MISCELLANEOUS REVENUE	350,000.00	4,589.09	345,410.91		350,000.00
101	1014	COUNTY ADMINISTRATION	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	1014	COUNTY ADMINISTRATION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	51010	SALARY & WAGES	928,901.00	449,063.82	479,837.18		928,901.00
101	1021	AUDITOR CONTROLLER	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	18,585.62	(18,585.62)		0.00
101	1021	AUDITOR CONTROLLER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	51020	PERS RETIREMENT	89,779.00	43,981.72	45,797.28		89,779.00
101	1021	AUDITOR CONTROLLER	Expense	51021	OASDI	71,814.00	34,636.86	37,177.14		71,814.00
101	1021	AUDITOR CONTROLLER	Expense	51022	UNFUNDED PERS LIAB MISC	163,685.00	163,684.43	0.57		163,685.00
101	1021	AUDITOR CONTROLLER	Expense	51024	ADP MISC PERS UNFUNDED	48,107.00	48,106.81	0.19		48,107.00
101	1021	AUDITOR CONTROLLER	Expense	51030	GROUP INSURANCE	244,683.00	116,076.36	128,606.64		244,683.00
101	1021	AUDITOR CONTROLLER	Expense	51031	UNEMPLOYMENT INSURANCE	1,530.00	757.63	772.37		1,530.00
101	1021	AUDITOR CONTROLLER	Expense	51040	WORKERS COMPENSATION	17,509.00	8,754.30	8,754.70		17,509.00
101	1021	AUDITOR CONTROLLER	Expense	51050	DEFERRED COMP MATCH	7,080.00	3,630.00	3,450.00		7,080.00
101	1021	AUDITOR CONTROLLER	Expense	53120	COMMUNICATIONS	1,800.00	870.86	929.14		1,800.00
101	1021	AUDITOR CONTROLLER	Expense	53150	INSURANCE	11,427.00	5,713.50	5,713.50		11,427.00
101	1021	AUDITOR CONTROLLER	Expense	53170	MAINTENANCE OF EQUIPMENT	131,241.00	89,788.91	41,452.09		131,241.00
101	1021	AUDITOR CONTROLLER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	53200	MEMBERSHIPS & DUES	800.00	500.00	300.00		800.00
101	1021	AUDITOR CONTROLLER	Expense	53210	MISCELLANEOUS EXPENSE	50.00	(0.23)	50.23		50.00
101	1021	AUDITOR CONTROLLER	Expense	53220	OFFICE EXPENSE	22,000.00	10,477.02	11,522.98		22,000.00
101	1021	AUDITOR CONTROLLER	Expense	53230	PROFESSIONAL/SPECIAL SERV	25,000.00	143.98	24,856.02		25,000.00
101	1021	AUDITOR CONTROLLER	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	10,880.00	3,224.02	7,655.98		10,880.00
101	1021	AUDITOR CONTROLLER	Expense	53800	INTERNAL ASSETS	4,732.00	3,840.68	891.32		4,732.00
101	1021	AUDITOR CONTROLLER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	57603	COMPUTERS	6,880.00	9,018.75	(2,138.75)		6,880.00
101	1021	AUDITOR CONTROLLER	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	410010	P/T CURRENT SECURED	14,293,953.00	3,273,952.73	11,020,000.27		14,293,953.00
101	1021	AUDITOR CONTROLLER	Revenue	410011	OPERATING UNITARY TAX	1,100,000.00	7,983.42	1,092,016.58		1,100,000.00
101	1021	AUDITOR CONTROLLER	Revenue	410020	P/T CURRENT UNSECURED	650,000.00	641,353.62	8,646.38		650,000.00
101	1021	AUDITOR CONTROLLER	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	410040	P/T PRIOR YEAR UNSECURED	40,000.00	15,195.62	24,804.38		40,000.00
101	1021	AUDITOR CONTROLLER	Revenue	410060	P/T CURRENT SUPPLEMENTAL	360,000.00	30,688.31	329,311.69		360,000.00
101	1021	AUDITOR CONTROLLER	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	410075	PROPERTY TAX IN-LIEU VLF	11,222,856.00	0.00	11,222,856.00		11,222,856.00
101	1021	AUDITOR CONTROLLER	Revenue	410080	SALES & USE TAX	2,695,437.00	1,347,259.21	1,348,177.79		2,695,437.00
101	1021	AUDITOR CONTROLLER	Revenue	410089	PROPERTY TAX IN LIEU S/T	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	410093	RACE HORSE IN LIEU	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	410094	TIMBER YIELD GUARANTEE	70,000.00	89,718.71	(19,718.71)		70,000.00
101	1021	AUDITOR CONTROLLER	Revenue	410096	AIRCRAFT TAXES	200,000.00	307,931.44	(107,931.44)		200,000.00
101	1021	AUDITOR CONTROLLER	Revenue	420150	FRANCHISES	1,025,000.00	0.00	1,025,000.00		1,025,000.00
101	1021	AUDITOR CONTROLLER	Revenue	430200	VEHICLE CODE FINES	250,000.00	129,227.84	120,772.16		250,000.00
101	1021	AUDITOR CONTROLLER	Revenue	430210	OTHER COURT FINES	200,000.00	78,524.98	121,475.02		200,000.00
101	1021	AUDITOR CONTROLLER	Revenue	430230	PENALTY & COST DEL TAXES	700,000.00	1,212,571.28	(512,571.28)		700,000.00
101	1021	AUDITOR CONTROLLER	Revenue	440300	INTEREST	30,000.00	0.00	30,000.00		30,000.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1021	AUDITOR CONTROLLER	Revenue	440303	PERS INTEREST	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	440320	RENTS & CONCESSIONS	10.00	0.00	10.00		10.00
101	1021	AUDITOR CONTROLLER	Revenue	450420	STATE MOTOR VEH IN LIEU	70,000.00	84,425.92	(14,425.92)		70,000.00
101	1021	AUDITOR CONTROLLER	Revenue	450421	VEH LICENSE-REALIGNMENT	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	450502	HEALTH & WELFARE REALIGN	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	450600	HOME OWNERS P/T RELIEF	170,000.00	22,545.60	147,454.40		170,000.00
101	1021	AUDITOR CONTROLLER	Revenue	450620	STATE OTHER	0.00	7,720.44	(7,720.44)		0.00
101	1021	AUDITOR CONTROLLER	Revenue	450626	OPEN SPACE SUBVENTION	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	450628	STATE OFF HIGHWAY VEHICLE	5,500.00	0.00	5,500.00		5,500.00
101	1021	AUDITOR CONTROLLER	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	450690	FEDERAL GRAZING FEES	5,000.00	0.00	5,000.00		5,000.00
101	1021	AUDITOR CONTROLLER	Revenue	450720	FEDERAL OTHER	969,823.00	0.00	969,823.00		969,823.00
101	1021	AUDITOR CONTROLLER	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	460800	ASSM'T-TAX COLLECTION FEE	7,000.00	936.30	6,063.70		7,000.00
101	1021	AUDITOR CONTROLLER	Revenue	461060	OTHER FEES	45,000.00	13,968.32	31,031.68		45,000.00
101	1021	AUDITOR CONTROLLER	Revenue	461061	CREDIT CARD FEES	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	461069	P/T COLLECTION FEES	84,000.00	53,056.20	30,943.80		84,000.00
101	1021	AUDITOR CONTROLLER	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	461079	OMB CIRCULAR A-87	1,961,134.00	985,188.50	975,945.50		1,961,134.00
101	1021	AUDITOR CONTROLLER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	127.38	(127.38)		0.00
101	1021	AUDITOR CONTROLLER	Revenue	471310	RESIDUAL EQUITY TRANSFER	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1021	AUDITOR CONTROLLER	Revenue	4507205	LATCF	0.00	242,513.48	(242,513.48)		0.00
101	1021	AUDITOR CONTROLLER	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	51010	SALARY & WAGES	268,381.00	140,329.33	128,051.67		268,381.00
101	1022	TREASURER	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	1,910.40	(1,910.40)		0.00
101	1022	TREASURER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	51020	PERS RETIREMENT	25,718.00	13,569.02	12,148.98		25,718.00
101	1022	TREASURER	Expense	51021	OASDI	20,891.00	10,789.80	10,101.20		20,891.00
101	1022	TREASURER	Expense	51022	UNFUNDED PERS LIAB MISC	51,729.00	51,728.04	0.96		51,729.00
101	1022	TREASURER	Expense	51024	ADP MISC PERS UNFUNDED	15,203.00	15,202.86	0.14		15,203.00
101	1022	TREASURER	Expense	51030	GROUP INSURANCE	58,025.00	20,335.38	37,689.62		58,025.00
101	1022	TREASURER	Expense	51031	UNEMPLOYMENT INSURANCE	299.00	169.20	129.80		299.00
101	1022	TREASURER	Expense	51040	WORKERS COMPENSATION	5,269.00	2,634.04	2,634.96		5,269.00
101	1022	TREASURER	Expense	51050	DEFERRED COMP MATCH	3,793.00	840.00	2,953.00		3,793.00
101	1022	TREASURER	Expense	53120	COMMUNICATIONS	2,343.00	450.00	1,893.00		2,343.00
101	1022	TREASURER	Expense	53150	INSURANCE	4,602.00	2,301.00	2,301.00		4,602.00
101	1022	TREASURER	Expense	53170	MAINTENANCE OF EQUIPMENT	8,850.00	0.00	8,850.00		8,850.00
101	1022	TREASURER	Expense	53200	MEMBERSHIPS & DUES	1,100.00	0.00	1,100.00		1,100.00
101	1022	TREASURER	Expense	53210	MISCELLANEOUS EXPENSE	100.00	21.21	78.79		100.00
101	1022	TREASURER	Expense	53220	OFFICE EXPENSE	3,000.00	63.05	2,936.95		3,000.00
101	1022	TREASURER	Expense	53230	PROFESSIONAL/SPECIAL SERV	27,150.00	26,036.32	1,113.68		27,150.00
101	1022	TREASURER	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	13,500.00	8,965.68	4,534.32		13,500.00
101	1022	TREASURER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1022	TREASURER	Revenue	440300	INTEREST	1,250,000.00	2,175.57	1,247,824.43		1,250,000.00
101	1022	TREASURER	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1022	TREASURER	Revenue	461060	OTHER FEES	446,381.00	168,987.48	277,393.52		446,381.00
101	1022	TREASURER	Revenue	461079	OMB CIRCULAR A-87	62,822.00	0.00	62,822.00		62,822.00
101	1022	TREASURER	Revenue	471120	MISCELLANEOUS REVENUE	750.00	728.00	22.00		750.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1022	TREASURER	Revenue	471134	PA ESTATE DISTRIBUTE 3-YR	0.00	0.00	0.00		0.00
101	1022	TREASURER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1022	TREASURER	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	51010	SALARY & WAGES	1,051,143.00	533,290.82	517,852.18		1,051,143.00
101	1023	ASSESSOR	Expense	51011	EXTRA HELP	15,000.00	1,646.72	13,353.28		15,000.00
101	1023	ASSESSOR	Expense	51012	OVERTIME COMPENSATION	10,000.00	0.00	10,000.00		10,000.00
101	1023	ASSESSOR	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	13,754.37	(13,754.37)		0.00
101	1023	ASSESSOR	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	51020	PERS RETIREMENT	101,881.00	51,975.97	49,905.03		101,881.00
101	1023	ASSESSOR	Expense	51021	OASDI	81,497.00	40,987.69	40,509.31		81,497.00
101	1023	ASSESSOR	Expense	51022	UNFUNDED PERS LIAB MISC	207,170.43	207,170.43	0.00		207,170.43
101	1023	ASSESSOR	Expense	51024	ADP MISC PERS UNFUNDED	60,887.33	60,887.33	0.00		60,887.33
101	1023	ASSESSOR	Expense	51030	GROUP INSURANCE	278,520.00	140,798.47	137,721.53		278,520.00
101	1023	ASSESSOR	Expense	51031	UNEMPLOYMENT INSURANCE	1,802.00	930.98	871.02		1,802.00
101	1023	ASSESSOR	Expense	51040	WORKERS COMPENSATION	23,295.38	11,647.70	11,647.68		23,295.38
101	1023	ASSESSOR	Expense	51050	DEFERRED COMP MATCH	11,040.00	3,360.00	7,680.00		11,040.00
101	1023	ASSESSOR	Expense	53120	COMMUNICATIONS	6,000.00	2,054.58	3,945.42		6,000.00
101	1023	ASSESSOR	Expense	53150	INSURANCE	24,345.00	12,172.50	12,172.50		24,345.00
101	1023	ASSESSOR	Expense	53170	MAINTENANCE OF EQUIPMENT	7,420.00	2,356.65	5,063.35		7,420.00
101	1023	ASSESSOR	Expense	53200	MEMBERSHIPS & DUES	1,400.00	0.00	1,400.00		1,400.00
101	1023	ASSESSOR	Expense	53220	OFFICE EXPENSE	33,393.00	15,653.34	17,739.66		33,393.00
101	1023	ASSESSOR	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,600.00	914.50	685.50		1,600.00
101	1023	ASSESSOR	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	53280	SPECIAL DEPARTMENTAL EXP	8,000.00	0.00	8,000.00		8,000.00
101	1023	ASSESSOR	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,000.00	3,720.26	1,279.74		5,000.00
101	1023	ASSESSOR	Expense	53291	TRANSPORTATION EXPENSE	5,500.00	855.13	4,644.87		5,500.00
101	1023	ASSESSOR	Expense	53800	INTERNAL ASSETS	35,000.00	32,991.65	2,008.35		35,000.00
101	1023	ASSESSOR	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Revenue	450620	STATE OTHER	3,500.00	0.00	3,500.00		3,500.00
101	1023	ASSESSOR	Revenue	460800	ASSM'T-TAX COLLECTION FEE	50,000.00	6,293.66	43,706.34		50,000.00
101	1023	ASSESSOR	Revenue	461069	P/T COLLECTION FEES	249,000.00	260,670.00	(11,670.00)		249,000.00
101	1023	ASSESSOR	Revenue	471113	CD DATA COUNTY SHARE	9,000.00	0.00	9,000.00		9,000.00
101	1023	ASSESSOR	Revenue	471114	MAPS & DATA	3,500.00	3,061.38	438.62		3,500.00
101	1023	ASSESSOR	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Expense	531702	MEGABYTE	0.00	0.00	0.00		0.00
101	1023	ASSESSOR	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	51010	SALARY & WAGES	105,163.48	58,360.87	46,802.61		105,163.48
101	1025	PURCHASING	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	51020	PERS RETIREMENT	10,221.89	5,643.35	4,578.54		10,221.89
101	1025	PURCHASING	Expense	51021	OASDI	8,045.01	4,296.24	3,748.77		8,045.01
101	1025	PURCHASING	Expense	51022	UNFUNDED PERS LIAB MISC	23,024.81	23,024.81	0.00		23,024.81
101	1025	PURCHASING	Expense	51024	ADP MISC PERS UNFUNDED	6,766.99	6,766.99	0.00		6,766.99
101	1025	PURCHASING	Expense	51030	GROUP INSURANCE	31,333.39	14,993.83	16,339.56		31,333.39
101	1025	PURCHASING	Expense	51031	UNEMPLOYMENT INSURANCE	210.33	117.76	92.57		210.33
101	1025	PURCHASING	Expense	51040	WORKERS COMPENSATION	2,417.15	1,208.58	1,208.57		2,417.15
101	1025	PURCHASING	Expense	51050	DEFERRED COMP MATCH	1,392.00	519.87	872.13		1,392.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1025	PURCHASING	Expense	53120	COMMUNICATIONS	1,559.00	110.27	1,448.73		1,559.00
101	1025	PURCHASING	Expense	53150	INSURANCE	3,298.00	1,649.00	1,649.00		3,298.00
101	1025	PURCHASING	Expense	53170	MAINTENANCE OF EQUIPMENT	375.00	217.76	157.24		375.00
101	1025	PURCHASING	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	1,000.00	325.72	674.28		1,000.00
101	1025	PURCHASING	Expense	53200	MEMBERSHIPS & DUES	130.00	0.00	130.00		130.00
101	1025	PURCHASING	Expense	53210	MISCELLANEOUS EXPENSE	300,000.00	98,403.19	201,596.81		300,000.00
101	1025	PURCHASING	Expense	53211	REIMBURSEMENT SVC/SUPPLY	(300,000.00)	(85,461.16)	(214,538.84)		(300,000.00)
101	1025	PURCHASING	Expense	53220	OFFICE EXPENSE	925.00	91.33	833.67		925.00
101	1025	PURCHASING	Expense	53230	PROFESSIONAL/SPECIAL SERV	989.00	53.65	935.35		989.00
101	1025	PURCHASING	Expense	53240	PUBLICATION/LEGAL NOTICES	295.00	0.00	295.00		295.00
101	1025	PURCHASING	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,300.00	200.00	2,100.00		2,300.00
101	1025	PURCHASING	Expense	53291	TRANSPORTATION EXPENSE	93.00	0.00	93.00		93.00
101	1025	PURCHASING	Expense	53300	UTILITIES	9,435.00	522.90	8,912.10		9,435.00
101	1025	PURCHASING	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1025	PURCHASING	Expense	532802	SURPLUS SALE EXPENSE	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	51010	SALARY & WAGES	277,792.00	131,285.29	146,506.71		277,792.00
101	1026	TAX COLLECTOR	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	1,910.40	(1,910.40)		0.00
101	1026	TAX COLLECTOR	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	51020	PERS RETIREMENT	26,677.00	12,760.36	13,916.64		26,677.00
101	1026	TAX COLLECTOR	Expense	51021	OASDI	21,549.00	9,840.20	11,708.80		21,549.00
101	1026	TAX COLLECTOR	Expense	51022	UNFUNDED PERS LIAB MISC	47,640.00	47,639.71	0.29		47,640.00
101	1026	TAX COLLECTOR	Expense	51024	ADP MISC PERS UNFUNDED	14,002.00	14,001.30	0.70		14,002.00
101	1026	TAX COLLECTOR	Expense	51030	GROUP INSURANCE	81,235.00	37,716.18	43,518.82		81,235.00
101	1026	TAX COLLECTOR	Expense	51031	UNEMPLOYMENT INSURANCE	477.00	229.79	247.21		477.00
101	1026	TAX COLLECTOR	Expense	51040	WORKERS COMPENSATION	4,953.00	2,476.32	2,476.68		4,953.00
101	1026	TAX COLLECTOR	Expense	51050	DEFERRED COMP MATCH	3,345.00	1,200.00	2,145.00		3,345.00
101	1026	TAX COLLECTOR	Expense	53120	COMMUNICATIONS	1,944.00	270.00	1,674.00		1,944.00
101	1026	TAX COLLECTOR	Expense	53150	INSURANCE	4,342.00	2,171.00	2,171.00		4,342.00
101	1026	TAX COLLECTOR	Expense	53170	MAINTENANCE OF EQUIPMENT	6,277.00	578.67	5,698.33		6,277.00
101	1026	TAX COLLECTOR	Expense	53200	MEMBERSHIPS & DUES	415.00	350.00	65.00		415.00
101	1026	TAX COLLECTOR	Expense	53210	MISCELLANEOUS EXPENSE	75.00	0.00	75.00		75.00
101	1026	TAX COLLECTOR	Expense	53220	OFFICE EXPENSE	72,500.00	38,088.53	34,411.47		72,500.00
101	1026	TAX COLLECTOR	Expense	53230	PROFESSIONAL/SPECIAL SERV	30,000.00	9,537.92	20,462.08		30,000.00
101	1026	TAX COLLECTOR	Expense	53240	PUBLICATION/LEGAL NOTICES	7,500.00	1,316.77	6,183.23		7,500.00
101	1026	TAX COLLECTOR	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	53290	EMPLOYEE TRAVEL/TRAINING	3,500.00	1,274.03	2,225.97		3,500.00
101	1026	TAX COLLECTOR	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Expense	57603	COMPUTERS	0.00	13,007.94	(13,007.94)		0.00
101	1026	TAX COLLECTOR	Revenue	410091	HOTEL/MOTEL TAXES	130,000.00	83,515.21	46,484.79		130,000.00
101	1026	TAX COLLECTOR	Revenue	420160	OTHER LICENSE & PERMITS	9,000.00	7,750.00	1,250.00		9,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1026	TAX COLLECTOR	Revenue	430230	PENALTY & COST DEL TAXES	130,000.00	54,761.77	75,238.23		130,000.00
101	1026	TAX COLLECTOR	Revenue	430232	R&T CODE 4112 POI	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Revenue	460800	ASSM'T-TAX COLLECTION FEE	136,117.00	76,433.44	59,683.56		136,117.00
101	1026	TAX COLLECTOR	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Revenue	461069	P/T COLLECTION FEES	37,000.00	48,262.00	(11,262.00)		37,000.00
101	1026	TAX COLLECTOR	Revenue	471115	PROP/TAX EXCESS PROCEEDS	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Revenue	471116	TAX SALE REVENUE SHARE	0.00	0.00	0.00		0.00
101	1026	TAX COLLECTOR	Revenue	471120	MISCELLANEOUS REVENUE	750.00	466.00	284.00		750.00
101	1026	TAX COLLECTOR	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	51010	SALARY & WAGES	354,726.00	179,415.58	175,310.42		354,726.00
101	1031	COUNTY COUNSEL	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	51020	PERS RETIREMENT	37,172.00	17,545.48	19,626.52		37,172.00
101	1031	COUNTY COUNSEL	Expense	51021	OASDI	28,190.00	13,383.39	14,806.61		28,190.00
101	1031	COUNTY COUNSEL	Expense	51022	UNFUNDED PERS LIAB MISC	60,956.25	60,956.25	0.00		60,956.25
101	1031	COUNTY COUNSEL	Expense	51024	ADP MISC PERS UNFUNDED	17,915.03	17,915.03	0.00		17,915.03
101	1031	COUNTY COUNSEL	Expense	51030	GROUP INSURANCE	110,247.00	43,540.91	66,706.09		110,247.00
101	1031	COUNTY COUNSEL	Expense	51031	UNEMPLOYMENT INSURANCE	765.00	361.55	403.45		765.00
101	1031	COUNTY COUNSEL	Expense	51040	WORKERS COMPENSATION	8,588.12	3,737.86	4,850.26		8,588.12
101	1031	COUNTY COUNSEL	Expense	51050	DEFERRED COMP MATCH	7,600.00	1,380.00	6,220.00		7,600.00
101	1031	COUNTY COUNSEL	Expense	53120	COMMUNICATIONS	3,138.00	409.38	2,728.62		3,138.00
101	1031	COUNTY COUNSEL	Expense	53150	INSURANCE	6,880.00	3,440.00	3,440.00		6,880.00
101	1031	COUNTY COUNSEL	Expense	53170	MAINTENANCE OF EQUIPMENT	3,633.00	1,242.91	2,390.09		3,633.00
101	1031	COUNTY COUNSEL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	2,000.00	396.97	1,603.03		2,000.00
101	1031	COUNTY COUNSEL	Expense	53200	MEMBERSHIPS & DUES	9,064.00	7,564.00	1,500.00		9,064.00
101	1031	COUNTY COUNSEL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	53220	OFFICE EXPENSE	6,200.00	661.43	5,538.57		6,200.00
101	1031	COUNTY COUNSEL	Expense	53230	PROFESSIONAL/SPECIAL SERV	461,538.00	192,197.67	269,340.33		461,538.00
101	1031	COUNTY COUNSEL	Expense	53240	PUBLICATION/LEGAL NOTICES	784.00	0.00	784.00		784.00
101	1031	COUNTY COUNSEL	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	53280	SPECIAL DEPARTMENTAL EXP	5,752.00	4,986.95	765.05		5,752.00
101	1031	COUNTY COUNSEL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	9,000.00	4,051.08	4,948.92		9,000.00
101	1031	COUNTY COUNSEL	Expense	53296	LITIGATION TRAVEL	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	53300	UTILITIES	15,204.00	913.60	14,290.40		15,204.00
101	1031	COUNTY COUNSEL	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Revenue	460850	LEGAL FEES	17,800.00	8,550.09	9,249.91		17,800.00
101	1031	COUNTY COUNSEL	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Revenue	461070	INTERFUND REVENUE	349,652.00	92,446.81	257,205.19		349,652.00
101	1031	COUNTY COUNSEL	Revenue	471120	MISCELLANEOUS REVENUE	6,000.00	0.00	6,000.00		6,000.00
101	1031	COUNTY COUNSEL	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	510105	CORRECTIVE ACTION S&B	0.00	0.00	0.00		0.00
101	1031	COUNTY COUNSEL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	51010	SALARY & WAGES	318,580.79	159,342.55	159,238.24		318,580.79
101	1041	PERSONNEL	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	142.20	(142.20)		0.00
101	1041	PERSONNEL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	51020	PERS RETIREMENT	30,966.05	13,857.77	17,108.28		30,966.05

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1041	PERSONNEL	Expense	51021	OASDI	24,722.11	11,098.39	13,623.72		24,722.11
101	1041	PERSONNEL	Expense	51022	UNFUNDED PERS LIAB MISC	54,359.19	54,359.19	0.00		54,359.19
101	1041	PERSONNEL	Expense	51024	ADP MISC PERS UNFUNDED	15,976.15	15,976.15	0.00		15,976.15
101	1041	PERSONNEL	Expense	51030	GROUP INSURANCE	86,573.00	23,638.88	62,934.12		86,573.00
101	1041	PERSONNEL	Expense	51031	UNEMPLOYMENT INSURANCE	637.16	322.01	315.15		637.16
101	1041	PERSONNEL	Expense	51040	WORKERS COMPENSATION	42,516.10	21,258.04	21,258.06		42,516.10
101	1041	PERSONNEL	Expense	51050	DEFERRED COMP MATCH	4,476.00	1,555.77	2,920.23		4,476.00
101	1041	PERSONNEL	Expense	53120	COMMUNICATIONS	2,460.00	389.83	2,070.17		2,460.00
101	1041	PERSONNEL	Expense	53150	INSURANCE	5,950.00	2,975.00	2,975.00		5,950.00
101	1041	PERSONNEL	Expense	53170	MAINTENANCE OF EQUIPMENT	8,338.00	2,206.20	6,131.80		8,338.00
101	1041	PERSONNEL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	2,000.00	297.72	1,702.28		2,000.00
101	1041	PERSONNEL	Expense	53200	MEMBERSHIPS & DUES	2,500.00	1,500.00	1,000.00		2,500.00
101	1041	PERSONNEL	Expense	53210	MISCELLANEOUS EXPENSE	1,900.00	3,970.59	(2,070.59)	3,970.52	5,870.52
101	1041	PERSONNEL	Expense	53211	REIMBURSEMENT SVC/SUPPLY	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	53220	OFFICE EXPENSE	6,289.00	1,748.74	4,540.26	469.48	6,758.48
101	1041	PERSONNEL	Expense	53230	PROFESSIONAL/SPECIAL SERV	100,000.00	24,001.90	75,998.10	(1,190.17)	98,809.83
101	1041	PERSONNEL	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	53280	SPECIAL DEPARTMENTAL EXP	939.00	159.28	779.72		939.00
101	1041	PERSONNEL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	7,000.00	1,758.27	5,241.73		7,000.00
101	1041	PERSONNEL	Expense	53291	TRANSPORTATION EXPENSE	100.00	0.00	100.00		100.00
101	1041	PERSONNEL	Expense	53292	AUTO ALLOWANCE	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	53300	UTILITIES	9,755.00	697.19	9,057.81		9,755.00
101	1041	PERSONNEL	Expense	53800	INTERNAL ASSETS	0.00	1,190.17	(1,190.17)	1,190.17	1,190.17
101	1041	PERSONNEL	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	4,440.00	(4,440.00)	4,440.00	4,440.00
101	1041	PERSONNEL	Revenue	471125	RISK MANAGEMENT SUBSIDY	0.00	0.00	0.00		0.00
101	1041	PERSONNEL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	51010	SALARY & WAGES	213,899.05	71,272.87	142,626.18		213,899.05
101	1052	ELECTIONS	Expense	51011	EXTRA HELP	20,000.00	8,033.70	11,966.30	8,000.00	28,000.00
101	1052	ELECTIONS	Expense	51012	OVERTIME COMPENSATION	1,503.00	80.63	1,422.37		1,503.00
101	1052	ELECTIONS	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	21,715.86	(21,715.86)		0.00
101	1052	ELECTIONS	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	51020	PERS RETIREMENT	20,790.99	6,938.76	13,852.23		20,790.99
101	1052	ELECTIONS	Expense	51021	OASDI	18,195.28	7,561.66	10,633.62		18,195.28
101	1052	ELECTIONS	Expense	51022	UNFUNDED PERS LIAB MISC	32,606.92	32,606.92	0.00		32,606.92
101	1052	ELECTIONS	Expense	51024	ADP MISC PERS UNFUNDED	9,583.17	9,583.17	0.00		9,583.17
101	1052	ELECTIONS	Expense	51030	GROUP INSURANCE	64,987.78	25,724.31	39,263.47		64,987.78
101	1052	ELECTIONS	Expense	51031	UNEMPLOYMENT INSURANCE	354.41	179.88	174.53		354.41
101	1052	ELECTIONS	Expense	51040	WORKERS COMPENSATION	3,920.90	1,960.46	1,960.44		3,920.90
101	1052	ELECTIONS	Expense	51050	DEFERRED COMP MATCH	3,564.00	790.00	2,774.00		3,564.00
101	1052	ELECTIONS	Expense	53120	COMMUNICATIONS	1,875.00	446.46	1,428.54		1,875.00
101	1052	ELECTIONS	Expense	53150	INSURANCE	5,703.00	2,851.50	2,851.50		5,703.00
101	1052	ELECTIONS	Expense	53170	MAINTENANCE OF EQUIPMENT	29,592.00	13,239.13	16,352.87		29,592.00
101	1052	ELECTIONS	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	47.96	(47.96)		0.00
101	1052	ELECTIONS	Expense	53220	OFFICE EXPENSE	44,933.00	34,990.59	9,942.41	36,050.00	80,983.00
101	1052	ELECTIONS	Expense	53230	PROFESSIONAL/SPECIAL SERV	12,800.00	11,156.50	1,643.50		12,800.00
101	1052	ELECTIONS	Expense	53240	PUBLICATION/LEGAL NOTICES	2,500.00	617.80	1,882.20	600.00	3,100.00
101	1052	ELECTIONS	Expense	53250	RENT/LEASE OF EQUIPMENT	104,611.00	0.00	104,611.00		104,611.00
101	1052	ELECTIONS	Expense	53260	RENT/LEASE OF BUILDINGS	1,050.00	0.00	1,050.00		1,050.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1052	ELECTIONS	Expense	53280	SPECIAL DEPARTMENTAL EXP	116,850.00	66,367.78	50,482.22	66,000.00	182,850.00
101	1052	ELECTIONS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	3,500.00	2,073.06	1,426.94	400.00	3,900.00
101	1052	ELECTIONS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	450459	STATE GRANTS	0.00	300,000.00	(300,000.00)		0.00
101	1052	ELECTIONS	Revenue	450620	STATE OTHER	1,500.00	963.08	536.92		1,500.00
101	1052	ELECTIONS	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	460840	ELECTION SERVICES	5,000.00	26,778.99	(21,778.99)		5,000.00
101	1052	ELECTIONS	Revenue	460952	RECORDER AUTOMATION FEES	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1052	ELECTIONS	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	51010	SALARY & WAGES	131,311.27	62,892.80	68,418.47	24,230.00	155,541.27
101	1073	GENERAL SERVICES	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	51020	PERS RETIREMENT	12,763.46	6,143.40	6,620.06	2,337.66	15,101.12
101	1073	GENERAL SERVICES	Expense	51021	OASDI	10,137.11	4,777.66	5,359.45	1,853.60	11,990.71
101	1073	GENERAL SERVICES	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	19,135.33	(19,135.33)		0.00
101	1073	GENERAL SERVICES	Expense	51024	ADP MISC PERS UNFUNDED	0.00	5,623.87	(5,623.87)		0.00
101	1073	GENERAL SERVICES	Expense	51030	GROUP INSURANCE	23,209.92	11,604.96	11,604.96	5,839.03	29,048.95
101	1073	GENERAL SERVICES	Expense	51031	UNEMPLOYMENT INSURANCE	262.62	127.01	135.61	48.46	311.08
101	1073	GENERAL SERVICES	Expense	51040	WORKERS COMPENSATION	1,641.70	820.86	820.84		1,641.70
101	1073	GENERAL SERVICES	Expense	51050	DEFERRED COMP MATCH	1,200.00	600.00	600.00	180.00	1,380.00
101	1073	GENERAL SERVICES	Expense	53120	COMMUNICATIONS	25,436.00	11,172.93	14,263.07		25,436.00
101	1073	GENERAL SERVICES	Expense	53150	INSURANCE	2,609.00	1,304.50	1,304.50		2,609.00
101	1073	GENERAL SERVICES	Expense	53170	MAINTENANCE OF EQUIPMENT	287,659.35	88,942.29	198,717.06		287,659.35
101	1073	GENERAL SERVICES	Expense	53200	MEMBERSHIPS & DUES	0.00	27,757.25	(27,757.25)		0.00
101	1073	GENERAL SERVICES	Expense	53210	MISCELLANEOUS EXPENSE	25,000.00	0.00	25,000.00		25,000.00
101	1073	GENERAL SERVICES	Expense	53211	REIMBURSEMENT SVC/SUPPLY	(25,000.00)	0.00	(25,000.00)		(25,000.00)
101	1073	GENERAL SERVICES	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,455.00	0.00	5,455.00		5,455.00
101	1073	GENERAL SERVICES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	1,845.20	(1,845.20)		0.00
101	1073	GENERAL SERVICES	Expense	53301	COURTHOUSE ANNEX	380,000.00	190,831.51	189,168.49		380,000.00
101	1073	GENERAL SERVICES	Expense	53302	624 WASHINGTON	8,000.00	4,274.37	3,725.63		8,000.00
101	1073	GENERAL SERVICES	Expense	53303	GOVT SVC CENTER UTILITIES	2,000.00	0.00	2,000.00		2,000.00
101	1073	GENERAL SERVICES	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Revenue	450620	STATE OTHER	60,000.00	0.00	60,000.00		60,000.00
101	1073	GENERAL SERVICES	Revenue	450740	OTHER GOV'T AGENCIES	20,883.00	0.00	20,883.00		20,883.00
101	1073	GENERAL SERVICES	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	531702	MEGABYTE	133,300.00	68,615.19	64,684.81		133,300.00
101	1073	GENERAL SERVICES	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	1073	GENERAL SERVICES	Expense	5330014	UTILITIES ANNEX II	6,000.00	2,965.00	3,035.00		6,000.00
101	1074	FACILITIES MAINTENANCE	Expense	51010	SALARY & WAGES	522,319.98	253,135.36	269,184.62	31,458.64	553,778.62
101	1074	FACILITIES MAINTENANCE	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1074	FACILITIES MAINTENANCE	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	51020	PERS RETIREMENT	50,023.01	24,672.24	25,350.77	2,532.44	52,555.45
101	1074	FACILITIES MAINTENANCE	Expense	51021	OASDI	40,600.08	18,668.74	21,931.34	2,103.28	42,703.36
101	1074	FACILITIES MAINTENANCE	Expense	51022	UNFUNDED PERS LIAB MISC	94,357.84	94,357.84	0.00		94,357.84
101	1074	FACILITIES MAINTENANCE	Expense	51024	ADP MISC PERS UNFUNDED	27,731.75	27,731.78	(0.03)		27,731.75
101	1074	FACILITIES MAINTENANCE	Expense	51030	GROUP INSURANCE	162,469.44	92,893.20	69,576.24	10,195.15	172,664.59
101	1074	FACILITIES MAINTENANCE	Expense	51031	UNEMPLOYMENT INSURANCE	1,044.64	510.20	534.44	53.55	1,098.19
101	1074	FACILITIES MAINTENANCE	Expense	51040	WORKERS COMPENSATION	121,920.13	60,960.06	60,960.07		121,920.13
101	1074	FACILITIES MAINTENANCE	Expense	51050	DEFERRED COMP MATCH	7,680.00	2,040.00	5,640.00	750.00	8,430.00
101	1074	FACILITIES MAINTENANCE	Expense	53110	CLOTHING & PERSONNEL SUPP	1,500.00	145.45	1,354.55		1,500.00
101	1074	FACILITIES MAINTENANCE	Expense	53120	COMMUNICATIONS	6,627.20	2,015.37	4,611.83		6,627.20
101	1074	FACILITIES MAINTENANCE	Expense	53140	HOUSEHOLD EXPENSE	13,950.00	8,705.61	5,244.39		13,950.00
101	1074	FACILITIES MAINTENANCE	Expense	53150	INSURANCE	27,999.00	13,999.50	13,999.50		27,999.00
101	1074	FACILITIES MAINTENANCE	Expense	53170	MAINTENANCE OF EQUIPMENT	9,726.00	7,126.48	2,599.52		9,726.00
101	1074	FACILITIES MAINTENANCE	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	20,969.00	11,150.13	9,818.87		20,969.00
101	1074	FACILITIES MAINTENANCE	Expense	53200	MEMBERSHIPS & DUES	200.00	0.00	200.00		200.00
101	1074	FACILITIES MAINTENANCE	Expense	53210	MISCELLANEOUS EXPENSE	25,000.00	2,645.04	22,354.96		25,000.00
101	1074	FACILITIES MAINTENANCE	Expense	53211	REIMBURSEMENT SVC/SUPPLY	(25,000.00)	(3,447.02)	(21,552.98)		(25,000.00)
101	1074	FACILITIES MAINTENANCE	Expense	53220	OFFICE EXPENSE	1,650.00	201.69	1,448.31		1,650.00
101	1074	FACILITIES MAINTENANCE	Expense	53230	PROFESSIONAL/SPECIAL SERV	25,465.00	10,875.66	14,589.34		25,465.00
101	1074	FACILITIES MAINTENANCE	Expense	53250	RENT/LEASE OF EQUIPMENT	985.00	2,806.94	(1,821.94)		985.00
101	1074	FACILITIES MAINTENANCE	Expense	53270	SMALL TOOLS & INSTRUMENTS	4,200.00	1,617.12	2,582.88		4,200.00
101	1074	FACILITIES MAINTENANCE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,300.00	0.00	2,300.00		2,300.00
101	1074	FACILITIES MAINTENANCE	Expense	53291	TRANSPORTATION EXPENSE	30,000.00	8,313.73	21,686.27		30,000.00
101	1074	FACILITIES MAINTENANCE	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	57605	VEHICLES	0.00	0.00	0.00	62,000.00	62,000.00
101	1074	FACILITIES MAINTENANCE	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	430211	CCCJ FINES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	450623	STATE PARK BOND	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	461008	JANITORIAL SERVICES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	461070	INTERFUND REVENUE	5,000.00	0.00	5,000.00		5,000.00
101	1074	FACILITIES MAINTENANCE	Revenue	466081	MISC GRANTS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	471120	MISCELLANEOUS REVENUE	4,620.24	955.81	3,664.43		4,620.24
101	1074	FACILITIES MAINTENANCE	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Expense	532321	SPECIAL PROJECTS	9,620.24	6,497.56	3,122.68		9,620.24
101	1074	FACILITIES MAINTENANCE	Expense	558007	HAZARDOUS WASTE DISPOSAL	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	1074	FACILITIES MAINTENANCE	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	51010	SALARY & WAGES	59,527.10	32,532.48	26,994.62		59,527.10
101	1076	PROPERTY PLANNING & MGMT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	51020	PERS RETIREMENT	5,786.03	3,101.43	2,684.60		5,786.03
101	1076	PROPERTY PLANNING & MGMT	Expense	51021	OASDI	4,622.67	2,443.82	2,178.85		4,622.67
101	1076	PROPERTY PLANNING & MGMT	Expense	51022	UNFUNDED PERS LIAB MISC	13,339.23	13,339.23	0.00		13,339.23
101	1076	PROPERTY PLANNING & MGMT	Expense	51024	ADP MISC PERS UNFUNDED	3,920.40	3,920.40	0.00		3,920.40

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1076	PROPERTY PLANNING & MGMT	Expense	51030	GROUP INSURANCE	17,407.44	8,607.06	8,800.38		17,407.44
101	1076	PROPERTY PLANNING & MGMT	Expense	51031	UNEMPLOYMENT INSURANCE	119.05	65.75	53.30		119.05
101	1076	PROPERTY PLANNING & MGMT	Expense	51040	WORKERS COMPENSATION	1,321.42	660.72	660.70		1,321.42
101	1076	PROPERTY PLANNING & MGMT	Expense	51050	DEFERRED COMP MATCH	960.00	378.87	581.13		960.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53120	COMMUNICATIONS	250.00	121.39	128.61		250.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53145	MOVING EXPENSE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53150	INSURANCE	38,456.00	19,228.00	19,228.00		38,456.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53170	MAINTENANCE OF EQUIPMENT	328.00	0.00	328.00		328.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	20,000.00	20,243.21	(243.21)		20,000.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53230	PROFESSIONAL/SPECIAL SERV	500.00	22.50	477.50		500.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53280	SPECIAL DEPARTMENTAL EXP	400.00	0.00	400.00		400.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53292	AUTO ALLOWANCE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53300	UTILITIES	26,467.00	8,911.35	17,555.65		26,467.00
101	1076	PROPERTY PLANNING & MGMT	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	55480	TAXES ASSESSMENTS	215.00	0.00	215.00		215.00
101	1076	PROPERTY PLANNING & MGMT	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	55534	ARRA MATCH EXPENSE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	59901	INTRA-FUND XFER UTILITIES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	430211	CCCJ FINES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	450580	STATE DISASTER RELIEF	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	450623	STATE PARK BOND	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	450670	FEDERAL DISASTER RELIEF	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532314	STORM DAMAGE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532316	CSS FIRE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532317	LIBRARY ROOF REPLACE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532318	WEED ABATEMENT	3,000.00	0.00	3,000.00		3,000.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532319	BOAT RAMP CLEANING	50,000.00	0.00	50,000.00		50,000.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532320	COURT FACILITIES MTCE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532323	PARK PROJECTS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532326	GERBER PARK MATCH	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532327	LIGHTING RETROFIT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532328	PARK PLAYGROUND EQUIPMENT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532329	RIVER PARK ELECTRICAL	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532333	ADA COMPLIANCE	28,321.00	0.00	28,321.00		28,321.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532335	PARK SIDEWALKS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532336	GERBER PARK IMPROVEMENTS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532339	CALPERS 218 AGMT FEE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532340	FURNISHINGS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532341	NUISANCE ABATMENT EXP	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532342	PARKS PICNIC TABLES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532343	RIVER PARK IMPROVEMENT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532344	CONE GROVE PARK IMPROVE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532345	MILL CREEK PARK IMPROVE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532347	RIDGEWAY PARK IRRIGATION	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532348	RIDGEWAY PRK REC HALL ADA	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1076	PROPERTY PLANNING & MGMT	Expense	532349	ANNEX MOISTURE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532352	GERBER PARK SPRINKLERS	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532356	GREEN COTTAGE DEMOLITION	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532357	PARK FENCING PROJECT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532358	WATER LINE PROJECT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532361	COURTHOUSE ANNEX 1 HVAC'S	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532362	JAIL BOILER/WATER HEATER	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532363	COURTHOUSE SIDEWALK	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532364	SHERIFF MOVE TO ANTELOPE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532365	PUB GRD MOVE TO WET HALL	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532366	DA CARPET ANNEX	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532367	AUDITOR CARPET REPLACE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532368	COURTHOUSE A/C	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532369	PINE STREET PARKING LOT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532370	PROBATION A/C	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532372	SHERIFF DISBATCH UPGRADE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532373	CNTY FACILITIES SECURITY	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532374	ANNEX CARPET	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532375	JAIL WATER HEATER REPLACE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532376	JUV HALL FLOORING	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532377	CORNING VETS HALL IMPROVE	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	532378	JUVENILE HALL PAINT	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Expense	533010	COURT UTILITIES	0.00	0.00	0.00		0.00
101	1076	PROPERTY PLANNING & MGMT	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	53230	PROFESSIONAL/SPECIAL SERV	7,050.00	0.00	7,050.00		7,050.00
101	1091	ADVERTISING.COMM SVC	Expense	55520	CONTR TO OTHER AGENCIES	32,431.00	0.00	32,431.00		32,431.00
101	1091	ADVERTISING.COMM SVC	Expense	55523	RBTC CHAMBER	3,000.00	0.00	3,000.00		3,000.00
101	1091	ADVERTISING.COMM SVC	Expense	55525	3-CORE	7,500.00	7,500.00	0.00		7,500.00
101	1091	ADVERTISING.COMM SVC	Expense	55528	TEDC	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55531	FAIR EXHIBIT	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55532	COM OUTREACH (S-PLANNING)	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55540	150TH ANNIVERSARY	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55541	QLG-LITIGATION	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55542	C. SACTO VALLEY RC&D CSNL	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	55545	ENLOE HOSPITAL	15,000.00	0.00	15,000.00		15,000.00
101	1091	ADVERTISING.COMM SVC	Expense	55546	BROADBAND TECHNICAL ASST	500,000.00	408,163.00	91,837.00		500,000.00
101	1091	ADVERTISING.COMM SVC	Revenue	450459	STATE GRANTS	500,000.00	415,385.55	84,614.45		500,000.00
101	1091	ADVERTISING.COMM SVC	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	450659	FEDERAL GRANTS	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	450723	HOUSING REHABILITATION	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	532808	FED CARES EXPENSE	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	555231	CORNING CHAMBER	2,000.00	0.00	2,000.00		2,000.00
101	1091	ADVERTISING.COMM SVC	Expense	555232	CENSUS	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Expense	555233	L.M. CHAMBER OF COMMERCE	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	1091	ADVERTISING.COMM SVC	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	1104	SURVEYOR	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	1104	SURVEYOR	Expense	53230	PROFESSIONAL/SPECIAL SERV	25,000.00	0.00	25,000.00		25,000.00
101	1104	SURVEYOR	Revenue	460870	PLANNING/ENGINEERING SERV	25,000.00	445.41	24,554.59		25,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	51021	OASDI	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	1105	PROFESSIONAL COUNTY SVCS	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53230	PROFESSIONAL/SPECIAL SERV	136,603.00	82,308.95	54,294.05		136,603.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53231	AUDITING SERVICES	75,075.00	10,050.00	65,025.00		75,075.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53232	CMSP ADMINISTRATION	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53236	SMALL CLAIMS ADVISOR	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53237	LEGAL EXPENSE	56,822.00	0.00	56,822.00		56,822.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53238	SB-90 CLAIMS	7,000.00	5,000.00	2,000.00		7,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	55461	SETTLEMENTS & AWARDS	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	55463	STATE ALLOC FEDERAL FINE	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	430210	OTHER COURT FINES	4,500.00	0.00	4,500.00		4,500.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	430213	MISC PENAL CODE FINES	9,150.00	0.00	9,150.00		9,150.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	450502	HEALTH & WELFARE REALIGN	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	450727	FEDERAL TITLE III	10,000.00	0.00	10,000.00		10,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	460800	ASSM'T-TAX COLLECTION FEE	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	460950	RECORDING FEES	7,855.00	0.00	7,855.00		7,855.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	471120	MISCELLANEOUS REVENUE	20,000.00	0.00	20,000.00		20,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532310	ACA REPORTING	11,500.00	0.00	11,500.00		11,500.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532312	SOBRIETY	10,000.00	3,045.00	6,955.00		10,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532313	GASB / ACTUARIAL SERVICES	17,500.00	12,000.00	5,500.00		17,500.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532314	STORM DAMAGE	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532330	WELFARE REFORM	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532331	GENERAL PLAN AMMENDMENT	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532332	ADA PLAN	10,000.00	0.00	10,000.00		10,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532334	DOMESTIC VIOLENCE SERVICE	16,358.00	4,298.25	12,059.75		16,358.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532337	USER FEE STUDY	0.00	0.00	0.00		0.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532338	EMPLOYEE ASST PROGRAM	18,002.00	8,928.00	9,074.00		18,002.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532339	CALPERS 218 AGMT FEE	2,000.00	0.00	2,000.00		2,000.00
101	1105	PROFESSIONAL COUNTY SVCS	Expense	532346	COUNTY CODE	5,500.00	682.50	4,817.50		5,500.00
101	1105	PROFESSIONAL COUNTY SVCS	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	1109	CONTINGENCY	Expense	53319	MED-MAL SETTLEMENT	0.00	0.00	0.00		0.00
101	1109	CONTINGENCY	Expense	59000	CONTINGENCY	256,329.79	0.00	256,329.79		256,329.79
101	1109	CONTINGENCY	Expense	59001	SPECIAL CONTINGENCY	209,175.00	0.00	209,175.00		209,175.00
101	1109	CONTINGENCY	Expense	59002	FUEL CONTINGENCY	0.00	0.00	0.00		0.00
101	1109	CONTINGENCY	Expense	59003	VACANCY CONTINGENCY	1,165,277.00	0.00	1,165,277.00		1,165,277.00
101	2000	PUB SAFETY CONTRIBUTION	Expense	59712	PUBLIC SAFETY	26,457,870.00	17,047,602.87	9,410,267.13		26,457,870.00
101	2000	PUB SAFETY CONTRIBUTION	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	430211	CCCJ FINES	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	460851	REIMB PUBLIC DEFENDER	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	460910	COURT FEES & COSTS	200,000.00	183,881.73	16,118.27		200,000.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	460912	CLERK-CONCILIATION COURT	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	460916	SMALL CLAIMS FEES	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	461004	A-87 COURT SERVICES	53,577.00	26,785.80	26,791.20		53,577.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Expense	555210	CONTR-STATE TRIAL COURT	627,960.00	313,980.00	313,980.00		627,960.00
101	2009	TRIAL COURT CONTRIBUTION	Expense	555213	T/C 50% MOE	25,864.00	0.00	25,864.00		25,864.00
101	2009	TRIAL COURT CONTRIBUTION	Expense	555214	T/C AB1759 ST 2003 CH 159	0.00	0.00	0.00		0.00
101	2009	TRIAL COURT CONTRIBUTION	Expense	555215	COURT FACILITIES PAYMENT	92,490.00	23,122.50	69,367.50		92,490.00
101	2009	TRIAL COURT CONTRIBUTION	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	51010	SALARY & WAGES	162,032.00	79,303.06	82,728.94		162,032.00
101	2011	DA VICTIM/WITNESS	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	51012	OVERTIME COMPENSATION	0.00	592.86	(592.86)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2011	DA VICTIM/WITNESS	Expense	51015	PAY IN LIEU/MISC PAYOUTS	2,098.00	0.00	2,098.00		2,098.00
101	2011	DA VICTIM/WITNESS	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	51020	PERS RETIREMENT	15,451.00	7,678.91	7,772.09		15,451.00
101	2011	DA VICTIM/WITNESS	Expense	51021	OASDI	12,776.00	5,965.25	6,810.75		12,776.00
101	2011	DA VICTIM/WITNESS	Expense	51022	UNFUNDED PERS LIAB MISC	33,960.00	33,960.14	(0.14)		33,960.00
101	2011	DA VICTIM/WITNESS	Expense	51024	ADP MISC PERS UNFUNDED	9,981.00	9,980.88	0.12		9,981.00
101	2011	DA VICTIM/WITNESS	Expense	51030	GROUP INSURANCE	58,489.00	22,062.76	36,426.24		58,489.00
101	2011	DA VICTIM/WITNESS	Expense	51031	UNEMPLOYMENT INSURANCE	328.00	161.45	166.55		328.00
101	2011	DA VICTIM/WITNESS	Expense	51040	WORKERS COMPENSATION	3,669.00	1,834.42	1,834.58		3,669.00
101	2011	DA VICTIM/WITNESS	Expense	51050	DEFERRED COMP MATCH	2,160.00	900.00	1,260.00		2,160.00
101	2011	DA VICTIM/WITNESS	Expense	53120	COMMUNICATIONS	900.00	537.35	362.65	160.00	1,060.00
101	2011	DA VICTIM/WITNESS	Expense	53150	INSURANCE	6,348.00	3,174.00	3,174.00		6,348.00
101	2011	DA VICTIM/WITNESS	Expense	53170	MAINTENANCE OF EQUIPMENT	11,200.00	7,047.67	4,152.33		11,200.00
101	2011	DA VICTIM/WITNESS	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	53220	OFFICE EXPENSE	500.00	7,328.10	(6,828.10)	9,188.00	9,688.00
101	2011	DA VICTIM/WITNESS	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	53280	SPECIAL DEPARTMENTAL EXP	2,000.00	937.52	1,062.48		2,000.00
101	2011	DA VICTIM/WITNESS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	4,000.00	420.52	3,579.48		4,000.00
101	2011	DA VICTIM/WITNESS	Expense	53291	TRANSPORTATION EXPENSE	934.00	659.67	274.33	796.00	1,730.00
101	2011	DA VICTIM/WITNESS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Revenue	450563	STATE OCJP (CALEMA)	326,826.00	203,725.00	123,101.00	10,144.00	336,970.00
101	2011	DA VICTIM/WITNESS	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2011	DA VICTIM/WITNESS	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2016	GRAND JURY	Expense	53160	JURY & WITNESS EXPENSE	17,900.00	6,082.38	11,817.62		17,900.00
101	2016	GRAND JURY	Expense	53220	OFFICE EXPENSE	500.00	434.84	65.16		500.00
101	2016	GRAND JURY	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,782.00	5,010.00	772.00		5,782.00
101	2016	GRAND JURY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
101	2016	GRAND JURY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2016	GRAND JURY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2017	EXAM OF MENTALL ILL	Expense	53230	PROFESSIONAL/SPECIAL SERV	7,312.00	500.00	6,812.00		7,312.00
101	2018	LAW LIBRARY	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	2018	LAW LIBRARY	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
101	2021	TRIAL JURORS & WITNESSES	Expense	53160	JURY & WITNESS EXPENSE	4,387.00	0.00	4,387.00		4,387.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51010	SALARY & WAGES	904,292.00	439,844.98	464,447.02		904,292.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	10,757.63	(10,757.63)		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51020	PERS RETIREMENT	87,740.00	42,820.69	44,919.31		87,740.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51021	OASDI	70,211.00	33,892.65	36,318.35		70,211.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51022	UNFUNDED PERS LIAB MISC	158,841.00	158,841.20	(0.20)		158,841.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51024	ADP MISC PERS UNFUNDED	46,683.00	46,683.39	(0.39)		46,683.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51030	GROUP INSURANCE	208,889.00	104,516.00	104,373.00		208,889.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51031	UNEMPLOYMENT INSURANCE	1,809.00	903.02	905.98		1,809.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51040	WORKERS COMPENSATION	23,209.00	11,604.66	11,604.34		23,209.00
101	2061	AGRICULTURE COMMISSIONER	Expense	51050	DEFERRED COMP MATCH	10,080.00	3,510.00	6,570.00		10,080.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53100	AGRICULTURAL	2,598.00	3,384.85	(786.85)		2,598.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53110	CLOTHING & PERSONNEL SUPP	100.00	0.00	100.00		100.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2061	AGRICULTURE COMMISSIONER	Expense	53120	COMMUNICATIONS	9,445.00	5,498.86	3,946.14		9,445.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53140	HOUSEHOLD EXPENSE	490.00	301.33	188.67		490.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53150	INSURANCE	32,156.00	16,078.00	16,078.00		32,156.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53170	MAINTENANCE OF EQUIPMENT	20,042.00	7,366.83	12,675.17	11,425.00	31,467.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	6,142.00	1,082.28	5,059.72		6,142.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53200	MEMBERSHIPS & DUES	4,200.00	3,265.56	934.44		4,200.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53220	OFFICE EXPENSE	7,769.77	2,779.64	4,990.13		7,769.77
101	2061	AGRICULTURE COMMISSIONER	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,000.00	160.04	839.96		1,000.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53240	PUBLICATION/LEGAL NOTICES	370.00	0.00	370.00		370.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53270	SMALL TOOLS & INSTRUMENTS	100.00	0.00	100.00		100.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53280	SPECIAL DEPARTMENTAL EXP	8,275.00	5,196.59	3,078.41		8,275.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	16,101.00	4,805.94	11,295.06		16,101.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53291	TRANSPORTATION EXPENSE	21,800.00	8,010.31	13,789.69		21,800.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53300	UTILITIES	6,558.00	497.63	6,060.37		6,558.00
101	2061	AGRICULTURE COMMISSIONER	Expense	53800	INTERNAL ASSETS	0.00	1,546.81	(1,546.81)		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	57605	VEHICLES	0.00	51,960.28	(51,960.28)		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	57608	SPECIAL DEPT EQUIPMENT	14,990.66	14,990.66	0.00		14,990.66
101	2061	AGRICULTURE COMMISSIONER	Expense	59900	INTRAFUND TRANSFER	(29,569.00)	0.00	(29,569.00)		(29,569.00)
101	2061	AGRICULTURE COMMISSIONER	Expense	59901	INTRA-FUND XFER UTILITIES	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	420111	REGISTRATION PERMITS	2,970.00	1,445.00	1,525.00		2,970.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	420160	OTHER LICENSE & PERMITS	74,200.00	29,117.00	45,083.00		74,200.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	430220	FORF & PENALTIES	2,000.00	0.00	2,000.00		2,000.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450530	STATE AGRICULTURE	450,000.00	0.00	450,000.00		450,000.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450531	STATE WEED MANAGEMENT	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450532	STATE CONTRACTS	126,620.00	85,230.41	41,389.59		126,620.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	460890	AGRICULTURAL SERVICES	113,000.00	70,070.00	42,930.00		113,000.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	461060	OTHER FEES	525.00	1,751.50	(1,226.50)		525.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	466081	MISC GRANTS	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	471120	MISCELLANEOUS REVENUE	150.00	275.00	(125.00)		150.00
101	2061	AGRICULTURE COMMISSIONER	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	2061	AGRICULTURE COMMISSIONER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51010	SALARY & WAGES	305,545.00	119,791.16	185,753.84		305,545.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	1,005.30	(1,005.30)		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51020	PERS RETIREMENT	29,699.00	11,668.03	18,030.97		29,699.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51021	OASDI	23,640.00	9,015.24	14,624.76		23,640.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51022	UNFUNDED PERS LIAB MISC	48,859.11	48,859.11	0.00		48,859.11
101	2062	CODE/MARIJUANA ENFORCE	Expense	51024	ADP MISC PERS UNFUNDED	14,359.68	14,359.68	0.00		14,359.68
101	2062	CODE/MARIJUANA ENFORCE	Expense	51030	GROUP INSURANCE	100,581.00	29,039.11	71,541.89		100,581.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51031	UNEMPLOYMENT INSURANCE	611.00	243.57	367.43		611.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	51040	WORKERS COMPENSATION	50,096.95	25,048.48	25,048.47		50,096.95
101	2062	CODE/MARIJUANA ENFORCE	Expense	51050	DEFERRED COMP MATCH	3,480.00	1,020.00	2,460.00		3,480.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53110	CLOTHING & PERSONNEL SUPP	600.00	0.00	600.00		600.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53120	COMMUNICATIONS	0.00	771.77	(771.77)		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2062	CODE/MARIJUANA ENFORCE	Expense	53150	INSURANCE	5,833.00	2,916.50	2,916.50		5,833.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53170	MAINTENANCE OF EQUIPMENT	6,500.00	5,708.21	791.79		6,500.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53220	OFFICE EXPENSE	15,000.00	6,442.30	8,557.70		15,000.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53230	PROFESSIONAL/SPECIAL SERV	37,600.00	5,411.99	32,188.01		37,600.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53280	SPECIAL DEPARTMENTAL EXP	14,000.00	0.00	14,000.00		14,000.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	8,000.00	365.00	7,635.00		8,000.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53291	TRANSPORTATION EXPENSE	5,500.00	2,877.76	2,622.24		5,500.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	55520	CONTR TO OTHER AGENCIES	69,860.00	2,787.30	67,072.70		69,860.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	55543	VEHICLE ABATEMENT	75,000.00	4,120.55	70,879.45		75,000.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	55919	VEHICLE ABATEMENT SALARY	25,000.00	2,260.25	22,739.75		25,000.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	55999	SALARY CONTRA	(25,000.00)	(2,260.25)	(22,739.75)		(25,000.00)
101	2062	CODE/MARIJUANA ENFORCE	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	420171	MARIJUANA SITE REG	500.00	409.80	90.20		500.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	420172	MISC FEES	0.00	203.75	(203.75)		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	430217	FINES & FEES CODE ENFORCE	25,000.00	24,293.19	706.81		25,000.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	430218	FINES & FEES MARIJUANA	581,188.00	66,670.94	514,517.06		581,188.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	460810	SPECIAL ASSESSMENTS	2,500.00	0.00	2,500.00		2,500.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	460813	VEHICLE ABATEMENT FEE	100,000.00	12,706.78	87,293.22		100,000.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	460816	NUISANCE ASSESSMENT	12,000.00	12,626.40	(626.40)		12,000.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	461010	CODE ENFORCEMENT	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	471102	COST REIMBURSEMENT	20,000.00	0.00	20,000.00		20,000.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2062	CODE/MARIJUANA ENFORCE	Expense	532341	NUISANCE ABATMENT EXP	20,000.00	12,067.27	7,932.73		20,000.00
101	2071	CLERK - RECORDER	Expense	51010	SALARY & WAGES	220,071.45	129,094.51	90,976.94		220,071.45
101	2071	CLERK - RECORDER	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	51020	PERS RETIREMENT	21,390.94	12,510.17	8,880.77		21,390.94
101	2071	CLERK - RECORDER	Expense	51021	OASDI	16,990.79	9,612.67	7,378.12		16,990.79
101	2071	CLERK - RECORDER	Expense	51022	UNFUNDED PERS LIAB MISC	43,879.63	43,879.63	0.00		43,879.63
101	2071	CLERK - RECORDER	Expense	51024	ADP MISC PERS UNFUNDED	12,896.21	12,896.21	0.00		12,896.21
101	2071	CLERK - RECORDER	Expense	51030	GROUP INSURANCE	67,308.77	36,561.23	30,747.54		67,308.77
101	2071	CLERK - RECORDER	Expense	51031	UNEMPLOYMENT INSURANCE	309.20	155.66	153.54		309.20
101	2071	CLERK - RECORDER	Expense	51040	WORKERS COMPENSATION	6,673.95	3,336.98	3,336.97		6,673.95
101	2071	CLERK - RECORDER	Expense	51050	DEFERRED COMP MATCH	3,829.00	720.00	3,109.00		3,829.00
101	2071	CLERK - RECORDER	Expense	53120	COMMUNICATIONS	2,688.00	1,434.23	1,253.77		2,688.00
101	2071	CLERK - RECORDER	Expense	53150	INSURANCE	3,407.00	1,703.50	1,703.50		3,407.00
101	2071	CLERK - RECORDER	Expense	53170	MAINTENANCE OF EQUIPMENT	23,000.00	321.35	22,678.65		23,000.00
101	2071	CLERK - RECORDER	Expense	53200	MEMBERSHIPS & DUES	900.00	0.00	900.00		900.00
101	2071	CLERK - RECORDER	Expense	53220	OFFICE EXPENSE	30,978.00	11,596.34	19,381.66		30,978.00
101	2071	CLERK - RECORDER	Expense	53230	PROFESSIONAL/SPECIAL SERV	7,000.00	11,107.99	(4,107.99)		7,000.00
101	2071	CLERK - RECORDER	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	53260	RENT/LEASE OF BUILDINGS	4,200.00	1,703.10	2,496.90		4,200.00
101	2071	CLERK - RECORDER	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	3,300.00	1,576.48	1,723.52		3,300.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2071	CLERK - RECORDER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	410092	PROPERTY TRANSFER TAX	300,000.00	187,597.64	112,402.36		300,000.00
101	2071	CLERK - RECORDER	Revenue	420160	OTHER LICENSE & PERMITS	2,900.00	1,088.00	1,812.00		2,900.00
101	2071	CLERK - RECORDER	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	460911	CLERK-OTHER FEES	47,010.00	22,465.70	24,544.30		47,010.00
101	2071	CLERK - RECORDER	Revenue	460912	CLERK-CONCILIATION COURT	1,600.00	670.00	930.00		1,600.00
101	2071	CLERK - RECORDER	Revenue	460913	CLERK-MARRIAGE FEES	9,500.00	4,008.00	5,492.00		9,500.00
101	2071	CLERK - RECORDER	Revenue	460914	CLERK-MARRIAGE SERVICES	6,000.00	1,915.00	4,085.00		6,000.00
101	2071	CLERK - RECORDER	Revenue	460949	RECORDER OTHER FEE	115,000.00	50,316.60	64,683.40		115,000.00
101	2071	CLERK - RECORDER	Revenue	460950	RECORDING FEES	180,000.00	78,870.50	101,129.50		180,000.00
101	2071	CLERK - RECORDER	Revenue	460951	RECORDER MICROGRAPHIC FEE	6,000.00	0.00	6,000.00		6,000.00
101	2071	CLERK - RECORDER	Revenue	460952	RECORDER AUTOMATION FEES	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	460955	GC 27361 TRIAL CT FEES	28,000.00	17,041.00	10,959.00		28,000.00
101	2071	CLERK - RECORDER	Revenue	460956	TRUNCATION FEES	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	460957	ELECTRONIC FILING FEES	12,420.00	0.00	12,420.00		12,420.00
101	2071	CLERK - RECORDER	Revenue	460958	SB2 FILING FEES	22,000.00	10,003.70	11,996.30		22,000.00
101	2071	CLERK - RECORDER	Revenue	461060	OTHER FEES	13,950.00	0.00	13,950.00		13,950.00
101	2071	CLERK - RECORDER	Revenue	461069	P/T COLLECTION FEES	0.00	31.00	(31.00)		0.00
101	2071	CLERK - RECORDER	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2071	CLERK - RECORDER	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	51010	SALARY & WAGES	277,348.00	88,137.32	189,210.68	(6,867.00)	270,481.00
101	2072	SHERIFF - CORONER	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	51012	OVERTIME COMPENSATION	32,279.00	6,685.73	25,593.27		32,279.00
101	2072	SHERIFF - CORONER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	8,771.88	(8,771.88)		0.00
101	2072	SHERIFF - CORONER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	51020	PERS RETIREMENT	21,032.00	8,664.01	12,367.99		21,032.00
101	2072	SHERIFF - CORONER	Expense	51021	OASDI	24,155.00	10,616.43	13,538.57		24,155.00
101	2072	SHERIFF - CORONER	Expense	51022	UNFUNDED PERS LIAB MISC	33,573.00	33,572.53	0.47		33,573.00
101	2072	SHERIFF - CORONER	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	51024	ADP MISC PERS UNFUNDED	9,867.00	9,866.96	0.04		9,867.00
101	2072	SHERIFF - CORONER	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	51030	GROUP INSURANCE	69,630.00	35,486.62	34,143.38		69,630.00
101	2072	SHERIFF - CORONER	Expense	51031	UNEMPLOYMENT INSURANCE	619.00	282.11	336.89		619.00
101	2072	SHERIFF - CORONER	Expense	51040	WORKERS COMPENSATION	15,912.00	7,956.18	7,955.82		15,912.00
101	2072	SHERIFF - CORONER	Expense	51050	DEFERRED COMP MATCH	2,160.00	1,080.00	1,080.00		2,160.00
101	2072	SHERIFF - CORONER	Expense	53110	CLOTHING & PERSONNEL SUPP	2,160.00	1,080.00	1,080.00		2,160.00
101	2072	SHERIFF - CORONER	Expense	53120	COMMUNICATIONS	2,100.00	1,037.32	1,062.68		2,100.00
101	2072	SHERIFF - CORONER	Expense	53150	INSURANCE	7,259.00	3,629.50	3,629.50		7,259.00
101	2072	SHERIFF - CORONER	Expense	53170	MAINTENANCE OF EQUIPMENT	4,646.00	426.18	4,219.82		4,646.00
101	2072	SHERIFF - CORONER	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	3,680.00	1,304.04	2,375.96		3,680.00
101	2072	SHERIFF - CORONER	Expense	53200	MEMBERSHIPS & DUES	500.00	300.00	200.00		500.00
101	2072	SHERIFF - CORONER	Expense	53220	OFFICE EXPENSE	431.00	107.46	323.54		431.00
101	2072	SHERIFF - CORONER	Expense	53230	PROFESSIONAL/SPECIAL SERV	225,000.00	88,838.28	136,161.72	(10,000.00)	215,000.00
101	2072	SHERIFF - CORONER	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2072	SHERIFF - CORONER	Expense	53280	SPECIAL DEPARTMENTAL EXP	17,083.00	0.00	17,083.00	(1,697.00)	15,386.00
101	2072	SHERIFF - CORONER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	8,955.00	1,272.92	7,682.08		8,955.00
101	2072	SHERIFF - CORONER	Expense	53291	TRANSPORTATION EXPENSE	5,200.00	2,185.88	3,014.12		5,200.00
101	2072	SHERIFF - CORONER	Expense	53300	UTILITIES	9,000.00	4,500.00	4,500.00		9,000.00
101	2072	SHERIFF - CORONER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	57605	VEHICLES	80,606.00	49,233.67	31,372.33	(20,053.00)	60,553.00
101	2072	SHERIFF - CORONER	Expense	57608	SPECIAL DEPT EQUIPMENT	38,500.00	38,500.00	0.00	31,750.00	70,250.00
101	2072	SHERIFF - CORONER	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450621	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	461060	OTHER FEES	13,350.00	4,400.00	8,950.00		13,350.00
101	2072	SHERIFF - CORONER	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	532302	BURIAL EXPENSE	11,925.00	4,770.00	7,155.00		11,925.00
101	2072	SHERIFF - CORONER	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	2072	SHERIFF - CORONER	Expense	5101014	STANDBY	63,133.00	37,043.51	26,089.49	6,867.00	70,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51010	SALARY & WAGES	475,041.10	100,487.26	374,553.84		475,041.10
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51011	EXTRA HELP	43,173.00	17,469.45	25,703.55		43,173.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51012	OVERTIME COMPENSATION	0.00	627.68	(627.68)		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51015	PAY IN LIEU/MISC PAYOUTS	1,210.00	1,559.20	(349.20)		1,210.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51020	PERS RETIREMENT	42,285.99	9,709.69	32,576.30		42,285.99
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51021	OASDI	40,305.10	11,065.30	29,239.80		40,305.10
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51022	UNFUNDED PERS LIAB MISC	56,749.99	56,749.99	0.00		56,749.99
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51024	ADP MISC PERS UNFUNDED	16,678.81	16,678.81	0.00		16,678.81
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51030	GROUP INSURANCE	116,049.60	31,935.94	84,113.66		116,049.60
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51031	UNEMPLOYMENT INSURANCE	1,038.85	297.72	741.13		1,038.85
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51040	WORKERS COMPENSATION	8,048.17	4,024.08	4,024.09		8,048.17
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	51050	DEFERRED COMP MATCH	6,000.00	1,020.00	4,980.00		6,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53120	COMMUNICATIONS	9,600.00	4,003.49	5,596.51		9,600.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53140	HOUSEHOLD EXPENSE	500.00	181.58	318.42		500.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53150	INSURANCE	9,791.00	4,895.50	4,895.50		9,791.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53170	MAINTENANCE OF EQUIPMENT	25,600.00	10,233.36	15,366.64		25,600.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	1,440.00	538.11	901.89		1,440.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53200	MEMBERSHIPS & DUES	4,350.00	4,600.00	(250.00)		4,350.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53210	MISCELLANEOUS EXPENSE	2,400.00	755.42	1,644.58		2,400.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53220	OFFICE EXPENSE	8,230.00	5,669.76	2,560.24		8,230.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53230	PROFESSIONAL/SPECIAL SERV	40,500.00	10,516.14	29,983.86		40,500.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53260	RENT/LEASE OF BUILDINGS	6,120.00	3,240.00	2,880.00		6,120.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53280	SPECIAL DEPARTMENTAL EXP	1,166.00	318.69	847.31		1,166.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53290	EMPLOYEE TRAVEL/TRAINING	6,872.00	0.00	6,872.00		6,872.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53291	TRANSPORTATION EXPENSE	8,000.00	2,388.60	5,611.40		8,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53300	UTILITIES	8,080.00	2,883.62	5,196.38		8,080.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	55400	SUPPORT & CARE OF PERSONS	3,000.00	200.00	2,800.00		3,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	55418	SUPPORT & CARE PUB ADMIN	15,000.00	0.00	15,000.00		15,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	440300	INTEREST	100.00	0.00	100.00		100.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	450500	STATE MENTAL HEALTH	8,809.00	0.00	8,809.00		8,809.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	450502	HEALTH & WELFARE REALIGN	75,700.00	0.00	75,700.00		75,700.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460920	PUB GUARDIAN PROBATE FEES	8,500.00	2,675.00	5,825.00		8,500.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460921	PUB GUARDIAN LPS FEES	20,000.00	16,721.67	3,278.33		20,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460922	REPRESENTATIVE PAYEE FEES	33,000.00	9,460.00	23,540.00		33,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460923	BOND FEES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460924	PUB ADMIN ESTATE FEES	15,000.00	0.00	15,000.00		15,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	460925	SPECIAL NEEDS TRUST FEES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	471101	MISC REPAYMENTS	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	471104	TRANSPORTATION REIM CLIEN	0.00	360.15	(360.15)		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	471120	MISCELLANEOUS REVENUE	15,000.00	0.00	15,000.00		15,000.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	2073	PUB GUARDIAN / PUB ADMIN	Expense	5101014	STANDBY	40,000.00	23,827.66	16,172.34		40,000.00
101	2074	EMERGENCY OPERATIONS	Expense	53221	OTHER EXPENSE	30,000.00	0.00	30,000.00		30,000.00
101	2074	EMERGENCY OPERATIONS	Expense	53222	HEALTH EMERGENCY SUPPLIES	0.00	0.00	0.00		0.00
101	2074	EMERGENCY OPERATIONS	Expense	53230	PROFESSIONAL/SPECIAL SERV	20,000.00	7,891.42	12,108.58	925,000.00	945,000.00
101	2074	EMERGENCY OPERATIONS	Expense	53233	PROF/SERV - CORTESE	0.00	0.00	0.00		0.00
101	2074	EMERGENCY OPERATIONS	Revenue	450580	STATE DISASTER RELIEF	0.00	1,632,964.31	(1,632,964.31)	2,557,964.31	2,557,964.31
101	2074	EMERGENCY OPERATIONS	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51010	SALARY & WAGES	118,987.00	56,910.18	62,076.82		118,987.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51012	OVERTIME COMPENSATION	47,647.00	24,129.18	23,517.82		47,647.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	2,587.10	(2,587.10)		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51020	PERS RETIREMENT	21,871.00	10,294.61	11,576.39		21,871.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51021	OASDI	12,904.00	6,632.25	6,271.75		12,904.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51023	UNFUNDED PERS LIAB SAFETY	30,929.00	30,929.46	(0.46)		30,929.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51025	ADP SAFETY PERS UNFUNDED	4,723.00	4,722.94	0.06		4,723.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51030	GROUP INSURANCE	23,210.00	12,920.73	10,289.27		23,210.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51031	UNEMPLOYMENT INSURANCE	333.00	172.29	160.71		333.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51040	WORKERS COMPENSATION	2,004.00	1,001.80	1,002.20		2,004.00
101	2075	OFFICE OF EMERG SERVICE	Expense	51050	DEFERRED COMP MATCH	720.00	360.00	360.00		720.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53110	CLOTHING & PERSONNEL SUPP	720.00	360.00	360.00		720.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53120	COMMUNICATIONS	3,600.00	1,530.73	2,069.27		3,600.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53150	INSURANCE	12,851.00	6,425.50	6,425.50		12,851.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53170	MAINTENANCE OF EQUIPMENT	36,090.00	4,394.87	31,695.13		36,090.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53220	OFFICE EXPENSE	1,000.00	8.23	991.77		1,000.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53260	RENT/LEASE OF BUILDINGS	15,717.00	15,717.19	(0.19)		15,717.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2075	OFFICE OF EMERG SERVICE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	6,125.00	5,797.59	327.41		6,125.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53291	TRANSPORTATION EXPENSE	7,053.00	1,818.21	5,234.79		7,053.00
101	2075	OFFICE OF EMERG SERVICE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450540	STATE CIVIL DEFENSE	136,165.00	26,190.00	109,975.00		136,165.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450677	HOMELAND SECURITY	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	450727	FEDERAL TITLE III	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	461060	OTHER FEES	1,978.00	905.00	1,073.00		1,978.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
101	2075	OFFICE OF EMERG SERVICE	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	51010	SALARY & WAGES	254,378.40	139,780.91	114,597.49		254,378.40
101	2077	PLANNING DEPARTMENT	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	51020	PERS RETIREMENT	24,329.00	13,493.67	10,835.33		24,329.00
101	2077	PLANNING DEPARTMENT	Expense	51021	OASDI	19,716.99	10,308.62	9,408.37		19,716.99
101	2077	PLANNING DEPARTMENT	Expense	51022	UNFUNDED PERS LIAB MISC	50,165.16	50,165.16	0.00		50,165.16
101	2077	PLANNING DEPARTMENT	Expense	51024	ADP MISC PERS UNFUNDED	14,743.53	14,743.53	0.00		14,743.53
101	2077	PLANNING DEPARTMENT	Expense	51030	GROUP INSURANCE	69,629.76	38,683.20	30,946.56		69,629.76
101	2077	PLANNING DEPARTMENT	Expense	51031	UNEMPLOYMENT INSURANCE	493.64	281.33	212.31		493.64
101	2077	PLANNING DEPARTMENT	Expense	51040	WORKERS COMPENSATION	10,692.99	5,346.50	5,346.49		10,692.99
101	2077	PLANNING DEPARTMENT	Expense	51050	DEFERRED COMP MATCH	4,080.00	1,320.00	2,760.00		4,080.00
101	2077	PLANNING DEPARTMENT	Expense	53120	COMMUNICATIONS	2,160.00	360.00	1,800.00		2,160.00
101	2077	PLANNING DEPARTMENT	Expense	53150	INSURANCE	5,206.00	2,603.00	2,603.00		5,206.00
101	2077	PLANNING DEPARTMENT	Expense	53170	MAINTENANCE OF EQUIPMENT	15,980.00	175.57	15,804.43		15,980.00
101	2077	PLANNING DEPARTMENT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	1,820.15	(1,820.15)		0.00
101	2077	PLANNING DEPARTMENT	Expense	53200	MEMBERSHIPS & DUES	500.00	125.00	375.00		500.00
101	2077	PLANNING DEPARTMENT	Expense	53220	OFFICE EXPENSE	15,000.00	5,575.99	9,424.01		15,000.00
101	2077	PLANNING DEPARTMENT	Expense	53230	PROFESSIONAL/SPECIAL SERV	108,000.00	40,059.73	67,940.27		108,000.00
101	2077	PLANNING DEPARTMENT	Expense	53240	PUBLICATION/LEGAL NOTICES	7,980.00	985.33	6,994.67		7,980.00
101	2077	PLANNING DEPARTMENT	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	53260	RENT/LEASE OF BUILDINGS	1,620.00	810.00	810.00		1,620.00
101	2077	PLANNING DEPARTMENT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,000.00	1,291.12	3,708.88		5,000.00
101	2077	PLANNING DEPARTMENT	Expense	53291	TRANSPORTATION EXPENSE	500.00	268.56	231.44	250.00	750.00
101	2077	PLANNING DEPARTMENT	Expense	53800	INTERNAL ASSETS	10,000.00	8,362.53	1,637.47		10,000.00
101	2077	PLANNING DEPARTMENT	Expense	55530	STATE GRANT OTHER	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55532	COM OUTREACH (S-PLANNING)	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55543	VEHICLE ABATEMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55919	VEHICLE ABATEMENT SALARY	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2077	PLANNING DEPARTMENT	Expense	55921	DEL WEBB SERVICE/SUPPLIES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55922	SAGE MORGAN SALARIES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55924	SAGE MORGAN SERVICE & SUP	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55926	CODE ENFORCEMENT SALARIES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55927	CODE ENFORCEMENT SRV-SUP	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	420140	PLANNING PERMITS	75,000.00	35,098.00	39,902.00		75,000.00
101	2077	PLANNING DEPARTMENT	Revenue	420173	TECHNOLOGY FEE	400.00	220.00	180.00		400.00
101	2077	PLANNING DEPARTMENT	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	450723	HOUSING REHABILITATION	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	460813	VEHICLE ABATEMENT FEE	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	460815	PROJECT DEV REIMB/SVC	18,000.00	0.00	18,000.00		18,000.00
101	2077	PLANNING DEPARTMENT	Revenue	460870	PLANNING/ENGINEERING SERV	62,500.00	0.00	62,500.00		62,500.00
101	2077	PLANNING DEPARTMENT	Revenue	461060	OTHER FEES	1,500.00	0.00	1,500.00		1,500.00
101	2077	PLANNING DEPARTMENT	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	471120	MISCELLANEOUS REVENUE	100.00	0.00	100.00		100.00
101	2077	PLANNING DEPARTMENT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	532307	PROJECT MANAGEMENT	25,000.00	0.00	25,000.00		25,000.00
101	2077	PLANNING DEPARTMENT	Expense	532331	GENERAL PLAN AMMENDMENT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	555331	CSBG GRANT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Expense	555332	HOME GRANT	0.00	0.00	0.00		0.00
101	2077	PLANNING DEPARTMENT	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51010	SALARY & WAGES	330,782.00	134,780.93	196,001.07	(32,000.00)	298,782.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51011	EXTRA HELP	14,404.68	22,359.19	(7,954.51)	45,008.00	59,412.68
101	2078	DIV OF ANIMAL SERVICES	Expense	51012	OVERTIME COMPENSATION	523.00	0.00	523.00		523.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	6,352.45	(6,352.45)		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51020	PERS RETIREMENT	32,152.00	13,174.49	18,977.51		32,152.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51021	OASDI	26,587.00	12,260.84	14,326.16		26,587.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51022	UNFUNDED PERS LIAB MISC	63,437.00	63,436.71	0.29		63,437.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51024	ADP MISC PERS UNFUNDED	18,644.00	18,644.03	(0.03)		18,644.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51030	GROUP INSURANCE	139,260.00	38,695.20	100,564.80		139,260.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51031	UNEMPLOYMENT INSURANCE	683.00	329.10	353.90		683.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51040	WORKERS COMPENSATION	9,099.00	4,549.54	4,549.46		9,099.00
101	2078	DIV OF ANIMAL SERVICES	Expense	51050	DEFERRED COMP MATCH	5,160.00	960.00	4,200.00		5,160.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53110	CLOTHING & PERSONNEL SUPP	100.00	0.00	100.00		100.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53120	COMMUNICATIONS	2,815.00	1,918.20	896.80	1,000.00	3,815.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53140	HOUSEHOLD EXPENSE	10,050.51	7,825.84	2,224.67		10,050.51
101	2078	DIV OF ANIMAL SERVICES	Expense	53150	INSURANCE	7,727.00	4,084.50	3,642.50		7,727.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53170	MAINTENANCE OF EQUIPMENT	3,500.00	1,098.70	2,401.30		3,500.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	5,130.00	4,552.88	577.12	1,617.00	6,747.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	53,460.68	36,682.05	16,778.63	15,560.00	69,020.68
101	2078	DIV OF ANIMAL SERVICES	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53220	OFFICE EXPENSE	12,880.00	4,205.48	8,674.52		12,880.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53230	PROFESSIONAL/SPECIAL SERV	72,243.25	45,548.75	26,694.50	36,250.00	108,493.25
101	2078	DIV OF ANIMAL SERVICES	Expense	53240	PUBLICATION/LEGAL NOTICES	175.00	0.00	175.00		175.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	2078	DIV OF ANIMAL SERVICES	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53280	SPECIAL DEPARTMENTAL EXP	38,000.00	23,803.32	14,196.68	6,500.00	44,500.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,000.00	1,169.48	830.52		2,000.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53291	TRANSPORTATION EXPENSE	2,500.00	1,116.97	1,383.03		2,500.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53300	UTILITIES	18,720.00	440.79	18,279.21		18,720.00
101	2078	DIV OF ANIMAL SERVICES	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	57605	VEHICLES	107,699.10	0.00	107,699.10		107,699.10
101	2078	DIV OF ANIMAL SERVICES	Expense	57608	SPECIAL DEPT EQUIPMENT	10,791.32	10,791.33	(0.01)		10,791.32
101	2078	DIV OF ANIMAL SERVICES	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	59900	INTRAFUND TRANSFER	29,569.00	0.00	29,569.00		29,569.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	420100	ANIMAL LICENSES	77,086.00	27,080.00	50,006.00		77,086.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	420110	BUSINESS LICENSES	8,000.00	600.00	7,400.00		8,000.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	450740	OTHER GOV'T AGENCIES	247,865.00	82,948.52	164,916.48	2,617.00	250,482.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	460930	HUMANE SERVICES	84,071.00	47,673.00	36,398.00		84,071.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	460931	MICROCHIP FEE	7,100.00	1,755.00	5,345.00		7,100.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	461060	OTHER FEES	8,000.00	5,549.00	2,451.00		8,000.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	466081	MISC GRANTS	124,161.12	112,096.19	12,064.93	69,818.00	193,979.12
101	2078	DIV OF ANIMAL SERVICES	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	471132	DONATIONS	0.00	0.00	0.00	1,500.00	1,500.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	2078	DIV OF ANIMAL SERVICES	Expense	532806	SPAY/NEUTER EXPENSE	4,000.00	1,120.00	2,880.00	3,500.00	7,500.00
101	2078	DIV OF ANIMAL SERVICES	Expense	532807	ANIMAL MEDS & SVC	30,000.00	24,575.44	5,424.56	45,000.00	75,000.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	4711206	SPAY/NEUTER	4,000.00	1,120.00	2,880.00	3,500.00	7,500.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	4711207	MEDICAL DONATIONS	30,000.00	0.00	30,000.00	45,000.00	75,000.00
101	2078	DIV OF ANIMAL SERVICES	Revenue	4711208	MICRO-CHIPPING	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Expense	53200	MEMBERSHIPS & DUES	2,500.00	2,293.00	207.00		2,500.00
101	2079	L.A.F.C.O	Expense	53210	MISCELLANEOUS EXPENSE	2,550.00	0.00	2,550.00		2,550.00
101	2079	L.A.F.C.O	Expense	53220	OFFICE EXPENSE	1,200.00	0.00	1,200.00		1,200.00
101	2079	L.A.F.C.O	Expense	53240	PUBLICATION/LEGAL NOTICES	500.00	0.00	500.00		500.00
101	2079	L.A.F.C.O	Expense	53290	EMPLOYEE TRAVEL/TRAINING	900.00	0.00	900.00	1,600.00	2,500.00
101	2079	L.A.F.C.O	Expense	53298	BOS TRAVEL	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
101	2079	L.A.F.C.O	Revenue	450740	OTHER GOV'T AGENCIES	2,550.00	0.00	2,550.00		2,550.00
101	2079	L.A.F.C.O	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	4010	HEALTH - GENERAL	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
101	4010	HEALTH - GENERAL	Expense	59705	TCHC-REALIGNMENT	0.00	0.00	0.00		0.00
101	4010	HEALTH - GENERAL	Expense	59711	ACO PROJECTS	0.00	0.00	0.00		0.00
101	4010	HEALTH - GENERAL	Expense	59720	OPR TRSF PUBLIC HEALTH	0.00	0.00	0.00		0.00
101	4010	HEALTH - GENERAL	Expense	59721	OP TRSF CALIF CHILDREN SV	57,287.00	0.00	57,287.00		57,287.00
101	4010	HEALTH - GENERAL	Expense	59722	OPR TRSF MENTAL HEALTH	25,947.00	0.00	25,947.00		25,947.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51010	SALARY & WAGES	493,285.08	248,116.74	245,168.34		493,285.08
101	4011	ENVIRONMENTAL HEALTH	Expense	51011	EXTRA HELP	13,000.00	0.00	13,000.00		13,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	5,655.56	(5,655.56)		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	4011	ENVIRONMENTAL HEALTH	Expense	51020	PERS RETIREMENT	47,791.00	24,198.04	23,592.96		47,791.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51021	OASDI	38,260.00	18,815.46	19,444.54		38,260.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51022	UNFUNDED PERS LIAB MISC	71,671.62	71,671.62	0.00		71,671.62
101	4011	ENVIRONMENTAL HEALTH	Expense	51024	ADP MISC PERS UNFUNDED	21,064.27	21,064.27	0.00		21,064.27
101	4011	ENVIRONMENTAL HEALTH	Expense	51030	GROUP INSURANCE	150,864.00	75,432.29	75,431.71		150,864.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51031	UNEMPLOYMENT INSURANCE	987.00	503.32	483.68		987.00
101	4011	ENVIRONMENTAL HEALTH	Expense	51040	WORKERS COMPENSATION	8,188.46	4,094.24	4,094.22		8,188.46
101	4011	ENVIRONMENTAL HEALTH	Expense	51050	DEFERRED COMP MATCH	6,120.00	1,620.00	4,500.00		6,120.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53110	CLOTHING & PERSONNEL SUPP	1,500.00	0.00	1,500.00		1,500.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53120	COMMUNICATIONS	3,000.00	1,400.71	1,599.29		3,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53150	INSURANCE	166,322.00	83,161.00	83,161.00		166,322.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53170	MAINTENANCE OF EQUIPMENT	6,000.00	4,188.05	1,811.95		6,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53200	MEMBERSHIPS & DUES	6,487.00	0.00	6,487.00		6,487.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53210	MISCELLANEOUS EXPENSE	1,000.00	509.12	490.88		1,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53220	OFFICE EXPENSE	8,000.00	2,459.14	5,540.86		8,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53230	PROFESSIONAL/SPECIAL SERV	42,888.08	24,291.58	18,596.50		42,888.08
101	4011	ENVIRONMENTAL HEALTH	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53290	EMPLOYEE TRAVEL/TRAINING	10,000.00	734.00	9,266.00		10,000.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53291	TRANSPORTATION EXPENSE	10,788.00	2,385.73	8,402.27		10,788.00
101	4011	ENVIRONMENTAL HEALTH	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	57603	COMPUTERS	66,100.00	58,921.77	7,178.23		66,100.00
101	4011	ENVIRONMENTAL HEALTH	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420110	BUSINESS LICENSES	2,200.00	4,814.60	(2,614.60)		2,200.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420160	OTHER LICENSE & PERMITS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420161	SEPTIC PERMITS	50,950.00	21,824.00	29,126.00		50,950.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420162	FOOD & CONSUMER PERMITS	64,350.00	59,935.33	4,414.67		64,350.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420163	RECREATIONAL HEALTH	16,380.00	13,401.20	2,978.80		16,380.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420164	SMALL WATER SYSTEMS	44,460.00	40,307.20	4,152.80		44,460.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420165	HAZARDOUS MATERIAL	81,370.00	95,942.70	(14,572.70)		81,370.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420166	SOLID WASTE PERMIT	8,190.00	6,451.00	1,739.00		8,190.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420167	LAND DEVELOPMENT	2,340.00	0.00	2,340.00		2,340.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420168	WELL PERMITS	70,840.00	13,156.00	57,684.00		70,840.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420169	UNDERGROUND STORAGE	43,290.00	34,730.50	8,559.50		43,290.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420170	MEDICAL WASTE	9,009.00	11,704.00	(2,695.00)		9,009.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	420171	MARIJUANA SITE REG	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	430220	FORF & PENALTIES	1,500.00	0.00	1,500.00		1,500.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	450459	STATE GRANTS	0.00	12,479.44	(12,479.44)		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	450520	OTHER STATE HEALTH	110,200.00	498.02	109,701.98		110,200.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	450620	STATE OTHER	4,615.00	0.00	4,615.00		4,615.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	460813	VEHICLE ABATEMENT FEE	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	461010	CODE ENFORCEMENT	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	461060	OTHER FEES	0.00	165.25	(165.25)		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	4011	ENVIRONMENTAL HEALTH	Revenue	4712205	OP TRANSFER IN	66,100.00	0.00	66,100.00		66,100.00
101	4016	VITAL STATISTICS	Expense	53280	SPECIAL DEPARTMENTAL EXP	676.00	0.00	676.00		676.00
101	4023	INMATES OF INSTITUTIONS	Expense	55400	SUPPORT & CARE OF PERSONS	0.00	0.00	0.00		0.00
101	4024	AMBULANCE SERVICE	Expense	53230	PROFESSIONAL/SPECIAL SERV	54,000.00	27,000.00	27,000.00		54,000.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	4024	AMBULANCE SERVICE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	4041	SOLID WASTE	Expense	53150	INSURANCE	150.00	75.00	75.00		150.00
101	4041	SOLID WASTE	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	4041	SOLID WASTE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	4041	SOLID WASTE	Revenue	420150	FRANCHISES	700,000.00	261,331.99	438,668.01		700,000.00
101	4041	SOLID WASTE	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
101	4041	SOLID WASTE	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
101	4041	SOLID WASTE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	5000	SOCIAL SER CONTRIBUTION	Expense	59713	SOCIAL SERVICES	976,909.00	488,454.48	488,454.52		976,909.00
101	5000	SOCIAL SER CONTRIBUTION	Expense	59719	SENIOR NUTRITION	35,000.00	0.00	35,000.00		35,000.00
101	5031	MEDICAL ASSISTANCE	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	5031	MEDICAL ASSISTANCE	Expense	53260	RENT/LEASE OF BUILDINGS	6,800.00	6,415.40	384.60		6,800.00
101	5031	MEDICAL ASSISTANCE	Expense	55520	CONTR TO OTHER AGENCIES	38,363.00	37,227.00	1,136.00		38,363.00
101	5050	JUVENILE COURT WARDS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	1,000.00	0.00	1,000.00		1,000.00
101	5050	JUVENILE COURT WARDS	Expense	55350	JUVENILE CRIME PREVENTION	0.00	0.00	0.00		0.00
101	5050	JUVENILE COURT WARDS	Expense	55400	SUPPORT & CARE OF PERSONS	100,000.00	0.00	100,000.00		100,000.00
101	5050	JUVENILE COURT WARDS	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	5050	JUVENILE COURT WARDS	Revenue	450740	OTHER GOV'T AGENCIES	101,000.00	0.00	101,000.00		101,000.00
101	5050	JUVENILE COURT WARDS	Revenue	4506217	YOUTHFUL OFFENDER	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	51010	SALARY & WAGES	180,197.15	86,483.80	93,713.35		180,197.15
101	5060	VETERANS SERVICE	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	51020	PERS RETIREMENT	17,893.58	8,444.65	9,448.93		17,893.58
101	5060	VETERANS SERVICE	Expense	51021	OASDI	13,785.08	6,438.10	7,346.98		13,785.08
101	5060	VETERANS SERVICE	Expense	51022	UNFUNDED PERS LIAB MISC	26,274.28	26,274.28	0.00		26,274.28
101	5060	VETERANS SERVICE	Expense	51024	ADP MISC PERS UNFUNDED	7,722.01	7,722.01	0.00		7,722.01
101	5060	VETERANS SERVICE	Expense	51030	GROUP INSURANCE	23,209.92	21,275.76	1,934.16		23,209.92
101	5060	VETERANS SERVICE	Expense	51031	UNEMPLOYMENT INSURANCE	360.39	173.40	186.99		360.39
101	5060	VETERANS SERVICE	Expense	51040	WORKERS COMPENSATION	3,464.25	1,732.12	1,732.13		3,464.25
101	5060	VETERANS SERVICE	Expense	51050	DEFERRED COMP MATCH	2,000.00	240.00	1,760.00		2,000.00
101	5060	VETERANS SERVICE	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	53120	COMMUNICATIONS	3,202.00	1,219.14	1,982.86		3,202.00
101	5060	VETERANS SERVICE	Expense	53150	INSURANCE	3,047.00	1,523.50	1,523.50		3,047.00
101	5060	VETERANS SERVICE	Expense	53170	MAINTENANCE OF EQUIPMENT	3,000.00	1,324.98	1,675.02		3,000.00
101	5060	VETERANS SERVICE	Expense	53200	MEMBERSHIPS & DUES	3,000.00	3,000.00	0.00		3,000.00
101	5060	VETERANS SERVICE	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	53220	OFFICE EXPENSE	4,058.00	709.95	3,348.05		4,058.00
101	5060	VETERANS SERVICE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	12,000.00	5,633.73	6,366.27		12,000.00
101	5060	VETERANS SERVICE	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	450590	STATE VETERANS AFFAIRS	123,600.00	17,006.00	106,594.00		123,600.00
101	5060	VETERANS SERVICE	Revenue	450591	STATE VETERAN'S EXCESS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	471103	TRAVEL REIMBURSEMENTS	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	5060	VETERANS SERVICE	Revenue	4506219	CAL VET PROP 63	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51010	SALARY & WAGES	407,012.00	185,212.63	221,799.37	56,732.00	463,744.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51011	EXTRA HELP	15,995.00	7,691.60	8,303.40		15,995.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	5062	COMMUNITY ACTION AGENCY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51020	PERS RETIREMENT	39,025.00	18,020.10	21,004.90	4,204.00	43,229.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51021	OASDI	32,782.00	14,208.49	18,573.51	3,137.00	35,919.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51022	UNFUNDED PERS LIAB MISC	106,323.00	106,322.77	0.23		106,323.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51024	ADP MISC PERS UNFUNDED	31,248.00	31,248.23	(0.23)		31,248.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51030	GROUP INSURANCE	151,814.00	65,768.13	86,045.87	18,664.00	170,478.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51031	UNEMPLOYMENT INSURANCE	857.00	387.16	469.84	85.00	942.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51040	WORKERS COMPENSATION	68,219.00	34,109.40	34,109.60		68,219.00
101	5062	COMMUNITY ACTION AGENCY	Expense	51050	DEFERRED COMP MATCH	5,520.00	760.00	4,760.00		5,520.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53120	COMMUNICATIONS	3,479.00	2,221.19	1,257.81	744.00	4,223.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53130	FOOD	9,500.00	7,506.22	1,993.78		9,500.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53150	INSURANCE	11,151.00	5,644.00	5,507.00		11,151.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53170	MAINTENANCE OF EQUIPMENT	4,015.00	1,477.59	2,537.41		4,015.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53200	MEMBERSHIPS & DUES	3,500.00	1,505.00	1,995.00		3,500.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53215	SR NUTRITION GRANT EXP	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53220	OFFICE EXPENSE	6,200.00	396.73	5,803.27		6,200.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53221	OTHER EXPENSE	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53230	PROFESSIONAL/SPECIAL SERV	148,639.00	45,605.16	103,033.84	1,824.00	150,463.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53235	A-87 OVERHEAD	27,439.00	13,719.50	13,719.50		27,439.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53260	RENT/LEASE OF BUILDINGS	36,784.00	15,884.94	20,899.06		36,784.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	125.00	0.00	125.00		125.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53291	TRANSPORTATION EXPENSE	2,800.00	939.03	1,860.97	300.00	3,100.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55400	SUPPORT & CARE OF PERSONS	60,350.00	32,437.05	27,912.95		60,350.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55401	SUPPORT AND CARE - OTHER	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55529	GRANT OTHER	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55536	CSBG AGENCIES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55537	SECTION 8 AGENCIES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	430220	FORF & PENALTIES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	461070	INTERFUND REVENUE	869,848.00	391,855.20	477,992.80	57,866.00	927,714.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	4507200	COMMUNITY SVC BLOCK GRANT	302,929.00	104,870.15	198,058.85	27,824.00	330,753.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	4507204	FEDERAL SECTION 8	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	4507206	DISASTER PREPAREDNESS	0.00	0.00	0.00		0.00
101	5062	COMMUNITY ACTION AGENCY	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	51010	SALARY & WAGES	409,292.00	173,202.37	236,089.63	(24,000.00)	385,292.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	6021	LIBRARY	Expense	51011	EXTRA HELP	17,576.00	14,139.26	3,436.74	24,000.00	41,576.00
101	6021	LIBRARY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	2,260.80	(2,260.80)		0.00
101	6021	LIBRARY	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	51020	PERS RETIREMENT	40,755.00	16,613.93	24,141.07		40,755.00
101	6021	LIBRARY	Expense	51021	OASDI	34,405.00	14,057.63	20,347.37		34,405.00
101	6021	LIBRARY	Expense	51022	UNFUNDED PERS LIAB MISC	66,188.00	66,187.75	0.25		66,188.00
101	6021	LIBRARY	Expense	51024	ADP MISC PERS UNFUNDED	19,453.00	19,452.56	0.44		19,453.00
101	6021	LIBRARY	Expense	51030	GROUP INSURANCE	116,050.00	58,024.80	58,025.20		116,050.00
101	6021	LIBRARY	Expense	51031	UNEMPLOYMENT INSURANCE	886.00	381.16	504.84		886.00
101	6021	LIBRARY	Expense	51040	WORKERS COMPENSATION	10,327.00	5,163.34	5,163.66		10,327.00
101	6021	LIBRARY	Expense	51050	DEFERRED COMP MATCH	5,700.00	947.18	4,752.82		5,700.00
101	6021	LIBRARY	Expense	53120	COMMUNICATIONS	18,935.00	3,645.50	15,289.50		18,935.00
101	6021	LIBRARY	Expense	53140	HOUSEHOLD EXPENSE	4,360.00	3,128.41	1,231.59		4,360.00
101	6021	LIBRARY	Expense	53150	INSURANCE	36,975.00	18,487.50	18,487.50		36,975.00
101	6021	LIBRARY	Expense	53170	MAINTENANCE OF EQUIPMENT	5,200.00	771.47	4,428.53		5,200.00
101	6021	LIBRARY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,500.00	1,624.28	1,875.72		3,500.00
101	6021	LIBRARY	Expense	53200	MEMBERSHIPS & DUES	1,300.00	672.00	628.00		1,300.00
101	6021	LIBRARY	Expense	53210	MISCELLANEOUS EXPENSE	8,503.00	8,503.00	0.00		8,503.00
101	6021	LIBRARY	Expense	53220	OFFICE EXPENSE	11,500.00	4,524.66	6,975.34		11,500.00
101	6021	LIBRARY	Expense	53230	PROFESSIONAL/SPECIAL SERV	36,750.00	2,858.26	33,891.74		36,750.00
101	6021	LIBRARY	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	53250	RENT/LEASE OF EQUIPMENT	800.00	328.10	471.90		800.00
101	6021	LIBRARY	Expense	53260	RENT/LEASE OF BUILDINGS	7,800.00	7,800.00	0.00		7,800.00
101	6021	LIBRARY	Expense	53270	SMALL TOOLS & INSTRUMENTS	50.00	0.00	50.00		50.00
101	6021	LIBRARY	Expense	53280	SPECIAL DEPARTMENTAL EXP	30,512.00	4,869.96	25,642.04	7,450.00	37,962.00
101	6021	LIBRARY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,000.00	464.00	1,536.00		2,000.00
101	6021	LIBRARY	Expense	53291	TRANSPORTATION EXPENSE	2,500.00	811.62	1,688.38		2,500.00
101	6021	LIBRARY	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	53300	UTILITIES	50,000.00	21,870.94	28,129.06		50,000.00
101	6021	LIBRARY	Expense	53800	INTERNAL ASSETS	0.00	5,760.55	(5,760.55)		0.00
101	6021	LIBRARY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	57603	COMPUTERS	6,000.00	0.00	6,000.00		6,000.00
101	6021	LIBRARY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	450620	STATE OTHER	50,400.00	35,250.34	15,149.66	15,200.00	65,600.00
101	6021	LIBRARY	Revenue	450627	LIBRARY SUBVENTION	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	450740	OTHER GOV'T AGENCIES	0.00	1,924.34	(1,924.34)		0.00
101	6021	LIBRARY	Revenue	461040	LIBRARY SERVICES	7,200.00	1,439.39	5,760.61		7,200.00
101	6021	LIBRARY	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	471112	REPLACEMENT REVENUE	1,200.00	0.00	1,200.00		1,200.00
101	6021	LIBRARY	Revenue	471120	MISCELLANEOUS REVENUE	4,000.00	6,480.00	(2,480.00)		4,000.00
101	6021	LIBRARY	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	471132	DONATIONS	5,000.00	1,428.05	3,571.95		5,000.00
101	6021	LIBRARY	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	532811	LOST/DAMAGE REPLACEMENT	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Revenue	4711201	ERATE	0.00	0.00	0.00		0.00
101	6021	LIBRARY	Expense	5322023	PRINTED LIBRARY MATERIALS	25,000.00	11,519.93	13,480.07	7,750.00	32,750.00
101	6021	LIBRARY	Expense	5322024	ELECTRONIC LIBRARY MATLS	3,000.00	0.00	3,000.00		3,000.00
101	6031	AGRICULTURAL EXTENSION	Expense	51010	SALARY & WAGES	107,140.80	55,048.81	52,091.99		107,140.80
101	6031	AGRICULTURAL EXTENSION	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	1,042.00	0.00	1,042.00		1,042.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	6031	AGRICULTURAL EXTENSION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	51020	PERS RETIREMENT	10,297.45	5,377.25	4,920.20		10,297.45
101	6031	AGRICULTURAL EXTENSION	Expense	51021	OASDI	8,367.78	4,042.94	4,324.84		8,367.78
101	6031	AGRICULTURAL EXTENSION	Expense	51022	UNFUNDED PERS LIAB MISC	20,644.29	20,644.29	0.00		20,644.29
101	6031	AGRICULTURAL EXTENSION	Expense	51024	ADP MISC PERS UNFUNDED	6,067.35	6,067.35	0.00		6,067.35
101	6031	AGRICULTURAL EXTENSION	Expense	51030	GROUP INSURANCE	46,419.84	23,209.92	23,209.92		46,419.84
101	6031	AGRICULTURAL EXTENSION	Expense	51031	UNEMPLOYMENT INSURANCE	216.37	111.32	105.05		216.37
101	6031	AGRICULTURAL EXTENSION	Expense	51040	WORKERS COMPENSATION	2,290.35	1,145.18	1,145.17		2,290.35
101	6031	AGRICULTURAL EXTENSION	Expense	51050	DEFERRED COMP MATCH	1,200.00	600.00	600.00		1,200.00
101	6031	AGRICULTURAL EXTENSION	Expense	53120	COMMUNICATIONS	2,200.00	908.53	1,291.47		2,200.00
101	6031	AGRICULTURAL EXTENSION	Expense	53140	HOUSEHOLD EXPENSE	5,500.00	2,383.20	3,116.80		5,500.00
101	6031	AGRICULTURAL EXTENSION	Expense	53150	INSURANCE	6,841.00	4,524.00	2,317.00		6,841.00
101	6031	AGRICULTURAL EXTENSION	Expense	53170	MAINTENANCE OF EQUIPMENT	2,000.00	23.10	1,976.90		2,000.00
101	6031	AGRICULTURAL EXTENSION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	600.00	6.47	593.53		600.00
101	6031	AGRICULTURAL EXTENSION	Expense	53220	OFFICE EXPENSE	2,308.00	984.02	1,323.98		2,308.00
101	6031	AGRICULTURAL EXTENSION	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	53291	TRANSPORTATION EXPENSE	5,000.00	1,175.70	3,824.30		5,000.00
101	6031	AGRICULTURAL EXTENSION	Expense	53300	UTILITIES	9,000.00	2,988.37	6,011.63		9,000.00
101	6031	AGRICULTURAL EXTENSION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	6031	AGRICULTURAL EXTENSION	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	51010	SALARY & WAGES	13,600.00	5,016.00	8,584.00		13,600.00
101	7013	CAMP TEHAMA	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	51021	OASDI	1,040.00	383.72	656.28		1,040.00
101	7013	CAMP TEHAMA	Expense	51031	UNEMPLOYMENT INSURANCE	27.00	10.00	17.00		27.00
101	7013	CAMP TEHAMA	Expense	51040	WORKERS COMPENSATION	337.00	168.16	168.84		337.00
101	7013	CAMP TEHAMA	Expense	53110	CLOTHING & PERSONNEL SUPP	400.00	0.00	400.00		400.00
101	7013	CAMP TEHAMA	Expense	53120	COMMUNICATIONS	600.00	0.00	600.00		600.00
101	7013	CAMP TEHAMA	Expense	53140	HOUSEHOLD EXPENSE	1,350.00	853.42	496.58		1,350.00
101	7013	CAMP TEHAMA	Expense	53150	INSURANCE	3,198.00	1,599.00	1,599.00		3,198.00
101	7013	CAMP TEHAMA	Expense	53170	MAINTENANCE OF EQUIPMENT	2,250.00	1,173.17	1,076.83		2,250.00
101	7013	CAMP TEHAMA	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	4,000.00	1,014.53	2,985.47		4,000.00
101	7013	CAMP TEHAMA	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	53220	OFFICE EXPENSE	1,100.00	719.87	380.13		1,100.00
101	7013	CAMP TEHAMA	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	9,306.60	(9,306.60)		0.00
101	7013	CAMP TEHAMA	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	53290	EMPLOYEE TRAVEL/TRAINING	100.00	0.00	100.00		100.00
101	7013	CAMP TEHAMA	Expense	53300	UTILITIES	14,000.00	8,446.94	5,553.06		14,000.00
101	7013	CAMP TEHAMA	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	461050	PARKS/RECREATION SERVICE	42,022.00	39,970.00	2,052.00		42,022.00
101	7013	CAMP TEHAMA	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
101	7013	CAMP TEHAMA	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	7021	PARKS & RECREATION	Expense	51040	WORKERS COMPENSATION	0.00	292.46	(292.46)	300.00	300.00
101	7021	PARKS & RECREATION	Expense	53120	COMMUNICATIONS	355.00	0.00	355.00		355.00
101	7021	PARKS & RECREATION	Expense	53150	INSURANCE	6,548.00	3,274.00	3,274.00		6,548.00
101	7021	PARKS & RECREATION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00	35,000.00	35,000.00
101	7021	PARKS & RECREATION	Expense	53220	OFFICE EXPENSE	0.00	1,356.46	(1,356.46)	1,356.46	1,356.46
101	7021	PARKS & RECREATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	15,098.00	14,129.00	969.00		15,098.00
101	7021	PARKS & RECREATION	Expense	53300	UTILITIES	39,826.66	18,398.88	21,427.78	(1,656.46)	38,170.20
101	7021	PARKS & RECREATION	Expense	53602	CONE GROVE PARK	5,000.00	1,087.57	3,912.43		5,000.00
101	7021	PARKS & RECREATION	Expense	53603	GERBER PARK	5,000.00	912.11	4,087.89		5,000.00
101	7021	PARKS & RECREATION	Expense	53604	MILL CREEK PARK	5,000.00	1,783.36	3,216.64		5,000.00
101	7021	PARKS & RECREATION	Expense	53605	BEND BRIDGE	5,000.00	3,360.85	1,639.15		5,000.00
101	7021	PARKS & RECREATION	Expense	53606	RIDGEWAY PARK	8,455.00	7,721.47	733.53		8,455.00
101	7021	PARKS & RECREATION	Expense	53607	TC RIVER PARK	5,000.00	4,684.98	315.02		5,000.00
101	7021	PARKS & RECREATION	Expense	53608	SIMPSON FINNELL	5,000.00	1,175.55	3,824.45		5,000.00
101	7021	PARKS & RECREATION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	57500	IMPROVEMENT & STRUCTURES	349,223.34	140,104.09	209,119.25		349,223.34
101	7021	PARKS & RECREATION	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	440322	CONE GROVE PARK	2,400.00	795.00	1,605.00		2,400.00
101	7021	PARKS & RECREATION	Revenue	440323	GERBER PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	440324	MILL CREEK PARK	1,000.00	150.00	850.00		1,000.00
101	7021	PARKS & RECREATION	Revenue	440325	BEND BRIDGE	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	440326	RIDGEWAY PARK	5,952.00	6,090.00	(138.00)		5,952.00
101	7021	PARKS & RECREATION	Revenue	440327	TC RIVER PARK	2,580.00	530.00	2,050.00		2,580.00
101	7021	PARKS & RECREATION	Revenue	440328	SIMPSON FINNELL	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	450459	STATE GRANTS	349,223.34	104,417.32	244,806.02	35,000.00	384,223.34
101	7021	PARKS & RECREATION	Revenue	450580	STATE DISASTER RELIEF	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	450670	FEDERAL DISASTER RELIEF	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	461050	PARKS/RECREATION SERVICE	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	532323	PARK PROJECTS	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533002	UTILITIES CONE GROVE PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533003	UTILITIES GERBER PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533004	UTILITIES MILL CREEK PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533005	UTILITIES BEND BRIDGE	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533006	UTILITIES RIDGEWAY PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533007	UTILITIES TC RIVER PARK	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Expense	533008	UTILITIES SIMPSON FINNELL	0.00	0.00	0.00		0.00
101	7021	PARKS & RECREATION	Revenue	4505722	CLR 2011 JUV JUS BLK GRNT	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Expense	51010	SALARY & WAGES	12,000.00	6,000.00	6,000.00		12,000.00
101	7031	CORNING VETERANS HALL	Expense	51011	EXTRA HELP	18,010.00	7,890.56	10,119.44		18,010.00
101	7031	CORNING VETERANS HALL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Expense	51021	OASDI	2,296.00	1,062.67	1,233.33		2,296.00
101	7031	CORNING VETERANS HALL	Expense	51031	UNEMPLOYMENT INSURANCE	60.00	27.82	32.18		60.00
101	7031	CORNING VETERANS HALL	Expense	51040	WORKERS COMPENSATION	777.00	388.34	388.66		777.00
101	7031	CORNING VETERANS HALL	Expense	53120	COMMUNICATIONS	500.00	139.64	360.36		500.00
101	7031	CORNING VETERANS HALL	Expense	53140	HOUSEHOLD EXPENSE	200.00	0.00	200.00		200.00
101	7031	CORNING VETERANS HALL	Expense	53150	INSURANCE	8,096.00	4,048.00	4,048.00		8,096.00
101	7031	CORNING VETERANS HALL	Expense	53170	MAINTENANCE OF EQUIPMENT	2,310.00	196.91	2,113.09		2,310.00
101	7031	CORNING VETERANS HALL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,200.00	33.79	3,166.21		3,200.00
101	7031	CORNING VETERANS HALL	Expense	53220	OFFICE EXPENSE	100.00	0.00	100.00		100.00
101	7031	CORNING VETERANS HALL	Expense	53230	PROFESSIONAL/SPECIAL SERV	250.00	0.00	250.00		250.00
101	7031	CORNING VETERANS HALL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Expense	53289	FLAG REPLACEMENT	150.00	0.00	150.00		150.00
101	7031	CORNING VETERANS HALL	Expense	53300	UTILITIES	20,500.00	2,854.05	17,645.95		20,500.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	7031	CORNING VETERANS HALL	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	7031	CORNING VETERANS HALL	Revenue	440320	RENTS & CONCESSIONS	32,636.00	320.00	32,316.00		32,636.00
101	7031	CORNING VETERANS HALL	Revenue	471120	MISCELLANEOUS REVENUE	35,813.00	0.00	35,813.00		35,813.00
101	7031	CORNING VETERANS HALL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51011	EXTRA HELP	19,850.00	10,022.15	9,827.85		19,850.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51021	OASDI	1,519.00	766.69	752.31		1,519.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51031	UNEMPLOYMENT INSURANCE	40.00	20.05	19.95		40.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51040	WORKERS COMPENSATION	465.00	232.50	232.50		465.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53120	COMMUNICATIONS	383.00	0.00	383.00		383.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53140	HOUSEHOLD EXPENSE	400.00	0.00	400.00		400.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53150	INSURANCE	5,206.00	2,603.00	2,603.00		5,206.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53170	MAINTENANCE OF EQUIPMENT	500.00	0.00	500.00		500.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	4,600.00	556.33	4,043.67		4,600.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53220	OFFICE EXPENSE	500.00	0.00	500.00		500.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,000.00	0.00	1,000.00		1,000.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53300	UTILITIES	8,650.00	5,560.55	3,089.45		8,650.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Revenue	440320	RENTS & CONCESSIONS	7,300.00	2,900.00	4,400.00		7,300.00
101	7032	LOS MOLINOS VETERANS HALL	Revenue	471120	MISCELLANEOUS REVENUE	35,813.00	0.00	35,813.00		35,813.00
101	7032	LOS MOLINOS VETERANS HALL	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
101	7032	LOS MOLINOS VETERANS HALL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Expense	53120	COMMUNICATIONS	4,500.00	1,956.70	2,543.30		4,500.00
101	7033	RED BLUFF VETERANS HALL	Expense	53140	HOUSEHOLD EXPENSE	7,000.00	2,859.93	4,140.07		7,000.00
101	7033	RED BLUFF VETERANS HALL	Expense	53150	INSURANCE	8,096.00	4,048.00	4,048.00		8,096.00
101	7033	RED BLUFF VETERANS HALL	Expense	53170	MAINTENANCE OF EQUIPMENT	1,500.00	3,253.75	(1,753.75)		1,500.00
101	7033	RED BLUFF VETERANS HALL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	5,000.00	504.66	4,495.34		5,000.00
101	7033	RED BLUFF VETERANS HALL	Expense	53220	OFFICE EXPENSE	1,000.00	568.43	431.57		1,000.00
101	7033	RED BLUFF VETERANS HALL	Expense	53230	PROFESSIONAL/SPECIAL SERV	2,500.00	636.00	1,864.00		2,500.00
101	7033	RED BLUFF VETERANS HALL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Expense	53300	UTILITIES	31,650.00	10,462.90	21,187.10		31,650.00
101	7033	RED BLUFF VETERANS HALL	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	7033	RED BLUFF VETERANS HALL	Revenue	440320	RENTS & CONCESSIONS	25,433.00	1,200.00	24,233.00		25,433.00
101	7033	RED BLUFF VETERANS HALL	Revenue	471120	MISCELLANEOUS REVENUE	35,813.00	0.00	35,813.00		35,813.00
101	7033	RED BLUFF VETERANS HALL	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Expense	53150	INSURANCE	17,010.00	8,505.00	8,505.00		17,010.00
101	7034	R B COMMUNITY CENTER	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	1,500.00	123.63	1,376.37		1,500.00
101	7034	R B COMMUNITY CENTER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Expense	55527	CITY OF RED BLUFF	30,000.00	(30,000.00)	60,000.00		30,000.00
101	7034	R B COMMUNITY CENTER	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	7034	R B COMMUNITY CENTER	Expense	555272	CITY OF RB OPR DEFICIT	210,582.21	270,582.21	(60,000.00)		210,582.21

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
101	7035	LOS MOLINOS SENIOR CENTER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51010	SALARY & WAGES	26,102.00	12,837.65	13,264.35		26,102.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51011	EXTRA HELP	21,540.00	13,294.08	8,245.92		21,540.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51012	OVERTIME COMPENSATION	0.00	96.80	(96.80)		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51020	PERS RETIREMENT	2,537.00	1,253.85	1,283.15		2,537.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51021	OASDI	3,672.00	2,006.51	1,665.49		3,672.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51022	UNFUNDED PERS LIAB MISC	9,606.00	9,605.95	0.05		9,606.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51024	ADP MISC PERS UNFUNDED	2,823.00	2,823.19	(0.19)		2,823.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51030	GROUP INSURANCE	12,185.00	13.43	12,171.57		12,185.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51031	UNEMPLOYMENT INSURANCE	95.00	52.53	42.47		95.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51040	WORKERS COMPENSATION	1,399.00	699.32	699.68		1,399.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	51050	DEFERRED COMP MATCH	360.00	0.00	360.00		360.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53150	INSURANCE	714.00	357.00	357.00		714.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Revenue	450563	STATE OCJP (CALEMA)	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Revenue	450570	CLR 2011 REALIGNMENT	81,033.00	22,537.56	58,495.44		81,033.00
101	20112	VICTIM WITNESS-UVA GRANT	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
101	20112	VICTIM WITNESS-UVA GRANT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51021	OASDI	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	3,614.77	(3,614.77)		0.00
101	20113	VW - XC VICTIMS	Expense	51024	ADP MISC PERS UNFUNDED	0.00	1,062.38	(1,062.38)		0.00
101	20113	VW - XC VICTIMS	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
101	20113	VW - XC VICTIMS	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
101	20113	VW - XC VICTIMS	Revenue	450563	STATE OCJP (CALEMA)	0.00	0.00	0.00		0.00
101	20114	HUMAN TRAFFIC	Expense	51010	SALARY & WAGES	66,339.00	32,664.96	33,674.04		66,339.00
101	20114	HUMAN TRAFFIC	Expense	51015	PAY IN LIEU/MISC PAYOUTS	233.00	0.00	233.00		233.00
101	20114	HUMAN TRAFFIC	Expense	51020	PERS RETIREMENT	6,430.00	3,159.19	3,270.81		6,430.00
101	20114	HUMAN TRAFFIC	Expense	51021	OASDI	5,157.00	2,384.32	2,772.68		5,157.00
101	20114	HUMAN TRAFFIC	Expense	51022	UNFUNDED PERS LIAB MISC	28.00	27.79	0.21		28.00
101	20114	HUMAN TRAFFIC	Expense	51024	ADP MISC PERS UNFUNDED	8.00	8.17	(0.17)		8.00
101	20114	HUMAN TRAFFIC	Expense	51030	GROUP INSURANCE	26,807.00	12,765.45	14,041.55		26,807.00
101	20114	HUMAN TRAFFIC	Expense	51031	UNEMPLOYMENT INSURANCE	133.00	65.44	67.56		133.00
101	20114	HUMAN TRAFFIC	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
101	20114	HUMAN TRAFFIC	Expense	51050	DEFERRED COMP MATCH	840.00	60.00	780.00		840.00
101	20114	HUMAN TRAFFIC	Expense	53120	COMMUNICATIONS	1,000.00	36.00	964.00		1,000.00
101	20114	HUMAN TRAFFIC	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
101	20114	HUMAN TRAFFIC	Expense	53170	MAINTENANCE OF EQUIPMENT	8,325.00	41.99	8,283.01		8,325.00
101	20114	HUMAN TRAFFIC	Expense	53220	OFFICE EXPENSE	12,000.00	31.09	11,968.91		12,000.00
101	20114	HUMAN TRAFFIC	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
101	20114	HUMAN TRAFFIC	Expense	53280	SPECIAL DEPARTMENTAL EXP	8,000.00	0.00	8,000.00		8,000.00
101	20114	HUMAN TRAFFIC	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,000.00	1,910.69	3,089.31		5,000.00
101	20114	HUMAN TRAFFIC	Expense	53291	TRANSPORTATION EXPENSE	700.00	0.00	700.00		700.00
101	20114	HUMAN TRAFFIC	Expense	53800	INTERNAL ASSETS	6,000.00	1,289.99	4,710.01		6,000.00
101	20114	HUMAN TRAFFIC	Revenue	450563	STATE OCJP (CALEMA)	147,000.00	31,672.00	115,328.00		147,000.00
102	3011	ROAD DEPARTMENT	Expense	51010	SALARY & WAGES	4,460,447.00	2,009,700.46	2,450,746.54	(162,560.00)	4,297,887.00
102	3011	ROAD DEPARTMENT	Expense	51011	EXTRA HELP	0.00	11,471.25	(11,471.25)	34,332.00	34,332.00
102	3011	ROAD DEPARTMENT	Expense	51012	OVERTIME COMPENSATION	114,500.00	44,795.01	69,704.99	34,701.00	149,201.00
102	3011	ROAD DEPARTMENT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	123,391.00	24,075.31	99,315.69	10,306.00	133,697.00
102	3011	ROAD DEPARTMENT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	51020	PERS RETIREMENT	429,495.00	195,430.97	234,064.03	(12,233.00)	417,262.00
102	3011	ROAD DEPARTMENT	Expense	51021	OASDI	363,403.00	156,454.87	206,948.13	(8,300.00)	355,103.00
102	3011	ROAD DEPARTMENT	Expense	51022	UNFUNDED PERS LIAB MISC	727,122.00	727,121.43	0.57		727,122.00
102	3011	ROAD DEPARTMENT	Expense	51024	ADP MISC PERS UNFUNDED	213,701.00	213,700.79	0.21		213,701.00
102	3011	ROAD DEPARTMENT	Expense	51030	GROUP INSURANCE	1,425,476.00	592,089.34	833,386.66	(243,703.00)	1,181,773.00
102	3011	ROAD DEPARTMENT	Expense	51031	UNEMPLOYMENT INSURANCE	9,397.00	4,143.03	5,253.97	(433.00)	8,964.00
102	3011	ROAD DEPARTMENT	Expense	51040	WORKERS COMPENSATION	318,100.00	159,049.74	159,050.26		318,100.00
102	3011	ROAD DEPARTMENT	Expense	51050	DEFERRED COMP MATCH	35,340.00	15,420.00	19,920.00	(2,580.00)	32,760.00
102	3011	ROAD DEPARTMENT	Expense	53110	CLOTHING & PERSONNEL SUPP	54,484.00	21,701.60	32,782.40	(121.00)	54,363.00
102	3011	ROAD DEPARTMENT	Expense	53120	COMMUNICATIONS	34,957.00	10,799.80	24,157.20	(1,679.00)	33,278.00
102	3011	ROAD DEPARTMENT	Expense	53140	HOUSEHOLD EXPENSE	55,876.00	22,101.15	33,774.85	10,605.00	66,481.00
102	3011	ROAD DEPARTMENT	Expense	53150	INSURANCE	326,431.00	163,215.50	163,215.50		326,431.00
102	3011	ROAD DEPARTMENT	Expense	53170	MAINTENANCE OF EQUIPMENT	445,768.00	204,039.65	241,728.35	(5,656.00)	440,112.00
102	3011	ROAD DEPARTMENT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	15,241.00	2,077.13	13,163.87	(941.00)	14,300.00
102	3011	ROAD DEPARTMENT	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	3,664.00	206.12	3,457.88	(2,865.00)	799.00
102	3011	ROAD DEPARTMENT	Expense	53200	MEMBERSHIPS & DUES	2,824.00	0.00	2,824.00	(500.00)	2,324.00
102	3011	ROAD DEPARTMENT	Expense	53220	OFFICE EXPENSE	41,063.00	9,414.52	31,648.48	6,312.00	47,375.00
102	3011	ROAD DEPARTMENT	Expense	53230	PROFESSIONAL/SPECIAL SERV	702,311.00	61,903.77	640,407.23	149,110.00	851,421.00
102	3011	ROAD DEPARTMENT	Expense	53235	A-87 OVERHEAD	362,725.00	181,362.50	181,362.50		362,725.00
102	3011	ROAD DEPARTMENT	Expense	53240	PUBLICATION/LEGAL NOTICES	5,506.00	1,109.12	4,396.88	1,850.00	7,356.00
102	3011	ROAD DEPARTMENT	Expense	53250	RENT/LEASE OF EQUIPMENT	312,700.00	13,223.36	299,476.64	13,539.00	326,239.00
102	3011	ROAD DEPARTMENT	Expense	53260	RENT/LEASE OF BUILDINGS	2,530.00	0.00	2,530.00		2,530.00
102	3011	ROAD DEPARTMENT	Expense	53270	SMALL TOOLS & INSTRUMENTS	18,518.00	4,364.98	14,153.02		18,518.00
102	3011	ROAD DEPARTMENT	Expense	53280	SPECIAL DEPARTMENTAL EXP	2,211,873.00	1,054,037.87	1,157,835.13	594,534.00	2,806,407.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
102	3011	ROAD DEPARTMENT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	10,359.00	447.62	9,911.38	(5,664.00)	4,695.00
102	3011	ROAD DEPARTMENT	Expense	53291	TRANSPORTATION EXPENSE	341,434.00	113,005.57	228,428.43		341,434.00
102	3011	ROAD DEPARTMENT	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	53300	UTILITIES	150,073.00	18,847.88	131,225.12		150,073.00
102	3011	ROAD DEPARTMENT	Expense	53800	INTERNAL ASSETS	22,150.00	(0.06)	22,150.06	4,655.00	26,805.00
102	3011	ROAD DEPARTMENT	Expense	55048	TAXES-ASSESSMENTS	443.00	0.00	443.00		443.00
102	3011	ROAD DEPARTMENT	Expense	55413	NEGATIVE INTEREST APPORT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	55470	RIGHTS OF WAY	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	57605	VEHICLES	50,000.00	53,835.04	(3,835.04)		50,000.00
102	3011	ROAD DEPARTMENT	Expense	57608	SPECIAL DEPT EQUIPMENT	100,000.00	0.00	100,000.00		100,000.00
102	3011	ROAD DEPARTMENT	Expense	59000	CONTINGENCY	0.00	0.00	0.00	144,185.00	144,185.00
102	3011	ROAD DEPARTMENT	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	59725	DEBT SVC AIRCON	48,369.00	6,640.00	41,729.00		48,369.00
102	3011	ROAD DEPARTMENT	Revenue	410081	SALES & USE TAX 1/4 CENT	506,004.00	0.00	506,004.00		506,004.00
102	3011	ROAD DEPARTMENT	Revenue	420130	ROAD PRIVILEGES & PERMITS	10,105.00	2,375.00	7,730.00	(5,355.00)	4,750.00
102	3011	ROAD DEPARTMENT	Revenue	420150	FRANCHISES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450410	STATE HIGHWAY USERS 2104	1,019,965.00	423,771.87	596,193.13	4,859.00	1,024,824.00
102	3011	ROAD DEPARTMENT	Revenue	450411	STATE HIGHWAY USERS 2106	276,585.00	110,355.62	166,229.38	454.00	277,039.00
102	3011	ROAD DEPARTMENT	Revenue	450412	STATE HIGHWAY USERS 2105	1,150,256.00	465,117.71	685,138.29	(1,273.00)	1,148,983.00
102	3011	ROAD DEPARTMENT	Revenue	450413	STATE HIGHWAY USERS 2103	1,808,160.00	860,588.06	947,571.94	51,393.00	1,859,553.00
102	3011	ROAD DEPARTMENT	Revenue	450414	ST HWY USERS SB1 LOAN RPY	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450415	ST HWY USERS SB1 RMRA	4,666,944.00	2,682,004.72	1,984,939.28	350,513.00	5,017,457.00
102	3011	ROAD DEPARTMENT	Revenue	450417	STATE ROAD MATCHING	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450418	STATE ROAD EXCHANGE	466,000.00	0.00	466,000.00		466,000.00
102	3011	ROAD DEPARTMENT	Revenue	450419	STATE RSTP EXCHANGE	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450580	STATE DISASTER RELIEF	1,065,427.00	63,429.04	1,001,997.96	(86,515.00)	978,912.00
102	3011	ROAD DEPARTMENT	Revenue	450620	STATE OTHER	0.00	0.00	0.00	223,745.00	223,745.00
102	3011	ROAD DEPARTMENT	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450670	FEDERAL DISASTER RELIEF	2,246,726.00	253,716.15	1,993,009.85	(1,502,718.00)	744,008.00
102	3011	ROAD DEPARTMENT	Revenue	450680	FEDERAL FOREST RESERVE	0.00	0.00	0.00	1,200,000.00	1,200,000.00
102	3011	ROAD DEPARTMENT	Revenue	450720	FEDERAL OTHER	0.00	3,142.07	(3,142.07)	323,142.00	323,142.00
102	3011	ROAD DEPARTMENT	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	460870	PLANNING/ENGINEERING SERV	10,305.00	3,806.02	6,498.98	(1,823.00)	8,482.00
102	3011	ROAD DEPARTMENT	Revenue	460960	ROAD & STREET SERVICES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	461070	INTERFUND REVENUE	315,501.00	51,521.27	263,979.73	47,060.00	362,561.00
102	3011	ROAD DEPARTMENT	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	471126	INSURANCE SETTLEMENTS	0.00	53,713.50	(53,713.50)		0.00
102	3011	ROAD DEPARTMENT	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Revenue	471210	SALE OF FIXED ASSETS	29,300.00	864.25	28,435.75	(28,436.00)	864.00
102	3011	ROAD DEPARTMENT	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
102	3011	ROAD DEPARTMENT	Expense	532801	SHOP SUPPLIES EXPENSE	31,607.00	6,169.09	25,437.91	18,152.00	49,759.00
102	3011	ROAD DEPARTMENT	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
102	3011	ROAD DEPARTMENT	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	53170	MAINTENANCE OF EQUIPMENT	15,750.00	7,500.00	8,250.00	(750.00)	15,000.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	53230	PROFESSIONAL/SPECIAL SERV	6,351,156.52	549,939.90	5,801,216.62	(3,302,221.00)	3,048,935.52
102	3015	ROAD - CAPITAL PROJECTS	Expense	53240	PUBLICATION/LEGAL NOTICES	1,500.00	0.00	1,500.00	(1,000.00)	500.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	53280	SPECIAL DEPARTMENTAL EXP	9,375.48	9,375.48	0.00		9,375.48
102	3015	ROAD - CAPITAL PROJECTS	Expense	55413	NEGATIVE INTEREST APPORT	178,464.00	0.00	178,464.00		178,464.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	55470	RIGHTS OF WAY	550,000.00	97,229.09	452,770.91	(451,529.00)	98,471.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	410081	SALES & USE TAX 1/4 CENT	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450415	ST HWY USERS SB1 RMRA	562,164.00	0.00	562,164.00	(443,452.00)	118,712.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450417	STATE ROAD MATCHING	100,000.00	0.00	100,000.00	(109,232.00)	(9,232.00)
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450418	STATE ROAD EXCHANGE	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450620	STATE OTHER	388,820.00	254,311.97	134,508.03		388,820.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450680	FEDERAL FOREST RESERVE	0.00	0.00	0.00		0.00
102	3015	ROAD - CAPITAL PROJECTS	Revenue	450720	FEDERAL OTHER	6,055,262.00	958,993.10	5,096,268.90	(3,202,816.00)	2,852,446.00
103	1081	PLANT ACQUISITION	Expense	51010	SALARY & WAGES	105,963.04	35,990.71	69,972.33		105,963.04
103	1081	PLANT ACQUISITION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	71.10	(71.10)		0.00
103	1081	PLANT ACQUISITION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	51020	PERS RETIREMENT	10,299.61	2,716.35	7,583.26		10,299.61
103	1081	PLANT ACQUISITION	Expense	51021	OASDI	8,211.74	2,499.86	5,711.88		8,211.74
103	1081	PLANT ACQUISITION	Expense	51022	UNFUNDED PERS LIAB MISC	14,973.54	14,973.54	0.00		14,973.54
103	1081	PLANT ACQUISITION	Expense	51024	ADP MISC PERS UNFUNDED	4,400.72	4,400.72	0.00		4,400.72
103	1081	PLANT ACQUISITION	Expense	51030	GROUP INSURANCE	15,086.45	7,833.22	7,253.23		15,086.45
103	1081	PLANT ACQUISITION	Expense	51031	UNEMPLOYMENT INSURANCE	211.93	72.86	139.07		211.93
103	1081	PLANT ACQUISITION	Expense	51040	WORKERS COMPENSATION	1,321.42	781.60	539.82		1,321.42
103	1081	PLANT ACQUISITION	Expense	51050	DEFERRED COMP MATCH	870.00	315.00	555.00		870.00
103	1081	PLANT ACQUISITION	Expense	53120	COMMUNICATIONS	36.00	85.50	(49.50)		36.00
103	1081	PLANT ACQUISITION	Expense	53150	INSURANCE	785.00	392.50	392.50		785.00
103	1081	PLANT ACQUISITION	Expense	53170	MAINTENANCE OF EQUIPMENT	427.00	0.00	427.00		427.00
103	1081	PLANT ACQUISITION	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	53292	AUTO ALLOWANCE	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57400	LAND	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57511	JAIL/ANNEX GASLINE IMPROV	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57512	PSPS RESILIENCY PROGRAM	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57513	AIRCON	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57514	PUBLIC GUARDIAN BLDG	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57515	CORNING VET HVAC/MISC	0.00	85,298.81	(85,298.81)		0.00
103	1081	PLANT ACQUISITION	Expense	57518	LIBRARY ROOF	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57519	COURTHOUSE ROOF	0.00	0.00	0.00		0.00
103	**1081**	PLANT ACQUISITION	**Expense**	**57520**	**RB VETS HALL FIRE SPRINKLERS**	**0.00**	**0.00**	**0.00**		**0.00**
103	1081	PLANT ACQUISITION	Expense	57522	SOIL REMEDIATION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57523	COURTHSE WINDOWS	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57524	CORNING VET HALL REMODEL	0.00	0.00	0.00	6,459,064.00	6,459,064.00
103	1081	PLANT ACQUISITION	Expense	57532	DA FLOOR (ANNEX)	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57533	ANTELOPE DAY REPORTING	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57534	WALNUT ST (ELECTRIC)	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57535	CORNING VET ROOF/FLOOR	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57536	LM VET BLDG IMPROVEMENTS	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57537	WALNUT ST (PAVING)	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57540	HUMAN SERVICE CENTER	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57546	COURTHOUSE PAINT (FASCIA)	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57551	ANTELOPE SEWER PROJECT	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57552	TCHC-WEST WING REMODEL	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
103	1081	PLANT ACQUISITION	Expense	57553	HEALTH CLINIC EXPANSION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57554	NAVIGATION CENTER	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57557	ADMINISTRATIVE OFFICES	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57563	JAIL SECURITY SYSTEM	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57567	WALNUT ST GAS PIPE PROJ	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57568	CRT HSE ELECTRIC UPGRADE	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57569	ELM ST STORAGE/PAVING	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57570	DEVELOPMENT SERVICES CNTR	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57571	SHERIFF ENTRANCE RE-ROOF	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57572	PROBATION CARPET REPLACE	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57573	ANNEX ROOF	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57574	PUBLIC GUARDIAN/ADMIN MOD	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57575	JAIL INTERCOM	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57576	JUV FAC SECURITY UPGRADE	300,000.00	0.00	300,000.00		300,000.00
103	1081	PLANT ACQUISITION	Expense	57577	RB VETS HALL ADA	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57578	JJC SHOWER RESTORATION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57579	JAIL/ANNEX BOILER/HVAC	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57580	SHERIFF-ANTELOPE REMODEL	0.00	0.00	0.00		0.00
103	**1081**	PLANT ACQUISITION	**Expense**	**57581**	**ANNEX FIRE SPRINKLERS**	**0.00**	**0.00**	**0.00**	**12,600.00**	**12,600.00**
103	1081	PLANT ACQUISITION	Expense	57582	COURTHOUSE ANNEX FLOORING	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57583	AG CENTER	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57584	JAIL ROOF PROJECT	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57585	LIBRARY CONSTRUCTION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57586	JAIL RE-ENTRY	13,000,000.00	3,287,074.80	9,712,925.20		13,000,000.00
103	1081	PLANT ACQUISITION	Expense	57587	L.M. VETS HALL ANCILLARY	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57588	CORNING VETS ROOF	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57589	COMMUNITY CENTER HVAC	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57590	DA INVESTIGATOR ROOF	0.00	0.00	0.00	47,320.00	47,320.00
103	1081	PLANT ACQUISITION	Expense	57591	FACILITY MAINT. ROOF	0.00	0.00	0.00	52,475.00	52,475.00
103	1081	PLANT ACQUISITION	Expense	57592	RIDGEWAY PARK - AC REPLACEMEI	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57593	RIDGEWAY PARK - SEPTIC UPGRAD	0.00	0.00	0.00	23,240.00	23,240.00
103	1081	PLANT ACQUISITION	Expense	57594	COURT ANNEX #2	0.00	0.00	0.00		0.00
103	**1081**	PLANT ACQUISITION	**Expense**	**57595**	**RB VETS HALL FIRE SPRINKLERS**	**0.00**	**0.00**	**0.00**	**4,310.00**	**4,310.00**
103	1081	PLANT ACQUISITION	Expense	57596	COURTHOUSE ADA PARKING	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57597	WALNUT ST SLURRY SEAL	0.00	482,998.04	(482,998.04)	745,577.00	745,577.00
103	1081	PLANT ACQUISITION	Expense	57598	WALNUT STREET DEMO	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	57599	TAX COLLECTOR SECURITY	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	59000	CONTINGENCY	500,000.00	0.00	500,000.00		500,000.00
103	1081	PLANT ACQUISITION	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	410094	TIMBER YIELD GUARANTEE	3,000.00	4,404.00	(1,404.00)		3,000.00
103	1081	PLANT ACQUISITION	Revenue	430211	CCCJ FINES	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	440300	INTEREST	30,000.00	3,589.42	26,410.58		30,000.00
103	1081	PLANT ACQUISITION	Revenue	440301	INTEREST LONG TERM	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450459	STATE GRANTS	10,429,586.45	3,152,795.89	7,276,790.56		10,429,586.45
103	1081	PLANT ACQUISITION	Revenue	450550	STATE CONSTRUCTION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450620	STATE OTHER	0.00	0.00	0.00	5,204,641.00	5,204,641.00
103	1081	PLANT ACQUISITION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450723	HOUSING REHABILITATION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	450751	AMERICAN RESCUE PLAN ACT	3,500,000.00	0.00	3,500,000.00	2,129,945.00	5,629,945.00
103	1081	PLANT ACQUISITION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	471211	SALE OF CAPITAL ASSETS	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	471221	OPERATING TRSF-IN COP'S	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
103	1081	PLANT ACQUISITION	Revenue	471225	OPERATING XFER IN AIRCON	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	471235	TOBACCO SECURITIZATION	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	574000	LAND ACQUISITION COST	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Expense	575111	ANNEX ELEVATOR UPGRADE	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	4506201	SMALL COMMUNITY GRANT	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	4506243	SCAAP	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	4507243	SCAAP FEDERAL	0.00	0.00	0.00		0.00
103	1081	PLANT ACQUISITION	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
104	2076	FISH & GAME	Expense	53150	INSURANCE	150.00	75.00	75.00		150.00
104	2076	FISH & GAME	Expense	53170	MAINTENANCE OF EQUIPMENT	700.00	0.00	700.00		700.00
104	2076	FISH & GAME	Expense	53220	OFFICE EXPENSE	500.00	0.00	500.00		500.00
104	2076	FISH & GAME	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,100.00	0.00	1,100.00		1,100.00
104	2076	FISH & GAME	Expense	53235	A-87 OVERHEAD	2,686.00	1,343.00	1,343.00		2,686.00
104	2076	FISH & GAME	Expense	53270	SMALL TOOLS & INSTRUMENTS	300.00	0.00	300.00		300.00
104	2076	FISH & GAME	Expense	53280	SPECIAL DEPARTMENTAL EXP	8,591.00	0.00	8,591.00		8,591.00
104	2076	FISH & GAME	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,000.00	0.00	2,000.00		2,000.00
104	2076	FISH & GAME	Expense	53800	INTERNAL ASSETS	17,000.00	16,050.00	950.00		17,000.00
104	2076	FISH & GAME	Expense	55520	CONTR TO OTHER AGENCIES	1,300.00	0.00	1,300.00		1,300.00
104	2076	FISH & GAME	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
104	2076	FISH & GAME	Expense	59000	CONTINGENCY	800.00	0.00	800.00		800.00
104	2076	FISH & GAME	Revenue	430210	OTHER COURT FINES	2,000.00	267.17	1,732.83		2,000.00
104	2076	FISH & GAME	Revenue	440300	INTEREST	1,000.00	1,040.63	(40.63)		1,000.00
104	2076	FISH & GAME	Revenue	450459	STATE GRANTS	16,050.00	0.00	16,050.00		16,050.00
104	2076	FISH & GAME	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
104	2076	FISH & GAME	Expense	5323014	OAK WOODLAND SURVEY	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	51010	SALARY & WAGES	291,792.00	115,641.42	176,150.58		291,792.00
105	2042	FIRE SCH C VOL	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	51012	OVERTIME COMPENSATION	64,962.00	16,932.17	48,029.83		64,962.00
105	2042	FIRE SCH C VOL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	242.88	(242.88)		0.00
105	2042	FIRE SCH C VOL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	51020	PERS RETIREMENT	28,503.00	11,295.03	17,207.97		28,503.00
105	2042	FIRE SCH C VOL	Expense	51021	OASDI	27,623.00	9,814.73	17,808.27		27,623.00
105	2042	FIRE SCH C VOL	Expense	51022	UNFUNDED PERS LIAB MISC	40,077.00	40,076.59	0.41		40,077.00
105	2042	FIRE SCH C VOL	Expense	51024	ADP MISC PERS UNFUNDED	11,779.00	11,778.50	0.50		11,779.00
105	2042	FIRE SCH C VOL	Expense	51030	GROUP INSURANCE	120,692.00	46,419.84	74,272.16		120,692.00
105	2042	FIRE SCH C VOL	Expense	51031	UNEMPLOYMENT INSURANCE	714.00	264.62	449.38		714.00
105	2042	FIRE SCH C VOL	Expense	51040	WORKERS COMPENSATION	21,294.00	10,646.96	10,647.04		21,294.00
105	2042	FIRE SCH C VOL	Expense	51050	DEFERRED COMP MATCH	2,880.00	360.00	2,520.00		2,880.00
105	2042	FIRE SCH C VOL	Expense	53110	CLOTHING & PERSONNEL SUPP	101,960.00	720.00	101,240.00		101,960.00
105	2042	FIRE SCH C VOL	Expense	53120	COMMUNICATIONS	26,000.00	5,643.53	20,356.47		26,000.00
105	2042	FIRE SCH C VOL	Expense	53130	FOOD	1,000.00	0.00	1,000.00		1,000.00
105	2042	FIRE SCH C VOL	Expense	53140	HOUSEHOLD EXPENSE	10,750.00	4,221.97	6,528.03		10,750.00
105	2042	FIRE SCH C VOL	Expense	53150	INSURANCE	104,135.00	52,067.50	52,067.50		104,135.00
105	2042	FIRE SCH C VOL	Expense	53170	MAINTENANCE OF EQUIPMENT	242,700.00	110,318.26	132,381.74		242,700.00
105	2042	FIRE SCH C VOL	Expense	53171	RADIO MAINTENANCE	7,000.00	2,411.59	4,588.41		7,000.00
105	2042	FIRE SCH C VOL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	167,600.00	6,391.25	161,208.75		167,600.00
105	2042	FIRE SCH C VOL	Expense	53200	MEMBERSHIPS & DUES	200.00	0.00	200.00		200.00
105	2042	FIRE SCH C VOL	Expense	53210	MISCELLANEOUS EXPENSE	600,000.00	313,879.34	286,120.66		600,000.00
105	2042	FIRE SCH C VOL	Expense	53220	OFFICE EXPENSE	18,700.00	3,663.28	15,036.72		18,700.00
105	2042	FIRE SCH C VOL	Expense	53230	PROFESSIONAL/SPECIAL SERV	225,922.00	160,577.23	65,344.77		225,922.00
105	2042	FIRE SCH C VOL	Expense	53235	A-87 OVERHEAD	78,950.00	39,475.00	39,475.00		78,950.00
105	2042	FIRE SCH C VOL	Expense	53250	RENT/LEASE OF EQUIPMENT	5,225.00	2,481.48	2,743.52		5,225.00
105	2042	FIRE SCH C VOL	Expense	53260	RENT/LEASE OF BUILDINGS	4,500.00	4,500.00	0.00		4,500.00
105	2042	FIRE SCH C VOL	Expense	53270	SMALL TOOLS & INSTRUMENTS	4,800.00	2,692.23	2,107.77		4,800.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
105	2042	FIRE SCH C VOL	Expense	53280	SPECIAL DEPARTMENTAL EXP	77,675.00	11,093.07	66,581.93		77,675.00
105	2042	FIRE SCH C VOL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	6,500.00	450.64	6,049.36		6,500.00
105	2042	FIRE SCH C VOL	Expense	53291	TRANSPORTATION EXPENSE	110,000.00	38,831.10	71,168.90		110,000.00
105	2042	FIRE SCH C VOL	Expense	53300	UTILITIES	85,650.00	34,634.53	51,015.47		85,650.00
105	2042	FIRE SCH C VOL	Expense	53800	INTERNAL ASSETS	125,000.00	6,866.01	118,133.99	275,000.00	400,000.00
105	2042	FIRE SCH C VOL	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	57605	VEHICLES	1,400,000.00	0.00	1,400,000.00	(50,000.00)	1,350,000.00
105	2042	FIRE SCH C VOL	Expense	57608	SPECIAL DEPT EQUIPMENT	80,000.00	11,362.40	68,637.60		80,000.00
105	2042	FIRE SCH C VOL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	410010	P/T CURRENT SECURED	4,300,000.00	1,041,511.03	3,258,488.97		4,300,000.00
105	2042	FIRE SCH C VOL	Revenue	410011	OPERATING UNITARY TAX	260,000.00	1,933.89	258,066.11		260,000.00
105	2042	FIRE SCH C VOL	Revenue	410020	P/T CURRENT UNSECURED	220,000.00	204,027.67	15,972.33		220,000.00
105	2042	FIRE SCH C VOL	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	410040	P/T PRIOR YEAR UNSECURED	7,000.00	4,834.03	2,165.97		7,000.00
105	2042	FIRE SCH C VOL	Revenue	410060	P/T CURRENT SUPPLEMENTAL	40,000.00	9,762.58	30,237.42		40,000.00
105	2042	FIRE SCH C VOL	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	410094	TIMBER YIELD GUARANTEE	7,000.00	9,564.27	(2,564.27)		7,000.00
105	2042	FIRE SCH C VOL	Revenue	440300	INTEREST	375,000.00	110,959.09	264,040.91		375,000.00
105	2042	FIRE SCH C VOL	Revenue	450600	HOME OWNERS P/T RELIEF	50,000.00	7,172.21	42,827.79		50,000.00
105	2042	FIRE SCH C VOL	Revenue	450620	STATE OTHER	20,000.00	1,947.68	18,052.32		20,000.00
105	2042	FIRE SCH C VOL	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	450727	FEDERAL TITLE III	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	460860	REGISTRATION FEES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	461026	DISPATCH SERVICES	205,920.00	0.00	205,920.00		205,920.00
105	2042	FIRE SCH C VOL	Revenue	461057	MITIGATION - NON COMMER.	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	461058	MITIGATION - COMMERCIAL	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	461059	PR CODE 4290	110,000.00	72,087.00	37,913.00		110,000.00
105	2042	FIRE SCH C VOL	Revenue	461060	OTHER FEES	600,000.00	718,133.05	(118,133.05)	225,000.00	825,000.00
105	2042	FIRE SCH C VOL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
105	2042	FIRE SCH C VOL	Revenue	4610530	IMPACT FEES	400,000.00	0.00	400,000.00		400,000.00
105	2042	FIRE SCH C VOL	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
105	2044	FIRE STATE CONTRACT	Expense	55521	STATE FIRE SCH "A"	4,930,095.00	934,608.62	3,995,486.38		4,930,095.00
105	2044	FIRE STATE CONTRACT	Expense	55522	SCHEDULE A SUPP "A"-4144	23,760.00	(4,554.31)	28,314.31		23,760.00
106	2002	PUBLIC SAFETY GENERAL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
106	2002	PUBLIC SAFETY GENERAL	Expense	59001	SPECIAL CONTINGENCY	1,166,145.00	0.00	1,166,145.00		1,166,145.00
106	2002	PUBLIC SAFETY GENERAL	Expense	59003	VACANCY CONTINGENCY	2,812,474.00	0.00	2,812,474.00		2,812,474.00
106	2002	PUBLIC SAFETY GENERAL	Expense	59711	ACO PROJECTS	0.00	0.00	0.00		0.00
106	2002	PUBLIC SAFETY GENERAL	Expense	59726	XFER OUT PENSION TRUST	0.00	0.00	0.00		0.00
106	2002	PUBLIC SAFETY GENERAL	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
106	2002	PUBLIC SAFETY GENERAL	Revenue	450624	PUBLIC SAFETY AUGMENT	5,776,216.00	1,867,804.95	3,908,411.05		5,776,216.00
106	2002	PUBLIC SAFETY GENERAL	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2002	PUBLIC SAFETY GENERAL	Revenue	471220	OPERATING TRANSFER-IN	26,457,870.00	17,047,602.87	9,410,267.13		26,457,870.00
106	2002	PUBLIC SAFETY GENERAL	Revenue	4506291	HOMICIDE REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2006	DA - DSS SECURITY	Expense	51011	EXTRA HELP	102,482.00	36,003.99	66,478.01		102,482.00
106	2006	DA - DSS SECURITY	Expense	51021	OASDI	7,840.00	2,754.38	5,085.62		7,840.00
106	2006	DA - DSS SECURITY	Expense	51031	UNEMPLOYMENT INSURANCE	205.00	72.06	132.94		205.00
106	2006	DA - DSS SECURITY	Expense	51040	WORKERS COMPENSATION	1,365.00	682.16	682.84		1,365.00
106	2006	DA - DSS SECURITY	Expense	53150	INSURANCE	768.00	384.00	384.00		768.00
106	2006	DA - DSS SECURITY	Expense	53170	MAINTENANCE OF EQUIPMENT	2,500.00	0.00	2,500.00		2,500.00
106	2006	DA - DSS SECURITY	Expense	53220	OFFICE EXPENSE	700.00	0.00	700.00		700.00
106	2006	DA - DSS SECURITY	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,800.00	0.00	1,800.00		1,800.00
106	2006	DA - DSS SECURITY	Expense	53280	SPECIAL DEPARTMENTAL EXP	5,000.00	469.75	4,530.25		5,000.00
106	2006	DA - DSS SECURITY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,500.00	(168.37)	2,668.37		2,500.00
106	2006	DA - DSS SECURITY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2006	DA - DSS SECURITY	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	2006	DA - DSS SECURITY	Revenue	461070	INTERFUND REVENUE	125,160.00	16,832.49	108,327.51		125,160.00
106	2007	DA WELFARE FRAUD SIU	Expense	51010	SALARY & WAGES	210,620.00	103,946.54	106,673.46		210,620.00
106	2007	DA WELFARE FRAUD SIU	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	51012	OVERTIME COMPENSATION	0.00	521.28	(521.28)		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	51015	PAY IN LIEU/MISC PAYOUTS	6,954.00	4,783.93	2,170.07		6,954.00
106	2007	DA WELFARE FRAUD SIU	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	51020	PERS RETIREMENT	36,184.00	17,732.70	18,451.30		36,184.00
106	2007	DA WELFARE FRAUD SIU	Expense	51021	OASDI	16,771.00	8,345.30	8,425.70		16,771.00
106	2007	DA WELFARE FRAUD SIU	Expense	51022	UNFUNDED PERS LIAB MISC	8,226.00	8,225.73	0.27		8,226.00
106	2007	DA WELFARE FRAUD SIU	Expense	51023	UNFUNDED PERS LIAB SAFETY	65,309.00	65,309.47	(0.47)		65,309.00
106	2007	DA WELFARE FRAUD SIU	Expense	51024	ADP MISC PERS UNFUNDED	2,418.00	2,417.54	0.46		2,418.00
106	2007	DA WELFARE FRAUD SIU	Expense	51025	ADP SAFETY PERS UNFUNDED	9,973.00	9,972.77	0.23		9,973.00
106	2007	DA WELFARE FRAUD SIU	Expense	51030	GROUP INSURANCE	51,178.00	23,618.89	27,559.11		51,178.00
106	2007	DA WELFARE FRAUD SIU	Expense	51031	UNEMPLOYMENT INSURANCE	435.00	224.41	210.59		435.00
106	2007	DA WELFARE FRAUD SIU	Expense	51040	WORKERS COMPENSATION	4,772.00	2,385.78	2,386.22		4,772.00
106	2007	DA WELFARE FRAUD SIU	Expense	51050	DEFERRED COMP MATCH	1,656.00	620.00	1,036.00		1,656.00
106	2007	DA WELFARE FRAUD SIU	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	195.00	(195.00)		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	53120	COMMUNICATIONS	3,500.00	1,281.52	2,218.48		3,500.00
106	2007	DA WELFARE FRAUD SIU	Expense	53150	INSURANCE	7,880.00	4,296.50	3,583.50		7,880.00
106	2007	DA WELFARE FRAUD SIU	Expense	53170	MAINTENANCE OF EQUIPMENT	12,000.00	1,818.82	10,181.18		12,000.00
106	2007	DA WELFARE FRAUD SIU	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	53200	MEMBERSHIPS & DUES	219.00	0.00	219.00		219.00
106	2007	DA WELFARE FRAUD SIU	Expense	53220	OFFICE EXPENSE	4,989.00	770.80	4,218.20		4,989.00
106	2007	DA WELFARE FRAUD SIU	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,000.00	0.00	1,000.00		1,000.00
106	2007	DA WELFARE FRAUD SIU	Expense	53280	SPECIAL DEPARTMENTAL EXP	10,000.00	619.27	9,380.73		10,000.00
106	2007	DA WELFARE FRAUD SIU	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,000.00	0.00	5,000.00		5,000.00
106	2007	DA WELFARE FRAUD SIU	Expense	53291	TRANSPORTATION EXPENSE	7,880.00	2,859.63	5,020.37		7,880.00
106	2007	DA WELFARE FRAUD SIU	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	59800	DA O/H ADMINISTRATION	45,454.00	10,824.80	34,629.20		45,454.00
106	2007	DA WELFARE FRAUD SIU	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Revenue	461070	INTERFUND REVENUE	512,418.00	161,764.52	350,653.48		512,418.00
106	2007	DA WELFARE FRAUD SIU	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
106	2007	DA WELFARE FRAUD SIU	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2008	DA EARLY WELFARE FRAUD	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	59800	DA O/H ADMINISTRATION	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2008	DA EARLY WELFARE FRAUD	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	51010	SALARY & WAGES	1,876,163.00	919,260.84	956,902.16		1,876,163.00
106	2013	DISTRICT ATTORNEY	Expense	51011	EXTRA HELP	129,089.00	35,046.42	94,042.58		129,089.00
106	2013	DISTRICT ATTORNEY	Expense	51012	OVERTIME COMPENSATION	100,935.00	49,198.42	51,736.58		100,935.00
106	2013	DISTRICT ATTORNEY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	37,456.00	85,475.37	(48,019.37)		37,456.00
106	2013	DISTRICT ATTORNEY	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	51020	PERS RETIREMENT	226,720.00	112,811.44	113,908.56		226,720.00
106	2013	DISTRICT ATTORNEY	Expense	51021	OASDI	165,258.00	73,360.06	91,897.94		165,258.00
106	2013	DISTRICT ATTORNEY	Expense	51022	UNFUNDED PERS LIAB MISC	242,475.00	256,360.08	(13,885.08)	13,885.00	256,360.00
106	2013	DISTRICT ATTORNEY	Expense	51023	UNFUNDED PERS LIAB SAFETY	116,653.00	155,120.76	(38,467.76)	96,029.00	212,682.00
106	2013	DISTRICT ATTORNEY	Expense	51024	ADP MISC PERS UNFUNDED	72,549.00	75,344.16	(2,795.16)	2,795.00	75,344.00
106	2013	DISTRICT ATTORNEY	Expense	51025	ADP SAFETY PERS UNFUNDED	20,809.00	23,686.97	(2,877.97)	11,668.00	32,477.00
106	2013	DISTRICT ATTORNEY	Expense	51030	GROUP INSURANCE	438,667.00	194,941.19	243,725.81		438,667.00
106	2013	DISTRICT ATTORNEY	Expense	51031	UNEMPLOYMENT INSURANCE	3,866.00	1,918.28	1,947.72		3,866.00
106	2013	DISTRICT ATTORNEY	Expense	51040	WORKERS COMPENSATION	432,176.00	209,893.06	222,282.94		432,176.00
106	2013	DISTRICT ATTORNEY	Expense	51050	DEFERRED COMP MATCH	14,424.00	4,140.00	10,284.00		14,424.00
106	2013	DISTRICT ATTORNEY	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	855.00	(855.00)		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2013	DISTRICT ATTORNEY	Expense	53120	COMMUNICATIONS	9,709.00	5,045.16	4,663.84		9,709.00
106	2013	DISTRICT ATTORNEY	Expense	53150	INSURANCE	181,487.00	90,748.00	90,739.00		181,487.00
106	2013	DISTRICT ATTORNEY	Expense	53170	MAINTENANCE OF EQUIPMENT	36,435.00	17,357.38	19,077.62		36,435.00
106	2013	DISTRICT ATTORNEY	Expense	53200	MEMBERSHIPS & DUES	8,270.00	4,621.00	3,649.00		8,270.00
106	2013	DISTRICT ATTORNEY	Expense	53220	OFFICE EXPENSE	15,200.00	12,046.49	3,153.51		15,200.00
106	2013	DISTRICT ATTORNEY	Expense	53230	PROFESSIONAL/SPECIAL SERV	180,209.00	21,871.19	158,337.81		180,209.00
106	2013	DISTRICT ATTORNEY	Expense	53240	PUBLICATION/LEGAL NOTICES	11,205.00	1,781.13	9,423.87		11,205.00
106	2013	DISTRICT ATTORNEY	Expense	53280	SPECIAL DEPARTMENTAL EXP	13,740.00	194.52	13,545.48		13,740.00
106	2013	DISTRICT ATTORNEY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	41,000.00	13,220.11	27,779.89		41,000.00
106	2013	DISTRICT ATTORNEY	Expense	53291	TRANSPORTATION EXPENSE	16,821.00	8,903.53	7,917.47		16,821.00
106	2013	DISTRICT ATTORNEY	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	53700	HOMICIDE TRIAL MCCREA	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	53702	HOMICIDE TRIAL BEALER	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	53800	INTERNAL ASSETS	5,000.00	0.00	5,000.00	2,198.00	7,198.00
106	2013	DISTRICT ATTORNEY	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	59800	DA O/H ADMINISTRATION	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	59900	INTRAFUND TRANSFER	45,454.00	(10,824.80)	56,278.80		45,454.00
106	2013	DISTRICT ATTORNEY	Revenue	430220	FORF & PENALTIES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450570	CLR 2011 REALIGNMENT	473,399.00	60,843.29	412,555.71		473,399.00
106	2013	DISTRICT ATTORNEY	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450620	STATE OTHER	0.00	6,708.13	(6,708.13)		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450621	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450726	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	450740	OTHER GOV'T AGENCIES	179,591.00	20,110.88	159,480.12		179,591.00
106	2013	DISTRICT ATTORNEY	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	460941	CODE ENFORCEMENT SERVICES	69,860.00	2,787.30	67,072.70		69,860.00
106	2013	DISTRICT ATTORNEY	Revenue	471102	COST REIMBURSEMENT	0.00	241.86	(241.86)		0.00
106	2013	DISTRICT ATTORNEY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	471122	STATE ASSET SEIZURE	37,500.00	12,939.92	24,560.08		37,500.00
106	2013	DISTRICT ATTORNEY	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	532201	COPS OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	532301	WCB	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	576011	COPS OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Expense	576031	COPS COMPUTERS	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4506213	CRIME PREVENTION (PROP36)	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4506242	INDIAN GAMING FUND SB-621	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2013	DISTRICT ATTORNEY	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	51010	SALARY & WAGES	482,618.00	239,857.46	242,760.54		482,618.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2023	BAILIFF	Expense	51012	OVERTIME COMPENSATION	43,500.00	16,722.31	26,777.69		43,500.00
106	2023	BAILIFF	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	3,718.32	(3,718.32)		0.00
106	2023	BAILIFF	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	51020	PERS RETIREMENT	88,964.00	43,547.91	45,416.09		88,964.00
106	2023	BAILIFF	Expense	51021	OASDI	41,093.00	19,841.50	21,251.50		41,093.00
106	2023	BAILIFF	Expense	51023	UNFUNDED PERS LIAB SAFETY	140,252.00	140,252.37	(0.37)		140,252.00
106	2023	BAILIFF	Expense	51025	ADP SAFETY PERS UNFUNDED	21,417.00	21,416.56	0.44		21,417.00
106	2023	BAILIFF	Expense	51030	GROUP INSURANCE	139,260.00	66,863.79	72,396.21		139,260.00
106	2023	BAILIFF	Expense	51031	UNEMPLOYMENT INSURANCE	1,052.00	528.13	523.87		1,052.00
106	2023	BAILIFF	Expense	51040	WORKERS COMPENSATION	26,294.00	13,146.82	13,147.18		26,294.00
106	2023	BAILIFF	Expense	51050	DEFERRED COMP MATCH	1,440.00	93.29	1,346.71		1,440.00
106	2023	BAILIFF	Expense	53110	CLOTHING & PERSONNEL SUPP	4,320.00	2,193.29	2,126.71		4,320.00
106	2023	BAILIFF	Expense	53120	COMMUNICATIONS	4,500.00	2,226.60	2,273.40		4,500.00
106	2023	BAILIFF	Expense	53150	INSURANCE	103.00	51.50	51.50		103.00
106	2023	BAILIFF	Expense	53170	MAINTENANCE OF EQUIPMENT	1,500.00	897.20	602.80		1,500.00
106	2023	BAILIFF	Expense	53220	OFFICE EXPENSE	700.00	25.71	674.29		700.00
106	2023	BAILIFF	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	53290	EMPLOYEE TRAVEL/TRAINING	16,616.00	4,490.88	12,125.12		16,616.00
106	2023	BAILIFF	Expense	53291	TRANSPORTATION EXPENSE	12,000.00	2,975.86	9,024.14		12,000.00
106	2023	BAILIFF	Expense	53293	INMATE TRANSPORTATION	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Revenue	450570	CLR 2011 REALIGNMENT	1,025,629.00	411,857.79	613,771.21		1,025,629.00
106	2023	BAILIFF	Revenue	461002	BAILIFF SERVICES	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2023	BAILIFF	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	51010	SALARY & WAGES	116,415.00	54,479.11	61,935.89		116,415.00
106	2024	BOATING GRANTS	Expense	51011	EXTRA HELP	0.00	77.72	(77.72)		0.00
106	2024	BOATING GRANTS	Expense	51012	OVERTIME COMPENSATION	68,825.00	38,393.77	30,431.23		68,825.00
106	2024	BOATING GRANTS	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	51020	PERS RETIREMENT	21,401.00	10,199.48	11,201.52		21,401.00
106	2024	BOATING GRANTS	Expense	51021	OASDI	14,327.00	6,892.09	7,434.91		14,327.00
106	2024	BOATING GRANTS	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	51023	UNFUNDED PERS LIAB SAFETY	34,053.00	34,052.55	0.45		34,053.00
106	2024	BOATING GRANTS	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	51025	ADP SAFETY PERS UNFUNDED	5,200.00	5,199.83	0.17		5,200.00
106	2024	BOATING GRANTS	Expense	51030	GROUP INSURANCE	23,210.00	12,347.73	10,862.27		23,210.00
106	2024	BOATING GRANTS	Expense	51031	UNEMPLOYMENT INSURANCE	363.00	182.17	180.83		363.00
106	2024	BOATING GRANTS	Expense	51040	WORKERS COMPENSATION	2,413.00	1,206.26	1,206.74		2,413.00
106	2024	BOATING GRANTS	Expense	51050	DEFERRED COMP MATCH	720.00	345.00	375.00		720.00
106	2024	BOATING GRANTS	Expense	53110	CLOTHING & PERSONNEL SUPP	720.00	345.00	375.00		720.00
106	2024	BOATING GRANTS	Expense	53120	COMMUNICATIONS	600.00	287.50	312.50		600.00
106	2024	BOATING GRANTS	Expense	53150	INSURANCE	3,449.00	1,724.50	1,724.50		3,449.00
106	2024	BOATING GRANTS	Expense	53170	MAINTENANCE OF EQUIPMENT	8,627.00	1,894.31	6,732.69		8,627.00
106	2024	BOATING GRANTS	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53220	OFFICE EXPENSE	778.00	95.77	682.23		778.00
106	2024	BOATING GRANTS	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53250	RENT/LEASE OF EQUIPMENT	10,000.00	2,500.00	7,500.00		10,000.00
106	2024	BOATING GRANTS	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,633.00	867.50	2,765.50		3,633.00
106	2024	BOATING GRANTS	Expense	53290	EMPLOYEE TRAVEL/TRAINING	6,000.00	1,482.81	4,517.19		6,000.00
106	2024	BOATING GRANTS	Expense	53291	TRANSPORTATION EXPENSE	12,000.00	6,332.11	5,667.89		12,000.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2024	BOATING GRANTS	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Revenue	410020	P/T CURRENT UNSECURED	45,300.00	0.00	45,300.00		45,300.00
106	2024	BOATING GRANTS	Revenue	450620	STATE OTHER	133,448.00	64,892.28	68,555.72	(39,021.00)	94,427.00
106	2024	BOATING GRANTS	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	2024	BOATING GRANTS	Revenue	460940	LAW ENFORCEMENT SERVICES	41,165.00	23,957.39	17,207.61		41,165.00
106	2024	BOATING GRANTS	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51010	SALARY & WAGES	0.00	26,015.01	(26,015.01)		0.00
106	2025	SHERIFF - AVIATION	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51020	PERS RETIREMENT	0.00	2,538.60	(2,538.60)		0.00
106	2025	SHERIFF - AVIATION	Expense	51021	OASDI	0.00	1,923.92	(1,923.92)		0.00
106	2025	SHERIFF - AVIATION	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51030	GROUP INSURANCE	0.00	9,670.80	(9,670.80)		0.00
106	2025	SHERIFF - AVIATION	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	52.63	(52.63)		0.00
106	2025	SHERIFF - AVIATION	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	51050	DEFERRED COMP MATCH	0.00	300.00	(300.00)		0.00
106	2025	SHERIFF - AVIATION	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	18,333.33	(18,333.33)		0.00
106	2025	SHERIFF - AVIATION	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	460940	LAW ENFORCEMENT SERVICES	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2025	SHERIFF - AVIATION	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2026	PUBLIC DEFENDER	Expense	53221	OTHER EXPENSE	100,000.00	34,453.55	65,546.45		100,000.00
106	2026	PUBLIC DEFENDER	Expense	53230	PROFESSIONAL/SPECIAL SERV	950,116.00	444,772.05	505,343.95		950,116.00
106	2026	PUBLIC DEFENDER	Expense	53700	HOMICIDE TRIAL MCCREA	0.00	0.00	0.00		0.00
106	2026	PUBLIC DEFENDER	Expense	53702	HOMICIDE TRIAL BEALER	0.00	0.00	0.00		0.00
106	2026	PUBLIC DEFENDER	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
106	2026	PUBLIC DEFENDER	Revenue	450570	CLR 2011 REALIGNMENT	100,000.00	0.00	100,000.00		100,000.00
106	2026	PUBLIC DEFENDER	Revenue	460851	REIMB PUBLIC DEFENDER	4,000.00	1,483.33	2,516.67		4,000.00
106	2026	PUBLIC DEFENDER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2026	PUBLIC DEFENDER	Expense	5323015	PUB DEFENDER PILOT PRGM	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	51010	SALARY & WAGES	4,528,697.00	2,168,355.77	2,360,341.23		4,528,697.00
106	2027	SHERIFF	Expense	51011	EXTRA HELP	275,194.00	117,371.68	157,822.32		275,194.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2027	SHERIFF	Expense	51012	OVERTIME COMPENSATION	593,347.00	287,193.56	306,153.44	59,903.00	653,250.00
106	2027	SHERIFF	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	138,892.53	(138,892.53)		0.00
106	2027	SHERIFF	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	51020	PERS RETIREMENT	620,999.00	335,019.99	285,979.01		620,999.00
106	2027	SHERIFF	Expense	51021	OASDI	406,169.00	202,215.93	203,953.07		406,169.00
106	2027	SHERIFF	Expense	51022	UNFUNDED PERS LIAB MISC	194,635.00	194,635.17	(0.17)		194,635.00
106	2027	SHERIFF	Expense	51023	UNFUNDED PERS LIAB SAFETY	841,716.00	841,716.17	(0.17)		841,716.00
106	2027	SHERIFF	Expense	51024	ADP MISC PERS UNFUNDED	57,203.00	57,203.22	(0.22)		57,203.00
106	2027	SHERIFF	Expense	51025	ADP SAFETY PERS UNFUNDED	128,530.00	128,530.22	(0.22)		128,530.00
106	2027	SHERIFF	Expense	51030	GROUP INSURANCE	1,044,446.00	491,148.13	553,297.87		1,044,446.00
106	2027	SHERIFF	Expense	51031	UNEMPLOYMENT INSURANCE	10,011.00	5,294.91	4,716.09		10,011.00
106	2027	SHERIFF	Expense	51040	WORKERS COMPENSATION	736,271.00	368,135.36	368,135.64		736,271.00
106	2027	SHERIFF	Expense	51050	DEFERRED COMP MATCH	22,560.00	11,641.71	10,918.29		22,560.00
106	2027	SHERIFF	Expense	53110	CLOTHING & PERSONNEL SUPP	34,045.00	17,775.09	16,269.91	1,800.00	35,845.00
106	2027	SHERIFF	Expense	53120	COMMUNICATIONS	58,800.00	24,240.23	34,559.77	720.00	59,520.00
106	2027	SHERIFF	Expense	53150	INSURANCE	1,455,922.00	727,961.00	727,961.00		1,455,922.00
106	2027	SHERIFF	Expense	53170	MAINTENANCE OF EQUIPMENT	405,715.00	209,717.28	195,997.72	1,175.00	406,890.00
106	2027	SHERIFF	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	30,000.00	369.12	29,630.88		30,000.00
106	2027	SHERIFF	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	53200	MEMBERSHIPS & DUES	6,848.00	7,273.00	(425.00)	1,045.00	7,893.00
106	2027	SHERIFF	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	53220	OFFICE EXPENSE	42,050.00	18,053.90	23,996.10		42,050.00
106	2027	SHERIFF	Expense	53230	PROFESSIONAL/SPECIAL SERV	230,464.75	100,900.62	129,564.13		230,464.75
106	2027	SHERIFF	Expense	53250	RENT/LEASE OF EQUIPMENT	33,335.00	11,444.37	21,890.63	2,511.00	35,846.00
106	2027	SHERIFF	Expense	53260	RENT/LEASE OF BUILDINGS	13,741.00	5,313.16	8,427.84		13,741.00
106	2027	SHERIFF	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,715.00	0.00	1,715.00		1,715.00
106	2027	SHERIFF	Expense	53280	SPECIAL DEPARTMENTAL EXP	100,989.63	43,698.85	57,290.78	1,300.00	102,289.63
106	2027	SHERIFF	Expense	53290	EMPLOYEE TRAVEL/TRAINING	60,000.00	49,970.84	10,029.16	17,500.00	77,500.00
106	2027	SHERIFF	Expense	53291	TRANSPORTATION EXPENSE	207,900.00	143,590.34	64,309.66		207,900.00
106	2027	SHERIFF	Expense	53295	STATE OFFICER TRAINING	49,440.00	7,936.74	41,503.26		49,440.00
106	2027	SHERIFF	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	53300	UTILITIES	67,750.00	31,715.34	36,034.66		67,750.00
106	2027	SHERIFF	Expense	53800	INTERNAL ASSETS	117,542.84	34,452.20	83,090.64	6,596.00	124,138.84
106	2027	SHERIFF	Expense	55466	FINES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	55520	CONTR TO OTHER AGENCIES	76,775.00	11,820.32	64,954.68		76,775.00
106	2027	SHERIFF	Expense	55527	CITY OF RED BLUFF	20,000.00	0.00	20,000.00		20,000.00
106	2027	SHERIFF	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	55550	OCJP-TAGMENT GRANT	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	57600	EQUIPMENT	100,000.00	43,000.00	57,000.00	50,550.00	150,550.00
106	2027	SHERIFF	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	57605	VEHICLES	248,455.16	105,191.42	143,263.74		248,455.16
106	2027	SHERIFF	Expense	57608	SPECIAL DEPT EQUIPMENT	667,941.00	667,940.22	0.78		667,941.00
106	2027	SHERIFF	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	420110	BUSINESS LICENSES	300.00	124.00	176.00		300.00
106	2027	SHERIFF	Revenue	420160	OTHER LICENSE & PERMITS	1,256.00	0.00	1,256.00		1,256.00
106	2027	SHERIFF	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	430213	MISC PENAL CODE FINES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450540	STATE CIVIL DEFENSE	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450570	CLR 2011 REALIGNMENT	105,488.00	0.00	105,488.00		105,488.00
106	2027	SHERIFF	Revenue	450580	STATE DISASTER RELIEF	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450616	CITIZEN OPTION-PUB SAFETY	272,879.00	0.00	272,879.00		272,879.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2027	SHERIFF	Revenue	450620	STATE OTHER	380,500.00	76,565.70	303,934.30	123,350.00	503,850.00
106	2027	SHERIFF	Revenue	450621	STATE OFFICER TRAINING	49,440.00	2,048.60	47,391.40		49,440.00
106	2027	SHERIFF	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450670	FEDERAL DISASTER RELIEF	76,938.00	0.00	76,938.00		76,938.00
106	2027	SHERIFF	Revenue	450677	HOMELAND SECURITY	334,071.00	0.00	334,071.00		334,071.00
106	2027	SHERIFF	Revenue	450720	FEDERAL OTHER	30,000.00	21,274.84	8,725.16		30,000.00
106	2027	SHERIFF	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450726	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450727	FEDERAL TITLE III	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	460900	CIVIL PROCESS SERVICE	36,981.00	14,467.00	22,514.00		36,981.00
106	2027	SHERIFF	Revenue	460940	LAW ENFORCEMENT SERVICES	49,000.00	46,337.19	2,662.81		49,000.00
106	2027	SHERIFF	Revenue	460941	CODE ENFORCEMENT SERVICES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	461060	OTHER FEES	2,037.00	2,918.93	(881.93)		2,037.00
106	2027	SHERIFF	Revenue	461070	INTERFUND REVENUE	40,700.00	12,755.05	27,944.95		40,700.00
106	2027	SHERIFF	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	471120	MISCELLANEOUS REVENUE	5,513.00	3,105.21	2,407.79		5,513.00
106	2027	SHERIFF	Revenue	471121	FEDERAL ASSET SEIZURE	20,761.00	0.00	20,761.00		20,761.00
106	2027	SHERIFF	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	471127	SETTLEMENTS	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	471210	SALE OF FIXED ASSETS	0.00	1,371.50	(1,371.50)		0.00
106	2027	SHERIFF	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	532214	K-9 EXPENSE	3,310.83	3,578.18	(267.35)		3,310.83
106	2027	SHERIFF	Revenue	4506214	HI TECH CLEEP GRANT	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	4506241	AB443/205 01/02	15,914.00	0.00	15,914.00		15,914.00
106	2027	SHERIFF	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	4507264	FEDERAL MSP	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
106	2027	SHERIFF	Expense	5101014	STANDBY	111,035.00	55,441.90	55,593.10		111,035.00
106	2027	SHERIFF	Expense	5323016	K-9 PROFESSIONAL SERVICE	14,089.17	2,642.03	11,447.14		14,089.17
106	2028	AUTO SHOP	Expense	51010	SALARY & WAGES	194,962.00	96,928.00	98,034.00		194,962.00
106	2028	AUTO SHOP	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51012	OVERTIME COMPENSATION	3,000.00	1,625.17	1,374.83		3,000.00
106	2028	AUTO SHOP	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51020	PERS RETIREMENT	18,950.00	9,467.73	9,482.27		18,950.00
106	2028	AUTO SHOP	Expense	51021	OASDI	15,309.00	7,380.21	7,928.79		15,309.00
106	2028	AUTO SHOP	Expense	51022	UNFUNDED PERS LIAB MISC	26,448.00	26,447.53	0.47		26,448.00
106	2028	AUTO SHOP	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51024	ADP MISC PERS UNFUNDED	7,773.00	7,772.92	0.08		7,773.00
106	2028	AUTO SHOP	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	51030	GROUP INSURANCE	46,419.84	23,236.68	23,183.16		46,419.84
106	2028	AUTO SHOP	Expense	51031	UNEMPLOYMENT INSURANCE	396.00	198.56	197.44		396.00
106	2028	AUTO SHOP	Expense	51040	WORKERS COMPENSATION	2,809.00	1,404.74	1,404.26		2,809.00
106	2028	AUTO SHOP	Expense	51050	DEFERRED COMP MATCH	1,440.00	720.00	720.00		1,440.00
106	2028	AUTO SHOP	Expense	53110	CLOTHING & PERSONNEL SUPP	179.99	179.99	0.00		179.99
106	2028	AUTO SHOP	Expense	53120	COMMUNICATIONS	3,280.00	1,089.77	2,190.23		3,280.00
106	2028	AUTO SHOP	Expense	53150	INSURANCE	1,505.00	752.50	752.50		1,505.00
106	2028	AUTO SHOP	Expense	53170	MAINTENANCE OF EQUIPMENT	153,326.00	47,296.92	106,029.08		153,326.00
106	2028	AUTO SHOP	Expense	53220	OFFICE EXPENSE	600.00	215.90	384.10		600.00
106	2028	AUTO SHOP	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,600.00	5,042.93	557.07		5,600.00
106	2028	AUTO SHOP	Expense	53250	RENT/LEASE OF EQUIPMENT	2,400.00	921.45	1,478.55		2,400.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2028	AUTO SHOP	Expense	53260	RENT/LEASE OF BUILDINGS	51,600.00	30,100.00	21,500.00		51,600.00
106	2028	AUTO SHOP	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,000.00	0.00	1,000.00		1,000.00
106	2028	AUTO SHOP	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,820.01	978.77	2,841.24		3,820.01
106	2028	AUTO SHOP	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,244.00	1,272.93	3,971.07		5,244.00
106	2028	AUTO SHOP	Expense	53291	TRANSPORTATION EXPENSE	3,600.00	1,659.80	1,940.20		3,600.00
106	2028	AUTO SHOP	Expense	53300	UTILITIES	8,000.00	4,425.41	3,574.59		8,000.00
106	2028	AUTO SHOP	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Revenue	450570	CLR 2011 REALIGNMENT	460,872.00	0.00	460,872.00		460,872.00
106	2028	AUTO SHOP	Revenue	461060	OTHER FEES	120,000.00	36,260.46	83,739.54		120,000.00
106	2028	AUTO SHOP	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2028	AUTO SHOP	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51010	SALARY & WAGES	100,188.00	65,302.57	34,885.43		100,188.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51012	OVERTIME COMPENSATION	10,290.00	3,177.09	7,112.91		10,290.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51020	PERS RETIREMENT	9,878.00	6,180.44	3,697.56		9,878.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51021	OASDI	8,727.00	5,197.94	3,529.06		8,727.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51022	UNFUNDED PERS LIAB MISC	21,699.00	21,699.15	(0.15)		21,699.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51024	ADP MISC PERS UNFUNDED	6,377.00	6,377.38	(0.38)		6,377.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51030	GROUP INSURANCE	23,209.92	19,366.13	3,843.79		23,209.92
106	2029	SHERIFF ANIMAL REGULATION	Expense	51031	UNEMPLOYMENT INSURANCE	221.00	137.66	83.34		221.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51040	WORKERS COMPENSATION	19,842.00	9,921.06	9,920.94		19,842.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	51050	DEFERRED COMP MATCH	720.00	330.00	390.00		720.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53110	CLOTHING & PERSONNEL SUPP	1,440.00	990.00	450.00	720.00	2,160.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53120	COMMUNICATIONS	720.00	480.00	240.00	360.00	1,080.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53150	INSURANCE	5,651.00	2,825.50	2,825.50		5,651.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53170	MAINTENANCE OF EQUIPMENT	3,627.00	2,519.27	1,107.73	2,373.00	6,000.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53220	OFFICE EXPENSE	500.00	200.23	299.77		500.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	17,000.00	9,316.22	7,683.78		17,000.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53280	SPECIAL DEPARTMENTAL EXP	500.00	0.00	500.00		500.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	5,250.00	3,688.62	1,561.38		5,250.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53291	TRANSPORTATION EXPENSE	19,000.00	14,844.41	4,155.59	9,500.00	28,500.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	57605	VEHICLES	22,484.78	22,484.78	0.00		22,484.78
106	2029	SHERIFF ANIMAL REGULATION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	57609	LEASE PURCHASED EQUIP	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	430213	MISC PENAL CODE FINES	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2029	SHERIFF ANIMAL REGULATION	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2030	COURT SECURITY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53230	PROFESSIONAL/SPECIAL SERV	179,804.00	45,644.44	134,159.56		179,804.00
106	2030	COURT SECURITY	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Revenue	450570	CLR 2011 REALIGNMENT	179,804.00	0.00	179,804.00		179,804.00
106	2030	COURT SECURITY	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Revenue	461007	COURT SECURITY SERVICES	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2030	COURT SECURITY	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	51010	SALARY & WAGES	65,822.00	32,221.62	33,600.38		65,822.00
106	2031	WORK FARM	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	51012	OVERTIME COMPENSATION	4,250.00	0.00	4,250.00		4,250.00
106	2031	WORK FARM	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	1,275.60	(1,275.60)		0.00
106	2031	WORK FARM	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	51020	PERS RETIREMENT	6,397.00	3,147.10	3,249.90		6,397.00
106	2031	WORK FARM	Expense	51021	OASDI	5,416.00	2,455.44	2,960.56		5,416.00
106	2031	WORK FARM	Expense	51022	UNFUNDED PERS LIAB MISC	8,685.00	8,684.83	0.17		8,685.00
106	2031	WORK FARM	Expense	51024	ADP MISC PERS UNFUNDED	2,552.00	2,552.47	(0.47)		2,552.00
106	2031	WORK FARM	Expense	51030	GROUP INSURANCE	23,209.92	11,604.96	11,604.96		23,209.92
106	2031	WORK FARM	Expense	51031	UNEMPLOYMENT INSURANCE	140.00	66.98	73.02		140.00
106	2031	WORK FARM	Expense	51040	WORKERS COMPENSATION	1,229.00	614.54	614.46		1,229.00
106	2031	WORK FARM	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	53120	COMMUNICATIONS	540.00	206.88	333.12		540.00
106	2031	WORK FARM	Expense	53150	INSURANCE	455.00	227.50	227.50		455.00
106	2031	WORK FARM	Expense	53170	MAINTENANCE OF EQUIPMENT	5,432.00	537.15	4,894.85		5,432.00
106	2031	WORK FARM	Expense	53220	OFFICE EXPENSE	500.00	8.57	491.43		500.00
106	2031	WORK FARM	Expense	53230	PROFESSIONAL/SPECIAL SERV	2,600.00	0.00	2,600.00		2,600.00
106	2031	WORK FARM	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,000.00	0.00	1,000.00		1,000.00
106	2031	WORK FARM	Expense	53280	SPECIAL DEPARTMENTAL EXP	4,517.00	546.71	3,970.29		4,517.00
106	2031	WORK FARM	Expense	53290	EMPLOYEE TRAVEL/TRAINING	1,336.00	1,171.68	164.32		1,336.00
106	2031	WORK FARM	Expense	53291	TRANSPORTATION EXPENSE	1,200.00	275.49	924.51		1,200.00
106	2031	WORK FARM	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	53300	UTILITIES	9,000.00	4,424.15	4,575.85		9,000.00
106	2031	WORK FARM	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	57600	EQUIPMENT	50,000.00	40,798.26	9,201.74		50,000.00
106	2031	WORK FARM	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Revenue	450570	CLR 2011 REALIGNMENT	168,241.00	0.00	168,241.00		168,241.00
106	2031	WORK FARM	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2031	WORK FARM	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	51010	SALARY & WAGES	2,530,019.00	1,103,576.63	1,426,442.37	(60,640.00)	2,469,379.00
106	2032	JAIL	Expense	51011	EXTRA HELP	0.00	0.00	0.00	21,667.00	21,667.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2032	JAIL	Expense	51012	OVERTIME COMPENSATION	456,073.00	402,823.98	53,249.02	91,790.00	547,863.00
106	2032	JAIL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	46,041.93	(46,041.93)		0.00
106	2032	JAIL	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	51020	PERS RETIREMENT	415,790.00	185,392.43	230,397.57	(20,799.00)	394,991.00
106	2032	JAIL	Expense	51021	OASDI	225,065.00	116,454.75	108,610.25	(10,091.00)	214,974.00
106	2032	JAIL	Expense	51022	UNFUNDED PERS LIAB MISC	46,211.00	46,211.01	(0.01)		46,211.00
106	2032	JAIL	Expense	51023	UNFUNDED PERS LIAB SAFETY	605,375.00	605,375.28	(0.28)		605,375.00
106	2032	JAIL	Expense	51024	ADP MISC PERS UNFUNDED	13,581.00	13,581.00	0.00		13,581.00
106	2032	JAIL	Expense	51025	ADP SAFETY PERS UNFUNDED	92,441.00	92,440.92	0.08		92,441.00
106	2032	JAIL	Expense	51030	GROUP INSURANCE	603,457.92	327,239.33	276,218.59	46,420.00	649,877.92
106	2032	JAIL	Expense	51031	UNEMPLOYMENT INSURANCE	5,782.00	3,121.02	2,660.98	(260.00)	5,522.00
106	2032	JAIL	Expense	51040	WORKERS COMPENSATION	433,578.00	216,789.02	216,788.98		433,578.00
106	2032	JAIL	Expense	51050	DEFERRED COMP MATCH	15,240.00	6,850.00	8,390.00		15,240.00
106	2032	JAIL	Expense	53110	CLOTHING & PERSONNEL SUPP	28,360.00	10,618.52	17,741.48		28,360.00
106	2032	JAIL	Expense	53120	COMMUNICATIONS	34,680.00	17,033.48	17,646.52		34,680.00
106	2032	JAIL	Expense	53130	FOOD	398,500.00	250,933.30	147,566.70	96,860.00	495,360.00
106	2032	JAIL	Expense	53140	HOUSEHOLD EXPENSE	85,600.00	44,975.69	40,624.31	6,800.00	92,400.00
106	2032	JAIL	Expense	53150	INSURANCE	236,793.00	118,396.50	118,396.50		236,793.00
106	2032	JAIL	Expense	53170	MAINTENANCE OF EQUIPMENT	55,000.00	24,966.41	30,033.59	1,160.00	56,160.00
106	2032	JAIL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	57,712.00	29,503.90	28,208.10	13,088.00	70,800.00
106	2032	JAIL	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	53220	OFFICE EXPENSE	15,091.16	7,135.27	7,955.89		15,091.16
106	2032	JAIL	Expense	53230	PROFESSIONAL/SPECIAL SERV	317,786.11	170,900.05	146,886.06	18,740.00	336,526.11
106	2032	JAIL	Expense	53250	RENT/LEASE OF EQUIPMENT	10,855.00	6,272.00	4,583.00		10,855.00
106	2032	JAIL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	53280	SPECIAL DEPARTMENTAL EXP	17,150.00	3,010.93	14,139.07		17,150.00
106	2032	JAIL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	38,650.00	37,504.52	1,145.48	9,850.00	48,500.00
106	2032	JAIL	Expense	53291	TRANSPORTATION EXPENSE	23,375.00	7,998.73	15,376.27		23,375.00
106	2032	JAIL	Expense	53293	INMATE TRANSPORTATION	2,350.00	940.96	1,409.04		2,350.00
106	2032	JAIL	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	53300	UTILITIES	29,590.00	17,059.28	12,530.72	5,930.00	35,520.00
106	2032	JAIL	Expense	53800	INTERNAL ASSETS	28,798.00	2,916.59	25,881.41		28,798.00
106	2032	JAIL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	450570	CLR 2011 REALIGNMENT	945,535.00	0.00	945,535.00		945,535.00
106	2032	JAIL	Revenue	450587	STATE COVID RELIEF	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	450616	CITIZEN OPTION-PUB SAFETY	14,000.00	0.00	14,000.00		14,000.00
106	2032	JAIL	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	450621	STATE OFFICER TRAINING	32,487.00	5,092.54	27,394.46		32,487.00
106	2032	JAIL	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	461020	INSTITUTIONAL CARE & SERV	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	461021	BOOKING FEES	50,421.00	16,807.00	33,614.00		50,421.00
106	2032	JAIL	Revenue	461023	OTHER-WEEKEND WORK	10,200.00	1,510.00	8,690.00		10,200.00
106	2032	JAIL	Revenue	461024	CDC TRANSPORTATION	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	461070	INTERFUND REVENUE	109,610.00	0.00	109,610.00		109,610.00
106	2032	JAIL	Revenue	471101	MISC REPAYMENTS	450.00	75.63	374.37		450.00
106	2032	JAIL	Revenue	471120	MISCELLANEOUS REVENUE	400.00	192.40	207.60		400.00
106	2032	JAIL	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2032	JAIL	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	471133	S & B REIMB FM TRUST	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2032	JAIL	Expense	531102	INMATE CLOTHING	15,150.00	13,372.36	1,777.64	13,937.00	29,087.00
106	2032	JAIL	Revenue	4505723	CALAIM - JAIL	101,182.27	101,182.27	0.00		101,182.27
106	2032	JAIL	Revenue	4506241	AB443/205 01/02	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	4506242	INDIAN GAMING FUND SB-621	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	4506243	SCAAP	0.00	0.00	0.00		0.00
106	2032	JAIL	Revenue	4507243	SCAAP FEDERAL	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	51010	SALARY & WAGES	532,753.00	233,967.25	298,785.75		532,753.00
106	2035	DAY REPORTING CENTER	Expense	51011	EXTRA HELP	13,403.00	4,513.28	8,889.72		13,403.00
106	2035	DAY REPORTING CENTER	Expense	51012	OVERTIME COMPENSATION	90,474.00	41,879.17	48,594.83		90,474.00
106	2035	DAY REPORTING CENTER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	26,769.06	(26,769.06)		0.00
106	2035	DAY REPORTING CENTER	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	51020	PERS RETIREMENT	97,968.00	42,405.87	55,562.13		97,968.00
106	2035	DAY REPORTING CENTER	Expense	51021	OASDI	48,580.00	23,614.52	24,965.48		48,580.00
106	2035	DAY REPORTING CENTER	Expense	51023	UNFUNDED PERS LIAB SAFETY	218,382.00	218,382.07	(0.07)		218,382.00
106	2035	DAY REPORTING CENTER	Expense	51025	ADP SAFETY PERS UNFUNDED	33,347.00	33,346.98	0.02		33,347.00
106	2035	DAY REPORTING CENTER	Expense	51030	GROUP INSURANCE	162,469.00	70,494.87	91,974.13		162,469.00
106	2035	DAY REPORTING CENTER	Expense	51031	UNEMPLOYMENT INSURANCE	1,251.00	636.30	614.70		1,251.00
106	2035	DAY REPORTING CENTER	Expense	51040	WORKERS COMPENSATION	292,156.00	146,077.98	146,078.02		292,156.00
106	2035	DAY REPORTING CENTER	Expense	51050	DEFERRED COMP MATCH	5,400.00	1,770.00	3,630.00		5,400.00
106	2035	DAY REPORTING CENTER	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53110	CLOTHING & PERSONNEL SUPP	5,328.00	1,561.67	3,766.33		5,328.00
106	2035	DAY REPORTING CENTER	Expense	53120	COMMUNICATIONS	22,013.00	6,956.97	15,056.03		22,013.00
106	2035	DAY REPORTING CENTER	Expense	53130	FOOD	23,472.00	10,827.69	12,644.31		23,472.00
106	2035	DAY REPORTING CENTER	Expense	53140	HOUSEHOLD EXPENSE	12,438.00	3,925.97	8,512.03		12,438.00
106	2035	DAY REPORTING CENTER	Expense	53150	INSURANCE	15,691.00	7,845.50	7,845.50		15,691.00
106	2035	DAY REPORTING CENTER	Expense	53170	MAINTENANCE OF EQUIPMENT	33,056.00	9,205.63	23,850.37		33,056.00
106	2035	DAY REPORTING CENTER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	12,500.00	494.44	12,005.56		12,500.00
106	2035	DAY REPORTING CENTER	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	3,000.00	297.65	2,702.35		3,000.00
106	2035	DAY REPORTING CENTER	Expense	53191	PHARMACY	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53209	WORK SHOP EXPENSE	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53211	REIMBURSEMENT SVC/SUPPLY	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53220	OFFICE EXPENSE	5,000.00	855.58	4,144.42		5,000.00
106	2035	DAY REPORTING CENTER	Expense	53230	PROFESSIONAL/SPECIAL SERV	168,200.00	44,844.52	123,355.48		168,200.00
106	2035	DAY REPORTING CENTER	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	53260	RENT/LEASE OF BUILDINGS	165,111.00	120,000.00	45,111.00		165,111.00
106	2035	DAY REPORTING CENTER	Expense	53270	SMALL TOOLS & INSTRUMENTS	8,000.00	728.68	7,271.32		8,000.00
106	2035	DAY REPORTING CENTER	Expense	53280	SPECIAL DEPARTMENTAL EXP	5,000.00	0.00	5,000.00		5,000.00
106	2035	DAY REPORTING CENTER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	20,361.00	1,732.55	18,628.45		20,361.00
106	2035	DAY REPORTING CENTER	Expense	53291	TRANSPORTATION EXPENSE	16,063.00	5,474.67	10,588.33		16,063.00
106	2035	DAY REPORTING CENTER	Expense	53300	UTILITIES	103,000.00	15,731.24	87,268.76		103,000.00
106	2035	DAY REPORTING CENTER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	55350	JUVENILE CRIME PREVENTION	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2035	DAY REPORTING CENTER	Revenue	450570	CLR 2011 REALIGNMENT	2,132,903.00	566,284.68	1,566,618.32		2,132,903.00
106	2035	DAY REPORTING CENTER	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	532393	LAB SERVICES	3,000.00	0.00	3,000.00		3,000.00
106	2035	DAY REPORTING CENTER	Expense	532801	SHOP SUPPLIES EXPENSE	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Revenue	4506218	SB678 INCENTIVE	0.00	0.00	0.00		0.00
106	2035	DAY REPORTING CENTER	Expense	5101014	STANDBY	15,487.00	9,276.03	6,210.97		15,487.00
106	2036	JUVENILE HALL	Expense	51010	SALARY & WAGES	1,345,847.00	676,845.72	669,001.28		1,345,847.00
106	2036	JUVENILE HALL	Expense	51011	EXTRA HELP	114,000.00	29,216.74	84,783.26		114,000.00
106	2036	JUVENILE HALL	Expense	51012	OVERTIME COMPENSATION	110,276.00	222,305.37	(112,029.37)	301,091.36	411,367.36
106	2036	JUVENILE HALL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	36,229.28	(36,229.28)		0.00
106	2036	JUVENILE HALL	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	51020	PERS RETIREMENT	234,188.00	118,115.15	116,072.85		234,188.00
106	2036	JUVENILE HALL	Expense	51021	OASDI	122,153.00	72,610.60	49,542.40		122,153.00
106	2036	JUVENILE HALL	Expense	51022	UNFUNDED PERS LIAB MISC	27,167.00	27,167.24	(0.24)		27,167.00
106	2036	JUVENILE HALL	Expense	51023	UNFUNDED PERS LIAB SAFETY	530,591.00	530,590.84	0.16		530,591.00
106	2036	JUVENILE HALL	Expense	51024	ADP MISC PERS UNFUNDED	7,984.00	7,984.44	(0.44)		7,984.00
106	2036	JUVENILE HALL	Expense	51025	ADP SAFETY PERS UNFUNDED	89,753.00	81,021.32	8,731.68		89,753.00
106	2036	JUVENILE HALL	Expense	51030	GROUP INSURANCE	464,198.40	237,954.29	226,244.11	69,629.76	533,828.16
106	2036	JUVENILE HALL	Expense	51031	UNEMPLOYMENT INSURANCE	3,140.00	1,942.13	1,197.87		3,140.00
106	2036	JUVENILE HALL	Expense	51040	WORKERS COMPENSATION	240,407.00	120,203.72	120,203.28		240,407.00
106	2036	JUVENILE HALL	Expense	51050	DEFERRED COMP MATCH	17,680.00	4,221.90	13,458.10		17,680.00
106	2036	JUVENILE HALL	Expense	53100	AGRICULTURAL	2,000.00	0.00	2,000.00		2,000.00
106	2036	JUVENILE HALL	Expense	53110	CLOTHING & PERSONNEL SUPP	12,960.00	4,785.94	8,174.06		12,960.00
106	2036	JUVENILE HALL	Expense	53120	COMMUNICATIONS	21,102.00	6,005.87	15,096.13		21,102.00
106	2036	JUVENILE HALL	Expense	53130	FOOD	217,033.00	120,652.62	96,380.38		217,033.00
106	2036	JUVENILE HALL	Expense	53140	HOUSEHOLD EXPENSE	46,104.00	16,713.95	29,390.05		46,104.00
106	2036	JUVENILE HALL	Expense	53150	INSURANCE	63,884.00	31,942.00	31,942.00		63,884.00
106	2036	JUVENILE HALL	Expense	53170	MAINTENANCE OF EQUIPMENT	37,090.00	9,808.01	27,281.99		37,090.00
106	2036	JUVENILE HALL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	15,000.00	4,064.09	10,935.91		15,000.00
106	2036	JUVENILE HALL	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	69,000.00	15,595.48	53,404.52		69,000.00
106	2036	JUVENILE HALL	Expense	53200	MEMBERSHIPS & DUES	100.00	0.00	100.00		100.00
106	2036	JUVENILE HALL	Expense	53220	OFFICE EXPENSE	9,000.00	561.54	8,438.46		9,000.00
106	2036	JUVENILE HALL	Expense	53230	PROFESSIONAL/SPECIAL SERV	270,850.27	91,581.46	179,268.81		270,850.27
106	2036	JUVENILE HALL	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,500.00	0.00	3,500.00		3,500.00
106	2036	JUVENILE HALL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	26,279.00	11,881.26	14,397.74		26,279.00
106	2036	JUVENILE HALL	Expense	53291	TRANSPORTATION EXPENSE	1,000.00	278.70	721.30		1,000.00
106	2036	JUVENILE HALL	Expense	53300	UTILITIES	100,000.00	28,865.46	71,134.54		100,000.00
106	2036	JUVENILE HALL	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	55350	JUVENILE CRIME PREVENTION	10,000.00	233.15	9,766.85		10,000.00
106	2036	JUVENILE HALL	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2036	JUVENILE HALL	Revenue	450616	CITIZEN OPTION-PUB SAFETY	155,028.00	0.00	155,028.00		155,028.00
106	2036	JUVENILE HALL	Revenue	450620	STATE OTHER	911,691.00	0.00	911,691.00		911,691.00
106	2036	JUVENILE HALL	Revenue	450625	STATE JUVENILE HALL MILK	35,200.00	23,536.71	11,663.29		35,200.00
106	2036	JUVENILE HALL	Revenue	450724	TANF-PROBATION	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	450726	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	461020	INSTITUTIONAL CARE & SERV	867,750.00	39,660.31	828,089.69		867,750.00
106	2036	JUVENILE HALL	Revenue	461070	INTERFUND REVENUE	264,345.00	90,670.64	173,674.36		264,345.00
106	2036	JUVENILE HALL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	5,542.19	(5,542.19)		0.00
106	2036	JUVENILE HALL	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	531101	JUVENILE CLOTHING	11,880.00	669.74	11,210.26		11,880.00
106	2036	JUVENILE HALL	Expense	531102	INMATE CLOTHING	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Expense	532391	HEALTH SVC AGY PROVIDER	55,497.00	1,760.00	53,737.00		55,497.00
106	2036	JUVENILE HALL	Revenue	4505701	CLR2011 YOUTHFUL OFFENDER	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	4505702	CLR2011 JUV REENTRY GRANT	0.00	0.00	0.00		0.00
106	2036	JUVENILE HALL	Revenue	4505724	CALAIM - PROBATION	46,150.27	0.00	46,150.27		46,150.27
106	2036	JUVENILE HALL	Revenue	4506216	JPCF AB-139/74	172,550.00	0.00	172,550.00		172,550.00
106	2036	JUVENILE HALL	Revenue	4506217	YOUTHFUL OFFENDER	94,025.00	94,025.00	0.00		94,025.00
106	2036	JUVENILE HALL	Revenue	4506218	SB678 INCENTIVE	10,000.00	0.00	10,000.00		10,000.00
106	2036	JUVENILE HALL	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	51010	SALARY & WAGES	2,496,341.00	1,199,048.77	1,297,292.23		2,496,341.00
106	2037	PROBATION	Expense	51011	EXTRA HELP	5,000.00	2,187.08	2,812.92		5,000.00
106	2037	PROBATION	Expense	51012	OVERTIME COMPENSATION	80,000.00	43,707.93	36,292.07		80,000.00
106	2037	PROBATION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	58,398.41	(58,398.41)		0.00
106	2037	PROBATION	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	51020	PERS RETIREMENT	421,098.00	200,042.63	221,055.37		421,098.00
106	2037	PROBATION	Expense	51021	OASDI	200,661.00	100,863.31	99,797.69		200,661.00
106	2037	PROBATION	Expense	51022	UNFUNDED PERS LIAB MISC	82,991.00	82,991.35	(0.35)		82,991.00
106	2037	PROBATION	Expense	51023	UNFUNDED PERS LIAB SAFETY	587,771.00	587,771.38	(0.38)		587,771.00
106	2037	PROBATION	Expense	51024	ADP MISC PERS UNFUNDED	24,391.00	24,391.14	(0.14)		24,391.00
106	2037	PROBATION	Expense	51025	ADP SAFETY PERS UNFUNDED	89,753.00	89,752.80	0.20		89,753.00
106	2037	PROBATION	Expense	51030	GROUP INSURANCE	603,457.92	315,445.80	288,012.12	185,679.36	789,137.28
106	2037	PROBATION	Expense	51031	UNEMPLOYMENT INSURANCE	5,163.00	2,705.97	2,457.03		5,163.00
106	2037	PROBATION	Expense	51040	WORKERS COMPENSATION	151,848.00	75,924.20	75,923.80		151,848.00
106	2037	PROBATION	Expense	51050	DEFERRED COMP MATCH	27,360.00	10,240.12	17,119.88		27,360.00
106	2037	PROBATION	Expense	53110	CLOTHING & PERSONNEL SUPP	11,251.00	6,339.66	4,911.34		11,251.00
106	2037	PROBATION	Expense	53120	COMMUNICATIONS	39,100.00	23,341.84	15,758.16		39,100.00
106	2037	PROBATION	Expense	53140	HOUSEHOLD EXPENSE	28,732.88	2,313.46	26,419.42		28,732.88
106	2037	PROBATION	Expense	53150	INSURANCE	32,079.00	45,098.00	(13,019.00)	58,117.00	90,196.00
106	2037	PROBATION	Expense	53170	MAINTENANCE OF EQUIPMENT	69,462.81	16,557.24	52,905.57		69,462.81
106	2037	PROBATION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,000.00	1,206.28	1,793.72		3,000.00
106	2037	PROBATION	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	5,000.00	5,204.11	(204.11)		5,000.00
106	2037	PROBATION	Expense	53200	MEMBERSHIPS & DUES	4,067.12	4,067.12	0.00		4,067.12
106	2037	PROBATION	Expense	53220	OFFICE EXPENSE	44,116.00	10,305.33	33,810.67		44,116.00
106	2037	PROBATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	283,106.00	111,763.11	171,342.89		283,106.00
106	2037	PROBATION	Expense	53240	PUBLICATION/LEGAL NOTICES	1,000.00	0.00	1,000.00		1,000.00
106	2037	PROBATION	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	53270	SMALL TOOLS & INSTRUMENTS	6,000.00	0.00	6,000.00		6,000.00
106	2037	PROBATION	Expense	53280	SPECIAL DEPARTMENTAL EXP	10,439.00	6,849.46	3,589.54		10,439.00
106	2037	PROBATION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	76,842.00	55,932.46	20,909.54		76,842.00
106	2037	PROBATION	Expense	53291	TRANSPORTATION EXPENSE	18,247.00	7,570.80	10,676.20		18,247.00
106	2037	PROBATION	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	53300	UTILITIES	14,000.00	1,820.67	12,179.33		14,000.00
106	2037	PROBATION	Expense	53800	INTERNAL ASSETS	43,434.84	39,007.21	4,427.63		43,434.84
106	2037	PROBATION	Expense	55350	JUVENILE CRIME PREVENTION	15,000.00	3,832.89	11,167.11		15,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2037	PROBATION	Expense	55400	SUPPORT & CARE OF PERSONS	15,000.00	823.30	14,176.70		15,000.00
106	2037	PROBATION	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	57601	OFFICE EQUIPMENT	7,888.35	0.00	7,888.35		7,888.35
106	2037	PROBATION	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	57605	VEHICLES	52,947.63	(51,062.36)	104,009.99		52,947.63
106	2037	PROBATION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	430211	CCCJ FINES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	430220	FORF & PENALTIES	0.00	447.04	(447.04)		0.00
106	2037	PROBATION	Revenue	450450	STATE PUBLIC ASSIST ADMIN	0.00	224.00	(224.00)		0.00
106	2037	PROBATION	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	450502	HEALTH & WELFARE REALIGN	55,212.00	0.00	55,212.00		55,212.00
106	2037	PROBATION	Revenue	450570	CLR 2011 REALIGNMENT	630,530.00	143,712.73	486,817.27		630,530.00
106	2037	PROBATION	Revenue	450616	CITIZEN OPTION-PUB SAFETY	51,794.00	0.00	51,794.00		51,794.00
106	2037	PROBATION	Revenue	450621	STATE OFFICER TRAINING	45,240.00	30,224.44	15,015.56		45,240.00
106	2037	PROBATION	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	450630	FEDERAL PUBLIC ASSIST ADM	60,000.00	5,120.00	54,880.00		60,000.00
106	2037	PROBATION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	450724	TANF-PROBATION	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	460851	REIMB PUBLIC DEFENDER	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461022	PARENT REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461023	OTHER-WEEKEND WORK	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461062	RESTITUTION ADM FEES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461063	DIVERSION FEES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461064	DRUG TEST FEES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461065	PROBATION SERVICE FEE	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	461066	AB1869 FEE REPLACEMENT	114,147.00	0.00	114,147.00		114,147.00
106	2037	PROBATION	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	471120	MISCELLANEOUS REVENUE	52,947.63	1,000.00	51,947.63		52,947.63
106	2037	PROBATION	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Expense	532393	LAB SERVICES	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4505701	CLR2011 YOUTHFUL OFFENDER	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4505702	CLR2011 JUV REENTRY GRANT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4505709	CLR2011 CHILD WELFARE SVC	5,215.00	0.00	5,215.00		5,215.00
106	2037	PROBATION	Revenue	4505718	COMM CORR PERF INCENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4506210	PRE-TRIAL ASSESSMENT	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4506213	CRIME PREVENTION (PROP36)	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4506216	JPCF AB-139/74	334,699.00	339,307.60	(4,608.60)		334,699.00
106	2037	PROBATION	Revenue	4506217	YOUTHFUL OFFENDER	296,112.00	9,386.53	286,725.47		296,112.00
106	2037	PROBATION	Revenue	4506218	SB678 INCENTIVE	712,547.00	129,115.98	583,431.02		712,547.00
106	2037	PROBATION	Revenue	4506220	PRE-TRIAL MONITORING	190,000.00	64,846.45	125,153.55		190,000.00
106	2037	PROBATION	Revenue	4506251	10% RESTITUTION	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
106	2037	PROBATION	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	2037	PROBATION	Expense	5101014	STANDBY	77,436.00	36,523.52	40,912.48		77,436.00
106	2038	RESERVED FOR FUTURE USE	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
106	2038	RESERVED FOR FUTURE USE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
106	20134	ALCOHOLIC BEV CTRL GRANT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	10,097.35	(10,097.35)		0.00
106	20135	DA FRAUD AUTO	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	1,541.87	(1,541.87)		0.00
106	20135	DA FRAUD AUTO	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	51040	WORKERS COMPENSATION	0.00	309.80	(309.80)	386.00	386.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	20135	DA FRAUD AUTO	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53150	INSURANCE	0.00	192.50	(192.50)	620.00	620.00
106	20135	DA FRAUD AUTO	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	4,475.00	(4,475.00)	4,475.00	4,475.00
106	20135	DA FRAUD AUTO	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00	5,481.00	5,481.00
106	20135	DA FRAUD AUTO	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	20135	DA FRAUD AUTO	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	31,694.41	(31,694.41)		0.00
106	20136	DA INSURANCE FRAUD	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	4,839.74	(4,839.74)		0.00
106	20136	DA INSURANCE FRAUD	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	51040	WORKERS COMPENSATION	0.00	1,010.74	(1,010.74)	2,022.00	2,022.00
106	20136	DA INSURANCE FRAUD	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53150	INSURANCE	0.00	646.00	(646.00)	1,292.00	1,292.00
106	20136	DA INSURANCE FRAUD	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	4,475.00	(4,475.00)	4,475.00	4,475.00
106	20136	DA INSURANCE FRAUD	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00	7,789.00	7,789.00
106	20136	DA INSURANCE FRAUD	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	20136	DA INSURANCE FRAUD	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Revenue	450563	STATE OCJP (CALEMA)	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	20137	DA STAT RAPE/ELDER ABUSE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	15,769.90	(15,769.90)		0.00
106	20139	DA CHILD ABDUCTION	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	2,408.07	(2,408.07)		0.00
106	20139	DA CHILD ABDUCTION	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
106	20139	DA CHILD ABDUCTION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20321	JAIL - HEALTH SERVICES	Expense	53150	INSURANCE	0.00	0.00	0.00		-
106	20321	JAIL - HEALTH SERVICES	Expense	53191	PHARMACY	241,168.00	152,498.96	88,669.04	48,832.00	290,000.00
106	20321	JAIL - HEALTH SERVICES	Expense	53192	OTHER MEDICAL SUPPLIES	10,673.00	4,084.37	6,588.63	(2,633.00)	8,040.00
106	20321	JAIL - HEALTH SERVICES	Expense	53220	OFFICE EXPENSE	3,072.00	891.03	2,180.97	(1,122.00)	1,950.00
106	20321	JAIL - HEALTH SERVICES	Revenue	450570	CLR 2011 REALIGNMENT	100,000.00	0.00	100,000.00		100,000.00
106	20321	JAIL - HEALTH SERVICES	Revenue	450620	STATE OTHER	0.00	0.00	0.00		-
106	20321	JAIL - HEALTH SERVICES	Revenue	461060	OTHER FEES	0.00	0.00	0.00		-
106	20321	JAIL - HEALTH SERVICES	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		-
106	20321	JAIL - HEALTH SERVICES	Expense	532311	JAIL NURSING PROGRAM	363,418.00	86,820.87	276,597.13		363,418.00
106	20321	JAIL - HEALTH SERVICES	Expense	532391	HEALTH SVC AGY PROVIDER	93,000.00	36,361.51	56,638.49	15,508.00	108,508.00
106	20321	JAIL - HEALTH SERVICES	Expense	532392	HOSPITAL COSTS	221,755.00	120,679.00	101,076.00	26,445.00	248,200.00
106	20321	JAIL - HEALTH SERVICES	Expense	532393	LAB SERVICES	658.00	100.00	558.00		658.00
106	20321	JAIL - HEALTH SERVICES	Expense	532394	X-RAY SERVICES	28,450.00	28,596.00	(146.00)	27,374.00	55,824.00
106	20321	JAIL - HEALTH SERVICES	Expense	532395	OUTSIDE MEDICAL PROVIDER	15,250.00	8,972.04	6,277.96	(4,030.00)	11,220.00
106	20321	JAIL - HEALTH SERVICES	Expense	532396	OUTSIDE DENTAL PROVIDER	56,048.00	50,456.00	5,592.00	59,752.00	115,800.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
106	20321	JAIL - HEALTH SERVICES	Expense	532397	OUTSIDE OPTICAL PROVIDER	4,000.00	2,759.00	1,241.00	2,624.00	6,624.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51018	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51021	OASDI	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51023	UNFUNDED PERS LIAB SAFETY	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51025	ADP SAFETY PERS UNFUNDED	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53150	INSURANCE	0.00	216.50	(216.50)		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	450616	CITIZEN OPTION-PUB SAFETY	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	461065	PROBATION SERVICE FEE	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Expense	532315	COMMUNITY BASE OPERATIONS	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	4505701	CLR2011 YOUTHFUL OFFENDER	0.00	0.00	0.00		0.00
106	20379	PROBATIONS 1ST OFFENDER	Revenue	4505702	CLR2011 JUV REENTRY GRANT	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	51010	SALARY & WAGES	368,366.41	207,904.23	160,462.18		368,366.41
107	1101	RISK MANAGEMENT	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	71.10	(71.10)		0.00
107	1101	RISK MANAGEMENT	Expense	51017	PENSION LIABILITY ADJUST	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	51020	PERS RETIREMENT	35,805.22	18,569.90	17,235.32		35,805.22
107	1101	RISK MANAGEMENT	Expense	51021	OASDI	35,805.22	14,830.38	20,974.84		35,805.22
107	1101	RISK MANAGEMENT	Expense	51022	UNFUNDED PERS LIAB MISC	72,794.96	72,794.96	0.00		72,794.96
107	1101	RISK MANAGEMENT	Expense	51024	ADP MISC PERS UNFUNDED	21,394.42	21,394.42	0.00		21,394.42
107	1101	RISK MANAGEMENT	Expense	51030	GROUP INSURANCE	111,871.81	28,960.29	82,911.52		111,871.81
107	1101	RISK MANAGEMENT	Expense	51031	UNEMPLOYMENT INSURANCE	736.73	419.65	317.08		736.73
107	1101	RISK MANAGEMENT	Expense	51040	WORKERS COMPENSATION	7,792.25	3,896.12	3,896.13		7,792.25
107	1101	RISK MANAGEMENT	Expense	51050	DEFERRED COMP MATCH	5,166.00	1,758.51	3,407.49		5,166.00
107	1101	RISK MANAGEMENT	Expense	51060	SALARY & BENEFIT ADJUST	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
107	1101	RISK MANAGEMENT	Expense	53120	COMMUNICATIONS	2,338.00	499.89	1,838.11		2,338.00
107	1101	RISK MANAGEMENT	Expense	53150	INSURANCE	6,143.00	3,071.50	3,071.50		6,143.00
107	1101	RISK MANAGEMENT	Expense	53151	LIABILITY EXPENSE ADJUST	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	53170	MAINTENANCE OF EQUIPMENT	3,737.00	359.78	3,377.22		3,737.00
107	1101	RISK MANAGEMENT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	1,900.00	248.11	1,651.89		1,900.00
107	1101	RISK MANAGEMENT	Expense	53200	MEMBERSHIPS & DUES	18,205.00	19,026.73	(821.73)		18,205.00
107	1101	RISK MANAGEMENT	Expense	53220	OFFICE EXPENSE	5,337.00	95.68	5,241.32		5,337.00
107	1101	RISK MANAGEMENT	Expense	53230	PROFESSIONAL/SPECIAL SERV	29,458.00	18,258.38	11,199.62		29,458.00
107	1101	RISK MANAGEMENT	Expense	53235	A-87 OVERHEAD	82,813.00	41,406.50	41,406.50		82,813.00
107	1101	RISK MANAGEMENT	Expense	53237	LEGAL EXPENSE	325,000.00	0.00	325,000.00		325,000.00
107	1101	RISK MANAGEMENT	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	87.95	(87.95)		0.00
107	1101	RISK MANAGEMENT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,992.00	0.00	2,992.00		2,992.00
107	1101	RISK MANAGEMENT	Expense	53291	TRANSPORTATION EXPENSE	650.00	0.00	650.00		650.00
107	1101	RISK MANAGEMENT	Expense	53292	AUTO ALLOWANCE	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	53300	UTILITIES	6,163.00	581.01	5,581.99		6,163.00
107	1101	RISK MANAGEMENT	Expense	53304	WORKS COMP EXCESS	4,268,356.00	2,014,325.50	2,254,030.50		4,268,356.00
107	1101	RISK MANAGEMENT	Expense	53305	GEN LIAB SETTLEMENTS	290,000.00	0.00	290,000.00		290,000.00
107	1101	RISK MANAGEMENT	Expense	53306	LIABILITY EXCESS	2,024,643.00	1,113,504.00	911,139.00		2,024,643.00
107	1101	RISK MANAGEMENT	Expense	53307	PROPERTY	366,438.00	178,884.00	187,554.00		366,438.00
107	1101	RISK MANAGEMENT	Expense	53308	UNEMPLOYMENT CLAIMS	255,000.00	28,343.00	226,657.00		255,000.00
107	1101	RISK MANAGEMENT	Expense	53309	PUB OFCL EXCESS INS	15,800.00	0.00	15,800.00		15,800.00
107	1101	RISK MANAGEMENT	Expense	53313	PROP INS SIR	48,000.00	0.00	48,000.00		48,000.00
107	1101	RISK MANAGEMENT	Expense	53315	INVESTIGATIONS	64,500.00	40,485.67	24,014.33	30,000.00	94,500.00
107	1101	RISK MANAGEMENT	Expense	53316	UNEMPLOYMENT ADMIN	2,600.00	204.70	2,395.30		2,600.00
107	1101	RISK MANAGEMENT	Expense	53318	MED-MALPRACTICE EXCESS	180,318.00	83,003.50	97,314.50		180,318.00
107	1101	RISK MANAGEMENT	Expense	53319	MED-MAL SETTLEMENT	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	53801	RISK MANAGEMENT SUBSIDY	60,000.00	29,625.00	30,375.00		60,000.00
107	1101	RISK MANAGEMENT	Expense	55490	DEPRECIATION	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Revenue	440300	INTEREST	8,000.00	33,871.94	(25,871.94)		8,000.00
107	1101	RISK MANAGEMENT	Revenue	450587	STATE COVID RELIEF	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Revenue	461071	INTERFUND REV W/C	4,268,356.00	2,134,178.00	2,134,178.00		4,268,356.00
107	1101	RISK MANAGEMENT	Revenue	461072	INTERFUND REV G/L	3,551,375.00	1,776,042.50	1,775,332.50		3,551,375.00
107	1101	RISK MANAGEMENT	Revenue	461073	INTERFUND REV PROPERTY	501,153.00	0.00	501,153.00		501,153.00
107	1101	RISK MANAGEMENT	Revenue	461074	INTERFUND REV U/I	200,800.00	52,303.87	148,496.13		200,800.00
107	1101	RISK MANAGEMENT	Revenue	461076	INTERFUND-MEDICAL MALPRCT	180,318.00	0.00	180,318.00		180,318.00
107	1101	RISK MANAGEMENT	Revenue	471102	COST REIMBURSEMENT	0.00	2,786.51	(2,786.51)		0.00
107	1101	RISK MANAGEMENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Revenue	471125	RISK MANAGEMENT SUBSIDY	60,000.00	60,000.00	0.00		60,000.00
107	1101	RISK MANAGEMENT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	510105	CORRECTIVE ACTION S&B	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	510221	PERS LIABILITY ADJ	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	532371	CC-LEGAL EXPENSE	0.00	0.00	0.00		0.00
107	1101	RISK MANAGEMENT	Expense	533031	WC SUBROGATION	0.00	0.00	0.00		0.00
108	5001	SOCIAL SERVICES GENERAL	Expense	55411	CMSP	0.00	0.00	0.00		0.00
108	5001	SOCIAL SERVICES GENERAL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
108	5001	SOCIAL SERVICES GENERAL	Expense	59001	SPECIAL CONTINGENCY	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
108	5001	SOCIAL SERVICES GENERAL	Revenue	450421	VEH LICENSE-REALIGNMENT	0.00	0.00	0.00		0.00
108	5001	SOCIAL SERVICES GENERAL	Revenue	450502	HEALTH & WELFARE REALIGN	0.00	0.00	0.00		0.00
108	5001	SOCIAL SERVICES GENERAL	Revenue	471220	OPERATING TRANSFER-IN	976,909.00	488,454.48	488,454.52		976,909.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51010	SALARY & WAGES	10,839,031.00	4,920,253.39	5,918,777.61	86,708.00	10,925,739.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51011	EXTRA HELP	102,240.00	39,051.64	63,188.36		102,240.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51012	OVERTIME COMPENSATION	137,760.00	54,923.01	82,836.99		137,760.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51015	PAY IN LIEU/MISC PAYOUTS	141,531.00	63,259.88	78,271.12		141,531.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51020	PERS RETIREMENT	1,035,826.00	479,682.08	556,143.92	8,428.00	1,044,254.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51021	OASDI	872,326.00	380,167.25	492,158.75	6,633.00	878,959.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51022	UNFUNDED PERS LIAB MISC	1,778,594.00	1,778,594.39	(0.39)		1,778,594.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51024	ADP MISC PERS UNFUNDED	522,728.00	522,728.42	(0.42)		522,728.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51030	GROUP INSURANCE	3,305,093.00	1,670,470.11	1,634,622.89	37,135.00	3,342,228.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51031	UNEMPLOYMENT INSURANCE	22,806.00	10,336.26	12,469.74	173.00	22,979.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51040	WORKERS COMPENSATION	501,968.00	250,983.94	250,984.06		501,968.00
108	5013	SOCIAL SERVICES ADMIN	Expense	51050	DEFERRED COMP MATCH	78,000.00	33,622.00	44,378.00		78,000.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53120	COMMUNICATIONS	102,120.00	39,558.08	62,561.92		102,120.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53140	HOUSEHOLD EXPENSE	170,474.00	79,692.13	90,781.87		170,474.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53150	INSURANCE	228,321.00	114,160.00	114,161.00		228,321.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53170	MAINTENANCE OF EQUIPMENT	308,292.00	120,416.47	187,875.53		308,292.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	55,260.00	6,655.17	48,604.83		55,260.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53200	MEMBERSHIPS & DUES	39,776.00	39,594.00	182.00		39,776.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53220	OFFICE EXPENSE	295,967.00	138,857.30	157,109.70		295,967.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53230	PROFESSIONAL/SPECIAL SERV	2,446,422.00	1,143,797.17	1,302,624.83	373,877.25	2,820,299.25
108	5013	SOCIAL SERVICES ADMIN	Expense	53235	A-87 OVERHEAD	515,446.00	257,723.00	257,723.00		515,446.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53250	RENT/LEASE OF EQUIPMENT	1,500.00	818.88	681.12		1,500.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53260	RENT/LEASE OF BUILDINGS	152,488.00	113,076.73	39,411.27	1,400.00	153,888.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,288,047.00	28,080.24	3,259,966.76		3,288,047.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53290	EMPLOYEE TRAVEL/TRAINING	13,000.00	6,785.98	6,214.02	11,500.00	24,500.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53291	TRANSPORTATION EXPENSE	45,000.00	20,635.03	24,364.97		45,000.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53300	UTILITIES	111,000.00	3,511.11	107,488.89		111,000.00
108	5013	SOCIAL SERVICES ADMIN	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	55400	SUPPORT & CARE OF PERSONS	879,200.00	377,399.12	501,800.88	(31,206.75)	847,993.25
108	5013	SOCIAL SERVICES ADMIN	Expense	55401	SUPPORT AND CARE - OTHER	69,512.00	60,467.98	9,044.02	126,192.00	195,704.00
108	5013	SOCIAL SERVICES ADMIN	Expense	55417	TC IHSS POWER AUTHORITY	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	55480	TAXES ASSESSMENTS	3,575.00	3,574.56	0.44		3,575.00
108	5013	SOCIAL SERVICES ADMIN	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57603	COMPUTERS	10,000.00	9,669.63	330.37		10,000.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	59725	DEBT SVC AIRCON	105,651.00	14,504.00	91,147.00		105,651.00
108	5013	SOCIAL SERVICES ADMIN	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	440320	RENTS & CONCESSIONS	41,707.00	19,593.45	22,113.55		41,707.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450421	VEH LICENSE-REALIGNMENT	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450450	STATE PUBLIC ASSIST ADMIN	11,703,023.00	4,165,617.50	7,537,405.50	537,486.82	12,240,509.82
108	5013	SOCIAL SERVICES ADMIN	Revenue	450452	CAL-WORKS INCENTIVE	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450453	SOC SVC FRAUD INCENTIVE	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450461	ST PUB ASS'T-WRAP AROUND	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450502	HEALTH & WELFARE REALIGN	5,481,107.00	1,601,211.00	3,879,896.00	27,693.42	5,508,800.42
108	5013	SOCIAL SERVICES ADMIN	Revenue	450630	FEDERAL PUBLIC ASSIST ADM	10,290,154.00	4,680,645.00	5,609,509.00	120,683.32	10,410,837.32

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
108	5013	SOCIAL SERVICES ADMIN	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	460991	COUNTY CHILDRENS FUND	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	461070	INTERFUND REVENUE	165,095.00	69,907.42	95,187.58		165,095.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	471120	MISCELLANEOUS REVENUE	0.00	42,786.84	(42,786.84)		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	532300	PROFESSION/SPEC OTHER	2,574,126.00	638,032.08	1,936,093.92		2,574,126.00
108	5013	SOCIAL SERVICES ADMIN	Expense	555211	BUILDING USE ALLOWANCE	55,000.00	24,131.52	30,868.48		55,000.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505706	CLR2011 ADULT PROTECT SVC	317,527.00	0.00	317,527.00	(6,126.63)	311,400.37
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505707	CLR2011 FOSTER CARE ADM	263,276.00	0.00	263,276.00	(104,827.55)	158,448.45
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505709	CLR2011 CHILD WELFARE SVC	1,782,532.00	0.00	1,782,532.00	48,666.81	1,831,198.81
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505710	CLR ADOPTIONS ADM	394,926.00	0.00	394,926.00	(2,736.69)	392,189.31
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505711	CLR2011 CHILD ABUSE PREV	20,000.00	0.00	20,000.00		20,000.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505720	FAMILY SUPPORT	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	4505725	CLR2011 PROTECTIVE SRVS	0.00	2,170,417.00	(2,170,417.00)		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
108	5013	SOCIAL SERVICES ADMIN	Expense	5101014	STANDBY	104,386.00	56,676.62	47,709.38		104,386.00
108	5022	PUBLIC ASSISTANCE	Expense	55395	COUNTY CHILDRENS FUND	20,000.00	20,000.00	0.00		20,000.00
108	5022	PUBLIC ASSISTANCE	Expense	55396	TEH LINKAGE COMMITTMENT	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Expense	55397	COMMUNITY BASE RESOURCE	26,244.00	3,762.70	22,481.30		26,244.00
108	5022	PUBLIC ASSISTANCE	Expense	55398	CAL-WORKS	9,082,129.00	4,097,949.54	4,984,179.46	(806,246.00)	8,275,883.00
108	5022	PUBLIC ASSISTANCE	Expense	55399	ARC	163,812.00	112,044.00	51,768.00	84,165.00	247,977.00
108	5022	PUBLIC ASSISTANCE	Expense	55402	FOSTER CARE	4,576,786.00	2,127,806.50	2,448,979.50	(174,057.00)	4,402,729.00
108	5022	PUBLIC ASSISTANCE	Expense	55403	WRAPAROUND-FC	500.00	206.84	293.16		500.00
108	5022	PUBLIC ASSISTANCE	Expense	55404	F.C. SED (AB 3632)	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Expense	55406	THP PLUS	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Expense	55408	ADOPTION ASSISTANCE	9,527,092.00	4,842,090.14	4,685,001.86	275,396.00	9,802,488.00
108	5022	PUBLIC ASSISTANCE	Expense	55409	LIHEAP	20,908.00	6,438.83	14,469.17	(2,411.00)	18,497.00
108	5022	PUBLIC ASSISTANCE	Expense	55412	WINS	45,079.00	13,774.49	31,304.51	(6,732.00)	38,347.00
108	5022	PUBLIC ASSISTANCE	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	450421	VEH LICENSE-REALIGNMENT	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	450452	CAL-WORKS INCENTIVE	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	450460	STATE PUBLIC ASSIST AID	252,121.00	1,005,473.19	(753,352.19)	855,926.00	1,108,047.00
108	5022	PUBLIC ASSISTANCE	Revenue	450461	ST PUB ASS'T-WRAP AROUND	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	450502	HEALTH & WELFARE REALIGN	1,029,828.00	515,029.00	514,799.00		1,029,828.00
108	5022	PUBLIC ASSISTANCE	Revenue	450640	FEDERAL PUBLIC ASSIST AID	9,260,882.00	3,509,822.00	5,751,060.00	(97,807.00)	9,163,075.00
108	5022	PUBLIC ASSISTANCE	Revenue	450720	FEDERAL OTHER	24,122.00	0.00	24,122.00		24,122.00
108	5022	PUBLIC ASSISTANCE	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	460991	COUNTY CHILDRENS FUND	9,460.00	0.00	9,460.00	(1,732.00)	7,728.00
108	5022	PUBLIC ASSISTANCE	Revenue	471100	PUBLIC ASST REPAYMENT	100,000.00	19,124.62	80,875.38		100,000.00
108	5022	PUBLIC ASSISTANCE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	471123	CONTRIBUTIONS APS	15,000.00	11,842.16	3,157.84		15,000.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505708	CLR2011 FOSTER CARE ASST	2,137,451.00	0.00	2,137,451.00	(2,137,451.00)	0.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505709	CLR2011 CHILD WELFARE SVC	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505712	CLR2011 ADOPTIONS ASST	4,620,028.00	0.00	4,620,028.00	(4,620,028.00)	0.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505714	CLR 2011 CALWORKS MOE	2,071,432.00	432,039.23	1,639,392.77	60,697.00	2,132,129.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505715	CHILD POVERTY & FAM SUPP	2,279,213.00	567,315.00	1,711,898.00	(4,658.00)	2,274,555.00
108	5022	PUBLIC ASSISTANCE	Revenue	4505720	FAMILY SUPPORT	1,310,585.00	282,997.74	1,027,587.26	(24,708.00)	1,285,877.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
108	5022	PUBLIC ASSISTANCE	Revenue	4505725	CLR2011 PROTECTIVE SRVS	0.00	3,167,888.75	(3,167,888.75)	5,339,876.00	5,339,876.00
108	5022	PUBLIC ASSISTANCE	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
108	5022	PUBLIC ASSISTANCE	Expense	5970614	CLR2011 CALWORKS MOE	0.00	0.00	0.00		0.00
108	5042	GEN ASSISTANCE-INDIGENT	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
108	5042	GEN ASSISTANCE-INDIGENT	Expense	55400	SUPPORT & CARE OF PERSONS	196,182.00	122,442.14	73,739.86		196,182.00
108	5042	GEN ASSISTANCE-INDIGENT	Expense	55401	SUPPORT AND CARE - OTHER	43,972.00	23,860.99	20,111.01		43,972.00
108	5042	GEN ASSISTANCE-INDIGENT	Expense	55411	CMSP	0.00	0.00	0.00		0.00
108	5042	GEN ASSISTANCE-INDIGENT	Revenue	461060	OTHER FEES	1,363.00	640.00	723.00		1,363.00
108	5042	GEN ASSISTANCE-INDIGENT	Revenue	471100	PUBLIC ASST REPAYMENT	66,762.00	33,364.00	33,398.00		66,762.00
108	5042	GEN ASSISTANCE-INDIGENT	Revenue	471101	MISC REPAYMENTS	167.00	696.00	(529.00)		167.00
108	5042	GEN ASSISTANCE-INDIGENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	55448	PRINCIPAL AIRCON DEBT	425,590.00	0.00	425,590.00		425,590.00
110	8011	EQUIPMENT ACQUISITION	Expense	55449	INTEREST AIRCON DEBT	161,084.00	80,541.80	80,542.20		161,084.00
110	8011	EQUIPMENT ACQUISITION	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Revenue	440301	INTEREST LONG TERM	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Revenue	471225	OPERATING XFER IN AIRCON	586,674.00	80,540.00	506,134.00		586,674.00
110	8011	EQUIPMENT ACQUISITION	Expense	554201	RETIRE FIRE LT DEBT	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	554202	RETIRE ROAD LT DEBT	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	554411	INTEREST ON FIRE LT DEBT	0.00	0.00	0.00		0.00
110	8011	EQUIPMENT ACQUISITION	Expense	554412	INTEREST ON ROAD LT DEBT	0.00	0.00	0.00		0.00
110	8012	OTHER LONG TERM DEBT	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
110	8012	OTHER LONG TERM DEBT	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	6,000.00	0.00	6,000.00		6,000.00
110	8013	CERT OF PARTICIPATION	Expense	55425	RETIRE LT DEBT 98	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	55426	RETIRE LT DEBT 02	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	55427	RETIRE LT DEBT 14	660,000.00	660,000.00	0.00		660,000.00
110	8013	CERT OF PARTICIPATION	Expense	55444	INTEREST ON 95 COP	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	55445	INTEREST ON 98 COP	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	55446	INTEREST ON 02 COP	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Expense	55447	INTEREST LT DEBT 14	209,675.00	109,993.75	99,681.25		209,675.00
110	8013	CERT OF PARTICIPATION	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Revenue	430211	CCCJ FINES	226,960.00	215,964.00	10,996.00		226,960.00
110	8013	CERT OF PARTICIPATION	Revenue	440300	INTEREST	6,000.00	2,850.05	3,149.95		6,000.00
110	8013	CERT OF PARTICIPATION	Revenue	440301	INTEREST LONG TERM	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Revenue	440320	RENTS & CONCESSIONS	58,263.00	29,133.52	29,129.48		58,263.00
110	8013	CERT OF PARTICIPATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Revenue	471220	OPERATING TRANSFER-IN	590,452.00	495,767.00	94,685.00		590,452.00
110	8013	CERT OF PARTICIPATION	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
110	8013	CERT OF PARTICIPATION	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
112	4009	HEALTH SERVICES GENERAL	Expense	55428	RETIRE TRAN HSA	25,000,000.00	0.00	25,000,000.00		25,000,000.00
112	4009	HEALTH SERVICES GENERAL	Expense	55450	INTEREST EXPENSE	1,000,000.00	0.00	1,000,000.00		1,000,000.00
112	4009	HEALTH SERVICES GENERAL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
112	4009	HEALTH SERVICES GENERAL	Expense	59711	ACO PROJECTS	0.00	0.00	0.00		0.00
112	4009	HEALTH SERVICES GENERAL	Expense	59723	DEBT SVC COP'S 2014	0.00	0.00	0.00		0.00
112	4009	HEALTH SERVICES GENERAL	Expense	59725	DEBT SVC AIRCON	118,954.00	16,118.00	102,836.00		118,954.00
112	4009	HEALTH SERVICES GENERAL	Revenue	450421	VEH LICENSE-REALIGNMENT	118,954.00	118,954.00	0.00		118,954.00
112	4009	HEALTH SERVICES GENERAL	Revenue	471220	OPERATING TRANSFER-IN	82,608.00	0.00	82,608.00		82,608.00
112	4009	HEALTH SERVICES GENERAL	Revenue	471231	TRAN DEBT PROCEEDS	25,000,000.00	25,000,000.00	0.00		25,000,000.00
112	40121	PUBLIC HEALTH	Expense	51010	SALARY & WAGES	3,206,820.01	877,095.44	2,329,724.57	(16,000.00)	3,190,820.01
112	40121	PUBLIC HEALTH	Expense	51011	EXTRA HELP	9,141.97	16,930.11	(7,788.14)	16,000.00	25,141.97
112	40121	PUBLIC HEALTH	Expense	51012	OVERTIME COMPENSATION	29,060.00	0.00	29,060.00		29,060.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40121	PUBLIC HEALTH	Expense	51015	PAY IN LIEU/MISC PAYOUTS	16,698.36	8,862.03	7,836.33		16,698.36
112	40121	PUBLIC HEALTH	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	51020	PERS RETIREMENT	312,629.54	83,731.41	228,898.13		312,629.54
112	40121	PUBLIC HEALTH	Expense	51021	OASDI	254,596.83	64,634.84	189,961.99		254,596.83
112	40121	PUBLIC HEALTH	Expense	51022	UNFUNDED PERS LIAB MISC	362,653.18	187,390.30	175,262.88		362,653.18
112	40121	PUBLIC HEALTH	Expense	51024	ADP MISC PERS UNFUNDED	106,583.67	106,583.67	0.00		106,583.67
112	40121	PUBLIC HEALTH	Expense	51030	GROUP INSURANCE	1,057,449.33	274,503.98	782,945.35		1,057,449.33
112	40121	PUBLIC HEALTH	Expense	51031	UNEMPLOYMENT INSURANCE	6,593.47	1,754.45	4,839.02		6,593.47
112	40121	PUBLIC HEALTH	Expense	51040	WORKERS COMPENSATION	60,585.58	30,292.80	30,292.78		60,585.58
112	40121	PUBLIC HEALTH	Expense	51050	DEFERRED COMP MATCH	31,320.00	4,552.24	26,767.76		31,320.00
112	40121	PUBLIC HEALTH	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	53120	COMMUNICATIONS	64,491.90	18,048.63	46,443.27		64,491.90
112	40121	PUBLIC HEALTH	Expense	53130	FOOD	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	53140	HOUSEHOLD EXPENSE	32,285.33	9,679.79	22,605.54		32,285.33
112	40121	PUBLIC HEALTH	Expense	53150	INSURANCE	43,981.00	21,990.50	21,990.50		43,981.00
112	40121	PUBLIC HEALTH	Expense	53170	MAINTENANCE OF EQUIPMENT	32,850.00	2,027.57	30,822.43		32,850.00
112	40121	PUBLIC HEALTH	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	41,327.06	1,893.06	39,434.00		41,327.06
112	40121	PUBLIC HEALTH	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	42,009.57	10,810.23	31,199.34		42,009.57
112	40121	PUBLIC HEALTH	Expense	53200	MEMBERSHIPS & DUES	21,014.20	20,797.88	216.32		21,014.20
112	40121	PUBLIC HEALTH	Expense	53220	OFFICE EXPENSE	94,559.61	54,022.80	40,536.81		94,559.61
112	40121	PUBLIC HEALTH	Expense	53230	PROFESSIONAL/SPECIAL SERV	925,269.38	338,541.78	586,727.60		925,269.38
112	40121	PUBLIC HEALTH	Expense	53235	A-87 OVERHEAD	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	53250	RENT/LEASE OF EQUIPMENT	39,238.17	4,388.98	34,849.19		39,238.17
112	40121	PUBLIC HEALTH	Expense	53260	RENT/LEASE OF BUILDINGS	47,921.67	29,142.17	18,779.50		47,921.67
112	40121	PUBLIC HEALTH	Expense	53280	SPECIAL DEPARTMENTAL EXP	463,335.80	12,771.76	450,564.04		463,335.80
112	40121	PUBLIC HEALTH	Expense	53290	EMPLOYEE TRAVEL/TRAINING	81,903.09	8,298.95	73,604.14		81,903.09
112	40121	PUBLIC HEALTH	Expense	53291	TRANSPORTATION EXPENSE	4,579.17	2,691.56	1,887.61		4,579.17
112	40121	PUBLIC HEALTH	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	53300	UTILITIES	62,069.16	14,457.68	47,611.48		62,069.16
112	40121	PUBLIC HEALTH	Expense	53318	MED-MALPRACTICE EXCESS	15,941.70	0.00	15,941.70		15,941.70
112	40121	PUBLIC HEALTH	Expense	53800	INTERNAL ASSETS	9,924.13	214.23	9,709.90		9,924.13
112	40121	PUBLIC HEALTH	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	57603	COMPUTERS	39,626.00	6,000.00	33,626.00		39,626.00
112	40121	PUBLIC HEALTH	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	57608	SPECIAL DEPT EQUIPMENT	20,000.00	0.00	20,000.00		20,000.00
112	40121	PUBLIC HEALTH	Expense	59900	INTRAFUND TRANSFER	977,278.81	0.00	977,278.81		977,278.81
112	40121	PUBLIC HEALTH	Expense	59905	INTERFUND TRSF FIXED AST	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450421	VEH LICENSE-REALIGNMENT	1,604,333.00	931,259.96	673,073.04		1,604,333.00
112	40121	PUBLIC HEALTH	Revenue	450470	STATE HEALTH ADMIN	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450502	HEALTH & WELFARE REALIGN	169,112.97	17,701.14	151,411.83		169,112.97
112	40121	PUBLIC HEALTH	Revenue	450520	OTHER STATE HEALTH	6,421,495.20	1,719,090.03	4,702,405.17		6,421,495.20
112	40121	PUBLIC HEALTH	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450650	FEDERAL HEALTH ADMIN	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	460970	HEALTH FEES	11,000.00	4,228.00	6,772.00		11,000.00
112	40121	PUBLIC HEALTH	Revenue	460974	MEDICAL MARIJUANA	0.00	131.05	(131.05)		0.00
112	40121	PUBLIC HEALTH	Revenue	461070	INTERFUND REVENUE	305,344.00	0.00	305,344.00		305,344.00
112	40121	PUBLIC HEALTH	Revenue	471120	MISCELLANEOUS REVENUE	0.00	6,661.22	(6,661.22)		0.00
112	40121	PUBLIC HEALTH	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40121	PUBLIC HEALTH	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
112	40121	PUBLIC HEALTH	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	51010	SALARY & WAGES	6,775,539.70	2,274,518.75	4,501,020.95	(1,800,000.00)	4,975,539.70
112	40131	MENTAL HEALTH	Expense	51011	EXTRA HELP	35,940.82	44,881.96	(8,941.14)	60,000.00	95,940.82
112	40131	MENTAL HEALTH	Expense	51012	OVERTIME COMPENSATION	86,942.00	2,438.28	84,503.72		86,942.00
112	40131	MENTAL HEALTH	Expense	51015	PAY IN LIEU/MISC PAYOUTS	18,771.12	135,427.77	(116,656.65)	300,000.00	318,771.12
112	40131	MENTAL HEALTH	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	51020	PERS RETIREMENT	650,450.10	217,952.96	432,497.14		650,450.10
112	40131	MENTAL HEALTH	Expense	51021	OASDI	530,443.63	182,047.85	348,395.78		530,443.63
112	40131	MENTAL HEALTH	Expense	51022	UNFUNDED PERS LIAB MISC	727,739.73	376,037.98	351,701.75		727,739.73
112	40131	MENTAL HEALTH	Expense	51024	ADP MISC PERS UNFUNDED	213,882.51	213,882.51	0.00		213,882.51
112	40131	MENTAL HEALTH	Expense	51030	GROUP INSURANCE	2,210,977.80	633,456.94	1,577,520.86	(360,000.00)	1,850,977.80
112	40131	MENTAL HEALTH	Expense	51031	UNEMPLOYMENT INSURANCE	13,834.39	4,954.48	8,879.91		13,834.39
112	40131	MENTAL HEALTH	Expense	51040	WORKERS COMPENSATION	272,193.81	136,096.90	136,096.91		272,193.81
112	40131	MENTAL HEALTH	Expense	51050	DEFERRED COMP MATCH	16,710.00	8,653.56	8,056.44		16,710.00
112	40131	MENTAL HEALTH	Expense	53110	CLOTHING & PERSONNEL SUPP	1,000.00	0.00	1,000.00		1,000.00
112	40131	MENTAL HEALTH	Expense	53120	COMMUNICATIONS	68,634.64	33,092.00	35,542.64		68,634.64
112	40131	MENTAL HEALTH	Expense	53130	FOOD	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	53140	HOUSEHOLD EXPENSE	54,911.30	17,344.10	37,567.20		54,911.30
112	40131	MENTAL HEALTH	Expense	53150	INSURANCE	84,370.00	42,185.00	42,185.00		84,370.00
112	40131	MENTAL HEALTH	Expense	53170	MAINTENANCE OF EQUIPMENT	57,997.21	5,024.36	52,972.85		57,997.21
112	40131	MENTAL HEALTH	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	35,253.00	7,510.95	27,742.05		35,253.00
112	40131	MENTAL HEALTH	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	4,495.00	568.43	3,926.57		4,495.00
112	40131	MENTAL HEALTH	Expense	53200	MEMBERSHIPS & DUES	23,265.00	23,491.00	(226.00)		23,265.00
112	40131	MENTAL HEALTH	Expense	53220	OFFICE EXPENSE	170,278.48	57,214.04	113,064.44		170,278.48
112	40131	MENTAL HEALTH	Expense	53230	PROFESSIONAL/SPECIAL SERV	6,865,964.00	2,808,511.02	4,057,452.98		6,865,964.00
112	40131	MENTAL HEALTH	Expense	53235	A-87 OVERHEAD	284,996.00	142,498.00	142,498.00		284,996.00
112	40131	MENTAL HEALTH	Expense	53250	RENT/LEASE OF EQUIPMENT	79,604.00	10,117.14	69,486.86		79,604.00
112	40131	MENTAL HEALTH	Expense	53260	RENT/LEASE OF BUILDINGS	40,335.00	21,785.27	18,549.73		40,335.00
112	40131	MENTAL HEALTH	Expense	53270	SMALL TOOLS & INSTRUMENTS	100.00	0.00	100.00		100.00
112	40131	MENTAL HEALTH	Expense	53280	SPECIAL DEPARTMENTAL EXP	122,736.97	26,703.32	96,033.65		122,736.97
112	40131	MENTAL HEALTH	Expense	53290	EMPLOYEE TRAVEL/TRAINING	46,585.00	7,728.22	38,856.78		46,585.00
112	40131	MENTAL HEALTH	Expense	53291	TRANSPORTATION EXPENSE	27,263.39	12,347.83	14,915.56		27,263.39
112	40131	MENTAL HEALTH	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	53300	UTILITIES	67,330.60	18,629.56	48,701.04		67,330.60
112	40131	MENTAL HEALTH	Expense	53318	MED-MALPRACTICE EXCESS	70,248.75	0.00	70,248.75		70,248.75
112	40131	MENTAL HEALTH	Expense	53800	INTERNAL ASSETS	40,065.00	1,020.48	39,044.52		40,065.00
112	40131	MENTAL HEALTH	Expense	55400	SUPPORT & CARE OF PERSONS	3,052,478.59	1,908,059.30	1,144,419.29	1,800,000.00	4,852,478.59
112	40131	MENTAL HEALTH	Expense	55405	SUPPORT/CARE-STATE HOSP	87,500.00	0.00	87,500.00		87,500.00
112	40131	MENTAL HEALTH	Expense	55407	INSTITUTE MENTAL DISEASE	1,300,000.00	462,780.00	837,220.00		1,300,000.00
112	40131	MENTAL HEALTH	Expense	55415	MANAGED CARE	0.00	177,708.27	(177,708.27)		0.00
112	40131	MENTAL HEALTH	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	57603	COMPUTERS	72,815.90	0.00	72,815.90		72,815.90
112	40131	MENTAL HEALTH	Expense	57605	VEHICLES	120,000.00	0.00	120,000.00		120,000.00
112	40131	MENTAL HEALTH	Expense	57608	SPECIAL DEPT EQUIPMENT	40,000.00	0.00	40,000.00		40,000.00
112	40131	MENTAL HEALTH	Expense	59900	INTRAFUND TRANSFER	(1,930,499.35)	123,700.24	(2,054,199.59)		(1,930,499.35)
112	40131	MENTAL HEALTH	Expense	59905	INTERFUND TRSF FIXED AST	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	450421	VEH LICENSE-REALIGNMENT	100,000.00	385,241.09	(285,241.09)		100,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40131	MENTAL HEALTH	Revenue	450459	STATE GRANTS	0.00	702,387.32	(702,387.32)		0.00
112	40131	MENTAL HEALTH	Revenue	450500	STATE MENTAL HEALTH	5,642,919.38	1,926,716.76	3,716,202.62		5,642,919.38
112	40131	MENTAL HEALTH	Revenue	450502	HEALTH & WELFARE REALIGN	2,191,439.00	1,269,616.05	921,822.95		2,191,439.00
112	40131	MENTAL HEALTH	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	450570	CLR 2011 REALIGNMENT	250,273.00	0.00	250,273.00		250,273.00
112	40131	MENTAL HEALTH	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	450744	TC DEPT OF EDUCATION	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	460980	MENTAL HEALTH SERVICES	40,000.00	0.00	40,000.00		40,000.00
112	40131	MENTAL HEALTH	Revenue	460981	MENTAL HEALTH IMD FEES	120,000.00	89,135.96	30,864.04		120,000.00
112	40131	MENTAL HEALTH	Revenue	460982	MENTAL HEALTH MEDI-CAL	11,735,826.94	3,951,308.59	7,784,518.35		11,735,826.94
112	40131	MENTAL HEALTH	Revenue	461070	INTERFUND REVENUE	325,154.20	29,875.25	295,278.95		325,154.20
112	40131	MENTAL HEALTH	Revenue	471120	MISCELLANEOUS REVENUE	27,990.00	43.41	27,946.59		27,990.00
112	40131	MENTAL HEALTH	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	4505716	CLR 2011 BEHAVIORAL HLTH	1,980,000.00	373,989.04	1,606,010.96		1,980,000.00
112	40131	MENTAL HEALTH	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
112	40131	MENTAL HEALTH	Expense	5101014	STANDBY	0.00	34,936.07	(34,936.07)		0.00
112	40131	MENTAL HEALTH	Expense	5970616	CLR 2011 BEHAVIORAL HLTH	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	51010	SALARY & WAGES	1,040,139.18	426,549.28	613,589.90	(158,500.00)	881,639.18
112	40171	DRUG & ALCOHOL	Expense	51011	EXTRA HELP	30,374.80	2,623.57	27,751.23		30,374.80
112	40171	DRUG & ALCOHOL	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	4,102.44	(4,102.44)	6,500.00	6,500.00
112	40171	DRUG & ALCOHOL	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	51020	PERS RETIREMENT	101,101.53	40,476.92	60,624.61		101,101.53
112	40171	DRUG & ALCOHOL	Expense	51021	OASDI	82,305.12	32,134.96	50,170.16		82,305.12
112	40171	DRUG & ALCOHOL	Expense	51022	UNFUNDED PERS LIAB MISC	152,426.76	78,772.02	73,654.74		152,426.76
112	40171	DRUG & ALCOHOL	Expense	51024	ADP MISC PERS UNFUNDED	44,798.18	44,798.18	0.00		44,798.18
112	40171	DRUG & ALCOHOL	Expense	51030	GROUP INSURANCE	414,297.07	148,929.92	265,367.15		414,297.07
112	40171	DRUG & ALCOHOL	Expense	51031	UNEMPLOYMENT INSURANCE	2,151.77	874.25	1,277.52		2,151.77
112	40171	DRUG & ALCOHOL	Expense	51040	WORKERS COMPENSATION	114,644.45	57,322.22	57,322.23		114,644.45
112	40171	DRUG & ALCOHOL	Expense	51050	DEFERRED COMP MATCH	5,370.00	3,815.00	1,555.00	2,000.00	7,370.00
112	40171	DRUG & ALCOHOL	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	53120	COMMUNICATIONS	15,650.98	10,868.52	4,782.46		15,650.98
112	40171	DRUG & ALCOHOL	Expense	53130	FOOD	2,000.00	0.00	2,000.00		2,000.00
112	40171	DRUG & ALCOHOL	Expense	53140	HOUSEHOLD EXPENSE	12,601.80	4,020.50	8,581.30		12,601.80
112	40171	DRUG & ALCOHOL	Expense	53150	INSURANCE	20,219.00	10,109.50	10,109.50		20,219.00
112	40171	DRUG & ALCOHOL	Expense	53170	MAINTENANCE OF EQUIPMENT	9,470.97	2,055.22	7,415.75		9,470.97
112	40171	DRUG & ALCOHOL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	11,910.00	7,788.39	4,121.61		11,910.00
112	40171	DRUG & ALCOHOL	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	1,014.93	0.00	1,014.93		1,014.93
112	40171	DRUG & ALCOHOL	Expense	53200	MEMBERSHIPS & DUES	5,384.49	7,223.52	(1,839.03)		5,384.49
112	40171	DRUG & ALCOHOL	Expense	53220	OFFICE EXPENSE	43,263.24	47,134.75	(3,871.51)	20,000.00	63,263.24
112	40171	DRUG & ALCOHOL	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,118,324.30	285,589.77	832,734.53	150,000.00	1,268,324.30
112	40171	DRUG & ALCOHOL	Expense	53235	A-87 OVERHEAD	78,684.00	39,342.00	39,342.00		78,684.00
112	40171	DRUG & ALCOHOL	Expense	53250	RENT/LEASE OF EQUIPMENT	27,135.80	4,748.75	22,387.05		27,135.80
112	40171	DRUG & ALCOHOL	Expense	53260	RENT/LEASE OF BUILDINGS	19,780.32	12,206.65	7,573.67		19,780.32
112	40171	DRUG & ALCOHOL	Expense	53280	SPECIAL DEPARTMENTAL EXP	10,451.65	535.03	9,916.62		10,451.65
112	40171	DRUG & ALCOHOL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	19,993.00	45.15	19,947.85		19,993.00
112	40171	DRUG & ALCOHOL	Expense	53291	TRANSPORTATION EXPENSE	7,032.00	2,727.98	4,304.02		7,032.00
112	40171	DRUG & ALCOHOL	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	53300	UTILITIES	46,704.00	13,954.76	32,749.24		46,704.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40171	DRUG & ALCOHOL	Expense	53318	MED-MALPRACTICE EXCESS	18,436.83	0.00	18,436.83		18,436.83
112	40171	DRUG & ALCOHOL	Expense	53800	INTERNAL ASSETS	8,832.00	214.23	8,617.77		8,832.00
112	40171	DRUG & ALCOHOL	Expense	55400	SUPPORT & CARE OF PERSONS	120,097.18	8,573.40	111,523.78		120,097.18
112	40171	DRUG & ALCOHOL	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	57603	COMPUTERS	48,000.00	0.00	48,000.00	(20,000.00)	28,000.00
112	40171	DRUG & ALCOHOL	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	59900	INTRAFUND TRANSFER	324,026.30	(123,700.24)	447,726.54		324,026.30
112	40171	DRUG & ALCOHOL	Expense	59905	INTERFUND TRSF FIXED AST	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	430210	OTHER COURT FINES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	450501	STATE DRUG/ALCH	852,116.63	100,419.00	751,697.63		852,116.63
112	40171	DRUG & ALCOHOL	Revenue	450570	CLR 2011 REALIGNMENT	450,416.07	80,638.41	369,777.66		450,416.07
112	40171	DRUG & ALCOHOL	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	460980	MENTAL HEALTH SERVICES	14,000.00	0.00	14,000.00		14,000.00
112	40171	DRUG & ALCOHOL	Revenue	460983	SACPA-PROP 36 FEES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	460984	DRUG MEDI-CAL	1,787,707.80	425,189.06	1,362,518.74		1,787,707.80
112	40171	DRUG & ALCOHOL	Revenue	461070	INTERFUND REVENUE	181,483.15	36,200.38	145,282.77		181,483.15
112	40171	DRUG & ALCOHOL	Revenue	471120	MISCELLANEOUS REVENUE	127,678.00	29,079.00	98,599.00		127,678.00
112	40171	DRUG & ALCOHOL	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	555211	BUILDING USE ALLOWANCE	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	4505703	CLR2011 DRUG COURT	165,000.00	0.00	165,000.00		165,000.00
112	40171	DRUG & ALCOHOL	Revenue	4505704	CLR2011 NONDRUG M-SATS	200,000.00	0.00	200,000.00		200,000.00
112	40171	DRUG & ALCOHOL	Revenue	4505705	CLR2011 DRUG MEDI-CAL	178,220.00	0.00	178,220.00		178,220.00
112	40171	DRUG & ALCOHOL	Revenue	4505716	CLR 2011 BEHAVIORAL HLTH	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	4506213	CRIME PREVENTION (PROP36)	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
112	40171	DRUG & ALCOHOL	Expense	5970616	CLR 2011 BEHAVIORAL HLTH	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	51010	SALARY & WAGES	1,493,696.84	472,202.81	1,021,494.03	(550,000.00)	943,696.84
112	40251	CLINIC SERVICES	Expense	51011	EXTRA HELP	3,348.00	785.56	2,562.44		3,348.00
112	40251	CLINIC SERVICES	Expense	51012	OVERTIME COMPENSATION	2,000.00	0.00	2,000.00		2,000.00
112	40251	CLINIC SERVICES	Expense	51015	PAY IN LIEU/MISC PAYOUTS	372.72	2,465.49	(2,092.77)	5,500.00	5,872.72
112	40251	CLINIC SERVICES	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	51020	PERS RETIREMENT	145,187.33	43,028.94	102,158.39	(5,500.00)	139,687.33
112	40251	CLINIC SERVICES	Expense	51021	OASDI	115,715.24	35,325.64	80,389.60	(6,300.00)	109,415.24
112	40251	CLINIC SERVICES	Expense	51022	UNFUNDED PERS LIAB MISC	177,712.64	91,827.76	85,884.88	6,300.00	184,012.64
112	40251	CLINIC SERVICES	Expense	51024	ADP MISC PERS UNFUNDED	52,229.70	52,229.70	0.00		52,229.70
112	40251	CLINIC SERVICES	Expense	51030	GROUP INSURANCE	396,644.79	109,701.24	286,943.55	(150,000.00)	246,644.79
112	40251	CLINIC SERVICES	Expense	51031	UNEMPLOYMENT INSURANCE	2,998.84	953.87	2,044.97		2,998.84
112	40251	CLINIC SERVICES	Expense	51040	WORKERS COMPENSATION	27,468.02	13,734.02	13,734.00		27,468.02
112	40251	CLINIC SERVICES	Expense	51050	DEFERRED COMP MATCH	13,200.00	366.00	12,834.00		13,200.00
112	40251	CLINIC SERVICES	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	53120	COMMUNICATIONS	17,706.98	7,995.91	9,711.07		17,706.98
112	40251	CLINIC SERVICES	Expense	53140	HOUSEHOLD EXPENSE	25,671.00	8,828.86	16,842.14		25,671.00
112	40251	CLINIC SERVICES	Expense	53150	INSURANCE	18,059.00	9,029.50	9,029.50		18,059.00
112	40251	CLINIC SERVICES	Expense	53170	MAINTENANCE OF EQUIPMENT	10,966.33	413.35	10,552.98		10,966.33
112	40251	CLINIC SERVICES	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	18,420.00	2,887.73	15,532.27		18,420.00
112	40251	CLINIC SERVICES	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	84,859.05	35,215.72	49,643.33		84,859.05

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40251	CLINIC SERVICES	Expense	53200	MEMBERSHIPS & DUES	6,672.74	4,001.75	2,670.99		6,672.74
112	40251	CLINIC SERVICES	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	53220	OFFICE EXPENSE	88,057.00	48,847.86	39,209.14		88,057.00
112	40251	CLINIC SERVICES	Expense	53230	PROFESSIONAL/SPECIAL SERV	445,205.35	507,365.21	(62,159.86)	700,000.00	1,145,205.35
112	40251	CLINIC SERVICES	Expense	53232	CMSP ADMINISTRATION	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	53235	A-87 OVERHEAD	103,052.00	51,526.00	51,526.00		103,052.00
112	40251	CLINIC SERVICES	Expense	53250	RENT/LEASE OF EQUIPMENT	13,191.79	3,534.16	9,657.63		13,191.79
112	40251	CLINIC SERVICES	Expense	53260	RENT/LEASE OF BUILDINGS	13,323.00	6,245.94	7,077.06		13,323.00
112	40251	CLINIC SERVICES	Expense	53280	SPECIAL DEPARTMENTAL EXP	2,944.61	323.92	2,620.69		2,944.61
112	40251	CLINIC SERVICES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	10,756.89	3,764.79	6,992.10		10,756.89
112	40251	CLINIC SERVICES	Expense	53291	TRANSPORTATION EXPENSE	2,269.44	875.03	1,394.41		2,269.44
112	40251	CLINIC SERVICES	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	53300	UTILITIES	48,746.28	18,995.78	29,750.50		48,746.28
112	40251	CLINIC SERVICES	Expense	53318	MED-MALPRACTICE EXCESS	34,677.00	0.00	34,677.00		34,677.00
112	40251	CLINIC SERVICES	Expense	53800	INTERNAL ASSETS	8,050.00	456.00	7,594.00		8,050.00
112	40251	CLINIC SERVICES	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	57603	COMPUTERS	37,279.00	0.00	37,279.00		37,279.00
112	40251	CLINIC SERVICES	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	57606	MEDICAL FURNITURE	12,000.00	0.00	12,000.00		12,000.00
112	40251	CLINIC SERVICES	Expense	57607	MEDICAL EQUIPMENT	5,000.00	0.00	5,000.00		5,000.00
112	40251	CLINIC SERVICES	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	59900	INTRAFUND TRANSFER	586,961.76	0.00	586,961.76		586,961.76
112	40251	CLINIC SERVICES	Expense	59905	INTERFUND TRSF FIXED AST	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	450421	VEH LICENSE-REALIGNMENT	1,095,964.57	753,166.13	342,798.44		1,095,964.57
112	40251	CLINIC SERVICES	Revenue	450471	ADM-CMSP	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	450502	HEALTH & WELFARE REALIGN	50,000.00	9,323.50	40,676.50		50,000.00
112	40251	CLINIC SERVICES	Revenue	450520	OTHER STATE HEALTH	64,888.99	6,569.89	58,319.10		64,888.99
112	40251	CLINIC SERVICES	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	460970	HEALTH FEES	103,151.42	89,203.32	13,948.10		103,151.42
112	40251	CLINIC SERVICES	Revenue	460971	MED-CAL FEES	1,179,750.07	221,287.12	958,462.95		1,179,750.07
112	40251	CLINIC SERVICES	Revenue	460972	CMSP PROGRAM FEES	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	460973	MEDICARE FEES	703,374.14	124,227.76	579,146.38		703,374.14
112	40251	CLINIC SERVICES	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	461070	INTERFUND REVENUE	588,644.88	38,121.51	550,523.37		588,644.88
112	40251	CLINIC SERVICES	Revenue	466081	MISC GRANTS	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	471120	MISCELLANEOUS REVENUE	238,669.27	30.00	238,639.27		238,669.27
112	40251	CLINIC SERVICES	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
112	40251	CLINIC SERVICES	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Expense	51010	SALARY & WAGES	319,036.04	154,571.23	164,464.81	(25,000.00)	294,036.04
112	40261	JAIL NURSING SERVICE	Expense	51011	EXTRA HELP	50,148.23	0.00	50,148.23	(50,148.23)	0.00
112	40261	JAIL NURSING SERVICE	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Expense	51015	PAY IN LIEU/MISC PAYOUTS	30,792.76	60,382.02	(29,589.26)	85,000.00	115,792.76
112	40261	JAIL NURSING SERVICE	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Expense	51020	PERS RETIREMENT	31,010.30	15,094.31	15,915.99		31,010.30
112	40261	JAIL NURSING SERVICE	Expense	51021	OASDI	30,810.30	16,135.75	14,674.55		30,810.30
112	40261	JAIL NURSING SERVICE	Expense	51022	UNFUNDED PERS LIAB MISC	50,172.88	25,925.34	24,247.54		50,172.88
112	40261	JAIL NURSING SERVICE	Expense	51024	ADP MISC PERS UNFUNDED	14,745.79	14,745.79	0.00		14,745.79
112	40261	JAIL NURSING SERVICE	Expense	51030	GROUP INSURANCE	93,590.34	38,902.95	54,687.39	(9,851.77)	83,738.57
112	40261	JAIL NURSING SERVICE	Expense	51031	UNEMPLOYMENT INSURANCE	799.95	431.26	368.69		799.95
112	40261	JAIL NURSING SERVICE	Expense	51040	WORKERS COMPENSATION	6,713.23	3,356.62	3,356.61		6,713.23

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
112	40261	JAIL NURSING SERVICE	Expense	51050	DEFERRED COMP MATCH	2,772.00	666.00	2,106.00		2,772.00
112	40261	JAIL NURSING SERVICE	Expense	53150	INSURANCE	2,775.00	1,387.50	1,387.50		2,775.00
112	40261	JAIL NURSING SERVICE	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,601.50	0.00	1,601.50		1,601.50
112	40261	JAIL NURSING SERVICE	Expense	53235	A-87 OVERHEAD	14,716.00	7,358.00	7,358.00		14,716.00
112	40261	JAIL NURSING SERVICE	Expense	53318	MED-MALPRACTICE EXCESS	3,506.79	0.00	3,506.79		3,506.79
112	40261	JAIL NURSING SERVICE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Revenue	450570	CLR 2011 REALIGNMENT	289,773.26	58,405.13	231,368.13		289,773.26
112	40261	JAIL NURSING SERVICE	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Revenue	461070	INTERFUND REVENUE	363,417.85	86,820.87	276,596.98		363,417.85
112	40261	JAIL NURSING SERVICE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
112	40261	JAIL NURSING SERVICE	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51021	OASDI	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	1,000.00	0.00	1,000.00		1,000.00
112	40301	CALIF CHILDREN SERVICES	Expense	53230	PROFESSIONAL/SPECIAL SERV	76,857.30	11,600.00	65,257.30		76,857.30
112	40301	CALIF CHILDREN SERVICES	Expense	53235	A-87 OVERHEAD	509.00	254.50	254.50		509.00
112	40301	CALIF CHILDREN SERVICES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,500.00	0.00	2,500.00		2,500.00
112	40301	CALIF CHILDREN SERVICES	Expense	53318	MED-MALPRACTICE EXCESS	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	55400	SUPPORT & CARE OF PERSONS	70,000.00	3,654.00	66,346.00		70,000.00
112	40301	CALIF CHILDREN SERVICES	Revenue	450502	HEALTH & WELFARE REALIGN	57,287.15	0.00	57,287.15		57,287.15
112	40301	CALIF CHILDREN SERVICES	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Revenue	460990	CALIF CHILDREN SERVICES	36,292.00	0.00	36,292.00		36,292.00
112	40301	CALIF CHILDREN SERVICES	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
112	40301	CALIF CHILDREN SERVICES	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	51010	SALARY & WAGES	1,010,435.00	471,331.54	539,103.46	(35,043.00)	975,392.00
113	5015	CHILD SUPPORT SERVICES	Expense	51011	EXTRA HELP	20,276.00	6,910.14	13,365.86		20,276.00
113	5015	CHILD SUPPORT SERVICES	Expense	51012	OVERTIME COMPENSATION	8,275.00	1,648.08	6,626.92		8,275.00
113	5015	CHILD SUPPORT SERVICES	Expense	51015	PAY IN LIEU/MISC PAYOUTS	1,200.00	0.00	1,200.00		1,200.00
113	5015	CHILD SUPPORT SERVICES	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	51020	PERS RETIREMENT	98,215.00	45,969.01	52,245.99	(3,305.00)	94,910.00
113	5015	CHILD SUPPORT SERVICES	Expense	51021	OASDI	80,425.00	35,455.08	44,969.92	(4,275.00)	76,150.00
113	5015	CHILD SUPPORT SERVICES	Expense	51022	UNFUNDED PERS LIAB MISC	212,996.35	212,996.35	0.00		212,996.35
113	5015	CHILD SUPPORT SERVICES	Expense	51024	ADP MISC PERS UNFUNDED	62,599.57	62,599.57	0.00		62,599.57
113	5015	CHILD SUPPORT SERVICES	Expense	51030	GROUP INSURANCE	372,868.00	150,891.24	221,976.76	(43,302.00)	329,566.00
113	5015	CHILD SUPPORT SERVICES	Expense	51031	UNEMPLOYMENT INSURANCE	2,080.00	967.43	1,112.57		2,080.00
113	5015	CHILD SUPPORT SERVICES	Expense	51040	WORKERS COMPENSATION	52,476.76	26,238.38	26,238.38		52,476.76
113	5015	CHILD SUPPORT SERVICES	Expense	51050	DEFERRED COMP MATCH	10,320.00	3,870.00	6,450.00	(1,954.00)	8,366.00
113	5015	CHILD SUPPORT SERVICES	Expense	53120	COMMUNICATIONS	11,500.00	5,363.27	6,136.73		11,500.00
113	5015	CHILD SUPPORT SERVICES	Expense	53140	HOUSEHOLD EXPENSE	19,500.00	7,259.75	12,240.25		19,500.00
113	5015	CHILD SUPPORT SERVICES	Expense	53150	INSURANCE	16,461.00	8,230.50	8,230.50		16,461.00
113	5015	CHILD SUPPORT SERVICES	Expense	53170	MAINTENANCE OF EQUIPMENT	6,760.00	1,972.51	4,787.49		6,760.00
113	5015	CHILD SUPPORT SERVICES	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	2,400.00	188.16	2,211.84		2,400.00
113	5015	CHILD SUPPORT SERVICES	Expense	53200	MEMBERSHIPS & DUES	6,000.00	3,927.82	2,072.18		6,000.00
113	5015	CHILD SUPPORT SERVICES	Expense	53210	MISCELLANEOUS EXPENSE	43,940.32	0.00	43,940.32	87,879.00	131,819.32
113	5015	CHILD SUPPORT SERVICES	Expense	53220	OFFICE EXPENSE	15,000.00	2,917.99	12,082.01		15,000.00
113	5015	CHILD SUPPORT SERVICES	Expense	53230	PROFESSIONAL/SPECIAL SERV	115,000.00	46,532.70	68,467.30		115,000.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
113	5015	CHILD SUPPORT SERVICES	Expense	53235	A-87 OVERHEAD	77,387.00	38,693.50	38,693.50		77,387.00
113	5015	CHILD SUPPORT SERVICES	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	53250	RENT/LEASE OF EQUIPMENT	2,500.00	1,116.70	1,383.30		2,500.00
113	5015	CHILD SUPPORT SERVICES	Expense	53260	RENT/LEASE OF BUILDINGS	60,184.00	30,091.62	30,092.38		60,184.00
113	5015	CHILD SUPPORT SERVICES	Expense	53280	SPECIAL DEPARTMENTAL EXP	18,000.00	4,003.50	13,996.50		18,000.00
113	5015	CHILD SUPPORT SERVICES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	21,500.00	4,262.60	17,237.40		21,500.00
113	5015	CHILD SUPPORT SERVICES	Expense	53291	TRANSPORTATION EXPENSE	1,300.00	493.05	806.95		1,300.00
113	5015	CHILD SUPPORT SERVICES	Expense	53300	UTILITIES	28,000.00	15,098.00	12,902.00		28,000.00
113	5015	CHILD SUPPORT SERVICES	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	440300	INTEREST	5,000.00	3,714.93	1,285.07		5,000.00
113	5015	CHILD SUPPORT SERVICES	Revenue	450631	FEDERAL CHILD SUPPORT ADM	1,518,463.00	905,795.00	612,668.00		1,518,463.00
113	5015	CHILD SUPPORT SERVICES	Revenue	450643	FEDERAL C/S INCENTIVE	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
113	5015	CHILD SUPPORT SERVICES	Revenue	4506252	STATE C/S INCENTIVE	854,136.00	535,127.00	319,009.00		854,136.00
113	5015	CHILD SUPPORT SERVICES	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	51010	SALARY & WAGES	599,144.04	241,705.47	357,438.57		599,144.04
115	2065	BUILDING & SAFETY	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	1,156.40	(1,156.40)		0.00
115	2065	BUILDING & SAFETY	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	51020	PERS RETIREMENT	59,495.00	23,600.99	35,894.01		59,495.00
115	2065	BUILDING & SAFETY	Expense	51021	OASDI	46,036.48	17,988.24	28,048.24		46,036.48
115	2065	BUILDING & SAFETY	Expense	51022	UNFUNDED PERS LIAB MISC	88,472.85	88,472.85	0.00		88,472.85
115	2065	BUILDING & SAFETY	Expense	51024	ADP MISC PERS UNFUNDED	26,002.15	26,002.15	0.00		26,002.15
115	2065	BUILDING & SAFETY	Expense	51030	GROUP INSURANCE	177,951.36	76,399.32	101,552.04		177,951.36
115	2065	BUILDING & SAFETY	Expense	51031	UNEMPLOYMENT INSURANCE	1,198.29	487.75	710.54		1,198.29
115	2065	BUILDING & SAFETY	Expense	51040	WORKERS COMPENSATION	17,525.51	8,762.76	8,762.75		17,525.51
115	2065	BUILDING & SAFETY	Expense	51050	DEFERRED COMP MATCH	5,280.00	1,020.00	4,260.00		5,280.00
115	2065	BUILDING & SAFETY	Expense	53110	CLOTHING & PERSONNEL SUPP	5,000.00	720.36	4,279.64		5,000.00
115	2065	BUILDING & SAFETY	Expense	53120	COMMUNICATIONS	8,000.00	2,514.91	5,485.09		8,000.00
115	2065	BUILDING & SAFETY	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	53150	INSURANCE	13,273.00	6,636.50	6,636.50		13,273.00
115	2065	BUILDING & SAFETY	Expense	53170	MAINTENANCE OF EQUIPMENT	8,000.00	5,062.55	2,937.45		8,000.00
115	2065	BUILDING & SAFETY	Expense	53200	MEMBERSHIPS & DUES	2,000.00	682.79	1,317.21		2,000.00
115	2065	BUILDING & SAFETY	Expense	53220	OFFICE EXPENSE	18,000.00	13,615.42	4,384.58		18,000.00
115	2065	BUILDING & SAFETY	Expense	53230	PROFESSIONAL/SPECIAL SERV	75,000.00	7,085.50	67,914.50		75,000.00
115	2065	BUILDING & SAFETY	Expense	53235	A-87 OVERHEAD	53,070.00	26,535.00	26,535.00		53,070.00
115	2065	BUILDING & SAFETY	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,000.00	393.72	606.28		1,000.00
115	2065	BUILDING & SAFETY	Expense	53280	SPECIAL DEPARTMENTAL EXP	30,000.00	7,383.45	22,616.55		30,000.00
115	2065	BUILDING & SAFETY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	20,000.00	10,178.81	9,821.19		20,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
115	2065	BUILDING & SAFETY	Expense	53291	TRANSPORTATION EXPENSE	15,000.00	5,272.19	9,727.81		15,000.00
115	2065	BUILDING & SAFETY	Expense	53294	SMIP TRAINING	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	53800	INTERNAL ASSETS	1,125.00	1,125.00	0.00		1,125.00
115	2065	BUILDING & SAFETY	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	57608	SPECIAL DEPT EQUIPMENT	21,930.00	18,957.50	2,972.50		21,930.00
115	2065	BUILDING & SAFETY	Expense	59000	CONTINGENCY	100,000.00	0.00	100,000.00		100,000.00
115	2065	BUILDING & SAFETY	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	420120	CONSTRUCTION PERMITS	1,360,503.68	950,298.13	410,205.55		1,360,503.68
115	2065	BUILDING & SAFETY	Revenue	430220	FORF & PENALTIES	7,000.00	897.80	6,102.20		7,000.00
115	2065	BUILDING & SAFETY	Revenue	440300	INTEREST	20,000.00	32,839.23	(12,839.23)		20,000.00
115	2065	BUILDING & SAFETY	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	461010	CODE ENFORCEMENT	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	461030	CONTRACT PLAN REVIEW	75,000.00	0.00	75,000.00		75,000.00
115	2065	BUILDING & SAFETY	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Expense	532300	PROFESSION/SPEC OTHER	65,000.00	57,881.25	7,118.75		65,000.00
115	2065	BUILDING & SAFETY	Expense	532803	MISCELLANEOUS PROJECTS	5,000.00	0.00	5,000.00		5,000.00
115	2065	BUILDING & SAFETY	Expense	532805	ABATEMENT	0.00	0.00	0.00		0.00
115	2065	BUILDING & SAFETY	Revenue	4507203	COMMUNITY DEV BLOCK GRANT	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	51010	SALARY & WAGES	50,757.00	24,612.80	26,144.20		50,757.00
116	5063	SENIOR NUTRITION	Expense	51011	EXTRA HELP	49,500.00	29,873.38	19,626.62	17,292.00	66,792.00
116	5063	SENIOR NUTRITION	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	51020	PERS RETIREMENT	4,864.00	2,404.23	2,459.77		4,864.00
116	5063	SENIOR NUTRITION	Expense	51021	OASDI	7,669.00	4,088.69	3,580.31	1,324.00	8,993.00
116	5063	SENIOR NUTRITION	Expense	51022	UNFUNDED PERS LIAB MISC	8,837.00	8,836.74	0.26		8,837.00
116	5063	SENIOR NUTRITION	Expense	51024	ADP MISC PERS UNFUNDED	2,597.00	2,597.12	(0.12)		2,597.00
116	5063	SENIOR NUTRITION	Expense	51030	GROUP INSURANCE	23,210.00	11,604.96	11,605.04		23,210.00
116	5063	SENIOR NUTRITION	Expense	51031	UNEMPLOYMENT INSURANCE	201.00	109.79	91.21	34.00	235.00
116	5063	SENIOR NUTRITION	Expense	51040	WORKERS COMPENSATION	1,929.00	964.68	964.32		1,929.00
116	5063	SENIOR NUTRITION	Expense	51050	DEFERRED COMP MATCH	720.00	360.00	360.00		720.00
116	5063	SENIOR NUTRITION	Expense	53120	COMMUNICATIONS	410.00	183.51	226.49		410.00
116	5063	SENIOR NUTRITION	Expense	53130	FOOD	71,400.00	50,400.00	21,000.00	29,400.00	100,800.00
116	5063	SENIOR NUTRITION	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00	7,000.00	7,000.00
116	5063	SENIOR NUTRITION	Expense	53150	INSURANCE	8,447.00	4,223.50	4,223.50		8,447.00
116	5063	SENIOR NUTRITION	Expense	53170	MAINTENANCE OF EQUIPMENT	3,600.00	393.54	3,206.46		3,600.00
116	5063	SENIOR NUTRITION	Expense	53200	MEMBERSHIPS & DUES	260.00	250.00	10.00		260.00
116	5063	SENIOR NUTRITION	Expense	53220	OFFICE EXPENSE	900.00	542.00	358.00		900.00
116	5063	SENIOR NUTRITION	Expense	53230	PROFESSIONAL/SPECIAL SERV	279,753.00	139,084.86	140,668.14	61,993.00	341,746.00
116	5063	SENIOR NUTRITION	Expense	53260	RENT/LEASE OF BUILDINGS	7,800.00	6,900.00	900.00		7,800.00
116	5063	SENIOR NUTRITION	Expense	53280	SPECIAL DEPARTMENTAL EXP	160.00	160.00	0.00		160.00
116	5063	SENIOR NUTRITION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	53291	TRANSPORTATION EXPENSE	5,000.00	4,321.73	678.27	5,000.00	10,000.00
116	5063	SENIOR NUTRITION	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	55413	NEGATIVE INTEREST APPORT	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
116	5063	SENIOR NUTRITION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	440300	INTEREST	0.00	2,322.17	(2,322.17)	2,878.00	2,878.00
116	5063	SENIOR NUTRITION	Revenue	450459	STATE GRANTS	192,993.00	0.00	192,993.00	118,390.00	311,383.00
116	5063	SENIOR NUTRITION	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	450725	FEDERAL USDA	13,497.00	0.00	13,497.00	7,234.00	20,731.00
116	5063	SENIOR NUTRITION	Revenue	450727	FEDERAL TITLE III	177,966.00	0.00	177,966.00	22,654.00	200,620.00
116	5063	SENIOR NUTRITION	Revenue	450750	FED CARES RELIEF	51,029.00	21,833.00	29,196.00	(7,888.00)	43,141.00
116	5063	SENIOR NUTRITION	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	461070	INTERFUND REVENUE	18,622.00	0.00	18,622.00	(17,036.00)	1,586.00
116	5063	SENIOR NUTRITION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	195.00	(195.00)		0.00
116	5063	SENIOR NUTRITION	Revenue	471124	OTHER REFUNDS	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	471132	DONATIONS	5,857.00	1,375.00	4,482.00	(1,857.00)	4,000.00
116	5063	SENIOR NUTRITION	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	471220	OPERATING TRANSFER-IN	35,000.00	0.00	35,000.00		35,000.00
116	5063	SENIOR NUTRITION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	4507205	LATCF	2,900.00	0.00	2,900.00	(872.00)	2,028.00
116	5063	SENIOR NUTRITION	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
116	5063	SENIOR NUTRITION	Revenue	4711321	CLIENT DONATIONS	30,000.00	10,241.00	19,759.00	(10,500.00)	19,500.00
116	5063	SENIOR NUTRITION	Revenue	4711322	FUNDRAISERS	150.00	9,231.69	(9,081.69)	9,040.00	9,190.00
117	3037	TRAX	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	53170	MAINTENANCE OF EQUIPMENT	60,000.00	74,887.46	(14,887.46)		60,000.00
117	3037	TRAX	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	20,000.00	6,337.00	13,663.00		20,000.00
117	3037	TRAX	Expense	53220	OFFICE EXPENSE	5,000.00	0.00	5,000.00		5,000.00
117	3037	TRAX	Expense	53230	PROFESSIONAL/SPECIAL SERV	230,000.00	156,004.90	73,995.10		230,000.00
117	3037	TRAX	Expense	53235	A-87 OVERHEAD	17,217.00	8,608.50	8,608.50		17,217.00
117	3037	TRAX	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	53280	SPECIAL DEPARTMENTAL EXP	4,000.00	1,505.90	2,494.10		4,000.00
117	3037	TRAX	Expense	53291	TRANSPORTATION EXPENSE	300,000.00	123,329.37	176,670.63		300,000.00
117	3037	TRAX	Expense	53300	UTILITIES	15,000.00	7,993.20	7,006.80		15,000.00
117	3037	TRAX	Expense	53800	INTERNAL ASSETS	13,500.00	0.00	13,500.00		13,500.00
117	3037	TRAX	Expense	55413	NEGATIVE INTEREST APPORT	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	55533	ARRA EXPENSES	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	57500	IMPROVEMENT & STRUCTURES	20,000.00	0.00	20,000.00		20,000.00
117	3037	TRAX	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	57603	COMPUTERS	5,000.00	0.00	5,000.00		5,000.00
117	3037	TRAX	Expense	57605	VEHICLES	310,000.00	0.00	310,000.00		310,000.00
117	3037	TRAX	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	59000	CONTINGENCY	1,146,033.00	0.00	1,146,033.00		1,146,033.00
117	3037	TRAX	Revenue	410081	SALES & USE TAX 1/4 CENT	2,461,475.00	0.00	2,461,475.00		2,461,475.00
117	3037	TRAX	Revenue	440300	INTEREST	14,868.00	0.00	14,868.00		14,868.00
117	3037	TRAX	Revenue	440301	INTEREST LONG TERM	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	450720	FEDERAL OTHER	980,407.00	0.00	980,407.00		980,407.00
117	3037	TRAX	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	460722	ARRA/CHARGE FOR SERVICES	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	461045	TRANPORTATION SERVICES	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	461199	TICKET SALES	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
117	3037	TRAX	Expense	532360	PROF/SPECIAL-CONTRCT OPR	1,305,000.00	706,889.59	598,110.41		1,305,000.00
117	3037	TRAX	Expense	532821	PROMO SP DEPT-TRAX	6,000.00	0.00	6,000.00		6,000.00
117	3037	TRAX	Expense	532822	ADVERTISING SP DPT-TRAX	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	4506209	STATE TRANSIT ASSISTANCE	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	4507221	ARRA/STATE PASS THROUGH	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	4507441	CITY OF CORNING	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	4507442	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
117	3037	TRAX	Revenue	4507443	CITY OF TEHAMA	0.00	0.00	0.00		0.00
117	3037	TRAX	Expense	5323601	OFFSET PROF/CONTRACT OPS	0.00	0.00	0.00		0.00
117	3038	METS	Expense	53120	COMMUNICATIONS	1,823.00	56.16	1,766.84		1,823.00
117	3038	METS	Expense	53230	PROFESSIONAL/SPECIAL SERV	520.00	0.00	520.00		520.00
117	3038	METS	Expense	53235	A-87 OVERHEAD	337.00	168.50	168.50		337.00
117	3038	METS	Expense	53280	SPECIAL DEPARTMENTAL EXP	1,000.00	255.90	744.10		1,000.00
117	3038	METS	Expense	53291	TRANSPORTATION EXPENSE	42,305.00	17,766.52	24,538.48		42,305.00
117	3038	METS	Expense	59000	CONTINGENCY	218,015.00	0.00	218,015.00		218,015.00
117	3038	METS	Revenue	410081	SALES & USE TAX 1/4 CENT	80,000.00	0.00	80,000.00		80,000.00
117	3038	METS	Revenue	440300	INTEREST	500.00	0.00	500.00		500.00
117	3038	METS	Revenue	450720	FEDERAL OTHER	192,500.00	0.00	192,500.00		192,500.00
117	3038	METS	Revenue	461199	TICKET SALES	0.00	0.00	0.00		0.00
117	3038	METS	Expense	532360	PROF/SPECIAL-CONTRCT OPR	9,000.00	0.00	9,000.00		9,000.00
117	3038	METS	Revenue	4506209	STATE TRANSIT ASSISTANCE	0.00	0.00	0.00		0.00
117	3038	METS	Revenue	4507441	CITY OF CORNING	0.00	0.00	0.00		0.00
117	3038	METS	Revenue	4507442	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
117	3038	METS	Revenue	4507443	CITY OF TEHAMA	0.00	0.00	0.00		0.00
117	3038	METS	Revenue	4610612	ADMINISTRATION SERVICE	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Expense	53170	MAINTENANCE OF EQUIPMENT	10,000.00	0.00	10,000.00		10,000.00
117	3039	PARA TRAX	Expense	53230	PROFESSIONAL/SPECIAL SERV	2,500.00	0.00	2,500.00		2,500.00
117	3039	PARA TRAX	Expense	53235	A-87 OVERHEAD	2,501.00	1,250.50	1,250.50		2,501.00
117	3039	PARA TRAX	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Expense	53291	TRANSPORTATION EXPENSE	75,000.00	26,950.32	48,049.68		75,000.00
117	3039	PARA TRAX	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Expense	59000	CONTINGENCY	10,000.00	0.00	10,000.00		10,000.00
117	3039	PARA TRAX	Revenue	410081	SALES & USE TAX 1/4 CENT	304,979.00	0.00	304,979.00		304,979.00
117	3039	PARA TRAX	Revenue	440300	INTEREST	2,500.00	0.00	2,500.00		2,500.00
117	3039	PARA TRAX	Revenue	450720	FEDERAL OTHER	150,000.00	0.00	150,000.00		150,000.00
117	3039	PARA TRAX	Revenue	461045	TRANPORTATION SERVICES	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Revenue	461199	TICKET SALES	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Revenue	471220	OPERATING TRANSFER-IN	80,329.00	0.00	80,329.00		80,329.00
117	3039	PARA TRAX	Expense	532360	PROF/SPECIAL-CONTRCT OPR	437,807.00	292,318.36	145,488.64		437,807.00
117	3039	PARA TRAX	Expense	532822	ADVERTISING SP DPT-TRAX	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Revenue	4506209	STATE TRANSIT ASSISTANCE	0.00	0.00	0.00		0.00
117	3039	PARA TRAX	Revenue	4507442	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Expense	54199	OTHER	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Expense	54450	INTEREST EXPENSE	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Revenue	446010	PRIVATE	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Revenue	446030	MEDI-CAL	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Revenue	446040	FEDERAL MEDICARE	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Revenue	466069	OTHER	0.00	0.00	0.00		0.00
201	5093	SKILLED NURSING	Revenue	466094	GEN CONTRIB H&W	0.00	0.00	0.00		0.00
211	1112	DENTAL	Expense	53150	INSURANCE	650,000.00	234,121.00	415,879.00		650,000.00
211	1112	DENTAL	Expense	53151	LIABILITY EXPENSE ADJUST	0.00	0.00	0.00		0.00
211	1112	DENTAL	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
211	1112	DENTAL	Expense	53230	PROFESSIONAL/SPECIAL SERV	72,000.00	26,015.92	45,984.08		72,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
211	1112	DENTAL	Expense	53235	A-87 OVERHEAD	6,010.00	3,005.00	3,005.00		6,010.00
211	1112	DENTAL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
211	1112	DENTAL	Revenue	440300	INTEREST	12,000.00	1,686.17	10,313.83		12,000.00
211	1112	DENTAL	Revenue	461075	INTERFUND GROUP INSURANCE	716,010.00	250,300.00	465,710.00		716,010.00
211	1112	DENTAL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
212	1103	MEDICAL	Expense	53150	INSURANCE	17,000,000.00	8,087,031.45	8,912,968.55		17,000,000.00
212	1103	MEDICAL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
212	1103	MEDICAL	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,000.00	1,652.00	3,348.00		5,000.00
212	1103	MEDICAL	Revenue	440300	INTEREST	0.00	(2,662.13)	2,662.13		0.00
212	1103	MEDICAL	Revenue	461075	INTERFUND GROUP INSURANCE	17,005,000.00	7,396,318.72	9,608,681.28		17,005,000.00
212	1103	MEDICAL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
213	1113	VISION	Expense	53150	INSURANCE	110,000.00	29,034.92	80,965.08		110,000.00
213	1113	VISION	Expense	53151	LIABILITY EXPENSE ADJUST	0.00	0.00	0.00		0.00
213	1113	VISION	Expense	53230	PROFESSIONAL/SPECIAL SERV	12,000.00	4,557.52	7,442.48		12,000.00
213	1113	VISION	Expense	53235	A-87 OVERHEAD	2,889.00	1,444.50	1,444.50		2,889.00
213	1113	VISION	Revenue	440300	INTEREST	1,000.00	564.57	435.43		1,000.00
213	1113	VISION	Revenue	461075	INTERFUND GROUP INSURANCE	123,889.00	47,168.73	76,720.27		123,889.00
220	4045	TC/RB LANDFILL MGT	Expense	51010	SALARY & WAGES	256,142.56	87,828.92	168,313.64		256,142.56
220	4045	TC/RB LANDFILL MGT	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	51012	OVERTIME COMPENSATION	500.00	150.89	349.11		500.00
220	4045	TC/RB LANDFILL MGT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	1,022.20	1,022.22	(0.02)		1,022.20
220	4045	TC/RB LANDFILL MGT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	51020	PERS RETIREMENT	24,996.41	8,579.23	16,417.18		24,996.41
220	4045	TC/RB LANDFILL MGT	Expense	51021	OASDI	19,968.39	6,776.08	13,192.31		19,968.39
220	4045	TC/RB LANDFILL MGT	Expense	51022	UNFUNDED PERS LIAB MISC	48,469.14	48,469.14	0.00		48,469.14
220	4045	TC/RB LANDFILL MGT	Expense	51024	ADP MISC PERS UNFUNDED	14,245.07	14,245.07	0.00		14,245.07
220	4045	TC/RB LANDFILL MGT	Expense	51030	GROUP INSURANCE	76,592.74	23,209.92	53,382.82		76,592.74
220	4045	TC/RB LANDFILL MGT	Expense	51031	UNEMPLOYMENT INSURANCE	515.33	179.18	336.15		515.33
220	4045	TC/RB LANDFILL MGT	Expense	51040	WORKERS COMPENSATION	19,932.33	8,628.68	11,303.65		19,932.33
220	4045	TC/RB LANDFILL MGT	Expense	51050	DEFERRED COMP MATCH	4,800.00	600.00	4,200.00		4,800.00
220	4045	TC/RB LANDFILL MGT	Expense	53120	COMMUNICATIONS	4,895.00	1,937.61	2,957.39		4,895.00
220	4045	TC/RB LANDFILL MGT	Expense	53150	INSURANCE	80,000.00	66,045.06	13,954.94		80,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53170	MAINTENANCE OF EQUIPMENT	10,000.00	4,072.92	5,927.08		10,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	6,720.00	382.70	6,337.30		6,720.00
220	4045	TC/RB LANDFILL MGT	Expense	53200	MEMBERSHIPS & DUES	7,650.00	7,508.75	141.25		7,650.00
220	4045	TC/RB LANDFILL MGT	Expense	53210	MISCELLANEOUS EXPENSE	16,000.00	3,100.00	12,900.00		16,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53220	OFFICE EXPENSE	5,000.00	217.85	4,782.15		5,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53230	PROFESSIONAL/SPECIAL SERV	90,891.00	18,648.08	72,242.92		90,891.00
220	4045	TC/RB LANDFILL MGT	Expense	53240	PUBLICATION/LEGAL NOTICES	1,000.00	0.00	1,000.00		1,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	53280	SPECIAL DEPARTMENTAL EXP	12,311.08	2,064.69	10,246.39		12,311.08
220	4045	TC/RB LANDFILL MGT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	3,000.00	134.65	2,865.35		3,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53291	TRANSPORTATION EXPENSE	2,000.00	467.67	1,532.33		2,000.00
220	4045	TC/RB LANDFILL MGT	Expense	53300	UTILITIES	10,080.00	2,308.77	7,771.23		10,080.00
220	4045	TC/RB LANDFILL MGT	Expense	53800	INTERNAL ASSETS	3,324.00	0.00	3,324.00		3,324.00
220	4045	TC/RB LANDFILL MGT	Expense	55048	TAXES-ASSESSMENTS	2,000.00	1,690.42	309.58		2,000.00
220	4045	TC/RB LANDFILL MGT	Expense	55416	GAS METHANE	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55461	SETTLEMENTS & AWARDS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55490	DEPRECIATION	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	57400	LAND	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
220	4045	TC/RB LANDFILL MGT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	430220	FORF & PENALTIES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	440300	INTEREST	20,000.00	35,072.27	(15,072.27)		20,000.00
220	4045	TC/RB LANDFILL MGT	Revenue	440302	INTEREST CLOSURE FUNDS	0.00	21,404.81	(21,404.81)		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	461001	GATE FEES	840,000.00	350,000.00	490,000.00		840,000.00
220	4045	TC/RB LANDFILL MGT	Revenue	461005	HAZARDOUS WASTE FEES	8,000.00	4,727.70	3,272.30		8,000.00
220	4045	TC/RB LANDFILL MGT	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	461070	INTERFUND REVENUE	30,000.00	34,743.52	(4,743.52)		30,000.00
220	4045	TC/RB LANDFILL MGT	Revenue	471120	MISCELLANEOUS REVENUE	2,234.00	2,234.70	(0.70)		2,234.00
220	4045	TC/RB LANDFILL MGT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	532301	WCB	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	532398	PHASE 1 CLOSURE	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	532399	PHASE 1 POST CLOSE MAINT	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	555216	FIRE EXPENSE	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Expense	558007	HAZARDOUS WASTE DISPOSAL	160,000.00	5,105.88	154,894.12		160,000.00
220	4045	TC/RB LANDFILL MGT	Expense	558008	ILLEGAL LITTER/DUMPING	38,000.00	10,995.14	27,004.86		38,000.00
220	4045	TC/RB LANDFILL MGT	Expense	558009	SOIL STOCKPILING	0.00	0.00	0.00		0.00
220	4045	TC/RB LANDFILL MGT	Revenue	4201606	AIR SPACE CONSUMPTION FEE	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	55919	VEHICLE ABATEMENT SALARY	0.00	1,817.82	(1,817.82)		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Revenue	440300	INTEREST	0.00	408.20	(408.20)		0.00
240	24010	AVA COUNTY OF TEHAMA	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Revenue	460813	VEHICLE ABATEMENT FEE	0.00	0.00	0.00		0.00
240	24010	AVA COUNTY OF TEHAMA	Revenue	466069	OTHER	0.00	3,852.25	(3,852.25)		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	597205	OP TRANSFER OUT	0.00	10,446.53	(10,446.53)		0.00
240	24010	AVA COUNTY OF TEHAMA	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Expense	55919	VEHICLE ABATEMENT SALARY	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
241	24110	AVA CITY OF RED BLUFF	Revenue	466069	OTHER	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Expense	55919	VEHICLE ABATEMENT SALARY	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
242	24210	AVA CITY OF TEHAMA	Revenue	466069	OTHER	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Expense	55919	VEHICLE ABATEMENT SALARY	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
243	24310	AVA CITY OF CORNING	Revenue	466069	OTHER	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
255	2110	TRIAL COURT OPERATION	Expense	51010	SALARY & WAGES	0.00	1,450,323.13	(1,450,323.13)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51011	EXTRA HELP	0.00	32,855.49	(32,855.49)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51012	OVERTIME COMPENSATION	0.00	10,946.81	(10,946.81)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	51,704.91	(51,704.91)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
255	2110	TRIAL COURT OPERATION	Expense	51020	PERS RETIREMENT	0.00	140,340.44	(140,340.44)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51021	OASDI	0.00	120,650.31	(120,650.31)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	558,716.35	(558,716.35)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51024	ADP MISC PERS UNFUNDED	0.00	164,206.59	(164,206.59)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51030	GROUP INSURANCE	0.00	464,123.10	(464,123.10)		0.00
255	2110	TRIAL COURT OPERATION	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	3,265.12	(3,265.12)		0.00
255	2110	TRIAL COURT OPERATION	Expense	53120	COMMUNICATIONS	0.00	2,689.50	(2,689.50)		0.00
255	2110	TRIAL COURT OPERATION	Expense	53292	AUTO ALLOWANCE	0.00	3,000.00	(3,000.00)		0.00
255	2110	TRIAL COURT OPERATION	Revenue	471130	TRANSFER-JUDICIAL COUNCIL	0.00	2,698,685.59	(2,698,685.59)		0.00
255	2110	TRIAL COURT OPERATION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
255	2110	TRIAL COURT OPERATION	Expense	5938601	CRT RPT EX HELP	0.00	86,950.00	(86,950.00)		0.00
255	2110	TRIAL COURT OPERATION	Expense	5938604	CRT RPT LODGING REC REQ	0.00	0.00	0.00		0.00
255	2110	TRIAL COURT OPERATION	Expense	5938605	CRT RPT MILEAGE REC REQ	0.00	4,638.76	(4,638.76)		0.00
255	2110	TRIAL COURT OPERATION	Expense	5938606	CRT RPT MEALS (NON-TAX)	0.00	0.00	0.00		0.00
255	2110	TRIAL COURT OPERATION	Expense	5938607	CRT RPT MEALS (TAXABLE)	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51010	SALARY & WAGES	148,687.00	44,484.45	104,202.55		148,687.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51020	PERS RETIREMENT	14,452.00	4,345.08	10,106.92		14,452.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51021	OASDI	11,540.00	3,188.88	8,351.12		11,540.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51022	UNFUNDED PERS LIAB MISC	13,042.00	13,041.91	0.09		13,042.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51024	ADP MISC PERS UNFUNDED	3,833.00	3,833.02	(0.02)		3,833.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51030	GROUP INSURANCE	70,056.00	23,209.92	46,846.08		70,056.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51031	UNEMPLOYMENT INSURANCE	302.00	88.97	213.03		302.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51040	WORKERS COMPENSATION	22,298.00	11,148.88	11,149.12		22,298.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	51050	DEFERRED COMP MATCH	2,160.00	0.00	2,160.00		2,160.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53120	COMMUNICATIONS	900.00	256.93	643.07		900.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53150	INSURANCE	798.00	399.00	399.00		798.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53200	MEMBERSHIPS & DUES	7,500.00	7,000.00	500.00		7,500.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53220	OFFICE EXPENSE	4,050.00	2,236.81	1,813.19		4,050.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53230	PROFESSIONAL/SPECIAL SERV	165,526.00	81,961.37	83,564.63		165,526.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53231	AUDITING SERVICES	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53237	LEGAL EXPENSE	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53260	RENT/LEASE OF BUILDINGS	4,480.00	2,255.16	2,224.84		4,480.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53280	SPECIAL DEPARTMENTAL EXP	6,500.00	0.00	6,500.00		6,500.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	500.00	0.00	500.00		500.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Revenue	450450	STATE PUBLIC ASSIST ADMIN	242,369.00	58,316.95	184,052.05		242,369.00
257	5101	TC IHSS PUBLIC AUTHORITY	Revenue	450630	FEDERAL PUBLIC ASSIST ADM	239,055.00	57,284.38	181,770.62		239,055.00
257	5101	TC IHSS PUBLIC AUTHORITY	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
257	5101	TC IHSS PUBLIC AUTHORITY	Expense	532303	COUNTY SERVICES	4,800.00	1,720.50	3,079.50		4,800.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53220	OFFICE EXPENSE	500.00	0.00	500.00		500.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53230	PROFESSIONAL/SPECIAL SERV	1,500.00	0.00	1,500.00		1,500.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53231	AUDITING SERVICES	6,000.00	0.00	6,000.00		6,000.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53240	PUBLICATION/LEGAL NOTICES	500.00	0.00	500.00		500.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	55625	CONTR TO COUNTY TEHAMA	48,700.00	3,852.25	44,847.75		48,700.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	55919	VEHICLE ABATEMENT SALARY	3,000.00	442.43	2,557.57		3,000.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
259	25910	TC ABANDON VEH ABATEMENT	Revenue	440300	INTEREST	200.00	24.32	175.68		200.00
259	25910	TC ABANDON VEH ABATEMENT	Revenue	466069	OTHER	60,000.00	3,852.25	56,147.75		60,000.00
259	25910	TC ABANDON VEH ABATEMENT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
265	265	COUNTY P/R TRUST	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
295	29510	SAWS	Expense	55398	CAL-WORKS	0.00	0.00	0.00		0.00
295	29510	SAWS	Expense	55399	ARC	0.00	0.00	0.00		0.00
295	29510	SAWS	Expense	55400	SUPPORT & CARE OF PERSONS	0.00	0.00	0.00		0.00
295	29510	SAWS	Expense	55402	FOSTER CARE	0.00	0.00	0.00		0.00
295	29510	SAWS	Expense	55408	ADOPTION ASSISTANCE	0.00	0.00	0.00		0.00
314	31410	CORNING SOLAR, LLC	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
314	31410	CORNING SOLAR, LLC	Revenue	440300	INTEREST	0.00	0.41	(0.41)		0.00
317	31710	SUN CITY DEVELOPMENT	Revenue	440300	INTEREST	0.00	0.62	(0.62)		0.00
317	31710	SUN CITY DEVELOPMENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
317	31710	SUN CITY DEVELOPMENT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
319	31910	TEMBO	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
320	32010	INTEREST CLEARING	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
320	32010	INTEREST CLEARING	Expense	55001	INTEREST DISBURSEMENT	0.00	2,531,165.93	(2,531,165.93)		0.00
320	32010	INTEREST CLEARING	Revenue	440304	INVESTMENT INTEREST	0.00	4,868,300.34	(4,868,300.34)		0.00
320	32010	INTEREST CLEARING	Revenue	440305	REDUCTION TO INV INTEREST	0.00	(383,317.57)	383,317.57		0.00
320	32010	INTEREST CLEARING	Revenue	440306	TRAN INTEREST	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Revenue	41001	CURRENT PROPERTY TAXES	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	0.00	0.00		0.00
323	32310	VLF PROP TAX COMPENSATION	Revenue	410098	ERAF	0.00	0.00	0.00		0.00
324	32410	SALES/USE TX COMPENSATION	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
324	32410	SALES/USE TX COMPENSATION	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
324	32410	SALES/USE TX COMPENSATION	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
324	32410	SALES/USE TX COMPENSATION	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	0.00	0.00		0.00
324	32410	SALES/USE TX COMPENSATION	Revenue	410098	ERAF	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	28,262.00	(28,262.00)		0.00
330	33010	CITY OF CORNING	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	410010	P/T CURRENT SECURED	0.00	196,199.58	(196,199.58)		0.00
330	33010	CITY OF CORNING	Revenue	410011	OPERATING UNITARY TAX	0.00	435.29	(435.29)		0.00
330	33010	CITY OF CORNING	Revenue	410020	P/T CURRENT UNSECURED	0.00	38,434.68	(38,434.68)		0.00
330	33010	CITY OF CORNING	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	910.64	(910.64)		0.00
330	33010	CITY OF CORNING	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	1,839.08	(1,839.08)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
330	33010	CITY OF CORNING	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	410096	AIRCRAFT TAXES	0.00	2,578.14	(2,578.14)		0.00
330	33010	CITY OF CORNING	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	440300	INTEREST	0.00	156.94	(156.94)		0.00
330	33010	CITY OF CORNING	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
330	33010	CITY OF CORNING	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	1,351.10	(1,351.10)		0.00
330	33010	CITY OF CORNING	Revenue	450620	STATE OTHER	0.00	407.63	(407.63)		0.00
330	33010	CITY OF CORNING	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	70,074.00	(70,074.00)		0.00
340	34010	CITY OF RED BLUFF P/T	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410010	P/T CURRENT SECURED	0.00	484,314.70	(484,314.70)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410011	OPERATING UNITARY TAX	0.00	1,135.27	(1,135.27)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410020	P/T CURRENT UNSECURED	0.00	94,875.22	(94,875.22)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	2,247.88	(2,247.88)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	4,539.71	(4,539.71)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410096	AIRCRAFT TAXES	0.00	271,564.85	(271,564.85)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	440300	INTEREST	0.00	1,003.08	(1,003.08)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	3,335.16	(3,335.16)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	450620	STATE OTHER	0.00	1,017.96	(1,017.96)		0.00
340	34010	CITY OF RED BLUFF P/T	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	903.00	(903.00)		0.00
365	36510	CITY OF TEHAMA P/T	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410010	P/T CURRENT SECURED	0.00	6,245.50	(6,245.50)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410011	OPERATING UNITARY TAX	0.00	5.94	(5.94)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410020	P/T CURRENT UNSECURED	0.00	1,223.48	(1,223.48)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	28.98	(28.98)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	58.54	(58.54)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	440300	INTEREST	0.00	6.65	(6.65)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	43.01	(43.01)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	450620	STATE OTHER	0.00	13.16	(13.16)		0.00
365	36510	CITY OF TEHAMA P/T	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
380	38010	ST ASSET SEIZURE SHERIFF	Revenue	440300	INTEREST	0.00	60.58	(60.58)		0.00
380	38010	ST ASSET SEIZURE SHERIFF	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00
380	38010	ST ASSET SEIZURE SHERIFF	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
380	38010	ST ASSET SEIZURE SHERIFF	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
381	38110	ST ASSET SEIZURE DA	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
381	38110	ST ASSET SEIZURE DA	Revenue	471122	STATE ASSET SEIZURE	0.00	8,440.07	(8,440.07)		0.00
381	38110	ST ASSET SEIZURE DA	Expense	597205	OP TRANSFER OUT	0.00	6,469.17	(6,469.17)		0.00
381	38110	ST ASSET SEIZURE DA	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
382	38210	FED ASSET SEIZURE DA	Revenue	440300	INTEREST	0.00	81.20	(81.20)		0.00
382	38210	FED ASSET SEIZURE DA	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
382	38210	FED ASSET SEIZURE DA	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
390	39010	EA 17 LEA E-HLTH GRANT	Revenue	440300	INTEREST	0.00	335.28	(335.28)		0.00
390	39010	EA 17 LEA E-HLTH GRANT	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
390	39010	EA 17 LEA E-HLTH GRANT	Revenue	450620	STATE OTHER	0.00	16,484.60	(16,484.60)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
390	39010	EA 17 LEA E-HLTH GRANT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
390	39010	EA 17 LEA E-HLTH GRANT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
391	39110	APSA ACT AB 1130 GRANT	Revenue	430216	MISC H & S FINES	0.00	0.00	0.00		0.00
391	39110	APSA ACT AB 1130 GRANT	Revenue	440300	INTEREST	0.00	11.92	(11.92)		0.00
391	39110	APSA ACT AB 1130 GRANT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
395	39510	PENSION TRUST	Revenue	440300	INTEREST	0.00	22.37	(22.37)		0.00
397	39710	VITAL & HEALTH STATISTICS	Revenue	430212	MISC FINES & FEES	0.00	7,824.40	(7,824.40)		0.00
397	39710	VITAL & HEALTH STATISTICS	Revenue	440300	INTEREST	0.00	1,541.67	(1,541.67)		0.00
397	39710	VITAL & HEALTH STATISTICS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
397	39710	VITAL & HEALTH STATISTICS	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
403	40310	RECORDER MICROGRAPHICS	Revenue	460951	RECORDER MICROGRAPHIC FEE	0.00	5,330.00	(5,330.00)		0.00
403	40310	RECORDER MICROGRAPHICS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
403	40310	RECORDER MICROGRAPHICS	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Expense	55622	CONTR TO CITY CORNING	0.00	12,396.14	(12,396.14)		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Expense	55623	CONTR TO CITY RED BLUFF	0.00	43,471.15	(43,471.15)		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	1,867,804.95	(1,867,804.95)		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Revenue	450624	PUBLIC SAFETY AUGMENT	0.00	1,923,672.24	(1,923,672.24)		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
405	40510	PUBLIC SFTY AUGMENTATION	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
407	40710	RECORDER TRUNCATION	Revenue	440300	INTEREST	0.00	549.42	(549.42)		0.00
407	40710	RECORDER TRUNCATION	Revenue	460956	TRUNCATION FEES	0.00	0.00	0.00		0.00
407	40710	RECORDER TRUNCATION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
407	40710	RECORDER TRUNCATION	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
408	40810	SB2 HOUSING FEES	Revenue	440300	INTEREST	0.00	1,529.49	(1,529.49)		0.00
408	40810	SB2 HOUSING FEES	Revenue	460958	SB2 FILING FEES	0.00	239,325.00	(239,325.00)		0.00
408	40810	SB2 HOUSING FEES	Expense	597205	OP TRANSFER OUT	0.00	10,003.70	(10,003.70)		0.00
408	40810	SB2 HOUSING FEES	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51010	SALARY & WAGES	18,294.00	8,246.12	10,047.88		18,294.00
410	41010	LAW LIBRARY	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51020	PERS RETIREMENT	1,778.00	352.25	1,425.75		1,778.00
410	41010	LAW LIBRARY	Expense	51021	OASDI	1,427.00	630.85	796.15		1,427.00
410	41010	LAW LIBRARY	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	51031	UNEMPLOYMENT INSURANCE	37.00	16.50	20.50		37.00
410	41010	LAW LIBRARY	Expense	51040	WORKERS COMPENSATION	242.00	120.76	121.24		242.00
410	41010	LAW LIBRARY	Expense	51050	DEFERRED COMP MATCH	360.00	0.00	360.00		360.00
410	41010	LAW LIBRARY	Expense	53120	COMMUNICATIONS	150.00	2.44	147.56		150.00
410	41010	LAW LIBRARY	Expense	53150	INSURANCE	92.00	46.00	46.00		92.00
410	41010	LAW LIBRARY	Expense	53170	MAINTENANCE OF EQUIPMENT	500.00	0.00	500.00		500.00
410	41010	LAW LIBRARY	Expense	53200	MEMBERSHIPS & DUES	50.00	0.00	50.00		50.00
410	41010	LAW LIBRARY	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	53220	OFFICE EXPENSE	1,500.00	352.28	1,147.72		1,500.00
410	41010	LAW LIBRARY	Expense	53230	PROFESSIONAL/SPECIAL SERV	13,200.00	6,141.50	7,058.50		13,200.00
410	41010	LAW LIBRARY	Expense	53280	SPECIAL DEPARTMENTAL EXP	2,000.00	0.00	2,000.00		2,000.00
410	41010	LAW LIBRARY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Revenue	440300	INTEREST	3,500.00	1,376.57	2,123.43		3,500.00
410	41010	LAW LIBRARY	Revenue	450587	STATE COVID RELIEF	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Revenue	460910	COURT FEES & COSTS	31,000.00	14,031.00	16,969.00		31,000.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
410	41010	LAW LIBRARY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
410	41010	LAW LIBRARY	Expense	5322023	PRINTED LIBRARY MATERIALS	0.00	0.00	0.00		0.00
412	41210	CERT ACCESS SPECIALIST	Revenue	440300	INTEREST	0.00	463.32	(463.32)		0.00
412	41210	CERT ACCESS SPECIALIST	Revenue	461060	OTHER FEES	0.00	3,033.90	(3,033.90)		0.00
412	41210	CERT ACCESS SPECIALIST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
413	41310	10% RESTITUTION GC13966	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
413	41310	10% RESTITUTION GC13966	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Revenue	430213	MISC PENAL CODE FINES	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
415	41510	PROBATION OFFICER TRUST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
417	41710	YOUTHFUL OFFENDER	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
417	41710	YOUTHFUL OFFENDER	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
417	41710	YOUTHFUL OFFENDER	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
423	42310	PC 1463.9 LITTER CONTROL	Revenue	430213	MISC PENAL CODE FINES	0.00	20.56	(20.56)		0.00
423	42310	PC 1463.9 LITTER CONTROL	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
424	42410	LOCAL PREPAREDNESS	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
424	42410	LOCAL PREPAREDNESS	Revenue	440300	INTEREST	0.00	132.12	(132.12)		0.00
424	42410	LOCAL PREPAREDNESS	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
424	42410	LOCAL PREPAREDNESS	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
424	42410	LOCAL PREPAREDNESS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
424	42410	LOCAL PREPAREDNESS	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
425	42510	FUTURE OF PH FUNDING	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
425	42510	FUTURE OF PH FUNDING	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
425	42510	FUTURE OF PH FUNDING	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
426	42610	OPIOID SETTLEMENT	Revenue	471127	SETTLEMENTS	0.00	574,693.97	(574,693.97)		0.00
426	42610	OPIOID SETTLEMENT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
426	42610	OPIOID SETTLEMENT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
428	42810	MENTAL HEALTH STATE TRUST	Revenue	450459	STATE GRANTS	0.00	5,484,437.04	(5,484,437.04)		0.00
428	42810	MENTAL HEALTH STATE TRUST	Revenue	450520	OTHER STATE HEALTH	0.00	15,797.26	(15,797.26)		0.00
428	42810	MENTAL HEALTH STATE TRUST	Revenue	450720	FEDERAL OTHER	0.00	399,997.08	(399,997.08)		0.00
428	42810	MENTAL HEALTH STATE TRUST	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
428	42810	MENTAL HEALTH STATE TRUST	Expense	597205	OP TRANSFER OUT	0.00	5,636,718.98	(5,636,718.98)		0.00
428	42810	MENTAL HEALTH STATE TRUST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
429	42910	FAIR BOOTH TRUST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
429	42910	FAIR BOOTH TRUST	Revenue	4711202	FAIR CONTRIBUTIONS	0.00	0.00	0.00		0.00
433	43310	CASPHI	Revenue	450760	CDC CASPHI	0.00	(2,446.15)	2,446.15		0.00
434	43410	CAPROS DOM VIOLENCE RESTR	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
434	43410	CAPROS DOM VIOLENCE RESTR	Revenue	460900	CIVIL PROCESS SERVICE	0.00	0.00	0.00		0.00
437	43710	REC ELECTRONIC FILING	Revenue	440300	INTEREST	0.00	1,013.22	(1,013.22)		0.00
437	43710	REC ELECTRONIC FILING	Revenue	460957	ELECTRONIC FILING FEES	0.00	5,330.00	(5,330.00)		0.00
437	43710	REC ELECTRONIC FILING	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
437	43710	REC ELECTRONIC FILING	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
437	43710	REC ELECTRONIC FILING	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
438	43810	RECORDER AUTOMATION	Revenue	460952	RECORDER AUTOMATION FEES	0.00	22,389.00	(22,389.00)		0.00
438	43810	RECORDER AUTOMATION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
438	43810	RECORDER AUTOMATION	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
443	44310	HHAP-1 SUP SRVS	Revenue	440300	INTEREST	0.00	1,046.50	(1,046.50)		0.00
443	44310	HHAP-1 SUP SRVS	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
443	44310	HHAP-1 SUP SRVS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
443	44310	HHAP-1 SUP SRVS	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
451	45110	DNA IDENT GC 76104.6	Expense	55464	ALLOC 76104.6 STATE	0.00	1,535.10	(1,535.10)		0.00
451	45110	DNA IDENT GC 76104.6	Expense	55465	ALLOC 76104.6 OTHER	0.00	4,605.27	(4,605.27)		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
451	45110	DNA IDENT GC 76104.6	Revenue	430210	OTHER COURT FINES	0.00	15,870.50	(15,870.50)		0.00
451	45110	DNA IDENT GC 76104.6	Revenue	440300	INTEREST	0.00	291.79	(291.79)		0.00
451	45110	DNA IDENT GC 76104.6	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
452	45210	SMALL CLM FEE CP 116.910	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
452	45210	SMALL CLM FEE CP 116.910	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
452	45210	SMALL CLM FEE CP 116.910	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
454	45410	CONSTR MAINT PROJECTS	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
454	45410	CONSTR MAINT PROJECTS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
459	45910	REVOLVING LOAN (24 CFR 57	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
459	45910	REVOLVING LOAN (24 CFR 57	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
459	45910	REVOLVING LOAN (24 CFR 57	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
460	46010	MANAGED CARE	Revenue	440300	INTEREST	0.00	4,440.79	(4,440.79)		0.00
460	46010	MANAGED CARE	Revenue	450459	STATE GRANTS	0.00	548,595.50	(548,595.50)		0.00
460	46010	MANAGED CARE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
460	46010	MANAGED CARE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
461	46110	DOMESTIC VIOLENCE	Revenue	430213	MISC PENAL CODE FINES	0.00	3,834.04	(3,834.04)		0.00
461	46110	DOMESTIC VIOLENCE	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
461	46110	DOMESTIC VIOLENCE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
461	46110	DOMESTIC VIOLENCE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
470	47010	VC27360 CHILD RESTRAINTS	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
470	47010	VC27360 CHILD RESTRAINTS	Revenue	430214	MISC VEHICLE CODE FINES	0.00	344.36	(344.36)		0.00
470	47010	VC27360 CHILD RESTRAINTS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
472	47210	CO CRIMINAL JUSTICE #2	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
472	47210	CO CRIMINAL JUSTICE #2	Revenue	440300	INTEREST	0.00	3,115.79	(3,115.79)		0.00
475	47510	GC 26731 CIVIL DIVISION	Revenue	430215	MISC GOV CODE FINES	0.00	6,688.00	(6,688.00)		0.00
475	47510	GC 26731 CIVIL DIVISION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
476	47610	SAFE DRINKING WATER	Revenue	440300	INTEREST	0.00	2,789.58	(2,789.58)		0.00
476	47610	SAFE DRINKING WATER	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
476	47610	SAFE DRINKING WATER	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
478	47810	AUTO WARRANT	Revenue	430214	MISC VEHICLE CODE FINES	0.00	178.33	(178.33)		0.00
479	47910	SHERIFF DEBTOR ASSMT FEE	Revenue	430212	MISC FINES & FEES	0.00	2,685.73	(2,685.73)		0.00
479	47910	SHERIFF DEBTOR ASSMT FEE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
479	47910	SHERIFF DEBTOR ASSMT FEE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
481	48110	ALCOHOL PROG AB2086	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
481	48110	ALCOHOL PROG AB2086	Revenue	430213	MISC PENAL CODE FINES	0.00	2,309.22	(2,309.22)		0.00
481	48110	ALCOHOL PROG AB2086	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
481	48110	ALCOHOL PROG AB2086	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
482	48210	D&A ASSESSMENT VC23649(A)	Revenue	430200	VEHICLE CODE FINES	0.00	4,469.47	(4,469.47)		0.00
482	48210	D&A ASSESSMENT VC23649(A)	Revenue	440300	INTEREST	0.00	770.82	(770.82)		0.00
482	48210	D&A ASSESSMENT VC23649(A)	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
482	48210	D&A ASSESSMENT VC23649(A)	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
484	48410	ALCOHOL ED SB920	Revenue	430212	MISC FINES & FEES	0.00	10.64	(10.64)		0.00
484	48410	ALCOHOL ED SB920	Revenue	430214	MISC VEHICLE CODE FINES	0.00	1,698.67	(1,698.67)		0.00
484	48410	ALCOHOL ED SB920	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
484	48410	ALCOHOL ED SB920	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
485	48510	PRIMARY DRUG ED SB921	Revenue	430215	MISC GOV CODE FINES	0.00	1,343.05	(1,343.05)		0.00
485	48510	PRIMARY DRUG ED SB921	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
485	48510	PRIMARY DRUG ED SB921	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
486	48610	COMM FAMILY RESOURCE GRT	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
486	48610	COMM FAMILY RESOURCE GRT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
486	48610	COMM FAMILY RESOURCE GRT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
487	48710	FED ASSET SEIZURE SHERIFF	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
487	48710	FED ASSET SEIZURE SHERIFF	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
487	48710	FED ASSET SEIZURE SHERIFF	Expense	597210	EXPENSE XFER OFFSET	0.00	6,407.00	(6,407.00)		0.00
487	48710	FED ASSET SEIZURE SHERIFF	Revenue	4507265	TMCU JUSTICE FEDERAL	0.00	0.00	0.00		0.00
487	48710	FED ASSET SEIZURE SHERIFF	Revenue	4507266	TMCU FEDERAL TREASURY	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
489	48910	CO CRIMINAL JUSTICE FUND	Revenue	430215	MISC GOV CODE FINES	0.00	113,651.72	(113,651.72)		0.00
489	48910	CO CRIMINAL JUSTICE FUND	Revenue	440300	INTEREST	0.00	8,793.59	(8,793.59)		0.00
489	48910	CO CRIMINAL JUSTICE FUND	Expense	597205	OP TRANSFER OUT	0.00	215,964.00	(215,964.00)		0.00
489	48910	CO CRIMINAL JUSTICE FUND	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
491	49110	FED TREASURY FUND SHERIFF	Revenue	440300	INTEREST	0.00	2,311.22	(2,311.22)		0.00
491	49110	FED TREASURY FUND SHERIFF	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
491	49110	FED TREASURY FUND SHERIFF	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
491	49110	FED TREASURY FUND SHERIFF	Revenue	4507266	TMCU FEDERAL TREASURY	0.00	0.00	0.00		0.00
495	49510	PSH SUPP SVC RES	Revenue	440300	INTEREST	0.00	4,867.08	(4,867.08)		0.00
495	49510	PSH SUPP SVC RES	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
496	49610	DOMESTIC VIOLENCE PROGRAM	Revenue	430212	MISC FINES & FEES	0.00	3,082.00	(3,082.00)		0.00
496	49610	DOMESTIC VIOLENCE PROGRAM	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
496	49610	DOMESTIC VIOLENCE PROGRAM	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
497	49710	DRUG & ALCOHOL ABUSE TRST	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
497	49710	DRUG & ALCOHOL ABUSE TRST	Revenue	450720	FEDERAL OTHER	0.00	525,608.06	(525,608.06)		0.00
497	49710	DRUG & ALCOHOL ABUSE TRST	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
497	49710	DRUG & ALCOHOL ABUSE TRST	Expense	597205	OP TRANSFER OUT	0.00	525,608.06	(525,608.06)		0.00
497	49710	DRUG & ALCOHOL ABUSE TRST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
498	49810	CO CHILDREN'S TRUST	Revenue	430212	MISC FINES & FEES	0.00	3,268.80	(3,268.80)		0.00
498	49810	CO CHILDREN'S TRUST	Revenue	440300	INTEREST	0.00	12.02	(12.02)		0.00
498	49810	CO CHILDREN'S TRUST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
498	49810	CO CHILDREN'S TRUST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
499	49910	M/H SB900 ROLLOVER	Revenue	440300	INTEREST	0.00	14,672.34	(14,672.34)		0.00
499	49910	M/H SB900 ROLLOVER	Revenue	450459	STATE GRANTS	0.00	1,932,088.25	(1,932,088.25)		0.00
499	49910	M/H SB900 ROLLOVER	Expense	597205	OP TRANSFER OUT	0.00	686,295.98	(686,295.98)		0.00
499	49910	M/H SB900 ROLLOVER	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Revenue	440300	INTEREST	0.00	14,990.20	(14,990.20)		0.00
502	50210	SUPPLEMENTAL LAW ENF	Revenue	450620	STATE OTHER	0.00	768,434.45	(768,434.45)		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	556250	JUVENILE JUSTICE PLAN	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	556251	CONTRIB TO TC DA	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Expense	556252	CONTRIB TO TC JAIL	0.00	0.00	0.00		0.00
502	50210	SUPPLEMENTAL LAW ENF	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	55490	DEPRECIATION	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	440300	INTEREST	0.00	2,123.75	(2,123.75)		0.00
504	50410	TCSLA GRANTS	Revenue	451300	HHW GRANT	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	451301	TIRE AMNESTY	0.00	24,883.50	(24,883.50)		0.00
504	50410	TCSLA GRANTS	Revenue	451302	UOBG (USED OIL)	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	451303	BEVERAGE CONTAINERS	0.00	5,000.00	(5,000.00)		0.00
504	50410	TCSLA GRANTS	Revenue	451304	FARM & RANCH GRANTS	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	451305	COMPETITIVE BEVERAGE CONT	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	451306	RNDZ ZONE INCENT REV	0.00	25.00	(25.00)		0.00
504	50410	TCSLA GRANTS	Revenue	451307	SB1383 LOCAL ASST	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	451308	CALTRANS DUMP DAY	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	558002	HHW-GRANT	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	558003	TIRE AMNESTY GRANT	0.00	4,455.00	(4,455.00)		0.00
504	50410	TCSLA GRANTS	Expense	558004	BEVERAGE CONT & LITTER	0.00	16,558.17	(16,558.17)		0.00
504	50410	TCSLA GRANTS	Expense	558005	UOBG (USED OIL)	0.00	17,090.77	(17,090.77)		0.00
504	50410	TCSLA GRANTS	Expense	558006	FARM & RANCH GRANT	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	558007	HAZARDOUS WASTE DISPOSAL	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	558010	HHW DISCRETIONARY GRANT	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
504	50410	TCSLA GRANTS	Expense	558011	COMPETITIVE BEVERAGE CONT	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	558012	RMDZ ZONE INCENT EXP	0.00	2,000.00	(2,000.00)		0.00
504	50410	TCSLA GRANTS	Expense	558013	SB1383 LOCAL ASST PMT PGM	0.00	22,980.73	(22,980.73)		0.00
504	50410	TCSLA GRANTS	Expense	558014	CALTRANS DUMP DAY	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	575002	STRUCTURES HHW	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	575005	STRUCTURES USED OIL	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	576002	EQUIPMENT HHW	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	576004	FIXED ASSETS BEVERAGE	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Expense	576005	FIXED ASSETS USED OIL	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	4403202	INTEREST-USED OIL	0.00	0.00	0.00		0.00
504	50410	TCSLA GRANTS	Revenue	4403203	INTEREST-BEVERAGE CONT	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53231	AUDITING SERVICES	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	55490	DEPRECIATION	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Revenue	461000	SANITATION SERVICES	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
506	50610	TCSLA OPERATION/CLOSURE	Revenue	4201606	AIR SPACE CONSUMPTION FEE	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55628	CONTR TO TRAX	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55629	CONTR TO METS	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	55630	CONTR TO PARATRAX	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Revenue	410081	SALES & USE TAX 1/4 CENT	0.00	1,062,687.17	(1,062,687.17)		0.00
507	50710	LTF 1/4 SALES TAX	Revenue	440300	INTEREST	0.00	26,580.12	(26,580.12)		0.00
507	50710	LTF 1/4 SALES TAX	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	599002	I/F FROM LTF 1/4 S/T 507	0.00	0.00	0.00		0.00
507	50710	LTF 1/4 SALES TAX	Expense	599003	INTRAFUND GEN/OPERATIONS	0.00	0.00	0.00		0.00
508	50810	MANTON DIGGER CR WATER	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
508	50810	MANTON DIGGER CR WATER	Revenue	410010	P/T CURRENT SECURED	0.00	2,506.00	(2,506.00)		0.00
508	50810	MANTON DIGGER CR WATER	Revenue	410030	P/T PRIOR SECURED	0.00	614.25	(614.25)		0.00
508	50810	MANTON DIGGER CR WATER	Revenue	440300	INTEREST	0.00	3.47	(3.47)		0.00
510	51010	PRISONERS WELFARE	Expense	53120	COMMUNICATIONS	0.00	12,486.54	(12,486.54)		0.00
510	51010	PRISONERS WELFARE	Expense	53130	FOOD	0.00	54,025.63	(54,025.63)		0.00
510	51010	PRISONERS WELFARE	Expense	53140	HOUSEHOLD EXPENSE	0.00	4,175.30	(4,175.30)		0.00
510	51010	PRISONERS WELFARE	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	837.63	(837.63)		0.00
510	51010	PRISONERS WELFARE	Expense	53200	MEMBERSHIPS & DUES	0.00	6,087.86	(6,087.86)		0.00
510	51010	PRISONERS WELFARE	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	53220	OFFICE EXPENSE	0.00	571.50	(571.50)		0.00
510	51010	PRISONERS WELFARE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	3,121.42	(3,121.42)		0.00
510	51010	PRISONERS WELFARE	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
510	51010	PRISONERS WELFARE	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Revenue	440320	RENTS & CONCESSIONS	0.00	64,617.07	(64,617.07)		0.00
510	51010	PRISONERS WELFARE	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
510	51010	PRISONERS WELFARE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	55622	CONTR TO CITY CORNING	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	55623	CONTR TO CITY RED BLUFF	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	55624	CONTR TO CITY TEHAMA	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	55625	CONTR TO COUNTY TEHAMA	0.00	0.00	0.00		0.00
514	51410	RSTP	Revenue	440300	INTEREST	0.00	4.31	(4.31)		0.00
514	51410	RSTP	Revenue	450419	STATE RSTP EXCHANGE	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	556221	TEA DISTRIBUTION-CORNING	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	556231	TEA DISTRIB RED BLUFF	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	556241	TEA DISTRIB CITY TEHAMA	0.00	0.00	0.00		0.00
514	51410	RSTP	Expense	556253	TEA DISTRB COUNTY TEHAMA	0.00	0.00	0.00		0.00
514	51410	RSTP	Revenue	4507411	ISTEA EXCHANGE	0.00	0.00	0.00		0.00
514	51410	RSTP	Revenue	4507412	TEA EXCHANGE FUNDS	0.00	0.00	0.00		0.00
515	51510	STATE TRANSIT ASSIST	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
515	51510	STATE TRANSIT ASSIST	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
515	51510	STATE TRANSIT ASSIST	Revenue	440300	INTEREST	0.00	28,487.99	(28,487.99)		0.00
515	51510	STATE TRANSIT ASSIST	Revenue	4506209	STATE TRANSIT ASSISTANCE	0.00	302,101.00	(302,101.00)		0.00
515	51510	STATE TRANSIT ASSIST	Revenue	4712201	LTF CONTRIBUTION	0.00	0.00	0.00		0.00
516	51610	K9 TRUST	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
516	51610	K9 TRUST	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
516	51610	K9 TRUST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
516	51610	K9 TRUST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
517	51710	ROAD	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
517	51710	ROAD	Revenue	450415	ST HWY USERS SB1 RMRA	0.00	0.00	0.00		0.00
517	51710	ROAD	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
517	51710	ROAD	Expense	597210	EXPENSE XFER OFFSET	0.00	897,437.39	(897,437.39)		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Revenue	410082	SALES TAX REALIGNMENT	0.00	1,027,092.51	(1,027,092.51)		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Revenue	450742	COUNTY MATCH	0.00	398,216.09	(398,216.09)		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Expense	555200	SALES TAX APPORT	0.00	1,727,929.05	(1,727,929.05)		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Expense	555201	CO MATCH APPORT	0.00	0.00	0.00		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Expense	555234	IGT	0.00	0.00	0.00		0.00
520	52010	LOCAL H&W - MENTAL HEALTH	Revenue	4505716	CLR 2011 BEHAVIORAL HLTH	0.00	89,042.27	(89,042.27)		0.00
521	52110	LOCAL H&W - SOCIAL SERVIC	Revenue	410082	SALES TAX REALIGNMENT	0.00	1,793,516.18	(1,793,516.18)		0.00
521	52110	LOCAL H&W - SOCIAL SERVIC	Revenue	450742	COUNTY MATCH	0.00	218,359.73	(218,359.73)		0.00
521	52110	LOCAL H&W - SOCIAL SERVIC	Expense	555200	SALES TAX APPORT	0.00	2,245,652.06	(2,245,652.06)		0.00
521	52110	LOCAL H&W - SOCIAL SERVIC	Expense	555201	CO MATCH APPORT	0.00	0.00	0.00		0.00
521	52110	LOCAL H&W - SOCIAL SERVIC	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
522	52210	LOCAL H&W - HEALTH	Revenue	410082	SALES TAX REALIGNMENT	0.00	27,024.64	(27,024.64)		0.00
522	52210	LOCAL H&W - HEALTH	Revenue	450742	COUNTY MATCH	0.00	1,871,363.51	(1,871,363.51)		0.00
522	52210	LOCAL H&W - HEALTH	Expense	555200	SALES TAX APPORT	0.00	227,024.64	(227,024.64)		0.00
522	52210	LOCAL H&W - HEALTH	Expense	555201	CO MATCH APPORT	0.00	1,834,114.51	(1,834,114.51)		0.00
523	52310	MHSA TRUST	Revenue	440300	INTEREST	0.00	55,922.39	(55,922.39)		0.00
523	52310	MHSA TRUST	Revenue	450459	STATE GRANTS	0.00	2,426,580.09	(2,426,580.09)		0.00
523	52310	MHSA TRUST	Expense	555234	IGT	0.00	0.00	0.00		0.00
523	52310	MHSA TRUST	Expense	597205	OP TRANSFER OUT	0.00	1,101,534.00	(1,101,534.00)		0.00
523	52310	MHSA TRUST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
524	52410	HS 25299 UNDERGROUND TANK	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
524	52410	HS 25299 UNDERGROUND TANK	Revenue	430216	MISC H & S FINES	0.00	0.00	0.00		0.00
524	52410	HS 25299 UNDERGROUND TANK	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
526	52610	1202.5 LAW ENFOR	Revenue	430213	MISC PENAL CODE FINES	0.00	0.18	(0.18)		0.00
527	3033	TCTC PLANNING	Expense	51010	SALARY & WAGES	385,329.00	168,603.28	216,725.72		385,329.00
527	3033	TCTC PLANNING	Expense	51012	OVERTIME COMPENSATION	2,689.00	529.05	2,159.95		2,689.00
527	3033	TCTC PLANNING	Expense	51015	PAY IN LIEU/MISC PAYOUTS	23,455.00	3,727.20	19,727.80		23,455.00
527	3033	TCTC PLANNING	Expense	51020	PERS RETIREMENT	37,244.00	16,455.70	20,788.30		37,244.00
527	3033	TCTC PLANNING	Expense	51021	OASDI	31,790.00	12,850.61	18,939.39		31,790.00
527	3033	TCTC PLANNING	Expense	51022	UNFUNDED PERS LIAB MISC	53,340.00	53,339.91	0.09		53,340.00
527	3033	TCTC PLANNING	Expense	51024	ADP MISC PERS UNFUNDED	15,677.00	15,676.58	0.42		15,677.00
527	3033	TCTC PLANNING	Expense	51030	GROUP INSURANCE	116,050.00	47,386.92	68,663.08		116,050.00
527	3033	TCTC PLANNING	Expense	51031	UNEMPLOYMENT INSURANCE	823.00	347.11	475.89		823.00
527	3033	TCTC PLANNING	Expense	51040	WORKERS COMPENSATION	5,904.00	2,951.72	2,952.28		5,904.00
527	3033	TCTC PLANNING	Expense	51050	DEFERRED COMP MATCH	2,160.00	720.00	1,440.00		2,160.00
527	3033	TCTC PLANNING	Expense	53120	COMMUNICATIONS	20,000.00	5,490.11	14,509.89		20,000.00
527	3033	TCTC PLANNING	Expense	53140	HOUSEHOLD EXPENSE	2,500.00	206.73	2,293.27		2,500.00
527	3033	TCTC PLANNING	Expense	53150	INSURANCE	2,693.00	1,346.50	1,346.50		2,693.00
527	3033	TCTC PLANNING	Expense	53170	MAINTENANCE OF EQUIPMENT	2,500.00	0.00	2,500.00		2,500.00
527	3033	TCTC PLANNING	Expense	53200	MEMBERSHIPS & DUES	7,000.00	1,774.19	5,225.81		7,000.00
527	3033	TCTC PLANNING	Expense	53210	MISCELLANEOUS EXPENSE	7,200.00	2,000.00	5,200.00		7,200.00
527	3033	TCTC PLANNING	Expense	53220	OFFICE EXPENSE	6,500.00	2,578.08	3,921.92		6,500.00
527	3033	TCTC PLANNING	Expense	53230	PROFESSIONAL/SPECIAL SERV	244,000.00	155,039.74	88,960.26		244,000.00
527	3033	TCTC PLANNING	Expense	53240	PUBLICATION/LEGAL NOTICES	3,000.00	0.00	3,000.00		3,000.00
527	3033	TCTC PLANNING	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Expense	53290	EMPLOYEE TRAVEL/TRAINING	12,000.00	9,079.35	2,920.65		12,000.00
527	3033	TCTC PLANNING	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Expense	57603	COMPUTERS	5,000.00	0.00	5,000.00		5,000.00
527	3033	TCTC PLANNING	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	450620	STATE OTHER	404,500.00	130,026.13	274,473.87		404,500.00
527	3033	TCTC PLANNING	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Expense	599005	I/F TO PLANNING/ADM	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	4506221	STATE/REGIONAL ASSIST FND	347,947.00	0.00	347,947.00		347,947.00
527	3033	TCTC PLANNING	Revenue	4506232	SB 45 2% PLAN	0.00	0.00	0.00		0.00
527	3033	TCTC PLANNING	Revenue	4712201	LTF CONTRIBUTION	234,407.00	0.00	234,407.00		234,407.00
527	3034	TCTC ADMINISTRATION	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51021	OASDI	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51022	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51024	ADP MISC PERS UNFUNDED	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
527	3034	TCTC ADMINISTRATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	24,000.00	7,093.77	16,906.23		24,000.00
527	3034	TCTC ADMINISTRATION	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53297	TRANSIT SUBSIDY	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	55413	NEGATIVE INTEREST APPORT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	55920	DEL WEBB SALARY	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	55999	SALARY CONTRA	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	57603	COMPUTERS	5,000.00	0.00	5,000.00		5,000.00
527	3034	TCTC ADMINISTRATION	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	59000	CONTINGENCY	30,000.00	0.00	30,000.00		30,000.00
527	3034	TCTC ADMINISTRATION	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	440300	INTEREST	7,000.00	(1,682.21)	8,682.21		7,000.00
527	3034	TCTC ADMINISTRATION	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Expense	599005	I/F TO PLANNING/ADM	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	4506231	CAL ACT SCHOLARSHIP FUND	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	4506232	SB 45 2% PLAN	52,000.00	0.00	52,000.00		52,000.00
527	3034	TCTC ADMINISTRATION	Revenue	4610612	ADMINISTRATION SERVICE	0.00	0.00	0.00		0.00
527	3034	TCTC ADMINISTRATION	Revenue	4712201	LTF CONTRIBUTION	0.00	0.00	0.00		0.00
529	52910	COUNTY DNA	Revenue	430210	OTHER COURT FINES	0.00	4,605.27	(4,605.27)		0.00
529	52910	COUNTY DNA	Revenue	440300	INTEREST	0.00	5,230.36	(5,230.36)		0.00
529	52910	COUNTY DNA	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
529	52910	COUNTY DNA	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
530	53010	MEADOW BROOKS ESTATES	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
530	53010	MEADOW BROOKS ESTATES	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
530	53010	MEADOW BROOKS ESTATES	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
530	53010	MEADOW BROOKS ESTATES	Revenue	460810	SPECIAL ASSESSMENTS	0.00	0.00	0.00		0.00
531	53110	CTAF	Expense	55628	CONTR TO TRAX	0.00	0.00	0.00		0.00
531	53110	CTAF	Revenue	440300	INTEREST	0.00	5,779.38	(5,779.38)		0.00
531	53110	CTAF	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
532	53210	LCTOP	Expense	55628	CONTR TO TRAX	0.00	0.00	0.00		0.00
532	53210	LCTOP	Revenue	440300	INTEREST	0.00	4,511.76	(4,511.76)		0.00
532	53210	LCTOP	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
532	53210	LCTOP	Revenue	4506204	STATE REVENUE SHARED	0.00	0.00	0.00		0.00
533	53310	PTMISEA	Expense	55628	CONTR TO TRAX	0.00	0.00	0.00		0.00
533	53310	PTMISEA	Expense	55631	CONTR TO PARATRAX	0.00	0.00	0.00		0.00
533	53310	PTMISEA	Revenue	440300	INTEREST	0.00	3.38	(3.38)		0.00
533	53310	PTMISEA	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
533	53310	PTMISEA	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
533	53310	PTMISEA	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Revenue	450471	ADM-CMSP	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
534	53410	CA WELLNESS FOUNDATION	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	36,992.92	(36,992.92)		0.00
534	53410	CA WELLNESS FOUNDATION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
534	53410	CA WELLNESS FOUNDATION	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51010	SALARY & WAGES	0.00	12,374.46	(12,374.46)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51011	EXTRA HELP	0.00	2,229.85	(2,229.85)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51020	PERS RETIREMENT	0.00	1,243.00	(1,243.00)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51021	OASDI	0.00	1,097.90	(1,097.90)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51030	GROUP INSURANCE	0.00	1,934.16	(1,934.16)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	29.21	(29.21)		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
535	535	TC CHILD & FAMILIES COMM	Expense	53120	COMMUNICATIONS	0.00	120.00	(120.00)		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	51010	SALARY & WAGES	265,680.00	104,362.74	161,317.26		265,680.00
535	53510	TC CHILD & FAMILIES COMM	Expense	51011	EXTRA HELP	31,673.78	1,318.26	30,355.52		31,673.78
535	53510	TC CHILD & FAMILIES COMM	Expense	51015	PAY IN LIEU/MISC PAYOUTS	13,578.60	15,050.80	(1,472.20)		13,578.60
535	53510	TC CHILD & FAMILIES COMM	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	51020	PERS RETIREMENT	25,824.10	10,196.52	15,627.58		25,824.10
535	53510	TC CHILD & FAMILIES COMM	Expense	51021	OASDI	23,169.84	9,095.75	14,074.09		23,169.84
535	53510	TC CHILD & FAMILIES COMM	Expense	51022	UNFUNDED PERS LIAB MISC	49,677.52	49,677.52	0.00		49,677.52
535	53510	TC CHILD & FAMILIES COMM	Expense	51024	ADP MISC PERS UNFUNDED	14,600.21	14,600.21	0.00		14,600.21
535	53510	TC CHILD & FAMILIES COMM	Expense	51030	GROUP INSURANCE	71,720.00	25,144.08	46,575.92		71,720.00
535	53510	TC CHILD & FAMILIES COMM	Expense	51031	UNEMPLOYMENT INSURANCE	594.71	242.34	352.37		594.71
535	53510	TC CHILD & FAMILIES COMM	Expense	51040	WORKERS COMPENSATION	4,550.00	2,274.60	2,275.40		4,550.00
535	53510	TC CHILD & FAMILIES COMM	Expense	51050	DEFERRED COMP MATCH	3,360.00	420.00	2,940.00		3,360.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53120	COMMUNICATIONS	7,080.00	2,248.58	4,831.42		7,080.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53150	INSURANCE	18,000.00	17,689.55	310.45		18,000.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,000.00	1,380.00	1,620.00		3,000.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53200	MEMBERSHIPS & DUES	12,788.00	12,138.00	650.00		12,788.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53220	OFFICE EXPENSE	7,282.00	3,746.02	3,535.98		7,282.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53230	PROFESSIONAL/SPECIAL SERV	27,620.00	2,711.25	24,908.75		27,620.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53231	AUDITING SERVICES	9,500.00	9,360.00	140.00		9,500.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53260	RENT/LEASE OF BUILDINGS	18,000.00	10,500.00	7,500.00		18,000.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53290	EMPLOYEE TRAVEL/TRAINING	17,000.00	466.69	16,533.31		17,000.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53300	UTILITIES	6,000.00	2,048.79	3,951.21		6,000.00
535	53510	TC CHILD & FAMILIES COMM	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	410101	PROP 10 TOBACCO TAX	550,921.00	221,746.45	329,174.55		550,921.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	410102	SCHOOL READINESS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	410103	RETENTION INCENTIVES	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	410104	CHILD SIGNATURE PROGRAM	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	440300	INTEREST	34,000.00	18,811.90	15,188.10		34,000.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	450740	OTHER GOV'T AGENCIES	1,147,786.96	263,298.29	884,488.67		1,147,786.96
535	53510	TC CHILD & FAMILIES COMM	Revenue	461060	OTHER FEES	8,000.00	0.00	8,000.00		8,000.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
535	53510	TC CHILD & FAMILIES COMM	Revenue	466081	MISC GRANTS	75,000.00	0.00	75,000.00		75,000.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	471120	MISCELLANEOUS REVENUE	0.00	4,000.00	(4,000.00)		0.00
535	53510	TC CHILD & FAMILIES COMM	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	532303	COUNTY SERVICES	30,265.73	8,064.86	22,200.87		30,265.73
535	53510	TC CHILD & FAMILIES COMM	Expense	555202	SCHOOL READINESS	254,017.46	67,580.00	186,437.46		254,017.46
535	53510	TC CHILD & FAMILIES COMM	Expense	555203	RETENTION INCENTIVES	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555204	PROGRAM EVALUATION	31,500.00	24,543.75	6,956.25		31,500.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555205	SCH REDINESS IMPLEMENT	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555206	COMM STRENGTH/BUILDING	47,510.00	11,093.65	36,416.35		47,510.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555209	SYSTEMS BUILDING	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555212	CHILD ABUSE PREVENTION	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555218	HVC SYSTEMS	0.00	0.00	0.00		0.00
535	53510	TC CHILD & FAMILIES COMM	Expense	555219	TRAINING AND LEADERSHIP	198,792.20	20,810.71	177,981.49		198,792.20
535	53510	TC CHILD & FAMILIES COMM	Expense	555220	EARLY MENTAL HEALTH	567,596.58	112,943.81	454,652.77		567,596.58
535	53510	TC CHILD & FAMILIES COMM	Expense	555221	LITERACY	0.00	7,100.04	(7,100.04)		0.00
537	53710	SB1 - ST OF GOOD REPAIR	Expense	55628	CONTR TO TRAX	0.00	0.00	0.00		0.00
537	53710	SB1 - ST OF GOOD REPAIR	Revenue	440300	INTEREST	0.00	203.52	(203.52)		0.00
537	53710	SB1 - ST OF GOOD REPAIR	Revenue	450620	STATE OTHER	0.00	56,980.00	(56,980.00)		0.00
538	53810	PROBATION - TANNF	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
538	53810	PROBATION - TANNF	Revenue	450724	TANF-PROBATION	0.00	0.00	0.00		0.00
540	54010	FIRE MITIGATION FEES	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
540	54010	FIRE MITIGATION FEES	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
540	54010	FIRE MITIGATION FEES	Revenue	461057	MITIGATION - NON COMMER.	0.00	0.00	0.00		0.00
540	54010	FIRE MITIGATION FEES	Revenue	461058	MITIGATION - COMMERCIAL	0.00	0.00	0.00		0.00
542	54210	INTERCITY/ZERO-E	Revenue	450422	STATE SB-125	0.00	0.00	0.00		0.00
545	54510	TCHC CONTRIBUTIONS	Revenue	440300	INTEREST	0.00	0.17	(0.17)		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	440300	INTEREST	0.00	825.00	(825.00)		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	1,737.70	(1,737.70)		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
550	55010	LIBRARY IMPACT FEE FUND	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	427.00	(427.00)		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	440300	INTEREST	0.00	2,966.41	(2,966.41)		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	5,850.49	(5,850.49)		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
551	55110	GEN GOV IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	1,431.50	(1,431.50)		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	440300	INTEREST	0.00	560.05	(560.05)		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	1,100.32	(1,100.32)		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
552	55210	SHERIFF IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	269.50	(269.50)		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	440300	INTEREST	0.00	1,452.16	(1,452.16)		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	2,884.99	(2,884.99)		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
553	55310	CORRECTIONS IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	707.00	(707.00)		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
554	55410	FIRE PROTECTION IMPACT FE	Revenue	440300	INTEREST	0.00	3,871.09	(3,871.09)		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	7,735.79	(7,735.79)		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
554	55410	FIRE PROTECTION IMPACT FE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	1,893.50	(1,893.50)		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	440300	INTEREST	0.00	350.66	(350.66)		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	738.02	(738.02)		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
555	55510	PARKS & REC IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	182.00	(182.00)		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	440300	INTEREST	0.00	12,514.00	(12,514.00)		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	16,853.70	(16,853.70)		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
556	55610	TRANSPORATION IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	4,126.50	(4,126.50)		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	440300	INTEREST	0.00	45.32	(45.32)		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	461054	COMMERCIAL IMPACT FEES	0.00	0.00	0.00		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	461055	OFFICE IMPACT FEES	0.00	0.00	0.00		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	461056	INDUSTRIAL IMPACT FEES	0.00	0.00	0.00		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	4610531	SINGLE FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	4610532	MULTI-FAM RES IMPACT FEE	0.00	0.00	0.00		0.00
557	55710	CAPAY FIRE IMPACT FEE	Revenue	4610533	MOBILE HOME IMPACT FEE	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Expense	59706	TRANSFER CLR 2011 REALIGN	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Revenue	440300	INTEREST	0.00	5,485.08	(5,485.08)		0.00
560	56010	COMM CORR PERF INCENT	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
560	56010	COMM CORR PERF INCENT	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
561	56110	LOCAL COMMUNITY CORR	Expense	59706	TRANSFER CLR 2011 REALIGN	0.00	928,348.62	(928,348.62)		0.00
561	56110	LOCAL COMMUNITY CORR	Revenue	450570	CLR 2011 REALIGNMENT	0.00	1,692,719.04	(1,692,719.04)		0.00
561	56110	LOCAL COMMUNITY CORR	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
561	56110	LOCAL COMMUNITY CORR	Revenue	4505719	CLR 2011 GROWTH	0.00	19,719.19	(19,719.19)		0.00
562	56210	CLR2011 TRIAL CT SECURITY	Expense	59706	TRANSFER CLR 2011 REALIGN	0.00	411,857.79	(411,857.79)		0.00
562	56210	CLR2011 TRIAL CT SECURITY	Revenue	450570	CLR 2011 REALIGNMENT	0.00	245,851.44	(245,851.44)		0.00
562	56210	CLR2011 TRIAL CT SECURITY	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
562	56210	CLR2011 TRIAL CT SECURITY	Revenue	4505719	CLR 2011 GROWTH	0.00	2,319.94	(2,319.94)		0.00
563	56310	CLR2011 DA & PUB DEFENDER	Expense	59706	TRANSFER CLR 2011 REALIGN	0.00	4,073.18	(4,073.18)		0.00
563	56310	CLR2011 DA & PUB DEFENDER	Revenue	450570	CLR 2011 REALIGNMENT	0.00	92,522.66	(92,522.66)		0.00
563	56310	CLR2011 DA & PUB DEFENDER	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
563	56310	CLR2011 DA & PUB DEFENDER	Revenue	4505719	CLR 2011 GROWTH	0.00	3,433.32	(3,433.32)		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Expense	597205	OP TRANSFER OUT	0.00	103,411.53	(103,411.53)		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	4505701	CLR2011 YOUTHFUL OFFENDER	0.00	171,021.13	(171,021.13)		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	4505702	CLR2011 JUV REENTRY GRANT	0.00	0.00	0.00		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	4505719	CLR 2011 GROWTH	0.00	2,953.70	(2,953.70)		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
564	56410	CLR2011 JUVENILE JUSTICE	Expense	5970601	CLR2011 YOUTHFUL OFFENDER	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
564	56410	CLR2011 JUVENILE JUSTICE	Expense	5970602	CLR2011 JEV REENTRY GRANT	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	555234	IGT	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	597210	EXPENSE XFER OFFSET	0.00	196,280.77	(196,280.77)		0.00
565	56510	CLR2011 HEALTH SERVICES	Revenue	4505703	CLR2011 DRUG COURT	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Revenue	4505704	CLR2011 NONDRUG M-SATS	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Revenue	4505705	CLR2011 DRUG MEDI-CAL	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Revenue	4505716	CLR 2011 BEHAVIORAL HLTH	0.00	1,103,694.82	(1,103,694.82)		0.00
565	56510	CLR2011 HEALTH SERVICES	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	5970603	CLR2011 DRUG COURT	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	5970604	CLR2011 NONDRUG M-SATS	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	5970605	CLR2011 DRUG MEDI-CAL	0.00	0.00	0.00		0.00
565	56510	CLR2011 HEALTH SERVICES	Expense	5970616	CLR 2011 BEHAVIORAL HLTH	0.00	2,837,423.27	(2,837,423.27)		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505706	CLR2011 ADULT PROTECT SVC	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505707	CLR2011 FOSTER CARE ADM	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505708	CLR2011 FOSTER CARE ASST	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505709	CLR2011 CHILD WELFARE SVC	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505710	CLR ADOPTIONS ADM	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505711	CLR2011 CHILD ABUSE PREV	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505712	CLR2011 ADOPTIONS ASST	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505717	CLR 2011 PROTECTIVE SVC	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Revenue	4505719	CLR 2011 GROWTH	0.00	3,177,290.02	(3,177,290.02)		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970606	CLR2011 ADULT PROTECT SVC	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970607	CLR2011 FOSTER CARE ADM	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970608	CLR2011 FOSTER CARE ASST	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970609	CLR2011 CHILD WELFARE SVC	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970610	CLR2011 ADOPTIONS ADM	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970611	CLR2011 CHILD ABUSE PREV	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970612	CLR2011 ADOPTIONS ASST	0.00	0.00	0.00		0.00
566	56610	CLR 2011 HUMAN SERVICES	Expense	5970617	CLR2011 PROTECTIVE SVC	0.00	5,338,305.75	(5,338,305.75)		0.00
568	56810	CLR2011 RESERVE ACCOUNT	Expense	59706	TRANSFER CLR 2011 REALIGN	0.00	0.00	0.00		0.00
568	56810	CLR2011 RESERVE ACCOUNT	Revenue	450570	CLR 2011 REALIGNMENT	0.00	0.00	0.00		0.00
569	56910	PERFORMANCE INCENT - PROB	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
569	56910	PERFORMANCE INCENT - PROB	Expense	597205	OP TRANSFER OUT	0.00	129,115.98	(129,115.98)		0.00
569	56910	PERFORMANCE INCENT - PROB	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
569	56910	PERFORMANCE INCENT - PROB	Revenue	4505721	PERFORMANCE INCENT - PROB	0.00	96,656.50	(96,656.50)		0.00
570	57010	PDR#2 BYWOOD DRIVE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
570	57010	PDR#2 BYWOOD DRIVE	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
570	57010	PDR#2 BYWOOD DRIVE	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
570	57010	PDR#2 BYWOOD DRIVE	Expense	55481	ENROLLMENT FEE	0.00	40.70	(40.70)		0.00
570	57010	PDR#2 BYWOOD DRIVE	Revenue	440300	INTEREST	0.00	1,393.62	(1,393.62)		0.00
570	57010	PDR#2 BYWOOD DRIVE	Revenue	460810	SPECIAL ASSESSMENTS	0.00	4,822.89	(4,822.89)		0.00
571	57110	ROAD IMPROVEMENTS	Revenue	440300	INTEREST	0.00	425.22	(425.22)		0.00
571	57110	ROAD IMPROVEMENTS	Revenue	460917	IMPACT FEES	0.00	0.00	0.00		0.00
571	57110	ROAD IMPROVEMENTS	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
572	57210	CALWORKS MOE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
572	57210	CALWORKS MOE	Revenue	4505714	CLR 2011 CALWORKS MOE	0.00	874,103.99	(874,103.99)		0.00
572	57210	CALWORKS MOE	Expense	5970614	CLR2011 CALWORKS MOE	0.00	577,839.01	(577,839.01)		0.00
573	57310	FAMILY SUPPORT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
573	57310	FAMILY SUPPORT	Revenue	4505715	CHILD POVERTY & FAM SUPP	0.00	708,678.38	(708,678.38)		0.00
573	57310	FAMILY SUPPORT	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
573	57310	FAMILY SUPPORT	Revenue	4505720	FAMILY SUPPORT	0.00	609,566.27	(609,566.27)		0.00
573	57310	FAMILY SUPPORT	Expense	5970615	CHILD POVERTY & FAM SUPP	0.00	610,759.82	(610,759.82)		0.00
573	57310	FAMILY SUPPORT	Expense	5970620	FAMILY SUPPORT	0.00	282,997.74	(282,997.74)		0.00
574	57410	LOCAL INNOVATION	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
574	57410	LOCAL INNOVATION	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
574	57410	LOCAL INNOVATION	Revenue	4505719	CLR 2011 GROWTH	0.00	0.00	0.00		0.00
575	57510	CORONAVIRUS RELIEF FUND	Revenue	440300	INTEREST	0.00	67,310.52	(67,310.52)		0.00
575	57510	CORONAVIRUS RELIEF FUND	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
575	57510	CORONAVIRUS RELIEF FUND	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
575	57510	CORONAVIRUS RELIEF FUND	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
576	57610	JUV JUSTICE BLOCK GRANT	Revenue	450570	CLR 2011 REALIGNMENT	0.00	601,573.11	(601,573.11)		0.00
576	57610	JUV JUSTICE BLOCK GRANT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
576	57610	JUV JUSTICE BLOCK GRANT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
577	57710	AIRCON	Revenue	440300	INTEREST	0.00	(110.86)	110.86		0.00
577	57710	AIRCON	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
577	57710	AIRCON	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
577	57710	AIRCON	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
578	57810	AB 1869 CRIMINAL FEE REPL	Revenue	461066	AB1869 FEE REPLACEMENT	0.00	0.00	0.00		0.00
578	57810	AB 1869 CRIMINAL FEE REPL	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
578	57810	AB 1869 CRIMINAL FEE REPL	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
579	57910	LOCAL ASST & TRIBAL CONSI	Revenue	440300	INTEREST	0.00	13,905.31	(13,905.31)		0.00
579	57910	LOCAL ASST & TRIBAL CONSI	Expense	597205	OP TRANSFER OUT	0.00	242,513.48	(242,513.48)		0.00
579	57910	LOCAL ASST & TRIBAL CONSI	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
579	57910	LOCAL ASST & TRIBAL CONSI	Revenue	4507205	LATCF	0.00	0.00	0.00		0.00
580	58010	SB-10 PRE-TRIAL SERVICES	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
580	58010	SB-10 PRE-TRIAL SERVICES	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
580	58010	SB-10 PRE-TRIAL SERVICES	Revenue	4506210	PRE-TRIAL ASSESSMENT	0.00	0.00	0.00		0.00
580	58010	SB-10 PRE-TRIAL SERVICES	Revenue	4506220	PRE-TRIAL MONITORING	0.00	0.00	0.00		0.00
581	58110	CALAIM AB133	Expense	597205	OP TRANSFER OUT	0.00	29,512.05	(29,512.05)		0.00
581	58110	CALAIM AB133	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
581	58110	CALAIM AB133	Revenue	4505723	CALAIM - JAIL	0.00	0.00	0.00		0.00
581	58110	CALAIM AB133	Revenue	4505724	CALAIM - PROBATION	0.00	0.00	0.00		0.00
582	58210	AB199 BACKFILL	Revenue	430213	MISC PENAL CODE FINES	0.00	0.00	0.00		0.00
582	58210	AB199 BACKFILL	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
582	58210	AB199 BACKFILL	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
599	59910	DEPT SS FISCAL INCENTIVE	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
599	59910	DEPT SS FISCAL INCENTIVE	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
599	59910	DEPT SS FISCAL INCENTIVE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	51010	SALARY & WAGES	335,806.61	153,278.97	182,527.64		335,806.61
601	60110	AIR POLLUTION DISTRICT	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	51015	PAY IN LIEU/MISC PAYOUTS	4,680.63	7,693.84	(3,013.21)		4,680.63
601	60110	AIR POLLUTION DISTRICT	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	51020	PERS RETIREMENT	32,185.00	14,975.06	17,209.94		32,185.00
601	60110	AIR POLLUTION DISTRICT	Expense	51021	OASDI	26,359.00	12,042.01	14,316.99		26,359.00
601	60110	AIR POLLUTION DISTRICT	Expense	51022	UNFUNDED PERS LIAB MISC	60,239.00	60,239.64	(0.64)		60,239.00
601	60110	AIR POLLUTION DISTRICT	Expense	51024	ADP MISC PERS UNFUNDED	17,704.00	17,704.41	(0.41)		17,704.00
601	60110	AIR POLLUTION DISTRICT	Expense	51030	GROUP INSURANCE	92,839.00	44,485.68	48,353.32		92,839.00
601	60110	AIR POLLUTION DISTRICT	Expense	51031	UNEMPLOYMENT INSURANCE	680.00	325.22	354.78		680.00
601	60110	AIR POLLUTION DISTRICT	Expense	51040	WORKERS COMPENSATION	6,357.00	3,220.52	3,136.48		6,357.00
601	60110	AIR POLLUTION DISTRICT	Expense	51050	DEFERRED COMP MATCH	3,360.00	1,620.00	1,740.00		3,360.00
601	60110	AIR POLLUTION DISTRICT	Expense	53120	COMMUNICATIONS	4,000.00	2,917.94	1,082.06		4,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53140	HOUSEHOLD EXPENSE	500.00	240.30	259.70		500.00
601	60110	AIR POLLUTION DISTRICT	Expense	53150	INSURANCE	6,926.00	3,463.00	3,463.00		6,926.00
601	60110	AIR POLLUTION DISTRICT	Expense	53170	MAINTENANCE OF EQUIPMENT	25,000.00	18,550.33	6,449.67		25,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	2,000.00	170.22	1,829.78		2,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53200	MEMBERSHIPS & DUES	3,500.00	4,567.00	(1,067.00)		3,500.00
601	60110	AIR POLLUTION DISTRICT	Expense	53220	OFFICE EXPENSE	4,000.00	1,695.11	2,304.89		4,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53230	PROFESSIONAL/SPECIAL SERV	16,000.00	5,117.46	10,882.54		16,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53235	A-87 OVERHEAD	22,567.00	11,283.50	11,283.50		22,567.00
601	60110	AIR POLLUTION DISTRICT	Expense	53237	LEGAL EXPENSE	2,000.00	0.00	2,000.00		2,000.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
601	60110	AIR POLLUTION DISTRICT	Expense	53240	PUBLICATION/LEGAL NOTICES	1,000.00	0.00	1,000.00		1,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53260	RENT/LEASE OF BUILDINGS	10,000.00	5,002.00	4,998.00		10,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53270	SMALL TOOLS & INSTRUMENTS	150.00	0.00	150.00		150.00
601	60110	AIR POLLUTION DISTRICT	Expense	53280	SPECIAL DEPARTMENTAL EXP	5,000.00	981.11	4,018.89		5,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	12,000.00	4,003.23	7,996.77		12,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	53291	TRANSPORTATION EXPENSE	1,500.00	761.85	738.15		1,500.00
601	60110	AIR POLLUTION DISTRICT	Expense	53300	UTILITIES	4,500.00	110.91	4,389.09		4,500.00
601	60110	AIR POLLUTION DISTRICT	Expense	53800	INTERNAL ASSETS	27,129.00	0.00	27,129.00		27,129.00
601	60110	AIR POLLUTION DISTRICT	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	57602	OFFICE FURNITURE	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	57603	COMPUTERS	33,660.00	35,062.50	(1,402.50)		33,660.00
601	60110	AIR POLLUTION DISTRICT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	57608	SPECIAL DEPT EQUIPMENT	45,000.00	39,343.79	5,656.21		45,000.00
601	60110	AIR POLLUTION DISTRICT	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	59725	DEBT SVC AIRCON	3,439.00	472.00	2,967.00		3,439.00
601	60110	AIR POLLUTION DISTRICT	Expense	59900	INTRAFUND TRANSFER	(295,571.00)	0.00	(295,571.00)		(295,571.00)
601	60110	AIR POLLUTION DISTRICT	Revenue	420160	OTHER LICENSE & PERMITS	210,000.00	100,913.17	109,086.83		210,000.00
601	60110	AIR POLLUTION DISTRICT	Revenue	430220	FORF & PENALTIES	10,000.00	9,880.00	120.00		10,000.00
601	60110	AIR POLLUTION DISTRICT	Revenue	440300	INTEREST	6,000.00	9,547.35	(3,547.35)		6,000.00
601	60110	AIR POLLUTION DISTRICT	Revenue	450459	STATE GRANTS	108,787.00	52,300.00	56,487.00		108,787.00
601	60110	AIR POLLUTION DISTRICT	Revenue	450620	STATE OTHER	45,000.00	0.00	45,000.00		45,000.00
601	60110	AIR POLLUTION DISTRICT	Revenue	450720	FEDERAL OTHER	100,563.00	0.00	100,563.00		100,563.00
601	60110	AIR POLLUTION DISTRICT	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Revenue	471120	MISCELLANEOUS REVENUE	500.00	0.00	500.00		500.00
601	60110	AIR POLLUTION DISTRICT	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Expense	555217	LOW NOX	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Revenue	4201601	AB2766	0.00	0.00	0.00		0.00
601	60110	AIR POLLUTION DISTRICT	Revenue	4201602	AB923	0.00	0.00	0.00		0.00
602	60210	LOS MOLINOS LIGHTING	Expense	53230	PROFESSIONAL/SPECIAL SERV	700.00	596.00	104.00		700.00
602	60210	LOS MOLINOS LIGHTING	Expense	53235	A-87 OVERHEAD	2,095.00	1,047.50	1,047.50		2,095.00
602	60210	LOS MOLINOS LIGHTING	Expense	53300	UTILITIES	11,000.00	5,145.81	5,854.19		11,000.00
602	60210	LOS MOLINOS LIGHTING	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410010	P/T CURRENT SECURED	16,000.00	4,111.19	11,888.81		16,000.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410011	OPERATING UNITARY TAX	1,200.00	22.57	1,177.43		1,200.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410020	P/T CURRENT UNSECURED	850.00	805.37	44.63		850.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410040	P/T PRIOR YEAR UNSECURED	30.00	19.08	10.92		30.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410060	P/T CURRENT SUPPLEMENTAL	200.00	38.54	161.46		200.00
602	60210	LOS MOLINOS LIGHTING	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
602	60210	LOS MOLINOS LIGHTING	Revenue	440300	INTEREST	3,000.00	1,142.42	1,857.58		3,000.00
602	60210	LOS MOLINOS LIGHTING	Revenue	450600	HOME OWNERS P/T RELIEF	165.00	28.31	136.69		165.00
602	60210	LOS MOLINOS LIGHTING	Revenue	450620	STATE OTHER	0.00	8.21	(8.21)		0.00
602	60210	LOS MOLINOS LIGHTING	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51010	SALARY & WAGES	145,987.00	86,604.05	59,382.95		145,987.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51012	OVERTIME COMPENSATION	200.00	0.00	200.00		200.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51015	PAY IN LIEU/MISC PAYOUTS	7,510.00	0.00	7,510.00		7,510.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51020	PERS RETIREMENT	14,036.00	8,459.81	5,576.19		14,036.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51021	OASDI	11,879.00	6,393.03	5,485.97		11,879.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51022	UNFUNDED PERS LIAB MISC	14,434.00	14,433.45	0.55		14,434.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51024	ADP MISC PERS UNFUNDED	4,242.00	4,241.99	0.01		4,242.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51030	GROUP INSURANCE	41,778.00	25,530.97	16,247.03		41,778.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51031	UNEMPLOYMENT INSURANCE	307.00	173.95	133.05		307.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51040	WORKERS COMPENSATION	1,520.00	759.58	760.42		1,520.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	51050	DEFERRED COMP MATCH	1,584.00	360.00	1,224.00		1,584.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53110	CLOTHING & PERSONNEL SUPP	500.00	126.43	373.57		500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53120	COMMUNICATIONS	700.00	0.00	700.00		700.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53140	HOUSEHOLD EXPENSE	500.00	68.95	431.05		500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53150	INSURANCE	1,144.00	572.00	572.00		1,144.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53170	MAINTENANCE OF EQUIPMENT	2,000.00	0.00	2,000.00		2,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53200	MEMBERSHIPS & DUES	6,000.00	325.00	5,675.00		6,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53210	MISCELLANEOUS EXPENSE	5,400.00	1,125.00	4,275.00		5,400.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53220	OFFICE EXPENSE	2,000.00	539.20	1,460.80		2,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53230	PROFESSIONAL/SPECIAL SERV	3,836,583.00	440,775.22	3,395,807.78		3,836,583.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53235	A-87 OVERHEAD	123,100.00	102,583.50	20,516.50		123,100.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53240	PUBLICATION/LEGAL NOTICES	2,500.00	0.00	2,500.00		2,500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53260	RENT/LEASE OF BUILDINGS	500.00	0.00	500.00		500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53270	SMALL TOOLS & INSTRUMENTS	10,000.00	0.00	10,000.00		10,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53280	SPECIAL DEPARTMENTAL EXP	10,000.00	0.00	10,000.00		10,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,500.00	0.00	2,500.00		2,500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	53800	INTERNAL ASSETS	2,000.00	0.00	2,000.00		2,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	55481	ENROLLMENT FEE	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	57603	COMPUTERS	5,000.00	0.00	5,000.00		5,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	57608	SPECIAL DEPT EQUIPMENT	5,000.00	0.00	5,000.00		5,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	59000	CONTINGENCY	25,000.00	0.00	25,000.00		25,000.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410010	P/T CURRENT SECURED	174,340.00	45,730.34	128,609.66		174,340.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410011	OPERATING UNITARY TAX	10,857.00	85.69	10,771.31		10,857.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410020	P/T CURRENT UNSECURED	5,518.00	8,958.38	(3,440.38)		5,518.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410040	P/T PRIOR YEAR UNSECURED	141.00	212.26	(71.26)		141.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410060	P/T CURRENT SUPPLEMENTAL	1,200.00	428.66	771.34		1,200.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410080	SALES & USE TAX	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	410094	TIMBER YIELD GUARANTEE	468.00	705.81	(237.81)		468.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	420172	MISC FEES	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	440300	INTEREST	4,500.00	(1,439.39)	5,939.39		4,500.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450535	CORNING SUBBASIN PROP 68	2,517,367.00	535,414.91	1,981,952.09		2,517,367.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450536	RB SUBBASIN PROP 68	351,019.00	158,037.38	192,981.62		351,019.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450537	ANTELOPE SUBBASIN PROP 68	821,863.00	0.00	821,863.00		821,863.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450538	LOS MOLINOS SUBBASIN PROP 68	471,879.00	114,772.59	357,106.41		471,879.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450600	HOME OWNERS P/T RELIEF	2,420.00	314.92	2,105.08		2,420.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450620	STATE OTHER	0.00	91.49	(91.49)		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450629	STATE SB-90 REIMBURSEMENT	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	460810	SPECIAL ASSESSMENTS	0.00	3,302.09	(3,302.09)		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
603	60310	TC FLOOD CTRL/WATER CONSV	Expense	532339	CALPERS 218 AGMT FEE	200.00	80.00	120.00		200.00
604	60410	TC FLOOD ZONE #3	Expense	51010	SALARY & WAGES	97,325.00	36,698.69	60,626.31		97,325.00
604	60410	TC FLOOD ZONE #3	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Expense	51012	OVERTIME COMPENSATION	134.00	0.00	134.00		134.00
604	60410	TC FLOOD ZONE #3	Expense	51015	PAY IN LIEU/MISC PAYOUTS	5,006.00	0.00	5,006.00		5,006.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
604	60410	TC FLOOD ZONE #3	Expense	51019	UNFUNDED PERS LIAB MISC	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Expense	51020	PERS RETIREMENT	9,357.00	3,584.86	5,772.14		9,357.00
604	60410	TC FLOOD ZONE #3	Expense	51021	OASDI	7,919.00	2,730.94	5,188.06		7,919.00
604	60410	TC FLOOD ZONE #3	Expense	51022	UNFUNDED PERS LIAB MISC	9,623.00	9,622.29	0.71		9,623.00
604	60410	TC FLOOD ZONE #3	Expense	51024	ADP MISC PERS UNFUNDED	2,828.00	2,827.99	0.01		2,828.00
604	60410	TC FLOOD ZONE #3	Expense	51030	GROUP INSURANCE	27,852.00	9,283.91	18,568.09		27,852.00
604	60410	TC FLOOD ZONE #3	Expense	51031	UNEMPLOYMENT INSURANCE	205.00	73.93	131.07		205.00
604	60410	TC FLOOD ZONE #3	Expense	51040	WORKERS COMPENSATION	826.00	412.74	413.26		826.00
604	60410	TC FLOOD ZONE #3	Expense	51050	DEFERRED COMP MATCH	1,056.00	240.00	816.00		1,056.00
604	60410	TC FLOOD ZONE #3	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Expense	53150	INSURANCE	472.00	236.00	236.00		472.00
604	60410	TC FLOOD ZONE #3	Expense	53170	MAINTENANCE OF EQUIPMENT	500.00	0.00	500.00		500.00
604	60410	TC FLOOD ZONE #3	Expense	53220	OFFICE EXPENSE	200.00	0.00	200.00		200.00
604	60410	TC FLOOD ZONE #3	Expense	53230	PROFESSIONAL/SPECIAL SERV	120,000.00	102,169.98	17,830.02		120,000.00
604	60410	TC FLOOD ZONE #3	Expense	53235	A-87 OVERHEAD	82,067.00	0.00	82,067.00		82,067.00
604	60410	TC FLOOD ZONE #3	Expense	53240	PUBLICATION/LEGAL NOTICES	2,000.00	64.00	1,936.00		2,000.00
604	60410	TC FLOOD ZONE #3	Expense	53250	RENT/LEASE OF EQUIPMENT	40,000.00	0.00	40,000.00		40,000.00
604	60410	TC FLOOD ZONE #3	Expense	53270	SMALL TOOLS & INSTRUMENTS	2,500.00	0.00	2,500.00		2,500.00
604	60410	TC FLOOD ZONE #3	Expense	53280	SPECIAL DEPARTMENTAL EXP	52,114.00	563.00	51,551.00		52,114.00
604	60410	TC FLOOD ZONE #3	Expense	53290	EMPLOYEE TRAVEL/TRAINING	500.00	0.00	500.00		500.00
604	60410	TC FLOOD ZONE #3	Expense	53800	INTERNAL ASSETS	3,000.00	0.00	3,000.00		3,000.00
604	60410	TC FLOOD ZONE #3	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Expense	59000	CONTINGENCY	15,000.00	0.00	15,000.00		15,000.00
604	60410	TC FLOOD ZONE #3	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	410010	P/T CURRENT SECURED	137,098.00	31,105.02	105,992.98		137,098.00
604	60410	TC FLOOD ZONE #3	Revenue	410011	OPERATING UNITARY TAX	7,324.00	58.51	7,265.49		7,324.00
604	60410	TC FLOOD ZONE #3	Revenue	410020	P/T CURRENT UNSECURED	5,766.00	6,093.34	(327.34)		5,766.00
604	60410	TC FLOOD ZONE #3	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	144.36	(144.36)		0.00
604	60410	TC FLOOD ZONE #3	Revenue	410060	P/T CURRENT SUPPLEMENTAL	564.00	291.56	272.44		564.00
604	60410	TC FLOOD ZONE #3	Revenue	410070	P/T PRIOR SUPPLEMENTAL	551.00	0.00	551.00		551.00
604	60410	TC FLOOD ZONE #3	Revenue	410094	TIMBER YIELD GUARANTEE	879.00	967.94	(88.94)		879.00
604	60410	TC FLOOD ZONE #3	Revenue	440300	INTEREST	20,000.00	11,489.98	8,510.02		20,000.00
604	60410	TC FLOOD ZONE #3	Revenue	450580	STATE DISASTER RELIEF	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	450600	HOME OWNERS P/T RELIEF	1,802.00	214.20	1,587.80		1,802.00
604	60410	TC FLOOD ZONE #3	Revenue	450620	STATE OTHER	306,500.00	61.86	306,438.14		306,500.00
604	60410	TC FLOOD ZONE #3	Revenue	450670	FEDERAL DISASTER RELIEF	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
604	60410	TC FLOOD ZONE #3	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
605	605	TC SANITATION DI	Expense	53235	A-87 OVERHEAD	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51011	EXTRA HELP	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51015	PAY IN LIEU/MISC PAYOUTS	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51021	OASDI	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51022	UNFUNDED PERS LIAB MISC	19.00	18.03	0.97		19.00
605	60510	TC SANITATION DIST #1	Expense	51024	ADP MISC PERS UNFUNDED	6.00	5.30	0.70		6.00
605	60510	TC SANITATION DIST #1	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	51040	WORKERS COMPENSATION	130.00	64.52	65.48		130.00
605	60510	TC SANITATION DIST #1	Expense	51050	DEFERRED COMP MATCH	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	53110	CLOTHING & PERSONNEL SUPP	500.00	0.00	500.00		500.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
605	60510	TC SANITATION DIST #1	Expense	53120	COMMUNICATIONS	1,359.00	561.89	797.11		1,359.00
605	60510	TC SANITATION DIST #1	Expense	53140	HOUSEHOLD EXPENSE	500.00	86.59	413.41		500.00
605	60510	TC SANITATION DIST #1	Expense	53150	INSURANCE	20,481.00	24,401.64	(3,920.64)	7,921.00	28,402.00
605	60510	TC SANITATION DIST #1	Expense	53170	MAINTENANCE OF EQUIPMENT	4,000.00	57.76	3,942.24		4,000.00
605	60510	TC SANITATION DIST #1	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	2,500.00	110.18	2,389.82		2,500.00
605	60510	TC SANITATION DIST #1	Expense	53200	MEMBERSHIPS & DUES	500.00	0.00	500.00		500.00
605	60510	TC SANITATION DIST #1	Expense	53220	OFFICE EXPENSE	500.00	0.00	500.00		500.00
605	60510	TC SANITATION DIST #1	Expense	53230	PROFESSIONAL/SPECIAL SERV	458,395.00	342,767.64	115,627.36		458,395.00
605	60510	TC SANITATION DIST #1	Expense	53235	A-87 OVERHEAD	29,121.00	14,560.50	14,560.50		29,121.00
605	60510	TC SANITATION DIST #1	Expense	53240	PUBLICATION/LEGAL NOTICES	200.00	0.00	200.00		200.00
605	60510	TC SANITATION DIST #1	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	53270	SMALL TOOLS & INSTRUMENTS	3,067.00	102.63	2,964.37		3,067.00
605	60510	TC SANITATION DIST #1	Expense	53280	SPECIAL DEPARTMENTAL EXP	12,500.00	8,035.12	4,464.88		12,500.00
605	60510	TC SANITATION DIST #1	Expense	53290	EMPLOYEE TRAVEL/TRAINING	1,000.00	0.00	1,000.00		1,000.00
605	60510	TC SANITATION DIST #1	Expense	53300	UTILITIES	7,500.00	2,319.77	5,180.23		7,500.00
605	60510	TC SANITATION DIST #1	Expense	53800	INTERNAL ASSETS	3,387.00	0.00	3,387.00		3,387.00
605	60510	TC SANITATION DIST #1	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	55490	DEPRECIATION	37,000.00	0.00	37,000.00		37,000.00
605	60510	TC SANITATION DIST #1	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Expense	59000	CONTINGENCY	56,000.00	0.00	56,000.00		56,000.00
605	60510	TC SANITATION DIST #1	Expense	59900	INTRAFUND TRANSFER	(56,000.00)	0.00	(56,000.00)		(56,000.00)
605	60510	TC SANITATION DIST #1	Revenue	440300	INTEREST	6,385.00	3,931.83	2,453.17		6,385.00
605	60510	TC SANITATION DIST #1	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Revenue	450751	AMERICAN RESCUE PLAN ACT	239,471.00	0.00	239,471.00	44,529.00	284,000.00
605	60510	TC SANITATION DIST #1	Revenue	461000	SANITATION SERVICES	250,236.00	99,198.90	151,037.10		250,236.00
605	60510	TC SANITATION DIST #1	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
605	60510	TC SANITATION DIST #1	Revenue	471220	OPERATING TRANSFER-IN	21,000.00	0.00	21,000.00	28,965.00	49,965.00
605	60510	TC SANITATION DIST #1	Expense	510108	COVID-19 SALARIES	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410010	P/T CURRENT SECURED	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410011	OPERATING UNITARY TAX	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410020	P/T CURRENT UNSECURED	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
606	60610	TC SAND DIST #1 BOND	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
608	60810	TEHAMA POWER AUTHORITY	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
608	60810	TEHAMA POWER AUTHORITY	Revenue	440300	INTEREST	0.00	52.49	(52.49)		0.00
609	609	AB923	Expense	55520	CONTR TO OTHER AGENCIES	304,657.00	0.00	304,657.00		304,657.00
609	60910	AB923	Expense	55520	CONTR TO OTHER AGENCIES	119,300.00	0.00	119,300.00		119,300.00
609	60910	AB923	Revenue	440300	INTEREST	4,300.00	8,413.23	(4,113.23)		4,300.00
609	60910	AB923	Revenue	4201602	AB923	115,000.00	30,020.96	84,979.04		115,000.00
610	61010	DMV AB2766 AIR POLL	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
610	61010	DMV AB2766 AIR POLL	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
610	61010	DMV AB2766 AIR POLL	Expense	55520	CONTR TO OTHER AGENCIES	233,000.00	0.00	233,000.00		233,000.00
610	61010	DMV AB2766 AIR POLL	Expense	55529	GRANT OTHER	0.00	0.00	0.00		0.00
610	61010	DMV AB2766 AIR POLL	Revenue	440300	INTEREST	3,000.00	4,487.64	(1,487.64)		3,000.00
610	61010	DMV AB2766 AIR POLL	Revenue	4201601	AB2766	230,000.00	60,041.92	169,958.08		230,000.00
611	61110	CARL MOYER AIR POLL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Expense	55520	CONTR TO OTHER AGENCIES	480,633.00	65,926.00	414,707.00		480,633.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
611	61110	CARL MOYER AIR POLL	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Revenue	440300	INTEREST	1,000.00	3,135.51	(2,135.51)		1,000.00
611	61110	CARL MOYER AIR POLL	Revenue	461070	INTERFUND REVENUE	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
611	61110	CARL MOYER AIR POLL	Revenue	4201603	CARL MOYER	480,133.00	285,152.00	194,981.00		480,133.00
612	61210	TIMBER	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
612	61210	TIMBER	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
612	61210	TIMBER	Revenue	440300	INTEREST	0.00	23.25	(23.25)		0.00
612	61210	TIMBER	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
613	61310	FARMER PROGRAM GRANT	Expense	55520	CONTR TO OTHER AGENCIES	572,368.00	0.00	572,368.00		572,368.00
613	61310	FARMER PROGRAM GRANT	Revenue	440300	INTEREST	0.00	2,788.81	(2,788.81)		0.00
613	61310	FARMER PROGRAM GRANT	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
614	61410	DEVELOPMENT	Expense	55520	CONTR TO OTHER AGENCIES	50,000.00	0.00	50,000.00		50,000.00
614	61410	DEVELOPMENT	Expense	59900	INTRAFUND TRANSFER	0.00	0.00	0.00		0.00
614	61410	DEVELOPMENT	Revenue	440300	INTEREST	1,000.00	2,816.13	(1,816.13)		1,000.00
614	61410	DEVELOPMENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
614	61410	DEVELOPMENT	Expense	555207	PARTICULATE MATTER	50,000.00	0.00	50,000.00		50,000.00
614	61410	DEVELOPMENT	Expense	555208	OZONE PRECURSOR	0.00	0.00	0.00		0.00
614	61410	DEVELOPMENT	Revenue	4201604	OZONE PRECURSOR FEE	20,000.00	3,503.50	16,496.50		20,000.00
614	61410	DEVELOPMENT	Revenue	4201605	PARTICULATE FEE	10,000.00	1,882.50	8,117.50		10,000.00
615	61510	CARB WOODSMOKE GRANT	Expense	55520	CONTR TO OTHER AGENCIES	69,783.00	10,000.00	59,783.00		69,783.00
615	61510	CARB WOODSMOKE GRANT	Revenue	440300	INTEREST	0.00	426.96	(426.96)		0.00
615	61510	CARB WOODSMOKE GRANT	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
639	63910	KIRKWOOD	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
639	63910	KIRKWOOD	Expense	55481	ENROLLMENT FEE	0.00	11.10	(11.10)		0.00
639	63910	KIRKWOOD	Revenue	440300	INTEREST	0.00	4.89	(4.89)		0.00
639	63910	KIRKWOOD	Revenue	460810	SPECIAL ASSESSMENTS	0.00	15,207.29	(15,207.29)		0.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	53120	COMMUNICATIONS	2,000.00	531.47	1,468.53		2,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	53150	INSURANCE	4,000.00	3,738.01	261.99		4,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	53210	MISCELLANEOUS EXPENSE	1,500.00	0.00	1,500.00		1,500.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	53220	OFFICE EXPENSE	500.00	111.36	388.64		500.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,000.00	0.00	5,000.00		5,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	55481	ENROLLMENT FEE	2,000.00	438.08	1,561.92		2,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	55923	MAPPING COSTS	5,000.00	0.00	5,000.00		5,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	55925	TREE REMOVAL	5,000.00	0.00	5,000.00		5,000.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
640	64010	TC OLIVE PEST MGMT DIST	Revenue	440300	INTEREST	4,000.00	1,419.22	2,580.78		4,000.00
640	64010	TC OLIVE PEST MGMT DIST	Revenue	460810	SPECIAL ASSESSMENTS	8,500.00	2,958.40	5,541.60		8,500.00
640	64010	TC OLIVE PEST MGMT DIST	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
640	64010	TC OLIVE PEST MGMT DIST	Expense	532805	ABATEMENT	5,000.00	0.00	5,000.00		5,000.00
641	64110	TEHAMA CO RCD GENERAL	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	51020	PERS RETIREMENT	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53130	FOOD	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
641	64110	TEHAMA CO RCD GENERAL	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	55450	INTEREST EXPENSE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	57400	LAND	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	440300	INTEREST	0.00	5.02	(5.02)		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	450750	FED CARES RELIEF	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	466081	MISC GRANTS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
641	64110	TEHAMA CO RCD GENERAL	Expense	532351	OVERHEAD CHARGES	0.00	0.00	0.00		0.00
643	64310	TEHAMA CO RCD US BONDS	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
643	64310	TEHAMA CO RCD US BONDS	Revenue	440300	INTEREST	0.00	43.38	(43.38)		0.00
646	64610	TC RCD WATERSHED MGMT	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
650	65010	GOLDEN MEADOW CSD	Expense	53170	MAINTENANCE OF EQUIPMENT	1,000.00	0.00	1,000.00		1,000.00
650	65010	GOLDEN MEADOW CSD	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	7,000.00	5,287.00	1,713.00		7,000.00
650	65010	GOLDEN MEADOW CSD	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
650	65010	GOLDEN MEADOW CSD	Expense	53230	PROFESSIONAL/SPECIAL SERV	21,500.00	10,169.70	11,330.30		21,500.00
650	65010	GOLDEN MEADOW CSD	Expense	53300	UTILITIES	13,000.00	5,148.64	7,851.36		13,000.00
650	65010	GOLDEN MEADOW CSD	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
650	65010	GOLDEN MEADOW CSD	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
650	65010	GOLDEN MEADOW CSD	Revenue	430212	MISC FINES & FEES	0.00	0.00	0.00		0.00
650	65010	GOLDEN MEADOW CSD	Revenue	440300	INTEREST	2,000.00	525.45	1,474.55		2,000.00
650	65010	GOLDEN MEADOW CSD	Revenue	461060	OTHER FEES	500.00	0.00	500.00		500.00
650	65010	GOLDEN MEADOW CSD	Revenue	461160	MONTHLY USER FEES	40,000.00	17,672.15	22,327.85		40,000.00
650	65010	GOLDEN MEADOW CSD	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	1,681.00	(1,681.00)		0.00
651	65110	A.C.I.D.	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Revenue	410010	P/T CURRENT SECURED	0.00	11,686.25	(11,686.25)		0.00
651	65110	A.C.I.D.	Revenue	410011	OPERATING UNITARY TAX	0.00	13.54	(13.54)		0.00
651	65110	A.C.I.D.	Revenue	410020	P/T CURRENT UNSECURED	0.00	2,289.29	(2,289.29)		0.00
651	65110	A.C.I.D.	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	54.23	(54.23)		0.00
651	65110	A.C.I.D.	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	109.54	(109.54)		0.00
651	65110	A.C.I.D.	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
651	65110	A.C.I.D.	Revenue	440300	INTEREST	0.00	9.10	(9.10)		0.00
651	65110	A.C.I.D.	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	80.47	(80.47)		0.00
651	65110	A.C.I.D.	Revenue	450620	STATE OTHER	0.00	21.88	(21.88)		0.00
651	65110	A.C.I.D.	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Expense	53110	CLOTHING & PERSONNEL SUPP	9,500.00	2,424.88	7,075.12		9,500.00
652	65210	CAPAY FIRE DISTRICT	Expense	53120	COMMUNICATIONS	4,546.00	0.00	4,546.00		4,546.00
652	65210	CAPAY FIRE DISTRICT	Expense	53150	INSURANCE	19,000.00	15,316.27	3,683.73		19,000.00
652	65210	CAPAY FIRE DISTRICT	Expense	53170	MAINTENANCE OF EQUIPMENT	13,000.00	3,895.69	9,104.31		13,000.00
652	65210	CAPAY FIRE DISTRICT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	9,000.00	2,611.56	6,388.44		9,000.00
652	65210	CAPAY FIRE DISTRICT	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	3,000.00	93.31	2,906.69		3,000.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
652	65210	CAPAY FIRE DISTRICT	Expense	53230	PROFESSIONAL/SPECIAL SERV	16,500.00	4,971.01	11,528.99		16,500.00
652	65210	CAPAY FIRE DISTRICT	Expense	53300	UTILITIES	8,700.00	4,037.79	4,662.21		8,700.00
652	65210	CAPAY FIRE DISTRICT	Expense	55481	ENROLLMENT FEE	325.00	161.32	163.68		325.00
652	65210	CAPAY FIRE DISTRICT	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Expense	57600	EQUIPMENT	5,500.00	0.00	5,500.00		5,500.00
652	65210	CAPAY FIRE DISTRICT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Expense	59000	CONTINGENCY	25,000.00	0.00	25,000.00		25,000.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410010	P/T CURRENT SECURED	89,000.00	18,712.39	70,287.61		89,000.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410011	OPERATING UNITARY TAX	4,000.00	32.41	3,967.59		4,000.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410020	P/T CURRENT UNSECURED	5,000.00	3,553.72	1,446.28		5,000.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410030	P/T PRIOR SECURED	200.00	29.99	170.01		200.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410040	P/T PRIOR YEAR UNSECURED	200.00	90.99	109.01		200.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410060	P/T CURRENT SUPPLEMENTAL	1,300.00	190.56	1,109.44		1,300.00
652	65210	CAPAY FIRE DISTRICT	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	440300	INTEREST	11,500.00	4,472.63	7,027.37		11,500.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450600	HOME OWNERS P/T RELIEF	1,050.00	141.61	908.39		1,050.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450616	CITIZEN OPTION-PUB SAFETY	650.00	0.00	650.00		650.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450620	STATE OTHER	5.00	29.05	(24.05)		5.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450624	PUBLIC SAFETY AUGMENT	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	450751	AMERICAN RESCUE PLAN ACT	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	460810	SPECIAL ASSESSMENTS	15,500.00	2,061.93	13,438.07		15,500.00
652	65210	CAPAY FIRE DISTRICT	Revenue	460917	IMPACT FEES	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	471120	MISCELLANEOUS REVENUE	500.00	457.97	42.03		500.00
652	65210	CAPAY FIRE DISTRICT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
652	65210	CAPAY FIRE DISTRICT	Revenue	4507207	PILT	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	51010	SALARY & WAGES	163,000.00	75,532.38	87,467.62		163,000.00
653	65310	GERBER LAS FLORES WATER	Expense	51021	OASDI	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	51040	WORKERS COMPENSATION	2,000.00	3,096.71	(1,096.71)		2,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	166.27	(166.27)		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53120	COMMUNICATIONS	9,000.00	1,601.59	7,398.41		9,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53150	INSURANCE	5,000.00	4,586.33	413.67		5,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53170	MAINTENANCE OF EQUIPMENT	15,000.00	5,232.83	9,767.17		15,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	6,934.30	(6,934.30)		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	4,000.00	2,928.16	1,071.84		4,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53200	MEMBERSHIPS & DUES	0.00	1,117.67	(1,117.67)		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53210	MISCELLANEOUS EXPENSE	3,850.00	0.00	3,850.00		3,850.00
653	65310	GERBER LAS FLORES WATER	Expense	53220	OFFICE EXPENSE	6,000.00	3,079.77	2,920.23		6,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53230	PROFESSIONAL/SPECIAL SERV	10,000.00	3,494.56	6,505.44		10,000.00
653	65310	GERBER LAS FLORES WATER	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	49.44	(49.44)		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	53300	UTILITIES	20,000.00	15,205.95	4,794.05		20,000.00
653	65310	GERBER LAS FLORES WATER	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	440300	INTEREST	9,000.00	3,680.58	5,319.42		9,000.00
653	65310	GERBER LAS FLORES WATER	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	461160	MONTHLY USER FEES	235,000.00	118,376.15	116,623.85		235,000.00
653	65310	GERBER LAS FLORES WATER	Revenue	461161	CAPITAL IMPROVEMENT	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
653	65310	GERBER LAS FLORES WATER	Revenue	461162	INSPECTION FEE	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	461167	SALE OF WATER	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	461168	WATER ON/OFF GERBER	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
653	65310	GERBER LAS FLORES WATER	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	51010	SALARY & WAGES	252,000.00	123,105.63	128,894.37		252,000.00
654	65410	CORNING CEMETERY	Expense	53110	CLOTHING & PERSONNEL SUPP	800.00	78.95	721.05		800.00
654	65410	CORNING CEMETERY	Expense	53120	COMMUNICATIONS	4,610.00	3,416.25	1,193.75		4,610.00
654	65410	CORNING CEMETERY	Expense	53140	HOUSEHOLD EXPENSE	5,520.00	2,550.43	2,969.57		5,520.00
654	65410	CORNING CEMETERY	Expense	53150	INSURANCE	26,430.00	0.00	26,430.00		26,430.00
654	65410	CORNING CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	12,150.00	502.16	11,647.84		12,150.00
654	65410	CORNING CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	26,800.00	3,993.06	22,806.94		26,800.00
654	65410	CORNING CEMETERY	Expense	53210	MISCELLANEOUS EXPENSE	2,500.00	1,373.74	1,126.26		2,500.00
654	65410	CORNING CEMETERY	Expense	53220	OFFICE EXPENSE	7,650.00	2,858.17	4,791.83		7,650.00
654	65410	CORNING CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	36,165.00	16,888.24	19,276.76		36,165.00
654	65410	CORNING CEMETERY	Expense	53250	RENT/LEASE OF EQUIPMENT	2,000.00	0.00	2,000.00		2,000.00
654	65410	CORNING CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,600.00	177.21	1,422.79		1,600.00
654	65410	CORNING CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	22,600.00	7,625.73	14,974.27		22,600.00
654	65410	CORNING CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	3,200.00	16.25	3,183.75		3,200.00
654	65410	CORNING CEMETERY	Expense	53291	TRANSPORTATION EXPENSE	5,000.00	1,207.49	3,792.51		5,000.00
654	65410	CORNING CEMETERY	Expense	53300	UTILITIES	17,900.00	7,906.63	9,993.37		17,900.00
654	65410	CORNING CEMETERY	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Revenue	410010	P/T CURRENT SECURED	226,110.00	52,518.16	173,591.84		226,110.00
654	65410	CORNING CEMETERY	Revenue	410011	OPERATING UNITARY TAX	15,600.00	48.59	15,551.41		15,600.00
654	65410	CORNING CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	12,000.00	10,288.08	1,711.92		12,000.00
654	65410	CORNING CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	400.00	243.76	156.24		400.00
654	65410	CORNING CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	4,300.00	492.27	3,807.73		4,300.00
654	65410	CORNING CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Revenue	440300	INTEREST	7,000.00	1,344.32	5,655.68		7,000.00
654	65410	CORNING CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	2,500.00	361.66	2,138.34		2,500.00
654	65410	CORNING CEMETERY	Revenue	450620	STATE OTHER	10.00	104.16	(94.16)		10.00
654	65410	CORNING CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Revenue	450740	OTHER GOV'T AGENCIES	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Revenue	471110	OTHER SALES	135,000.00	64,545.00	70,455.00		135,000.00
654	65410	CORNING CEMETERY	Revenue	471111	PRENEED SERVICE USED	7,500.00	7,803.26	(303.26)		7,500.00
654	65410	CORNING CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
654	65410	CORNING CEMETERY	Expense	532105	BANK FEES	120.00	0.00	120.00		120.00
655	65510	CORNING HEALTH CARE	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	15,529.00	(15,529.00)		0.00
655	65510	CORNING HEALTH CARE	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
655	65510	CORNING HEALTH CARE	Revenue	410010	P/T CURRENT SECURED	0.00	107,817.93	(107,817.93)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410011	OPERATING UNITARY TAX	0.00	79.53	(79.53)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410020	P/T CURRENT UNSECURED	0.00	21,121.08	(21,121.08)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
655	65510	CORNING HEALTH CARE	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	500.42	(500.42)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	1,010.63	(1,010.63)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
655	65510	CORNING HEALTH CARE	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
655	65510	CORNING HEALTH CARE	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	822.20	(822.20)		0.00
655	65510	CORNING HEALTH CARE	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
655	65510	CORNING HEALTH CARE	Revenue	440300	INTEREST	0.00	84.62	(84.62)		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
655	65510	CORNING HEALTH CARE	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	742.47	(742.47)		0.00
655	65510	CORNING HEALTH CARE	Revenue	450620	STATE OTHER	0.00	201.30	(201.30)		0.00
655	65510	CORNING HEALTH CARE	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	51010	SALARY & WAGES	163,000.00	75,294.29	87,705.71		163,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	51021	OASDI	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	51040	WORKERS COMPENSATION	2,000.00	3,096.71	(1,096.71)		2,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	166.25	(166.25)		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53120	COMMUNICATIONS	9,000.00	1,656.94	7,343.06		9,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53150	INSURANCE	5,000.00	4,586.33	413.67		5,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53170	MAINTENANCE OF EQUIPMENT	15,000.00	(8,467.94)	23,467.94		15,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	2,840.66	(2,840.66)		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	1,000.00	419.43	580.57		1,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53200	MEMBERSHIPS & DUES	0.00	33,267.67	(33,267.67)		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53210	MISCELLANEOUS EXPENSE	3,850.00	0.00	3,850.00		3,850.00
656	65610	GERBER LAS FLORES SEWER	Expense	53220	OFFICE EXPENSE	6,000.00	2,832.59	3,167.41		6,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53230	PROFESSIONAL/SPECIAL SERV	38,000.00	3,865.29	34,134.71		38,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	49.44	(49.44)		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	53300	UTILITIES	20,000.00	8,619.32	11,380.68		20,000.00
656	65610	GERBER LAS FLORES SEWER	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	440300	INTEREST	10,000.00	3,036.91	6,963.09		10,000.00
656	65610	GERBER LAS FLORES SEWER	Revenue	461060	OTHER FEES	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	461160	MONTHLY USER FEES	260,000.00	124,759.95	135,240.05		260,000.00
656	65610	GERBER LAS FLORES SEWER	Revenue	461161	CAPITAL IMPROVEMENT	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	461162	INSPECTION FEE	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	461163	CONNECT-DISCONNECT	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
656	65610	GERBER LAS FLORES SEWER	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
657	65710	PASKENTA CSD GRANTS	Expense	55529	GRANT OTHER	0.00	0.00	0.00		0.00
657	65710	PASKENTA CSD GRANTS	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
657	65710	PASKENTA CSD GRANTS	Revenue	450462	LINES & METERS GRANT	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	124.00	(124.00)		0.00
658	65810	CORNING WATER	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Expense	55481	ENROLLMENT FEE	0.00	592.00	(592.00)		0.00
658	65810	CORNING WATER	Revenue	410010	P/T CURRENT SECURED	0.00	839.73	(839.73)		0.00
658	65810	CORNING WATER	Revenue	410011	OPERATING UNITARY TAX	0.00	2.04	(2.04)		0.00
658	65810	CORNING WATER	Revenue	410020	P/T CURRENT UNSECURED	0.00	164.50	(164.50)		0.00
658	65810	CORNING WATER	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	3.90	(3.90)		0.00
658	65810	CORNING WATER	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	7.87	(7.87)		0.00
658	65810	CORNING WATER	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Revenue	440300	INTEREST	0.00	5.16	(5.16)		0.00
658	65810	CORNING WATER	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	5.78	(5.78)		0.00
658	65810	CORNING WATER	Revenue	450620	STATE OTHER	0.00	1.97	(1.97)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
658	65810	CORNING WATER	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Revenue	460810	SPECIAL ASSESSMENTS	0.00	0.00	0.00		0.00
658	65810	CORNING WATER	Revenue	460814	OTHER ASSESSMENTS	0.00	36,658.72	(36,658.72)		0.00
659	65910	DEER CREEK IRRIGATION	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	103.00	(103.00)		0.00
659	65910	DEER CREEK IRRIGATION	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410010	P/T CURRENT SECURED	0.00	699.78	(699.78)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410011	OPERATING UNITARY TAX	0.00	138.63	(138.63)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410020	P/T CURRENT UNSECURED	0.00	137.08	(137.08)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	3.24	(3.24)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	6.56	(6.56)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	440300	INTEREST	0.00	0.56	(0.56)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	4.82	(4.82)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	450620	STATE OTHER	0.00	1.65	(1.65)		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
659	65910	DEER CREEK IRRIGATION	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	51010	SALARY & WAGES	58,000.00	21,321.34	36,678.66		58,000.00
660	6610	GERBER LF MUNICIPAL	Expense	51021	OASDI	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	51030	GROUP INSURANCE	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	51040	WORKERS COMPENSATION	1,000.00	3,096.72	(2,096.72)		1,000.00
660	6610	GERBER LF MUNICIPAL	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	13.11	(13.11)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53120	COMMUNICATIONS	3,000.00	1,593.80	1,406.20		3,000.00
660	6610	GERBER LF MUNICIPAL	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53150	INSURANCE	3,000.00	4,484.04	(1,484.04)		3,000.00
660	6610	GERBER LF MUNICIPAL	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	1,181.02	(1,181.02)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	4,000.00	866.85	3,133.15		4,000.00
660	6610	GERBER LF MUNICIPAL	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53200	MEMBERSHIPS & DUES	0.00	782.66	(782.66)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53220	OFFICE EXPENSE	2,000.00	1,827.76	172.24		2,000.00
660	6610	GERBER LF MUNICIPAL	Expense	53230	PROFESSIONAL/SPECIAL SERV	2,500.00	2,413.90	86.10		2,500.00
660	6610	GERBER LF MUNICIPAL	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	49.44	(49.44)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	250.00	(250.00)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	53300	UTILITIES	9,000.00	4,245.62	4,754.38		9,000.00
660	6610	GERBER LF MUNICIPAL	Expense	55481	ENROLLMENT FEE	0.00	531.32	(531.32)		0.00
660	6610	GERBER LF MUNICIPAL	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410010	P/T CURRENT SECURED	79,000.00	14,048.00	64,952.00		79,000.00
660	6610	GERBER LF MUNICIPAL	Revenue	410011	OPERATING UNITARY TAX	0.00	103.36	(103.36)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410020	P/T CURRENT UNSECURED	0.00	2,751.95	(2,751.95)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	65.19	(65.19)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	131.68	(131.68)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	410090	OTHER TAXES	0.00	87.01	(87.01)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	440300	INTEREST	0.00	165.25	(165.25)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	96.74	(96.74)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	450620	STATE OTHER	0.00	27.04	(27.04)		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	460810	SPECIAL ASSESSMENTS	0.00	1,055.00	(1,055.00)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
660	6610	GERBER LF MUNICIPAL	Revenue	461160	MONTHLY USER FEES	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
660	6610	GERBER LF MUNICIPAL	Expense	532350	PROF/SPECIAL-CONTRACT	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	51040	WORKERS COMPENSATION	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53100	AGRICULTURAL	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53110	CLOTHING & PERSONNEL SUPP	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53150	INSURANCE	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53190	MEDICAL/DENTAL LAB SUPPLY	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410010	P/T CURRENT SECURED	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410011	OPERATING UNITARY TAX	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410020	P/T CURRENT UNSECURED	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	460810	SPECIAL ASSESSMENTS	0.00	4.00	(4.00)		0.00
660	6630	GERBER LF LAS FLORES	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
660	6630	GERBER LF LAS FLORES	Revenue	471310	RESIDUAL EQUITY TRANSFER	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Revenue	440300	INTEREST	0.00	1,495.97	(1,495.97)		0.00
661	66110	GERBER ASSMT DIST 1989-1	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Revenue	460800	ASSM'T-TAX COLLECTION FEE	0.00	0.00	0.00		0.00
661	66110	GERBER ASSMT DIST 1989-1	Revenue	460810	SPECIAL ASSESSMENTS	0.00	6,612.41	(6,612.41)		0.00
661	66110	GERBER ASSMT DIST 1989-1	Revenue	471230	LONG TERM DEBT PROCEEDS	0.00	0.00	0.00		0.00
662	66210	BELLE MILL CEMETERY	Expense	53150	INSURANCE	1,500.00	0.00	1,500.00		1,500.00
662	66210	BELLE MILL CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	800.00	0.00	800.00		800.00
662	66210	BELLE MILL CEMETERY	Expense	53210	MISCELLANEOUS EXPENSE	750.00	0.00	750.00		750.00
662	66210	BELLE MILL CEMETERY	Expense	53220	OFFICE EXPENSE	150.00	0.00	150.00		150.00
662	66210	BELLE MILL CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	700.00	0.00	700.00		700.00
662	66210	BELLE MILL CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
662	66210	BELLE MILL CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
662	66210	BELLE MILL CEMETERY	Revenue	440300	INTEREST	1,400.00	453.96	946.04		1,400.00
662	66210	BELLE MILL CEMETERY	Revenue	471110	OTHER SALES	450.00	0.00	450.00		450.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
662	66210	BELLE MILL CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Revenue	440300	INTEREST	0.00	240.23	(240.23)		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Revenue	460800	ASSM'T-TAX COLLECTION FEE	0.00	0.00	0.00		0.00
663	66310	L/F ASSM'T DISTRICT 93-1	Revenue	460810	SPECIAL ASSESSMENTS	0.00	777.15	(777.15)		0.00
664	66410	KIRKWOOD CEMETERY	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Expense	53100	AGRICULTURAL	400.00	0.00	400.00		400.00
664	66410	KIRKWOOD CEMETERY	Expense	53150	INSURANCE	500.00	0.00	500.00		500.00
664	66410	KIRKWOOD CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	1,500.00	760.00	740.00		1,500.00
664	66410	KIRKWOOD CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	3,500.00	483.55	3,016.45		3,500.00
664	66410	KIRKWOOD CEMETERY	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Expense	53220	OFFICE EXPENSE	150.00	10.00	140.00		150.00
664	66410	KIRKWOOD CEMETERY	Expense	53221	OTHER EXPENSE	0.00	200.00	(200.00)		0.00
664	66410	KIRKWOOD CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	250.00	205.00	45.00		250.00
664	66410	KIRKWOOD CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	500.00	15.14	484.86		500.00
664	66410	KIRKWOOD CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	500.00	500.00	0.00		500.00
664	66410	KIRKWOOD CEMETERY	Expense	53300	UTILITIES	1,200.00	750.14	449.86		1,200.00
664	66410	KIRKWOOD CEMETERY	Expense	57500	IMPROVEMENT & STRUCTURES	10,200.00	9,170.00	1,030.00		10,200.00
664	66410	KIRKWOOD CEMETERY	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Revenue	410010	P/T CURRENT SECURED	5,900.00	1,399.54	4,500.46		5,900.00
664	66410	KIRKWOOD CEMETERY	Revenue	410011	OPERATING UNITARY TAX	500.00	3.89	496.11		500.00
664	66410	KIRKWOOD CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	300.00	274.17	25.83		300.00
664	66410	KIRKWOOD CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	10.00	6.50	3.50		10.00
664	66410	KIRKWOOD CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	100.00	13.12	86.88		100.00
664	66410	KIRKWOOD CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Revenue	440300	INTEREST	1,220.00	344.55	875.45		1,220.00
664	66410	KIRKWOOD CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	70.00	9.64	60.36		70.00
664	66410	KIRKWOOD CEMETERY	Revenue	450620	STATE OTHER	0.00	3.17	(3.17)		0.00
664	66410	KIRKWOOD CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
664	66410	KIRKWOOD CEMETERY	Revenue	471110	OTHER SALES	500.00	0.00	500.00		500.00
664	66410	KIRKWOOD CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	100.00	0.00	100.00		100.00
666	66610	LOS MOLINOS CEMETERY	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	53120	COMMUNICATIONS	1,500.00	641.43	858.57		1,500.00
666	66610	LOS MOLINOS CEMETERY	Expense	53150	INSURANCE	600.00	0.00	600.00		600.00
666	66610	LOS MOLINOS CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	48,330.00	3,221.70	45,108.30		48,330.00
666	66610	LOS MOLINOS CEMETERY	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	53220	OFFICE EXPENSE	300.00	88.00	212.00		300.00
666	66610	LOS MOLINOS CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	46,000.00	21,192.00	24,808.00		46,000.00
666	66610	LOS MOLINOS CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	5,000.00	0.00	5,000.00		5,000.00
666	66610	LOS MOLINOS CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	360.00	(360.00)		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	53300	UTILITIES	3,500.00	1,450.16	2,049.84		3,500.00
666	66610	LOS MOLINOS CEMETERY	Expense	57400	LAND	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410010	P/T CURRENT SECURED	71,000.00	17,389.42	53,610.58		71,000.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410011	OPERATING UNITARY TAX	4,700.00	30.53	4,669.47		4,700.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	4,000.00	3,406.52	593.48		4,000.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410030	P/T PRIOR SECURED	150.00	0.00	150.00		150.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	1,000.00	80.71	919.29		1,000.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	300.00	162.99	137.01		300.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
666	66610	LOS MOLINOS CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	70.00	0.00	70.00		70.00
666	66610	LOS MOLINOS CEMETERY	Revenue	410094	TIMBER YIELD GUARANTEE	100.00	93.67	6.33		100.00
666	66610	LOS MOLINOS CEMETERY	Revenue	440300	INTEREST	8,000.00	3,796.69	4,203.31		8,000.00
666	66610	LOS MOLINOS CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	900.00	119.75	780.25		900.00
666	66610	LOS MOLINOS CEMETERY	Revenue	450620	STATE OTHER	10.00	34.44	(24.44)		10.00
666	66610	LOS MOLINOS CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Revenue	471110	OTHER SALES	15,000.00	7,773.62	7,226.38		15,000.00
666	66610	LOS MOLINOS CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
666	66610	LOS MOLINOS CEMETERY	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Expense	51010	SALARY & WAGES	51,480.00	26,206.59	25,273.41		51,480.00
668	66810	MANTON CEMETERY	Expense	51040	WORKERS COMPENSATION	3,812.00	3,812.00	0.00		3,812.00
668	66810	MANTON CEMETERY	Expense	53100	AGRICULTURAL	2,000.00	0.00	2,000.00		2,000.00
668	66810	MANTON CEMETERY	Expense	53120	COMMUNICATIONS	500.00	69.99	430.01		500.00
668	66810	MANTON CEMETERY	Expense	53150	INSURANCE	5,765.00	5,525.57	239.43		5,765.00
668	66810	MANTON CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	5,000.00	70.00	4,930.00		5,000.00
668	66810	MANTON CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	10,000.00	0.00	10,000.00		10,000.00
668	66810	MANTON CEMETERY	Expense	53220	OFFICE EXPENSE	700.00	129.99	570.01		700.00
668	66810	MANTON CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	5,000.00	1,998.96	3,001.04		5,000.00
668	66810	MANTON CEMETERY	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	184.00	(184.00)		0.00
668	66810	MANTON CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	3,000.00	2,411.32	588.68		3,000.00
668	66810	MANTON CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,000.00	1,050.00	1,950.00		3,000.00
668	66810	MANTON CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	2,500.00	671.00	1,829.00		2,500.00
668	66810	MANTON CEMETERY	Expense	53300	UTILITIES	6,500.00	3,484.96	3,015.04		6,500.00
668	66810	MANTON CEMETERY	Expense	53800	INTERNAL ASSETS	1,000.00	0.00	1,000.00		1,000.00
668	66810	MANTON CEMETERY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Expense	59000	CONTINGENCY	1,000.00	0.00	1,000.00		1,000.00
668	66810	MANTON CEMETERY	Revenue	410010	P/T CURRENT SECURED	50,300.00	4,023.71	46,276.29		50,300.00
668	66810	MANTON CEMETERY	Revenue	410011	OPERATING UNITARY TAX	7,100.00	9.61	7,090.39		7,100.00
668	66810	MANTON CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	2,600.00	788.22	1,811.78		2,600.00
668	66810	MANTON CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	67.00	18.67	48.33		67.00
668	66810	MANTON CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	800.00	37.72	762.28		800.00
668	66810	MANTON CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	2.00	0.00	2.00		2.00
668	66810	MANTON CEMETERY	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	410094	TIMBER YIELD GUARANTEE	432.00	284.82	147.18		432.00
668	66810	MANTON CEMETERY	Revenue	440300	INTEREST	6,000.00	1,515.60	4,484.40		6,000.00
668	66810	MANTON CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	571.00	27.71	543.29		571.00
668	66810	MANTON CEMETERY	Revenue	450620	STATE OTHER	3.00	7.61	(4.61)		3.00
668	66810	MANTON CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	460810	SPECIAL ASSESSMENTS	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	471110	OTHER SALES	3,000.00	2,355.00	645.00		3,000.00
668	66810	MANTON CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
668	66810	MANTON CEMETERY	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
669	66910	ORLAND CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	783.00	(783.00)		0.00
669	66910	ORLAND CEMETERY	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
669	66910	ORLAND CEMETERY	Revenue	410010	P/T CURRENT SECURED	0.00	5,405.76	(5,405.76)		0.00
669	66910	ORLAND CEMETERY	Revenue	410011	OPERATING UNITARY TAX	0.00	7.70	(7.70)		0.00
669	66910	ORLAND CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	0.00	1,058.97	(1,058.97)		0.00
669	66910	ORLAND CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
669	66910	ORLAND CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	25.09	(25.09)		0.00
669	66910	ORLAND CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	50.67	(50.67)		0.00
669	66910	ORLAND CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
669	66910	ORLAND CEMETERY	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
669	66910	ORLAND CEMETERY	Revenue	440300	INTEREST	0.00	4.27	(4.27)		0.00
669	66910	ORLAND CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	37.23	(37.23)		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
669	66910	ORLAND CEMETERY	Revenue	450620	STATE OTHER	0.00	10.31	(10.31)		0.00
669	66910	ORLAND CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Expense	51010	SALARY & WAGES	5,250.00	2,926.20	2,323.80		5,250.00
670	67010	PASKENTA CEMETERY	Expense	51021	OASDI	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Expense	51031	UNEMPLOYMENT INSURANCE	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Expense	51040	WORKERS COMPENSATION	2,300.00	610.40	1,689.60		2,300.00
670	67010	PASKENTA CEMETERY	Expense	53140	HOUSEHOLD EXPENSE	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Expense	53150	INSURANCE	1,300.00	0.00	1,300.00		1,300.00
670	67010	PASKENTA CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	700.00	557.37	142.63		700.00
670	67010	PASKENTA CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	9,000.00	4,473.51	4,526.49		9,000.00
670	67010	PASKENTA CEMETERY	Expense	53220	OFFICE EXPENSE	200.00	0.00	200.00		200.00
670	67010	PASKENTA CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	750.00	787.00	(37.00)		750.00
670	67010	PASKENTA CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,500.00	195.93	1,304.07		1,500.00
670	67010	PASKENTA CEMETERY	Expense	53291	TRANSPORTATION EXPENSE	2,200.00	1,138.80	1,061.20		2,200.00
670	67010	PASKENTA CEMETERY	Expense	53300	UTILITIES	1,500.00	587.63	912.37		1,500.00
670	67010	PASKENTA CEMETERY	Expense	57500	IMPROVEMENT & STRUCTURES	10,000.00	7,350.00	2,650.00		10,000.00
670	67010	PASKENTA CEMETERY	Expense	57608	SPECIAL DEPT EQUIPMENT	300.00	0.00	300.00		300.00
670	67010	PASKENTA CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Revenue	410010	P/T CURRENT SECURED	20,000.00	5,003.40	14,996.60		20,000.00
670	67010	PASKENTA CEMETERY	Revenue	410011	OPERATING UNITARY TAX	2,300.00	166.20	2,133.80		2,300.00
670	67010	PASKENTA CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	1,000.00	980.15	19.85		1,000.00
670	67010	PASKENTA CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	50.00	23.22	26.78		50.00
670	67010	PASKENTA CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	400.00	46.90	353.10		400.00
670	67010	PASKENTA CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Revenue	410094	TIMBER YIELD GUARANTEE	400.00	399.60	0.40		400.00
670	67010	PASKENTA CEMETERY	Revenue	440300	INTEREST	2,300.00	420.62	1,879.38		2,300.00
670	67010	PASKENTA CEMETERY	Revenue	440320	RENTS & CONCESSIONS	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	250.00	34.45	215.55		250.00
670	67010	PASKENTA CEMETERY	Revenue	450620	STATE OTHER	0.00	9.81	(9.81)		0.00
670	67010	PASKENTA CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
670	67010	PASKENTA CEMETERY	Revenue	471110	OTHER SALES	1,000.00	450.00	550.00		1,000.00
670	67010	PASKENTA CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	300.00	1,000.00	(700.00)		300.00
670	67010	PASKENTA CEMETERY	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	51010	SALARY & WAGES	24,800.00	12,333.00	12,467.00		24,800.00
671	67110	PASKENTA CSD	Expense	51040	WORKERS COMPENSATION	1,300.00	67.34	1,232.66		1,300.00
671	67110	PASKENTA CSD	Expense	53150	INSURANCE	5,500.00	1,345.00	4,155.00		5,500.00
671	67110	PASKENTA CSD	Expense	53170	MAINTENANCE OF EQUIPMENT	10,600.00	9,114.83	1,485.17		10,600.00
671	67110	PASKENTA CSD	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	200.00	64.70	135.30		200.00
671	67110	PASKENTA CSD	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	53220	OFFICE EXPENSE	400.00	129.00	271.00		400.00
671	67110	PASKENTA CSD	Expense	53221	OTHER EXPENSE	1,200.00	1,406.34	(206.34)		1,200.00
671	67110	PASKENTA CSD	Expense	53230	PROFESSIONAL/SPECIAL SERV	700.00	22.00	678.00		700.00
671	67110	PASKENTA CSD	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	53290	EMPLOYEE TRAVEL/TRAINING	1,500.00	1,442.46	57.54		1,500.00
671	67110	PASKENTA CSD	Expense	53300	UTILITIES	17,000.00	6,926.91	10,073.09		17,000.00
671	67110	PASKENTA CSD	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	55529	GRANT OTHER	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	57500	IMPROVEMENT & STRUCTURES	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	57600	EQUIPMENT	0.00	1,284.76	(1,284.76)		0.00
671	67110	PASKENTA CSD	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Revenue	410010	P/T CURRENT SECURED	500.00	122.46	377.54		500.00
671	67110	PASKENTA CSD	Revenue	410011	OPERATING UNITARY TAX	160.00	5.32	154.68		160.00
671	67110	PASKENTA CSD	Revenue	410020	P/T CURRENT UNSECURED	25.00	23.99	1.01		25.00
671	67110	PASKENTA CSD	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
671	67110	PASKENTA CSD	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.57	(0.57)		0.00
671	67110	PASKENTA CSD	Revenue	410060	P/T CURRENT SUPPLEMENTAL	10.00	1.15	8.85		10.00
671	67110	PASKENTA CSD	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Revenue	440300	INTEREST	500.00	67.76	432.24		500.00
671	67110	PASKENTA CSD	Revenue	450459	STATE GRANTS	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Revenue	450462	LINES & METERS GRANT	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Revenue	450600	HOME OWNERS P/T RELIEF	5.00	0.84	4.16		5.00
671	67110	PASKENTA CSD	Revenue	450620	STATE OTHER	0.00	0.29	(0.29)		0.00
671	67110	PASKENTA CSD	Revenue	450720	FEDERAL OTHER	0.00	18,423.18	(18,423.18)		0.00
671	67110	PASKENTA CSD	Revenue	471110	OTHER SALES	62,000.00	39,487.98	22,512.02		62,000.00
671	67110	PASKENTA CSD	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
671	67110	PASKENTA CSD	Revenue	471126	INSURANCE SETTLEMENTS	0.00	0.00	0.00		0.00
672	67210	RED BLUFF CEMETERY	Expense	51010	SALARY & WAGES	523,000.00	243,541.85	279,458.15		523,000.00
672	67210	RED BLUFF CEMETERY	Expense	53110	CLOTHING & PERSONNEL SUPP	6,000.00	1,539.55	4,460.45		6,000.00
672	67210	RED BLUFF CEMETERY	Expense	53120	COMMUNICATIONS	2,000.00	1,471.20	528.80		2,000.00
672	67210	RED BLUFF CEMETERY	Expense	53140	HOUSEHOLD EXPENSE	150.00	0.00	150.00		150.00
672	67210	RED BLUFF CEMETERY	Expense	53150	INSURANCE	30,000.00	0.00	30,000.00		30,000.00
672	67210	RED BLUFF CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	10,000.00	1,599.56	8,400.44		10,000.00
672	67210	RED BLUFF CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	12,000.00	1,983.39	10,016.61		12,000.00
672	67210	RED BLUFF CEMETERY	Expense	53200	MEMBERSHIPS & DUES	500.00	0.00	500.00		500.00
672	67210	RED BLUFF CEMETERY	Expense	53210	MISCELLANEOUS EXPENSE	23,000.00	14,603.22	8,396.78		23,000.00
672	67210	RED BLUFF CEMETERY	Expense	53220	OFFICE EXPENSE	4,000.00	1,717.00	2,283.00		4,000.00
672	67210	RED BLUFF CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	22,000.00	12,864.00	9,136.00		22,000.00
672	67210	RED BLUFF CEMETERY	Expense	53240	PUBLICATION/LEGAL NOTICES	150.00	0.00	150.00		150.00
672	67210	RED BLUFF CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	1,500.00	0.00	1,500.00		1,500.00
672	67210	RED BLUFF CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	6,000.00	2,783.16	3,216.84		6,000.00
672	67210	RED BLUFF CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	12,000.00	6,064.30	5,935.70		12,000.00
672	67210	RED BLUFF CEMETERY	Expense	53300	UTILITIES	25,000.00	9,045.14	15,954.86		25,000.00
672	67210	RED BLUFF CEMETERY	Expense	57500	IMPROVEMENT & STRUCTURES	35,000.00	26,957.72	8,042.28		35,000.00
672	67210	RED BLUFF CEMETERY	Expense	57600	EQUIPMENT	7,000.00	0.00	7,000.00		7,000.00
672	67210	RED BLUFF CEMETERY	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
672	67210	RED BLUFF CEMETERY	Revenue	410010	P/T CURRENT SECURED	330,500.00	88,801.52	241,698.48		330,500.00
672	67210	RED BLUFF CEMETERY	Revenue	410011	OPERATING UNITARY TAX	25,000.00	96.56	24,903.44		25,000.00
672	67210	RED BLUFF CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	18,000.00	17,395.85	604.15		18,000.00
672	67210	RED BLUFF CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
672	67210	RED BLUFF CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	500.00	412.16	87.84		500.00
672	67210	RED BLUFF CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	4,000.00	832.38	3,167.62		4,000.00
672	67210	RED BLUFF CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
672	67210	RED BLUFF CEMETERY	Revenue	410094	TIMBER YIELD GUARANTEE	1,000.00	908.80	91.20		1,000.00
672	67210	RED BLUFF CEMETERY	Revenue	440300	INTEREST	7,000.00	3,331.66	3,668.34		7,000.00
672	67210	RED BLUFF CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	1,000.00	611.52	388.48		1,000.00
672	67210	RED BLUFF CEMETERY	Revenue	450620	STATE OTHER	0.00	185.96	(185.96)		0.00
672	67210	RED BLUFF CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
672	67210	RED BLUFF CEMETERY	Revenue	471110	OTHER SALES	128,500.00	95,000.49	33,499.51		128,500.00
672	67210	RED BLUFF CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	2,752.00	(2,752.00)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410010	P/T CURRENT SECURED	0.00	19,558.73	(19,558.73)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410011	OPERATING UNITARY TAX	0.00	14.65	(14.65)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410020	P/T CURRENT UNSECURED	0.00	3,831.47	(3,831.47)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	90.78	(90.78)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	183.33	(183.33)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	440300	INTEREST	0.00	15.18	(15.18)		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	134.69	(134.69)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	450620	STATE OTHER	0.00	44.48	(44.48)		0.00
673	67310	RIO ALTO SPECIAL IMPROVMT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
674	67410	RIO ALTO WATER	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	5,737.00	(5,737.00)		0.00
674	67410	RIO ALTO WATER	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
674	67410	RIO ALTO WATER	Expense	55481	ENROLLMENT FEE	0.00	1,097.42	(1,097.42)		0.00
674	67410	RIO ALTO WATER	Revenue	410010	P/T CURRENT SECURED	0.00	40,761.93	(40,761.93)		0.00
674	67410	RIO ALTO WATER	Revenue	410011	OPERATING UNITARY TAX	0.00	116.85	(116.85)		0.00
674	67410	RIO ALTO WATER	Revenue	410020	P/T CURRENT UNSECURED	0.00	7,985.09	(7,985.09)		0.00
674	67410	RIO ALTO WATER	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
674	67410	RIO ALTO WATER	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	189.19	(189.19)		0.00
674	67410	RIO ALTO WATER	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	382.08	(382.08)		0.00
674	67410	RIO ALTO WATER	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
674	67410	RIO ALTO WATER	Revenue	410088	RIO ALTO WD CFD 2011-1	0.00	79,440.00	(79,440.00)		0.00
674	67410	RIO ALTO WATER	Revenue	410097	WATER ASSESSMENTS	0.00	2,326.87	(2,326.87)		0.00
674	67410	RIO ALTO WATER	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
674	67410	RIO ALTO WATER	Revenue	410100	WATER ASSESSMENT INTRST	0.00	75.67	(75.67)		0.00
674	67410	RIO ALTO WATER	Revenue	410105	CFD INTEREST	0.00	225.00	(225.00)		0.00
674	67410	RIO ALTO WATER	Revenue	440300	INTEREST	0.00	66.20	(66.20)		0.00
674	67410	RIO ALTO WATER	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	280.70	(280.70)		0.00
674	67410	RIO ALTO WATER	Revenue	450620	STATE OTHER	0.00	92.86	(92.86)		0.00
674	67410	RIO ALTO WATER	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Expense	51010	SALARY & WAGES	47,300.00	23,726.53	23,573.47		47,300.00
675	67510	TEHAMA CEMETERY	Expense	53120	COMMUNICATIONS	270.00	133.64	136.36		270.00
675	67510	TEHAMA CEMETERY	Expense	53150	INSURANCE	5,293.00	0.00	5,293.00		5,293.00
675	67510	TEHAMA CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	200.00	0.00	200.00		200.00
675	67510	TEHAMA CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	800.00	250.16	549.84		800.00
675	67510	TEHAMA CEMETERY	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Expense	53220	OFFICE EXPENSE	75.00	0.00	75.00		75.00
675	67510	TEHAMA CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	3,000.00	1,424.00	1,576.00		3,000.00
675	67510	TEHAMA CEMETERY	Expense	53250	RENT/LEASE OF EQUIPMENT	3,500.00	0.00	3,500.00		3,500.00
675	67510	TEHAMA CEMETERY	Expense	53270	SMALL TOOLS & INSTRUMENTS	75.00	0.00	75.00		75.00
675	67510	TEHAMA CEMETERY	Expense	53280	SPECIAL DEPARTMENTAL EXP	3,000.00	161.25	2,838.75		3,000.00
675	67510	TEHAMA CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	500.00	0.00	500.00		500.00
675	67510	TEHAMA CEMETERY	Expense	53300	UTILITIES	1,300.00	1,217.25	82.75		1,300.00
675	67510	TEHAMA CEMETERY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Expense	59000	CONTINGENCY	5,000.00	4,128.53	871.47		5,000.00
675	67510	TEHAMA CEMETERY	Revenue	410010	P/T CURRENT SECURED	38,064.00	9,009.61	29,054.39		38,064.00
675	67510	TEHAMA CEMETERY	Revenue	410011	OPERATING UNITARY TAX	4,110.00	12.49	4,097.51		4,110.00
675	67510	TEHAMA CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	2,027.00	1,764.95	262.05		2,027.00
675	67510	TEHAMA CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	62.00	41.81	20.19		62.00
675	67510	TEHAMA CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	531.00	84.45	446.55		531.00
675	67510	TEHAMA CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Revenue	440300	INTEREST	1,500.00	569.53	930.47		1,500.00
675	67510	TEHAMA CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	431.00	62.04	368.96		431.00
675	67510	TEHAMA CEMETERY	Revenue	450620	STATE OTHER	2.00	20.59	(18.59)		2.00
675	67510	TEHAMA CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Revenue	471110	OTHER SALES	25,000.00	3,387.00	21,613.00		25,000.00
675	67510	TEHAMA CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
675	67510	TEHAMA CEMETERY	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
676	676	TEHAMA CO MVCD	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Expense	51010	SALARY & WAGES	821,880.00	450,759.07	371,120.93		821,880.00
676	67610	TEHAMA CO MVCD	Expense	53100	AGRICULTURAL	85,000.00	38,418.00	46,582.00		85,000.00
676	67610	TEHAMA CO MVCD	Expense	53110	CLOTHING & PERSONNEL SUPP	3,000.00	76.63	2,923.37		3,000.00
676	67610	TEHAMA CO MVCD	Expense	53120	COMMUNICATIONS	3,500.00	1,836.52	1,663.48		3,500.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
676	67610	TEHAMA CO MVCD	Expense	53150	INSURANCE	29,900.00	29,761.00	139.00		29,900.00
676	67610	TEHAMA CO MVCD	Expense	53170	MAINTENANCE OF EQUIPMENT	9,000.00	9,565.50	(565.50)		9,000.00
676	67610	TEHAMA CO MVCD	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	9,000.00	1,715.07	7,284.93		9,000.00
676	67610	TEHAMA CO MVCD	Expense	53200	MEMBERSHIPS & DUES	10,450.00	10,350.00	100.00		10,450.00
676	67610	TEHAMA CO MVCD	Expense	53220	OFFICE EXPENSE	5,000.00	1,890.57	3,109.43		5,000.00
676	67610	TEHAMA CO MVCD	Expense	53230	PROFESSIONAL/SPECIAL SERV	40,000.00	19,457.00	20,543.00		40,000.00
676	67610	TEHAMA CO MVCD	Expense	53240	PUBLICATION/LEGAL NOTICES	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Expense	53270	SMALL TOOLS & INSTRUMENTS	4,000.00	539.60	3,460.40		4,000.00
676	67610	TEHAMA CO MVCD	Expense	53280	SPECIAL DEPARTMENTAL EXP	33,600.00	19,105.60	14,494.40		33,600.00
676	67610	TEHAMA CO MVCD	Expense	53290	EMPLOYEE TRAVEL/TRAINING	22,800.00	6,569.89	16,230.11		22,800.00
676	67610	TEHAMA CO MVCD	Expense	53291	TRANSPORTATION EXPENSE	37,200.00	18,143.87	19,056.13		37,200.00
676	67610	TEHAMA CO MVCD	Expense	53300	UTILITIES	3,500.00	1,641.40	1,858.60		3,500.00
676	67610	TEHAMA CO MVCD	Expense	55481	ENROLLMENT FEE	42,600.00	21,311.26	21,288.74		42,600.00
676	67610	TEHAMA CO MVCD	Expense	57500	IMPROVEMENT & STRUCTURES	11,000.00	10,829.17	170.83		11,000.00
676	67610	TEHAMA CO MVCD	Expense	57600	EQUIPMENT	5,000.00	0.00	5,000.00		5,000.00
676	67610	TEHAMA CO MVCD	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Expense	57605	VEHICLES	50,000.00	48,910.28	1,089.72		50,000.00
676	67610	TEHAMA CO MVCD	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Expense	59000	CONTINGENCY	59,000.00	0.00	59,000.00		59,000.00
676	67610	TEHAMA CO MVCD	Revenue	410010	P/T CURRENT SECURED	545,000.00	128,653.74	416,346.26		545,000.00
676	67610	TEHAMA CO MVCD	Revenue	410011	OPERATING UNITARY TAX	38,000.00	91.60	37,908.40		38,000.00
676	67610	TEHAMA CO MVCD	Revenue	410020	P/T CURRENT UNSECURED	30,000.00	25,202.73	4,797.27		30,000.00
676	67610	TEHAMA CO MVCD	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Revenue	410040	P/T PRIOR YEAR UNSECURED	1,000.00	597.12	402.88		1,000.00
676	67610	TEHAMA CO MVCD	Revenue	410060	P/T CURRENT SUPPLEMENTAL	10,000.00	1,205.93	8,794.07		10,000.00
676	67610	TEHAMA CO MVCD	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Revenue	410094	TIMBER YIELD GUARANTEE	100.00	113.96	(13.96)		100.00
676	67610	TEHAMA CO MVCD	Revenue	440300	INTEREST	24,000.00	5,329.95	18,670.05		24,000.00
676	67610	TEHAMA CO MVCD	Revenue	440320	RENTS & CONCESSIONS	2,400.00	1,200.00	1,200.00		2,400.00
676	67610	TEHAMA CO MVCD	Revenue	450600	HOME OWNERS P/T RELIEF	6,500.00	885.96	5,614.04		6,500.00
676	67610	TEHAMA CO MVCD	Revenue	450620	STATE OTHER	0.00	259.16	(259.16)		0.00
676	67610	TEHAMA CO MVCD	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
676	67610	TEHAMA CO MVCD	Revenue	460811	ASSESSMENT CURRENT AREA	149,800.00	42,450.39	107,349.61		149,800.00
676	67610	TEHAMA CO MVCD	Revenue	460812	ASSESSMENT NEW AREA	318,000.00	90,731.45	227,268.55		318,000.00
676	67610	TEHAMA CO MVCD	Revenue	461060	OTHER FEES	25,000.00	0.00	25,000.00		25,000.00
676	67610	TEHAMA CO MVCD	Revenue	471120	MISCELLANEOUS REVENUE	8,000.00	6,421.20	1,578.80		8,000.00
676	67610	TEHAMA CO MVCD	Revenue	471126	INSURANCE SETTLEMENTS	0.00	5,039.16	(5,039.16)		0.00
676	67610	TEHAMA CO MVCD	Revenue	471210	SALE OF FIXED ASSETS	12,000.00	0.00	12,000.00		12,000.00
677	67710	VINA CEMETERY	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Expense	53150	INSURANCE	340.00	369.00	(29.00)		340.00
677	67710	VINA CEMETERY	Expense	53170	MAINTENANCE OF EQUIPMENT	400.00	106.19	293.81		400.00
677	67710	VINA CEMETERY	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	460.00	0.00	460.00		460.00
677	67710	VINA CEMETERY	Expense	53210	MISCELLANEOUS EXPENSE	2,500.00	0.00	2,500.00		2,500.00
677	67710	VINA CEMETERY	Expense	53220	OFFICE EXPENSE	100.00	0.00	100.00		100.00
677	67710	VINA CEMETERY	Expense	53230	PROFESSIONAL/SPECIAL SERV	8,000.00	2,419.00	5,581.00		8,000.00
677	67710	VINA CEMETERY	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Expense	53300	UTILITIES	1,500.00	465.39	1,034.61		1,500.00
677	67710	VINA CEMETERY	Expense	57600	EQUIPMENT	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Expense	59000	CONTINGENCY	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Revenue	410010	P/T CURRENT SECURED	9,400.00	2,029.35	7,370.65		9,400.00
677	67710	VINA CEMETERY	Revenue	410011	OPERATING UNITARY TAX	0.00	2.78	(2.78)		0.00
677	67710	VINA CEMETERY	Revenue	410020	P/T CURRENT UNSECURED	0.00	397.54	(397.54)		0.00
677	67710	VINA CEMETERY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	9.42	(9.42)		0.00
677	67710	VINA CEMETERY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	19.03	(19.03)		0.00
677	67710	VINA CEMETERY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
677	67710	VINA CEMETERY	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	80.58	(80.58)		0.00
677	67710	VINA CEMETERY	Revenue	440300	INTEREST	1,300.00	479.75	820.25		1,300.00
677	67710	VINA CEMETERY	Revenue	450600	HOME OWNERS P/T RELIEF	100.00	13.98	86.02		100.00
677	67710	VINA CEMETERY	Revenue	450620	STATE OTHER	0.00	4.68	(4.68)		0.00
677	67710	VINA CEMETERY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
677	67710	VINA CEMETERY	Revenue	471110	OTHER SALES	2,300.00	0.00	2,300.00		2,300.00
677	67710	VINA CEMETERY	Revenue	471120	MISCELLANEOUS REVENUE	1,000.00	16.00	984.00		1,000.00
677	67710	VINA CEMETERY	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
679	67910	DAVIS/GRUNSKY LOAN RES	Expense	55420	RETIRE OTHER LT DEBT	0.00	0.00	0.00		0.00
679	67910	DAVIS/GRUNSKY LOAN RES	Expense	55440	INTEREST ON OTHER LT DEBT	0.00	0.00	0.00		0.00
679	67910	DAVIS/GRUNSKY LOAN RES	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
679	67910	DAVIS/GRUNSKY LOAN RES	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
680	68010	GERBER WATER ASSM'T 97-1	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
680	68010	GERBER WATER ASSM'T 97-1	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
680	68010	GERBER WATER ASSM'T 97-1	Expense	55481	ENROLLMENT FEE	0.00	151.70	(151.70)		0.00
680	68010	GERBER WATER ASSM'T 97-1	Revenue	440300	INTEREST	0.00	437.35	(437.35)		0.00
680	68010	GERBER WATER ASSM'T 97-1	Revenue	460810	SPECIAL ASSESSMENTS	0.00	7,242.65	(7,242.65)		0.00
682	68210	LOS MOLINOS CSD BOND	Expense	55410	BOND REDEMPTION	0.00	33,589.94	(33,589.94)		0.00
682	68210	LOS MOLINOS CSD BOND	Expense	55430	INTEREST ON BONDS	0.00	9,019.68	(9,019.68)		0.00
682	68210	LOS MOLINOS CSD BOND	Expense	55481	ENROLLMENT FEE	0.00	247.16	(247.16)		0.00
682	68210	LOS MOLINOS CSD BOND	Revenue	440300	INTEREST	0.00	1,785.38	(1,785.38)		0.00
682	68210	LOS MOLINOS CSD BOND	Revenue	460810	SPECIAL ASSESSMENTS	0.00	18,263.55	(18,263.55)		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	2,586.35	(2,586.35)		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	55410	BOND REDEMPTION	0.00	25,000.74	(25,000.74)		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	55430	INTEREST ON BONDS	0.00	8,400.75	(8,400.75)		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	55450	INTEREST EXPENSE	0.00	0.00	0.00		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	55462	ASSESSMENT REFUNDS	0.00	0.00	0.00		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	55481	ENROLLMENT FEE	0.00	140.60	(140.60)		0.00
684	68410	TCSD REDEMPTION 1995-1	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
684	68410	TCSD REDEMPTION 1995-1	Revenue	440300	INTEREST	0.00	740.90	(740.90)		0.00
684	68410	TCSD REDEMPTION 1995-1	Revenue	460810	SPECIAL ASSESSMENTS	0.00	15,884.33	(15,884.33)		0.00
688	68810	RB CEMETERY PRE-NEED	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
688	68810	RB CEMETERY PRE-NEED	Revenue	440300	INTEREST	0.00	706.92	(706.92)		0.00
689	68910	RE CEMETERY ENDOWMENT	Revenue	440300	INTEREST	0.00	4,496.07	(4,496.07)		0.00
689	68910	RE CEMETERY ENDOWMENT	Revenue	471110	OTHER SALES	0.00	9,000.00	(9,000.00)		0.00
690	69010	CORNING CEM. ENDOWMENT	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
690	69010	CORNING CEM. ENDOWMENT	Revenue	440300	INTEREST	0.00	5,024.90	(5,024.90)		0.00
690	69010	CORNING CEM. ENDOWMENT	Revenue	471110	OTHER SALES	0.00	6,650.00	(6,650.00)		0.00
691	69110	CORNING CEMETERY PRENEED	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
691	69110	CORNING CEMETERY PRENEED	Revenue	440300	INTEREST	0.00	1,865.53	(1,865.53)		0.00
691	69110	CORNING CEMETERY PRENEED	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
692	69210	KIRKWOOD ENDOWMENT CARE	Revenue	440300	INTEREST	0.00	128.17	(128.17)		0.00
692	69210	KIRKWOOD ENDOWMENT CARE	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
693	69310	LOS MOLINOS CEM ENDOWMENT	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
693	69310	LOS MOLINOS CEM ENDOWMENT	Revenue	440300	INTEREST	0.00	1,422.22	(1,422.22)		0.00
693	69310	LOS MOLINOS CEM ENDOWMENT	Revenue	471110	OTHER SALES	0.00	450.00	(450.00)		0.00
694	69410	MANTON CEMETERY ENDOWMT	Revenue	440300	INTEREST	0.00	397.37	(397.37)		0.00
694	69410	MANTON CEMETERY ENDOWMT	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
694	69410	MANTON CEMETERY ENDOWMT	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
695	69510	PASKENTA CEM ENDOWMENT	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
695	69510	PASKENTA CEM ENDOWMENT	Revenue	440300	INTEREST	0.00	368.70	(368.70)		0.00
695	69510	PASKENTA CEM ENDOWMENT	Revenue	471110	OTHER SALES	0.00	400.00	(400.00)		0.00
696	69610	TEHAMA CEMETERY ENDOWMT	Expense	59700	OPERATING TRANSFER OUT	0.00	0.00	0.00		0.00
696	69610	TEHAMA CEMETERY ENDOWMT	Revenue	440300	INTEREST	0.00	1,550.00	(1,550.00)		0.00
696	69610	TEHAMA CEMETERY ENDOWMT	Revenue	471110	OTHER SALES	0.00	400.00	(400.00)		0.00
697	69710	VINA CEMETERY ENDOWMENT	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
697	69710	VINA CEMETERY ENDOWMENT	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
699	69910	BELLE MILL CEM ENDOWMENT	Revenue	440300	INTEREST	0.00	24.61	(24.61)		0.00
699	69910	BELLE MILL CEM ENDOWMENT	Revenue	471110	OTHER SALES	0.00	0.00	0.00		0.00
701	70110	ENFORCE ASST	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
701	70110	ENFORCE ASST	Revenue	471132	DONATIONS	0.00	0.00	0.00		0.00
701	70110	ENFORCE ASST	Revenue	471220	OPERATING TRANSFER-IN	0.00	0.00	0.00		0.00
701	70110	ENFORCE ASST	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
701	70110	ENFORCE ASST	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
711	71110	TAGMET	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
711	71110	TAGMET	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
711	71110	TAGMET	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
711	71110	TAGMET	Revenue	471122	STATE ASSET SEIZURE	0.00	0.00	0.00		0.00
711	71110	TAGMET	Revenue	471131	FEDERAL JUDICIAL FORFEIT	0.00	0.00	0.00		0.00
711	71110	TAGMET	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53120	COMMUNICATIONS	8,100.00	2,622.92	5,477.08		8,100.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53170	MAINTENANCE OF EQUIPMENT	27,630.00	14,741.92	12,888.08	2,000.00	29,630.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53200	MEMBERSHIPS & DUES	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53220	OFFICE EXPENSE	6,000.00	995.52	5,004.48	(1,500.00)	4,500.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53230	PROFESSIONAL/SPECIAL SERV	4,000.00	1,042.85	2,957.15		4,000.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53250	RENT/LEASE OF EQUIPMENT	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53280	SPECIAL DEPARTMENTAL EXP	8,951.00	340.69	8,610.31	(3,144.00)	5,807.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	48,856.00	26,795.47	22,060.53	7,416.00	56,272.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53295	STATE OFFICER TRAINING	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53300	UTILITIES	6,000.00	3,000.00	3,000.00		6,000.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	55527	CITY OF RED BLUFF	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	57601	OFFICE EQUIPMENT	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	440300	INTEREST	0.00	4,772.20	(4,772.20)	4,772.20	4,772.20
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	471102	COST REIMBURSEMENT	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	471122	STATE ASSET SEIZURE	109,537.00	15,905.73	93,631.27		109,537.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	471131	FEDERAL JUDICIAL FORFEIT	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	471210	SALE OF FIXED ASSETS	0.00	0.00	0.00		0.00
712	71210	TEHAMA MAJOR CRIMES UNIT	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
713	71310	TIDE FED ASSET SEIZURE	Expense	55520	CONTR TO OTHER AGENCIES	0.00	0.00	0.00		0.00
713	71310	TIDE FED ASSET SEIZURE	Revenue	471121	FEDERAL ASSET SEIZURE	0.00	0.00	0.00		0.00
713	71310	TIDE FED ASSET SEIZURE	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
713	71310	TIDE FED ASSET SEIZURE	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
770	77010	NAVIGATION CTR	Revenue	440300	INTEREST	0.00	230.21	(230.21)		0.00
770	77010	NAVIGATION CTR	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
770	77010	NAVIGATION CTR	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
770	77010	NAVIGATION CTR	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
771	77110	BSCC MH GRANT 0085-18NH	Revenue	440300	INTEREST	0.00	1.02	(1.02)		0.00
771	77110	BSCC MH GRANT 0085-18NH	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
771	77110	BSCC MH GRANT 0085-18NH	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
778	77810	DISPUTE RESO BP470.3	Revenue	430212	MISC FINES & FEES	0.00	2,829.30	(2,829.30)		0.00
778	77810	DISPUTE RESO BP470.3	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55539	PATH STAR TAX	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55580	CORNING CHRIST ASST	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55581	HOME HELP HISP MOTHER	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55585	JOB TRAINING CENTER	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55586	SALVATION ARMY	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55595	TC GLEANERS	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Expense	55600	ALTERNATIVE TO VIOLENCE	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Revenue	440300	INTEREST	0.00	45.92	(45.92)		0.00
781	78110	CBG 2006	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
781	78110	CBG 2006	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55539	PATH STAR TAX	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55580	CORNING CHRIST ASST	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55581	HOME HELP HISP MOTHER	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55585	JOB TRAINING CENTER	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55586	SALVATION ARMY	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55595	TC GLEANERS	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Expense	55600	ALTERNATIVE TO VIOLENCE	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
786	78610	COMMUNITY BLOCK GRT 2005	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
788	78810	TC TOBACCO	Expense	53210	MISCELLANEOUS EXPENSE	0.00	0.00	0.00		0.00
788	78810	TC TOBACCO	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
788	78810	TC TOBACCO	Revenue	440300	INTEREST	0.00	458.49	(458.49)		0.00
788	78810	TC TOBACCO	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
788	78810	TC TOBACCO	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
788	78810	TC TOBACCO	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
789	78910	TOBACCO PROP 56	Revenue	440300	INTEREST	0.00	2,973.04	(2,973.04)		0.00
789	78910	TOBACCO PROP 56	Revenue	450520	OTHER STATE HEALTH	0.00	0.00	0.00		0.00
789	78910	TOBACCO PROP 56	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
789	78910	TOBACCO PROP 56	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
789	78910	TOBACCO PROP 56	Revenue	4712205	OP TRANSFER IN	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	57605	VEHICLES	0.00	0.00	0.00		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
790	79010	MARIJUANA SUPPRESSION GRT	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
790	79010	MARIJUANA SUPPRESSION GRT	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
791	79110	OES TAGMET DC0617052	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	51012	OVERTIME COMPENSATION	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53180	MTCE STRUCT-IMPRV-GROUNDS	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53270	SMALL TOOLS & INSTRUMENTS	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53281	INVESTIGATION	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	53291	TRANSPORTATION EXPENSE	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Revenue	450620	STATE OTHER	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
792	79210	MARIJUANA MS05040520	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	51010	SALARY & WAGES	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
793	79310	TAGMET DC05160520	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
794	79410	TIDE ADA - DC08190520	Expense	510104	DA S&B	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
794	79410	TIDE ADA - DC08190520	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
795	79510	ADA TIDE - DC09200520	Revenue	4507261	FEDERAL OCJP	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53120	COMMUNICATIONS	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53170	MAINTENANCE OF EQUIPMENT	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53220	OFFICE EXPENSE	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53260	RENT/LEASE OF BUILDINGS	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53300	UTILITIES	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	53800	INTERNAL ASSETS	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	57603	COMPUTERS	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	57608	SPECIAL DEPT EQUIPMENT	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Revenue	450722	FEDERAL STIMULUS - ARRA	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510100	RBPD S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510101	PROBATION S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510102	SHERIFF S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510103	CPD S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510104	DA S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510106	BNE S&B	0.00	0.00	0.00		0.00
796	79610	ADA TIDE ZA09-01-0520	Expense	510107	CHP S & B	0.00	0.00	0.00		0.00
799	79910	HOUSING ASST PAYMENT	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
799	79910	HOUSING ASST PAYMENT	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
799	79910	HOUSING ASST PAYMENT	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
799	79910	HOUSING ASST PAYMENT	Expense	597210	EXPENSE XFER OFFSET	0.00	0.00	0.00		0.00
848	84810	ANTI-DRUG H&S 11489	Expense	53280	SPECIAL DEPARTMENTAL EXP	0.00	(10,000.00)	10,000.00		0.00
848	84810	ANTI-DRUG H&S 11489	Expense	53290	EMPLOYEE TRAVEL/TRAINING	0.00	0.00	0.00		0.00
848	84810	ANTI-DRUG H&S 11489	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
848	84810	ANTI-DRUG H&S 11489	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
848	84810	ANTI-DRUG H&S 11489	Revenue	471122	STATE ASSET SEIZURE	0.00	3,718.17	(3,718.17)		0.00
848	84810	ANTI-DRUG H&S 11489	Expense	597205	OP TRANSFER OUT	0.00	0.00	0.00		0.00
90401	90401	CORNING ELEMENTARY	Expense	55410	BOND REDEMPTION	0.00	249,994.10	(249,994.10)		0.00
90401	90401	CORNING ELEMENTARY	Expense	55430	INTEREST ON BONDS	0.00	189,850.00	(189,850.00)		0.00
90450	90450	SHASTA JC 2016	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Revenue	410010	P/T CURRENT SECURED	0.00	218,499.73	(218,499.73)		0.00
90450	90450	SHASTA JC 2016	Revenue	410011	OPERATING UNITARY TAX	0.00	2,138.30	(2,138.30)		0.00
90450	90450	SHASTA JC 2016	Revenue	410020	P/T CURRENT UNSECURED	0.00	43,185.60	(43,185.60)		0.00
90450	90450	SHASTA JC 2016	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	909.93	(909.93)		0.00
90450	90450	SHASTA JC 2016	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	3,411.66	(3,411.66)		0.00
90450	90450	SHASTA JC 2016	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	0.00	0.00		0.00

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MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
90450	90450	SHASTA JC 2016	Revenue	410096	AIRCRAFT TAXES	0.00	11,213.41	(11,213.41)		0.00
90450	90450	SHASTA JC 2016	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
90450	90450	SHASTA JC 2016	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	1,506.35	(1,506.35)		0.00
90450	90450	SHASTA JC 2016	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
90451	90451	CORNING ELEM BOND REDEMP	Expense	55410	BOND REDEMPTION	0.00	275,000.00	(275,000.00)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Expense	55430	INTEREST ON BONDS	0.00	71,785.00	(71,785.00)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410010	P/T CURRENT SECURED	0.00	84,236.24	(84,236.24)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410011	OPERATING UNITARY TAX	0.00	135.39	(135.39)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410020	P/T CURRENT UNSECURED	0.00	9,453.56	(9,453.56)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	261.35	(261.35)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	1,230.61	(1,230.61)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	410096	AIRCRAFT TAXES	0.00	170.10	(170.10)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	440300	INTEREST	0.00	3,615.23	(3,615.23)		0.00
90451	90451	CORNING ELEM BOND REDEMP	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	614.80	(614.80)		0.00
90452	90452	EVERGREEN BOND	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410010	P/T CURRENT SECURED	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410011	OPERATING UNITARY TAX	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410020	P/T CURRENT UNSECURED	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	410096	AIRCRAFT TAXES	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	0.00	0.00		0.00
90452	90452	EVERGREEN BOND	Revenue	471120	MISCELLANEOUS REVENUE	0.00	0.00	0.00		0.00
90453	90453	SHASTA JC 2002 BOND	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410010	P/T CURRENT SECURED	0.00	24,269.63	(24,269.63)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410011	OPERATING UNITARY TAX	0.00	1,527.60	(1,527.60)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410020	P/T CURRENT UNSECURED	0.00	10,610.73	(10,610.73)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	288.50	(288.50)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	794.50	(794.50)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	410096	AIRCRAFT TAXES	0.00	2,758.39	(2,758.39)		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
90453	90453	SHASTA JC 2002 BOND	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	168.71	(168.71)		0.00
90454	90454	ORLAND JOINT UNION	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410010	P/T CURRENT SECURED	0.00	2,944.35	(2,944.35)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410011	OPERATING UNITARY TAX	0.00	0.02	(0.02)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410020	P/T CURRENT UNSECURED	0.00	564.09	(564.09)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.00	0.00		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	12.06	(12.06)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	0.00	0.00		0.00
90454	90454	ORLAND JOINT UNION	Revenue	440300	INTEREST	0.00	3.25	(3.25)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	8.82	(8.82)		0.00
90454	90454	ORLAND JOINT UNION	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
90551	90551	CORNING HS BOND	Expense	55410	BOND REDEMPTION	0.00	30,000.00	(30,000.00)		0.00
90551	90551	CORNING HS BOND	Expense	55430	INTEREST ON BONDS	0.00	161,450.01	(161,450.01)		0.00
90551	90551	CORNING HS BOND	Revenue	410010	P/T CURRENT SECURED	0.00	66,827.33	(66,827.33)		0.00
90551	90551	CORNING HS BOND	Revenue	410011	OPERATING UNITARY TAX	0.00	144.66	(144.66)		0.00

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Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
90551	90551	CORNING HS BOND	Revenue	410020	P/T CURRENT UNSECURED	0.00	12,991.11	(12,991.11)		0.00
90551	90551	CORNING HS BOND	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
90551	90551	CORNING HS BOND	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	280.32	(280.32)		0.00
90551	90551	CORNING HS BOND	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	1,499.68	(1,499.68)		0.00
90551	90551	CORNING HS BOND	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
90551	90551	CORNING HS BOND	Revenue	410096	AIRCRAFT TAXES	0.00	172.02	(172.02)		0.00
90551	90551	CORNING HS BOND	Revenue	440300	INTEREST	0.00	695.05	(695.05)		0.00
90551	90551	CORNING HS BOND	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	440.10	(440.10)		0.00
91151	91151	LV BOAD REDEMPT	Expense	55410	BOND REDEMPTION	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Expense	55430	INTEREST ON BONDS	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410010	P/T CURRENT SECURED	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410011	OPERATING UNITARY TAX	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410020	P/T CURRENT UNSECURED	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	410096	AIRCRAFT TAXES	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
91151	91151	LV BOAD REDEMPT	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	0.00	0.00		0.00
91601	91601	RED BLUFF ELEMENTARY	Expense	55410	BOND REDEMPTION	0.00	280,000.00	(280,000.00)		0.00
91601	91601	RED BLUFF ELEMENTARY	Expense	55430	INTEREST ON BONDS	0.00	120,862.50	(120,862.50)		0.00
91651	91651	RB ELEM BOND RED	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
91651	91651	RB ELEM BOND RED	Expense	55410	BOND REDEMPTION	0.00	100,000.00	(100,000.00)		0.00
91651	91651	RB ELEM BOND RED	Expense	55430	INTEREST ON BONDS	0.00	210,356.25	(210,356.25)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410010	P/T CURRENT SECURED	0.00	42,219.73	(42,219.73)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410011	OPERATING UNITARY TAX	0.00	1,474.85	(1,474.85)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410020	P/T CURRENT UNSECURED	0.00	8,671.30	(8,671.30)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
91651	91651	RB ELEM BOND RED	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	101.63	(101.63)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	374.75	(374.75)		0.00
91651	91651	RB ELEM BOND RED	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
91651	91651	RB ELEM BOND RED	Revenue	410096	AIRCRAFT TAXES	0.00	0.00	0.00		0.00
91651	91651	RB ELEM BOND RED	Revenue	440300	INTEREST	0.00	2,402.28	(2,402.28)		0.00
91651	91651	RB ELEM BOND RED	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	291.68	(291.68)		0.00
91751	91751	RBHS BOND REDEMP	Expense	53230	PROFESSIONAL/SPECIAL SERV	0.00	0.00	0.00		0.00
91751	91751	RBHS BOND REDEMP	Expense	55410	BOND REDEMPTION	0.00	485,000.00	(485,000.00)		0.00
91751	91751	RBHS BOND REDEMP	Expense	55430	INTEREST ON BONDS	0.00	328,212.51	(328,212.51)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410010	P/T CURRENT SECURED	0.00	177,945.99	(177,945.99)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410011	OPERATING UNITARY TAX	0.00	1,362.29	(1,362.29)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410020	P/T CURRENT UNSECURED	0.00	31,220.88	(31,220.88)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	716.91	(716.91)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	2,248.32	(2,248.32)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
91751	91751	RBHS BOND REDEMP	Revenue	410096	AIRCRAFT TAXES	0.00	11,215.62	(11,215.62)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	440300	INTEREST	0.00	5,140.04	(5,140.04)		0.00
91751	91751	RBHS BOND REDEMP	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	1,238.28	(1,238.28)		0.00
92101	92101	CAPAY ELEMENTARY	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410010	P/T CURRENT SECURED	0.00	48,699.63	(48,699.63)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410011	OPERATING UNITARY TAX	0.00	70.39	(70.39)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410020	P/T CURRENT UNSECURED	0.00	9,534.13	(9,534.13)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	225.89	(225.89)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	260.90	(260.90)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	440300	INTEREST	0.00	36.60	(36.60)		0.00

FISCAL YEAR 2025-26
MID YEAR BUDGET ADJUSTMENT REQUESTS DETAILED REPORT

Fund	Budget Unit	Department	Type	Account	Account Desc	Current Budget	YTD Expenditures	Balance	Mid-Year Budget Adj.	Total Adj. Budget
92101	92101	CAPAY ELEMENTARY	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	335.16	(335.16)		0.00
92101	92101	CAPAY ELEMENTARY	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410010	P/T CURRENT SECURED	0.00	9,540.36	(9,540.36)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410011	OPERATING UNITARY TAX	0.00	18.31	(18.31)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410020	P/T CURRENT UNSECURED	0.00	1,867.75	(1,867.75)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	44.25	(44.25)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	89.37	(89.37)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	440300	INTEREST	0.00	0.00	0.00		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	65.66	(65.66)		0.00
92102	92102	GLENN COUNTY SPECIAL ED	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	410010	P/T CURRENT SECURED	0.00	10,433.13	(10,433.13)		0.00
92103	92103	LEMON HOME	Revenue	410011	OPERATING UNITARY TAX	0.00	39.46	(39.46)		0.00
92103	92103	LEMON HOME	Revenue	410020	P/T CURRENT UNSECURED	0.00	2,042.54	(2,042.54)		0.00
92103	92103	LEMON HOME	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	48.39	(48.39)		0.00
92103	92103	LEMON HOME	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	410096	AIRCRAFT TAXES	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	440300	INTEREST	0.00	7.47	(7.47)		0.00
92103	92103	LEMON HOME	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
92103	92103	LEMON HOME	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	71.80	(71.80)		0.00
92103	92103	LEMON HOME	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410010	P/T CURRENT SECURED	0.00	13,163.95	(13,163.95)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410011	OPERATING UNITARY TAX	0.00	49.78	(49.78)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410020	P/T CURRENT UNSECURED	0.00	2,577.16	(2,577.16)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	61.06	(61.06)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	410090	OTHER TAXES	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	440300	INTEREST	0.00	9.43	(9.43)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	90.60	(90.60)		0.00
92104	92104	ORLAND HIGH SCHOOL	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Expense	55480	TAXES ASSESSMENTS	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410010	P/T CURRENT SECURED	0.00	1,054,201.73	(1,054,201.73)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410011	OPERATING UNITARY TAX	0.00	1,927.88	(1,927.88)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410020	P/T CURRENT UNSECURED	0.00	206,385.49	(206,385.49)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410030	P/T PRIOR SECURED	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410040	P/T PRIOR YEAR UNSECURED	0.00	4,889.90	(4,889.90)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410060	P/T CURRENT SUPPLEMENTAL	0.00	9,875.41	(9,875.41)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410070	P/T PRIOR SUPPLEMENTAL	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410094	TIMBER YIELD GUARANTEE	0.00	23,617.55	(23,617.55)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410098	ERAF	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	410099	P/T ADMIN FEE	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	440300	INTEREST	0.00	843.89	(843.89)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	450430	STATE TRAILOR COACH LIEU	0.00	0.00	0.00		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	450600	HOME OWNERS P/T RELIEF	0.00	7,255.10	(7,255.10)		0.00
92125	92125	SHASTA JR. COLLEGE	Revenue	450720	FEDERAL OTHER	0.00	0.00	0.00		0.00

SUMMARY
REQUESTED REVISIONS TO THE POSITION ALLOCATION LIST
FY 2025-26 Mid-Year Budget

COUNTY COUNSEL								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
County Counsel	101-1031	Paralegal I/II	Increase	0.00	1.00	1.00	The current incumbent is underfilling a Deputy County Counsel PAL allocation. The Department will continue to hold a Legal Secretary unfunded in order to use salary savings in addition to salary savings from an unfilled Deputy County Counsel.	3/3/2026
				Total:	**1.00**			
				NET FTE CHANGE FOR COUNTY COUNSEL:	**1.00**			

GENERAL SERVICES								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
General Services	101-1073	Information Systems Specialist II	Increase	0.00	1.00	1.00		3/3/2026
				Total:	**1.00**			
				NET FTE CHANGE FOR GENERAL SERVICES:	**1.00**			

FACILITIES MAINTENANCE								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
Facilities Maintenance	101-1074	Facilities Maintenance Technician - HVAC Specialist	Increase	0.00	1.00	1.00	Add position to better meet County and Maintenance Department needs while expanding in-house service delivery.	3/3/2026
				Total:	**1.00**			
				NET FTE CHANGE FOR FACILITIES MAINTENANCE:	**1.00**			

SHERIFF'S OFFICE								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
Jail	106-2032	Correctional Deputy I / Correctional Deputy	Increase	29.00	12.00	41.00	Adding positions for new Jail expansion.	3/3/2026
		Dietary Cook	Increase	3.00	2.00	5.00	Adding positions for new Jail expansion.	3/3/2026

Extension of Limited Term (Sunset Date)					
Department	**Fund # and Budget Unit**	**Classification Title**	**Sunset**	**Extension**	**Comments**
Sheriff's Auto Shop	106-2028	Public Safety Vehicle & Equipment Mechanic I (Limited Term)	3/1/2026	3/1/2029	Funding extended an additional three (3) years.

Positions Held Vacant						
Department	**Fund # and Budget Unit**	**Classification Title**	**FTE Held Vacant**		**Comments**	**Requested Effective Date**
			From	**To**		
Jail	106-2032	Correctional Deputy I/Correctional Deputy	3.00	0.00	Unfreeze allocations	3/3/2026
Sheriff	106-2027	Deputy Sheriff I / Deputy Sheriff	2.00	0.00	Unfreeze allocations	3/3/2026
				Total:	**14.00**	
NET FTE CHANGE FOR SHERIFF'S OFFICE:					**14.00**	

ENVIROMENTAL HEALTH								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
ENVIROMENTAL HEALTH	101-4011	Hazardous Material Specialist I/II/III	Decrease	1.00	0.00	1.00	The Environmental Health Department is requesting to restore a Registered Environmental Health Specialist (REHS) position on the Position Allocation List. This position was previously reclassified to a Hazardous Materials Specialist to accommodate a specific staff member's qualifications; however, this change limited the scope of work that could be performed and resulted in a lower wage for the role. Following that employee's transfer to another department for higher pay, the department now seeks to revert the position to its original REHS status.	3/3/2026
ENVIROMENTAL HEALTH	101-4011	Environmental Health Specialist I/II/III	Increase	4.00	1.00	5.00		3/3/2026
NET FTE CHANGE FOR ENVIROMENTAL HEALTH:					**1.00**			

SOCIAL SERVICES								
Budget Unit	**Fund # and Budget Unit #**	**Classification Title**	**Proposed Action**	**Total Allocations Currently in the PAL**	**PAL FTE Change + or -**	**Adjusted PAL Allocations**	**Comments**	**Requested Effective Date**
Social Services	108-5013	Office Assistant I/II	Decrease	3.00	-1.00	2.00	Replace with Screener	3/3/2026
		Office Assistant III	Decrease	1.00	-1.00	0.00	Replace with Screener	3/3/2026
		Screener	Increase	8.00	2.00	10.00	Replaces 1.00 FTE OA I/II and 1.00 FTE OA III	3/3/2026

Positions Held Vacant						
Department	**Fund # and Budget Unit**	**Classification Title**	**FTE Held Vacant From**	**To**	**Comments**	**Effective Date**
Social Services	108-5013	Social Worker I/II, Social Worker III, Social Worker IV(A), or Social Worker IV(B)	1.00	0.00	Unfreeze allocation	3/3/2026
Social Services	108-5013	Employment & Training Worker Supervisor	1.00	0.00	Unfreeze allocation	3/3/2026
				Total:	**0.00**	
NET FTE CHANGE FOR SOCIAL SERVICES:					**0.00**	

MID-YEAR REQUESTED ACTION - ADJUSTMENTS BY DEPARTMENTS

Table 2.

DEPARTMENT	Budget Adjustments					Staffing Adjustments		Discretionary General Funding Request	
	Revenue	Expenditure	Other Funds	Use of Previous Years Funds	Net County Cost	Adopted PAL	Mid-Year PAL Adj.	Amount	Staffing
AGRICULTURE COMMISSIONER	$ -	$ 11,425	$ -	$ 11,425	$ -	12.00		$ -	
ANIMAL SERVICES	$ 122,435	$ 122,435	$ -	$ -	$ -	11.00		$ -	
BOARD OF SUPERVISORS	$ -	$ 1,000	$ -	$ -	$ 1,000	5.00		**$ 1,000**	
BOATING GRANT	$ (39,021)	$ -	$ (39,021)	$ -	$ 39,021	1.00		**$ 39,021**	
CAPITAL PROJECTS	$ (3,755,500)	$ (3,755,500)	$ -	$ -	$ -	0.00		$ -	
CHILD SUPPORT SERVICES	$ -	$ -	$ -	$ -	$ -	15.00		$ -	
CLINIC SERVICES	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
COMMUNITY ACTION AGENCY	$ 85,690	$ 85,690	$ -	$ -	$ -	9.00		$ -	
COUNTY ADMINISTRATION	$ -	$ 1,000	$ -	$ -	$ 1,000	3.85		**$ 1,000**	
COUNTY COUNSEL	$ -	$ -	$ -	$ -	$ -	7.75	**1.00**	$ -	**1.00**
DA FRAUD AUTO	$ 5,481	$ 5,481	$ -	$ -	$ -	0.00		$ -	
DA INSURANCE FRAUD	$ 7,789	$ 7,789	$ -	$ -	$ -	0.00		$ -	
DA VICTIM/WITNESS	$ 10,144	$ 10,144	$ -	$ -	$ -	1.10		$ -	
DISTRICT ATTORNEY	$ -	$ 126,575	$ 124,377	$ -	$ 2,198	24.90		**$ 2,198**	
DRUG & ALCOHOL	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
ELECTION	$ -	$ 111,050	$ 111,050	$ -	$ -	2.80		$ -	
EMERGENCY OPERATIONS	$ 2,557,964	$ 925,000	$ (1,632,964)	$ -	$ -	0.00		$ -	
FACILITIES MAINTENANCE	$ -	$ 109,093	$ -	$ -	$ 109,093	10.00	**1.00**	**$ 109,093**	**1.00**
FIRE SCH C VOL	$ 225,000	$ 225,000	$ -	$ -	$ -	5.00		$ -	
GENERAL SERVICES	$ -	$ 34,489	$ -	$ -	$ 34,489	1.00	**1.00**	**$ 34,489**	**1.00**
JAIL	$ -	$ 234,452	$ -	$ -	$ 234,452	43.00	**14.00**	**$ 234,452**	**14.00**
JAIL - HEALTH SERVICES	$ -	$ 172,750	$ -	$ -	$ 172,750	0.00		**$ 172,750**	
JAIL NURSHING SER.	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
JUVENILE HALL	$ -	$ 370,721	$ -	$ -	$ 370,721	32.00		**$ 370,721**	
L.A.F.C.O	$ -	$ 1,600	$ -	$ -	$ 1,600	0.00		**$ 1,600**	
LIBRARY	$ 15,200	$ 15,200	$ -	$ -	$ -	7.25		$ -	
MENTAL HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
PARKS & RECREATION	$ 35,000	$ 35,000	$ -	$ -	$ -	0.00		$ -	
PERSONNEL	$ 4,440	$ 4,440	$ -	$ -	$ -	3.73		$ -	
PLANNING DEPARTMENT	$ -	$ 250	$ -	$ -	$ 250	5.00		**$ 250**	
PLANT ACQUISITION	$ 7,334,586	$ 7,334,586	$ -	$ -	$ -	0.73		$ -	
PROBATION	$ -	$ 243,796	$ -	$ -	$ 243,796	39.00		**$ 243,796**	
PUBLIC ASSISTANCE	$ (629,885)	$ (629,885)	$ -	$ -	$ -	0.00		$ -	
PUBLIC HEALTH	$ -	$ -	$ -	$ -	$ -	**175.00**		$ -	
RISK MANAGEMENT	$ -	$ 30,000	$ 30,000	$ -	$ -	4.35		$ -	
ROAD DEPARTMENT	$ 575,046	$ 575,046	$ -	$ -	$ -	76.00		$ -	
SENIOR NUTRITION	$ 122,043	$ 122,043	$ -	$ -	$ -	1.00		$ -	
SHERIFF	$ 123,350	$ 143,100	$ -	$ -	$ 19,750	59.00		**$ 19,750**	
SHERIFF - ANIMAL REG	$ -	$ 12,953	$ -	$ -	$ 12,953	8.00		**$ 12,953**	
SHERIFF - CORONER	$ -	$ -	$ -	$ -	$ -	3.00		$ -	
SOCIAL SERVICES ADMIN.	$ 620,840	$ 620,840	$ -	$ -	$ -	185.00		$ -	
TC SANITATION	$ 73,494	$ 7,921	$ (65,573)	$ -	$ -	0.00		$ -	
TEHAMA MAJOR CRIMES UNIT	$ 4,772	$ 4,772	$ -	$ -	$ -	0.00		$ -	
TOTAL	**$ 7,498,868**	**$ 7,320,256**	**$ (1,472,131)**	**$ 11,425**	**$ 1,243,073**	**1451.45**	**17.00**	**$ 1,243,073**	**17.00**

Table 1.

FY 2025-26 MID-YEAR ADJUSTMENTS BY FUND

		EXPENDITURE			REVENUE		
	FUND	Budgeted Exp. As of 12/31/2025	Mid-Year request	Adj. Exp Budget	Budgeted Rev. As of 12/31/2025	Mid-Year request	Adj. Rev Budget
101	General Fund	55,879,880	1,467,816	57,347,696	47,766,734	2,830,873	50,597,607
102	Road	20,677,524	(3,180,454)	17,497,070	20,677,524	(3,180,454)	17,497,070
103	Capital Outlay	13,962,586	7,344,586	21,307,172	13,962,586	7,334,586	21,297,172
105	Fire Fund	9,048,438	225,000	9,273,438	6,594,920	225,000	6,819,920
106	Public Safety	46,215,256	1,317,617	47,532,874	45,934,622	97,599	46,032,221
107	Risk Management	8,720,124	30,000	8,750,124	8,720,124	-	8,720,124
108	Social Services	54,615,170	(9,046)	54,606,125	54,614,670	(9,046)	54,605,625
116	Senior Nutrition	528,014	122,043	650,057	528,014	122,043	650,057
605	TC Sanitation	582,665	7,921	590,586	517,092	73,494	590,586
712	Tehama Major Crime Unit	109,537	4,772	114,309	109,537	4,772	114,309
		210,339,195	**7,330,256**	**217,669,451**	**199,425,823**	**7,498,868**	**206,924,691**

COUNTY OF TEHAMA
BUDGET APPROPRIATION TRANSFER REQUEST

Department Name: AUDITOR - CONTROLLER

Auditor Number B-49

Date: 2/24/2026

Due to a budget deficiency or unanticipated expense, I am requesting a transfer, or an additional appropriation as listed below:
(State reason to avoid delay or misunderstanding.)

Request authorization for transfers as adopted for mid-year budget adjustments

*** FROM ***					*** TO ***				
FUND NO.	DEPT. NO.	ACCT. NO.	ACCOUNT NAME	AMOUNT	FUND NO.	DEPT. NO.	ACCT. NO.	ACCOUNT NAME	AMOUNT
			VARIOUS Reference Only	$ -				VARIOUS Reference Only	$ -

TRANSFER APPROVED:

Ana Zamacona — 2/25/2026
AUDITOR *DATE*

N/A
BOARD OF SUPERVISORS *DATE*

T M RC — 2/25/26
SIGNATURE OF REQUESTING OFFICIAL *DATE*

Form A-118

TEHAMA

FY 2025-26 MID-YEAR BUDGET REPORT

Ensuring alignment with actual expenditures and revenues while maintaining essential public services for Tehama County.

FISCAL YEAR OVERVIEW

REVIEW PROCESS

The mid-year review provides a comprehensive look at the first six months of performance, allowing the Administration Office to align the approved budget with actuals.

This process focuses on maintaining existing service levels rather than funding new initiatives, prioritizing unforeseen state shortfalls and staffing criticalities.

KEY STRATEGY

Adjustments prioritize programmatic goals such as broadband expansion, infrastructure maintenance, and software modernization in the Plant and Acquisition unit.

Departments have focused on addressing staffing shortages in Public Safety and streamlining state-mandated reporting through technical upgrades.

MID-YEAR ADJUSTMENTS BY FUND

FUND CATEGORY	DEC 2025 BUDGET	MID-YEAR REQUEST	ADJUSTED BUDGET
101 General Fund	$55,879,880	**+$1,467,816**	$57,347,696
102 Road Fund	$20,677,524	**-$3,180,454**	$17,497,070
103 Capital Outlay	$13,962,586	**+$7,344,586**	$21,307,172
106 Public Safety	$46,215,256	**+$1,317,617**	$47,532,874
TOTALS (All Funds)	**$210,339,195**	**+$7,330,256**	**$217,669,451**

CORE FISCAL IMPACTS

$7.5M

REVENUE INCREASE

Revenue growth of $7,498,868 fully offsets the requested expenditure adjustments across all funds.

$811K

PUBLIC SAFETY ADJUSTMENTS

Dedicated funds for salary and benefit corrections to support Sheriff and Probation operations.

INFRASTRUCTURE FOCUS

MAINTAINING HIGH-IMPACT PROJECTS

The Plant and Acquisition budget units remain focused on critical infrastructure modernization.

Key highlights include broadband expansion, essential facility repairs, and the strategic modernization of department software.

These efforts ensure county resources are used efficiently to meet current and future service demands while reducing long-term maintenance liabilities.

STAFFING ALLOCATION (PAL)

PUBLIC SAFETY

Addition of 14.00 FTE positions (12 Correctional Deputies and 2 Dietary Cooks) to support the new Jail expansion.

MODERNIZATION

1.00 FTE Information Systems Specialist and 1.00 FTE HVAC Specialist added to bring critical services in-house.

ADMINISTRATIVE

Unfreezing Social Worker and Employment Training positions to manage growing state contracts and public assistance needs.

AGRICULTURE & ANIMAL SERVICES

GRANT-FUNDED ENHANCEMENTS

Agriculture: Transitioned to CalCATS, a modern web-based reporting system funded by FY 2018-19 reserves.

Animal Services: Requested $122,435 to expand community services like "Sniptember" and no-cost clinics.

All requested adjustments in these units are fully funded by grants and dedicated donations, requiring zero General Fund support.

JAIL EXPANSION PROJECT

FACILITY READINESS

Securing 14 new positions now is critical to meeting state requirements that the Jail expansion facility be occupied within 90 days of completion.

The staffing plan allows for safe operations at the existing jail while transitioning services to the new building by Spring 2026.

Planning for the long-term sustainability of state-mandated programs like CalAIM to ensure local resources are not overwhelmed.

PARK FIRE RECOVERY

Securing $2.5M in State Disaster Relief for hazardous tree removal, well repairs, and station maintenance.

FIXED ASSET REQUESTS

- **Facilities Maintenance:** $62,000 for a one-ton pickup truck to replace an aging, unreliable vehicle and support specialized in-house projects.
- **Sheriff's Office:** $50,550 for a TruNarc handheld narcotics analyzer, fully offset by BSCC grant funding.
- **Drug & Alcohol:** Strategic reduction in equipment budget to redirect $20,000 toward rising software subscription costs.
- **Fire Department:** Redirecting $50,000 to purchase essential handheld and mobile radios for emergency personnel.

STRATEGIC BUDGET ROADMAP

ZERO-BASED APPROACH

Moving away from historical spending to fresh justification for every dollar.

RESULTS-ORIENTED

Focusing on how spending improves public safety and local opportunities.

ONE TEAM COLLABORATION

Ending competition for resources; working together on big-picture goals.

CLEAR PRIORITIES

Explicitly distinguishing mandated vs. discretionary services for Board choices.

QUESTIONS?

Thank you for your attention to the fiscal sustainability of Tehama County.

Administration Office | tehamacounty.ca.gov

IMAGE SOURCES

https://www.tehama.gov/wp-content/uploads/2020/12/tc-logo.svg

Source: www.tehama.gov

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https://www.gpmpavement.com/wp-content/uploads/2022/07/Crew-27-scaled.jpg

Source: www.gpmpavement.com

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https://californiapreservation.org/wp-content/uploads/2018/08/3.jpg

Source: californiapreservation.org

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https://www.dlrgroup.com/media/88_24101_00_N20_weblg-1536x1024.jpg

Source: www.dlrgroup.com

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https://images.squarespace-cdn.com/content/v1/545a90ede4b026480c02c5c7/0a0ef50f-110c-44ac-b271-47a4a3f3c446/Canoe+fire.jpg

Source: www.cafirescience.org

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https://www.cschs.org/wp-content/uploads/2014/04/california-county-courthouse-tehama.jpg

Source: www.cschs.org

Tehama County

Agenda Request Form

File #: 26-0218 **Agenda Date:** 3/3/2026 **Agenda #:** 24.

CLERK & RECORDER - Clerk & Recorder Sean Houghtby, District Attorney Matt Rogers & Assessor Burley Phillips

Requested Action(s)

a) AGREEMENT - Approval and authorization for the Clerk & Recorder to sign the agreement with CD-DATA dba ParcelQuest for the purpose of providing owner notification letters, effective upon signature and in effect until terminated

Financial Impact:

There is no financial impact to this agreement. The letters are in exchange for access to Recorder's Office public records for no charge.

Background Information:

The State of California passed Senate Bill 255 which mandates that County Recorder's offices send notification letters to the previous owner of record when certain property transactions and documents are filed with the office. ParcelQuest is a current partner with the County particularly in the Assessor's office and can generate these letters based on Recorder's data that will be provided under this agreement and Assessor data that they already possess. The Clerk & Recorder, in cooperation with the District Attorney and Assessor, have developed a program using these letters to notify property owners of transactions and provide an avenue for questions and complaints. The purpose of these notices is to ensure property owners are informed of documents filed regarding their property and to help with the early detection of any fraudulent documents that may be filed. This is a concern that has been expressed across all 3 offices from the public and this is one way to address those concerns.

Currently the plan is to have the Recorder's office send out letters based on documents filed with their office, the Assessor will field questions from the public generated by those letters as they have the most information regarding the full history of the property. If something rises to the level that fraud may have occurred, it will be referred to the District Attorney for investigation and prosecution. SB 255 requirements does not take effect until January of 2027, however we are going to pilot this program to gather data on costs and adjust as needed during the upcoming fee study.

EXCHANGE AGREEMENT

This Agreement is entered into this _____ day of _____, 20__, by and between the County of Tehama, a political subdivision of the State of California (hereinafter, "the County" or "Recorder's Office") and CD-DATA dba ParcelQuest, a California corporation (hereinafter, "ParcelQuest").

RECITALS:

1. ParcelQuest is engaged in the business of acquiring, compiling, arranging, selecting, formatting, copying and distributing, for a fee, the Recorder's Office Official Records & indexes hereinafter referred to as Recorder's data ("Data") in electronic form. ParcelQuest sells licensed subscriptions to such Data in conjunction with its data management programs and websites, for example ParcelQuest.com, ParcelQuest Lite ("PQLite"), Guard Dog, and in other formats.

2. The County, by and through the Recorder's Office, is interested in accessing the Data for Tehama County ("County Area") and/or making the Data available to the public by linking ParcelQuest data management websites to the Recorder's Office website as authorized by ParcelQuest.

3. Upon the terms and conditions set forth below, ParcelQuest is willing to provide the Recorder's Office with access to the Data, via all of ParcelQuest's available products and formats in exchange for the Recorder's Office providing ParcelQuest with recorder official records created and maintained by the Recorder's Office in the format created by the Recorder's Office ("Recorder Official Records"). Recorder Official Records shall be limited to electronic grantor-grantee indexes, electronic document images, electronic document images and indexes of Deed books and such other records as shall be approved by the Recorder for inclusion in this agreement from time to time. Nothing in this Agreement shall prevent ParcelQuest from marketing, licensing or selling the Data to third parties, at fees determined solely by ParcelQuest, and the parties acknowledge that the Data in conjunction with its data management programs is the property of ParcelQuest and subject to copyright protection.

TERMS AND CONDITIONS:

1. Obligations of ParcelQuest: ParcelQuest agrees, without charge to the Recorder's Office, upon receipt of recorder official records from the Recorder's Office, to update ParcelQuest's Data and to provide the County with access to the County Area Data via all ParcelQuest products as may be requested by the Recorder's Office, such as ParcelQuest Guard Dog and a weekly updated set of recording notifications letters in pdf format suitable for mailing to property owners of record in compliance with California Government Code section Section 27297.7. ParcelQuest shall use due diligence in compiling, arranging, selecting and formatting the Data. Access to the County Area Data under this Agreement shall be solely for use by the Recorder's Office except in the case of PQLite, Guard Dog, or similar products which shall be provided to the Recorder's Office for the express purpose of public access via the Recorder's Office website.

2. Obligations of Recorder's Office: The Recorder's Office shall provide ParcelQuest with recorder official records at its discretion and convenience, but shall at a minimum provide, 1) Daily updates of the Recorder's Grantor/Grantee Index, 2) Daily updates of newly recorded real property document images, and 3) A one-time copy of the Recorder's complete archive of real property document images.

3. Right of ParcelQuest to disseminate Data: Nothing in this Agreement shall be construed as limiting or in any way affecting ParcelQuest's right to sell, distribute and/or license the Data, in conjunction with data management software or as raw data, to third parties subject to terms and conditions determined solely by ParcelQuest.

4. Rights of the County to Disseminate Data. Nothing in this Agreement shall be construed as limiting or in any way affecting the County's duty to provide copies of certain public records under the Public Records Act, nor the County's right to provide information and records to the public in any form it wishes, including but not limited to electronic media. However, the County understands and agrees that the ParcelQuest product, any other data management software provided by ParcelQuest, and the Data, are not public records and may not be distributed to the public, and that County's access to and use of ParcelQuest, any other data management software provided by ParcelQuest, and Data, shall be subject to ParcelQuest's licensing agreement. However, the County may at any time create and distribute its own electronic records and other information, including but not limited to the dissemination of such materials through the internet. The County may also enter into agreements with other vendors of recorder official records under similar or different terms. The County assumes no liability or responsibility for misuse of ParcelQuest's Data by anyone other than duly authorized employees, officers, or agents of the County.

5. The County shall have no liability for charges made or incurred by ParcelQuest for compilation, arranging, selecting, formatting or distribution of information taken from recorder records provided to ParcelQuest by the County, including any person, agent, employee or contractor into whose custody the records are delivered by the County. All such charges shall be the responsibility of ParcelQuest.

6. Disclaimer of Partnership or Agency. It is understood and agreed that neither the County nor the Recorder's Office, nor any of their respective employees, is in a relationship of partnership or agency with ParcelQuest. ParcelQuest is an independent contractor and is not an officer, agent, or employee of either the Recorder's Office or the County. ParcelQuest shall defend, indemnify, and hold the County harmless for any claims, losses, or damages incurred by the County as a result of ParcelQuest's use of recorder records provided by the County under this Agreement.

7. Term of Agreement: The initial term of the agreement shall be for one (1) year, commencing on the date it is executed. Thereafter, the Agreement shall continue in effect until terminated by either party, with or without cause, by giving not less than 60 days' written notice.

8. If at any time all or part of this agreement is determined to be in violation of any state or federal statute, and in particular the California Public Records Act, ParcelQuest will immediately cease all sales of its product and shall recall its product from its customers if so requested to do so by the County Recorder. Notification of such violation shall be in writing citing the basis of such violation and may be issued by the County Recorder, the County Recorder's designated representative, or legal counsel.

10. Governing Law And Jurisdiction: In addition to Sacramento County, the County shall be added to the venues where the parties' rights to pursue injunctive relief may be brought.

11. No Amendments shall be made to this agreement unless both parties agree in writing and the writing is signed by both parties.

12. Notices: All notices desired or required to be given pursuant to this agreement shall be in writing and shall be addressed as follows:

To County:	To ParcelQuest:
Sean Houghtby	Grant Mulligan
Tehama County Recorder	ParcelQuest
PO Box 428	193 Blue Ravine Road, Suite 120
Red Bluff, CA 96080	Folsom, CA 95630

Either party may, by written notice given to the other, change its mailing address.

IT WITNESS WHEREOF, the parties have executed this agreement as of the date first written above.

COUNTY:	ParcelQuest:
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

E-Contract Review
Approval as to Form

Department Name: Clerk and Recorder

Vendor Name: Parcelquest

Contract Description: For the purpose of SB255 Notices

APPROVED AS TO FORM:

Date: 01/02/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Sean Houghtby
Clerk & Recorder
633 Washington St. Room 11
Red Bluff, CA 96080

Matt Rogers
District Attorney

Burley Phillips
Assessor

Date

John Doe

Address 1

Address 2

NOTICE OF RECORDING AFFECTING REAL PROPERTY

If you recognize the recording activity referenced below as legitimate no further action is required, and you may disregard this notice.

Dear John Doe,

In an effort to protect the property owners of Tehama County against financial crimes and fraudulent activities, the office of the Clerk & Recorder, Sean Houghtby, in collaboration with the office of the District Attorney, Matt Rogers, and the office of the Assessor, Burley Phillips, has established a fraud detection and prevention program related to recorded documents affecting real property.

This notice is being issued to inform you of the following deed transfer or mortgage activity related to the indicated real property:

Property Address:	Address
Assessor's Parcel No.:	Parcel #
Date of Recordation:	Date of Recording
Recorded Document No.:	Doc Number

On the back of this letter please find the first one or two pages of the recorded document referenced above for your review. If you suspect the activity referenced in the document is fraudulent, please contact the Tehama County Assessor's Office immediately at (530) 527-5931 for further assistance. Thank you for your prompt attention to this important matter.

See Reverse: Unofficial document copy. First one or two pages only, as applicable.

Tehama County

Agenda Request Form

File #: 26-0148 **Agenda Date:** 3/3/2026 **Agenda #:** 25.

TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT - Air Pollution Control Officer Joseph Tona

Requested Action(s)

a) RESOLUTION - Request adoption of a resolution approving the District's participation in the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program for Fiscal Year 24/25 and authorize the Air Pollution Control Officer to sign the FARMER program application

Financial Impact:

This grant agreement will allocate funding for the District to provide financial support for the implementation of eligible reduced-emission technologies, in alignment with the FARMER grant program.

Background Information:

The Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program provides grant funding to California air districts to implement agricultural vehicle and equipment replacement and repower projects. CARB periodically updates the FARMER Program Guidelines; the current statewide guidelines were approved by the CARB Board on October 24, 2024.

FARMER projects are intended to reduce emissions from the agricultural sector, including criteria pollutants, toxic air contaminants, and greenhouse gas (GHG) emissions, consistent with the program’s scope and eligible project categories. Eligible project types include agricultural off-road vehicles and equipment (e.g., harvesting equipment, tractors, pump engines, and other diesel equipment used in agricultural operations) and heavy-duty on-road vehicle replacement projects used in agricultural operations.

CARB issues annual solicitation materials describing the application requirements and tentative allocations by district, based on the allocation formula in the FARMER Program Guidelines.

The District has participated in the FARMER program since 2018. FARMER was not originally funded in the state’s Budget Act of 2024 and was later added through AB 157 (Budget Bill Junior), which allocated $2 million to the program. As a result, the Tehama County Air Pollution Control District has received a proposed tentative allocation of $10,200.

To: Air Pollution Control Officers

From: Nathan Dean, Manager, Emerging Technologies and Incentives Section

Date: January 16, 2026

Subject: Solicitation for Applications to Receive Funding from the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program: Fiscal Year 2024-25 Funds

This memo solicits applications for fiscal year (FY) 2024-25 funding from the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program. California air districts with at least one percent of the statewide emissions from agricultural equipment may apply for FARMER Program grants funded by the General Fund.

For FY 2024-25, the State Legislature allocated $2,000,000 to the California Air Resources Board (CARB) to fund grants with air districts under the FARMER Program. After withholding $100,000 for CARB program administration, $1,900,000 is available to districts. The tentative allocation of FARMER Program funding is based on publicly available emissions data for agricultural equipment in the 2021 California agricultural equipment emissions inventory (AG2021) and each district's air quality and attainment status.

District responses to this solicitation package must be received by February 15, 2026. This solicitation package includes the application form as an attachment. Districts must complete and return this form to receive or designate funds. CARB will assume a district has declined FY 2024-25 FARMER Program funds if an application is not submitted to CARB by February 15, 2026.

Tentative and Final Grant Amounts

Table 1, below, provides the tentative grant amounts available by district. Note that these are tentative allocations based on preliminary estimates and should not be used in board resolutions. Final allocations will be calculated by applying the formula described in the FARMER Program Guidelines with consideration of the number of districts that apply and their funding requests. The final allocations may be more or less than the tentative allocations.

Table 1: Tentative District Allocations

Air District	Project Funding Allocation	Maximum Project Implementation Funding	Total Tentative Allocation
Bay Area Air Quality Management District (AQMD)	$30,100.00	$4,300.00	$34,400.00
Butte County AQMD	$15,300.00	$2,700.00	$18,000.00
Colusa County Air Pollution Control District (APCD)	$10,540.00	$1,860.00	$12,400.00
Feather River AQMD	$19,635.00	$3,465.00	$23,100.00
Glenn County APCD	$12,665.00	$2,235.00	$14,900.00
Imperial County APCD	$12,070.00	$2,130.00	$14,200.00
Mojave Desert AQMD	$13,855.00	$2,445.00	$16,300.00
Monterey Bay Air Resources District	$16,660.00	$2,940.00	$19,600.00
Northern Sonoma County APCD	$9,010.00	$1,590.00	$10,600.00
Sacramento Metropolitan AQMD	$9,887.50	$1,412.50	$11,300.00
San Diego County APCD	$22,312.50	$3,187.50	$25,500.00
San Joaquin Valley APCD	$1,330,000.00	$190,000.00	$1,520,000.00
San Luis Obispo County APCD	$13,175.00	$2,325.00	$15,500.00
Santa Barbara County APCD	$10,540.00	$1,860.00	$12,400.00
South Coast AQMD	$15,137.50	$2,162.50	$17,300.00
Tehama County APCD	$8,670.00	$1,530.00	$10,200.00
Ventura County APCD	$16,150.00	$2,850.00	$19,000.00
Yolo-Solano AQMD	$18,275.00	$3,225.00	$21,500.00
Shared Allocation Pool	$69,554.00	$14,246.00	$83,800.00

Designations

Districts that choose to designate their tentative allocation to the Shared Allocation Pool or to a lead district (i.e., a district selected to administer the FARMER Program on another district's behalf) may make this designation in the attached application.

In responding to this solicitation, districts may take one of the following actions:

1. Accept the Full Tentative Allocation.

   Districts that accept the full tentative allocation may choose to designate all or a portion of the allocation to the Shared Allocation Pool or a lead air district. To accept the full tentative allocation, districts must address the following:

- ☐ Application – A completed application form signed and dated by the district's Air Pollution Control Officer (APCO) or authorized designee. Please complete all applicable sections of the application.

- ☐ District Board Resolution

  If the district retains all or a portion of FARMER Program funds to administer, the district board resolution must commit to participate in the FARMER Program, accept FARMER Program funds, and follow the requirements of the FARMER Program. Since allocations in Table 1 are tentative and final allocations will differ, the resolution should not specify an exact grant amount unless district board policy requires it, in which case a not-to-exceed figure should be used. Because a district's board agenda may not immediately accommodate this item, resolutions will be accepted until March 31, 2026. Applications without a resolution must list the date that the board is scheduled to hear the item.

  For funds designated to the Shared Allocation Pool or to a lead air district, the district board resolution must authorize FARMER Program funds to be designated to the Shared Allocation Pool or a lead district. Because a district's board agenda may not immediately accommodate this item, resolutions will be accepted until March 31, 2026. Applications without a resolution must list the date that the board is scheduled to hear the item.

- ☐ Policies and Procedures Manual – If the district retains all or a portion of FARMER Program funds to administer, in signing the application, the district APCO or designee must confirm that the district will maintain an up-to-date FARMER Program Policies and Procedures Manual at the district's office.

2. Accept Less than the Tentative Allocation.

   Districts may opt to accept less than the tentative allocation and the remaining portion will be redistributed through the allocation formula. To do this, districts must address the following:

   - ☐ Application – A completed application form signed and dated by the district's APCO or authorized designee. Please complete all applicable sections of the application.

   - ☐ District Board Resolution – The district board resolution must commit to participate in the FARMER Program, accept FARMER Program funds, and follow the requirements of the FARMER Program. Since allocations in Table 1 are tentative and final allocations will differ, the resolution should not specify an exact grant amount unless district board policy requires it, in which case a not-to-exceed figure should be used. Because a district's board agenda may not immediately accommodate this item, resolutions will be accepted until March 31, 2026.

Applications without a resolution must list the date that the board is scheduled to hear the item.

- ☐ Policies and Procedures Manual – In signing the application, the district APCO or designee must confirm that the district will maintain an up-to-date FARMER Program Policies and Procedures Manual at the district's office.

3. Decline the Funds.

   - ☐ Application – Districts that choose not to participate in the FARMER Program for FY 2024-25 are asked to complete all applicable sections of the application form, including a signature by the district's APCO or authorized designee.

Please send your completed application by email to *farmer@arb.ca.gov*.

The FARMER Program Guidelines are available on CARB's website at *www.arb.ca.gov/farmer*.

For questions about the application process, please contact Ms. Erin Uchida, Staff Air Pollution Specialist, by email at *Erin.Uchida@arb.ca.gov* or Mr. Peter Angelonides, Air Pollution Specialist, by email at *Peter.Angelonides@arb.ca.gov*.

Sincerely,

/s/

Nathan Dean, Manager, Mobile Source Control Division

Enclosure

cc: Tung Le, Executive Director, California Air Pollution Control Officers Association
tung@capcoa.org

Erin Uchida, Staff Air Pollution Specialist, Mobile Source Control Division

Peter Angelonides, Air Pollution Specialist, Mobile Source Control Division

FUNDING AGRICULTURAL REPLACEMENT MEASURES FOR EMISSION REDUCTIONS (FARMER) PROGRAM APPLICATION

1. APPLICANT AIR DISTRICT

Air District Name: Tehama County Air Pollution Control District

Street Address: 1834 Walnut St

City/Zip Code: Red Bluff, 96080

Contact Person: Joseph Tona

Phone: 530-527-3171 E-mail Address: jtona@tehcoapcd.net

2. FARMER PROGRAM FUNDING REQUEST

Please complete. Air District requests:

- ■ The full tentative allocation ("Total Tentative Allocation" amount from Table 1 in the Solicitation Memo). The Air District will accept the full allocation and may choose to designate all or a portion of its tentative allocation to the Shared Allocation Pool or to a lead air district.
  - ■ If additional funding becomes available, the Air District requests a greater amount, as specified below:

    $ 250000
  - ☐ Air District authorizes the funds be designated to the Shared Allocation Pool, for the amount specified below.

    $ _____
  - ☐ Air District authorizes the funds to be designated to a lead air district, for the amount specified below.

    $ _____

    (Please specify designated lead air district.)

    _____
- ☐ Less than the tentative allocation, for the amount specified below:

  $ _____
- ☐ No FARMER Program funds. Air District declines all funding.

3. PROJECT IMPLEMENTATION

Check box and enter percentage <u>if</u> Air District requests a project implementation grant percentage lower than the 6.25% or 12.5% allowed.

- ☐ The Air District requests project implementation funds be included in this grant at _____ percent of the total grant.

4. BOARD RESOLUTION

Check one box and complete the date if applicable.

☐ This application has been duly approved and authorized by the Air District governing board, as specified in the attached resolution.

■ This application is scheduled to go before the Air District board on 2/10/2026.
Date

5. AIR DISTRICT CONTACT INFORMATION

Please complete items (a)- (d):

(a) Air District Air Pollution Control Officer	Phone	Email Address
Joseph Tona	530-527-3717	jtona@tehcoapcd.net

(b) Air District FARMER Program Manager	Phone	Email Address
Devin Pike	530-527-3717	dpike@tehcoapcd.net

(c) Air District Mailing Address:

1834 Walnut St Red Bluff, CA 96080

(d) Air District Phone Number:

530-527-3717

6. DISTRICT APCO/EO APPROVED SIGNATURE

☑ To the best of my knowledge and belief, the information in this application is true and correct. Unless my district has declined or designated all of these grant funds, a FARMER Program District Policies and Procedures Manual, based on current FARMER Program Guidelines, will be developed and maintained at the Air District's office.

Signature of Air Pollution Control Officer — Date

Please e-mail signed application to:
farmer@arb.ca.gov.

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
TCAPCD	Joseph Tona	530-527-3717	601

TITLE OF GRANT: Funding Agricultural Replacement Measures for Emissions Reductions (FARMER) Program

GRANTOR AGENCY: California Air Resources Board

GRANT OBJECTIVES: To meet the Legislature's objectives and help meet the State's criteria, toxic and greenhouse gas emission reduction goals

GRANT I.D. NO.: G24-AGIP-[TBD]

Federal Catalog No. *(If Applicable)*: **N/A**

GRANT PERIOD: FROM: 05/2026 TO: 06/2029

Applicable Code and/or Legislative Reference: **N/A**

DATE APPLICATION APPROVED BY BOARD:

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT:

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
	X	X		

GRANT FUNDING	**FISCAL YEAR: 25/26**	**FISCAL YEAR: 26/27**
FEDERAL		
STATE	$10,200	$0
OTHER		
1. TOTAL GRANT FUNDS	**$**10,200	**$**0

COUNTY FUNDING

HARD MATCH (dollars)	$0	$0
SOFT MATCH (In-kind)	0	
2. TOTAL COUNTY MATCH	**$0**	**$0**

USE OF FUNDS

PERSONNEL (attach detail)	$1,530.00 (@$94.75 hourly rate)	$0 (@$94.75 hourly rate)
SERVICES/SUPPLIES	$8,670.00	$0
EQUIPMENT		
OTHER CHARGES		
TOTAL FUNDS (must also= 1+2 above)	**$**10,200	**$**0

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE**: No match required.**

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO X

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE: X

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Spring 2024

EXPENDITURE DEADLINE: June 30, 2029

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES X NO ☐

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES ☐ NO X

DEPARTMENT HEAD SIGNATURE

1/26/2026
DATE

RESOLUTION _____
BEFORE THE TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT
BOARD OF DIRECTORS
AUTHORIZING PARTICIPATION IN THE FUNDING AGRICULTURAL REPLACEMENT MEASURES FOR EMISSIONS REDUCTIONS (FARMER) 24-25 PROGRAM.

WHEREAS, For FY 2024-25, the State Legislature allocated $2,000,000 to the California Air Resources Board (CARB) to fund grants with air districts under the FARMER Program.;

WHEREAS, CARB developed the Funding Agricultural Replacement Measures for Emission Reductions (FARMER) Program Guidelines to meet the Legislature's objectives and help meet the State's criteria, toxic and greenhouse gas emission reduction goals;

WHEREAS, CARB has proposed a tentative allocation for the Tehama County Air Pollution Control District (District) to implement projects pursuant to the FARMER Program guidelines;

WHEREAS, the District commits to participate in the FARMER program, accept FARMER program funds, and follow the requirements of the FARMER program;

WHEREAS, the District may have need to transfer funds to other districts, or may be invited to accept FARMER funds through inter-district transfer;

NOW, THEREFORE, BE IT RESOLVED, the Board hereby approves the District's participation in the FARMER Program, and the acceptance of the FARMER funds allocated and awarded to the District for eligible projects and project implementation in accordance with the legislative and applicable program requirements.

BE IT FURTHER RESOLVED that the Governing Board of the District authorizes participation in the Fiscal Year 2024-25 FARMER Program; and

BE IT FURTHER RESOLVED that the Air Pollution Control Officer is authorized to enter into contracts or grants with other California air quality districts to transfer funds to other districts or accept FARMER funds through inter-district transfer as necessary.

BE IT FURTHER RESOLVED, the Air Pollution Control Officer is hereby authorized and empowered to execute on behalf of the District grant agreements with CARB and all other necessary documents to implement and carry out the purposes of this resolution.

The foregoing resolution was offered on a motion by Director _____, seconded by Director _____ 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 Air Pollution Control Board of the County of Tehama, State of California, hereby certify that the above and foregoing is a full, true and correct copy of the resolution adopted by said Air Pollution Control District Board on the ____ day of _____, 2018.

Dated: This _____ day of _____, 2026.

Sean Houghtby, County Clerk and ex-officio Clerk of the Air

Pollution Control District Board of the County of Tehama, State of California

by_____

Deputy

E-Contract Review
Approval as to Form

Department Name: Air Pollution Control District

Vendor Name: CARB Board

Contract Description: For the purpose of resolution for FARMER grant Program funding

APPROVED AS TO FORM:

Date: 01/30/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1944 **Agenda Date:** 3/3/2026 **Agenda #:** 26.

PROBATION- Chief Probation Officer Pam Gonzalez

Requested Action(s)
a) AGREEMENT- Request approval and authorization for the Chief Probation Officer or her designee to sign the Memorandum of Understanding with the Tehama County Department of Education for the provision of education services at Probation's Juvenile Detention and Treatment Facility located in Tehama County, effective upon signing through 6/30/28, with the option to renew in one-year increments through 6/30/30

Financial Impact:
The California Department of Education provides primary funding for the education program in juvenile detention and treatment facilities. Funds are generated through the average daily attendance of students enrolled in the schools.

Background Information:
The partnership between the Tehama County Department of Education and Probation will continue to benefit youth and emerging adults by providing educational services that meet their needs and ensure a structured transition plan to support successful reintegration into the community.

Tehama County
Department of Education

Richard DuVarney
Tehama County
Superintendent of
Schools

1135 Lincoln Street Red Bluff CA 96080 | 530.527.5811 | www.tehamaschools.org

MEMORANDUM OF AGREEMENT

This Agreement is entered into by and between the **Tehama County Department of Education,** herein called TCDE, and **Tehama County Probation Department,** herein called Probation which provides the mechanism and defines the roles and responsibilities through which these agencies will work together to provide educational services at Probation's juvenile detention and treatment facility located in Tehama County. This Joint Transition Planning Policy details the requirements for AB 1354, which updated AB 2276 and amended Education Code Section 48647 on January 1, 2020.

Probation and TCDE acknowledge that, per Welfare & Institutions Code (WIC) Section 852, the facilities are under the management of the Chief Probation Officer of Tehama County. Each facility manager has the responsibility for their respective facility pursuant to WIC Section 853. The agencies also acknowledge that per WIC Section 889 and Education Code Section 48645 et seq., the Superintendent of Schools of Tehama County and the Tehama County Board of Education are responsible for the administration and operation of public schools in any county juvenile detention and treatment facility. Both agencies agree to the following roles, responsibilities, and accompanying terms and conditions, which will remain in effect until terminated or modified as defined within the terms.

SCOPE

This MOA is to define an operational plan at the identified facility through which youth and emerging adults receive educational services that meet their needs and, where applicable, also receive customized case plans, including Transitional Individual Learning Plans (TILPs), 504 Plans, English Language Development (ELD) Plans, or Individualized Education Programs (IEPs). This agreement shall apply to the Tehama County Juvenile Justice Center.

TERM

This MOA shall be effective upon execution by the signatures of both the Chief Probation Officer of Tehama County and the Tehama County Superintendent of Schools through June 30, 2028, with the option to renew in one-year increments through June 30, 2030, unless modified as defined in the amendment section.

AMENDMENT OR TERMINATION OF MOA

This MOA, along with any incorporated attachments, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total MOA. No addition to, or alteration of, the terms of this MOA, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this MOA formally approved and executed by both Probation and TCDE.

This MOA may be amended at any time with the written concurrence of all parties. Consideration for amendment will be given upon written notification by one party to the other. Probation and TCDE will review this MOA at least annually and modify as needed. This MOA can be terminated with or without cause by either party upon thirty (30) days' written notification to the other party, or due to unavailability of funding. Termination of the MOA will take effect thirty (30) days following receipt of the written notice of termination or upon the effective date of funding expiration.

AGENCY REPRESENTATIVES

The following agency representatives will serve as the primary points of contact as it relates to accomplishing the terms of this Agreement:
Probation — Pamela Gonzalez, Tehama County Chief Probation Officer
TCDE — Richard DuVarney, Tehama County Superintendent of Schools

TRANSITION AND RE-ENTRY PLANNING

The Superintendent of Schools or designee and the Chief Probation Officer or designee shall develop policies and procedures to meet the transition needs of youth, including the development of an education transition plan, per the State Education Code and alignment with Title 15, Minimum Standards for Juvenile Facilities, Section 1355.

This Joint Transition Planning Policy details the requirements for AB 1354, which updated AB 2276 and amended Education Code Section 48647 on January 1, 2020. Probation and the TCDE outline the joint policies, systems, including data sharing systems, transition centers, and other joint structures that allow for the immediate transfer of educational records, create uniform systems for calculating and awarding course credit, and allow for the immediate enrollment of students transferring from juvenile court schools.

Upon a student's exit from the Court School, TCDE will ensure a structured transition plan is in place to support successful reintegration into the community. The following protocol will be implemented:

1. Immediate Notification & Enrollment Support:
    - Within 72 hours of release, TCDE staff will send re-entry letters and student transition plans to school districts.
    - TCDE will follow up with the receiving district within five (5) business days to confirm enrollment and ensure appropriate placement.
2. Collaboration with Probation for Re-Engagement:
    - At the end of each week, TCDE will generate a CALPADS report to track student re-enrollment status.
    - If a student has not enrolled within ten (10) business days, TCDE staff will notify Probation and the assigned probation officer, if applicable, to assist in identifying barriers to enrollment.
3. Extended Follow-Up & Data Collection:
    - TCDE will conduct monthly follow-ups for three months post-release to track student engagement.
    - Probation and TCDE will collaborate to address common barriers to re-enrollment, such as transportation, missing documentation, or academic placement issues.

ROLES AND RESPONSIBILITIES

TCDE shall comply with California Code of Regulations (CCR), Title 15 — Minimum Standards for Juvenile Facilities, 51370.

TCDE shall provide comprehensive, individualized education plans for all youth in detention, ensuring compliance with state and federal laws. This includes:

1. Academic & Supportive Interventions:
    - All students will have an Individual Learning Plan (ILP) developed within five (5) school days of enrollment.
    - If a student has an IEP, 504 Plan, or ELD Plan, TCDE staff will collaborate with Probation to ensure the required accommodations and modifications are in place.
    - TCDE will integrate culturally responsive, trauma-informed approaches into classroom instruction.
2. Monitoring & Accountability:
    - A biannual review of educational services will be conducted to assess compliance with student support plans.
    - An external evaluator will review program effectiveness and recommend improvements.

School Programs

The Tehama County Department of Education shall provide for the administration and operation of juvenile court schools in conjunction with the Chief Probation Officer or designee pursuant to applicable State laws. The school and facility administrator (Chief Probation Officer) shall develop and implement written policy and procedures to ensure communication and coordination between educators and probation staff.

Culturally responsive and trauma-informed approaches should be applied when providing instruction. Education staff should collaborate with the facility administrator to use technology to facilitate learning and ensure safe technology practices.

The facility administrator shall request an annual review of each required element of the program by the Superintendent of Schools or designee, and a report or review checklist on compliance, deficiencies, and corrective action needed to achieve compliance, deficiencies, and corrective action needed to achieve compliance with this section. Such a review, when conducted, cannot be delegated to the principal or any other staff of any juvenile court school site. The Superintendent of Schools or designee shall conduct this review with a qualified outside agency or individual. Upon receipt of the review, the facility administrator or designee shall review each item with the Superintendent of Schools or designee and shall take whatever corrective action is necessary to address each deficiency and to fully protect the educational interests of all youth in the facility.

Required Elements

The educational program shall comply with the State Education Code and TCDE policies, all applicable federal education statutes and regulations, and provide for an annual evaluation of the educational program offerings. As stated in the 2009 California Standards for the

Teaching Profession, teachers shall establish and maintain learning environments that are physically, emotionally, and intellectually safe. Youth shall be provided a rigorous, quality educational program that responds to the different learning styles and abilities of students and prepares them for high school graduation, career entry, and post-secondary education. All youth shall be treated equally, and the education program shall be free from discriminatory action. Staff shall refer to transgender, intersex, and gender-nonconforming youth by their preferred name and gender.

a. The course of study shall comply with the State Education Code and include, but not be limited to, courses required for high school graduation: English/Language Arts, Social Sciences, Physical Education, Science, Health, Mathematics, Fine Arts/Foreign Language, and Electives (including career education).

b. Information and preparation for the High School Equivalency Test (GED, HiSET) as approved by the California Department of Education shall be made available when possible.

c. Youth shall be informed of post-secondary education and vocational opportunities.

d. Administration of the High School Equivalency Tests, as approved by the California Department of Education, shall be made available when possible with the coordination of probation.

e. Supplemental instruction shall be afforded to youth who do not demonstrate sufficient progress towards grade-level standards.

f. The minimum school day shall be consistent with the State Education Code Requirements for juvenile court schools. The facility administrator, in conjunction with education staff, must ensure that operational procedures do not interfere with the time afforded for the minimum instructional day. Absences, time out of class or educational instruction, both excused and unexcused, shall be documented. Education shall be provided to all youth regardless of classification, housing, security status, disciplinary or separation status, including room confinement, except when providing education poses an immediate threat to the safety of self or others. Education includes, but is not limited to, related services as provided in a youth's Section 504 Plan or Individualized Education Program (IEP).

g. Graduation Requirements:
Tehama County Court School requires 230 credits to graduate in specific subjects as defined by the Tehama County Board of Education and the State of California.

Required Courses	Required Credits
English Language Arts	40
Mathematics, including Algebra I (10 credits)	30
Science Life Science (10 credits) Physical Science (10 credits)	20
History/Social Science World History (10 credits) United States History (10 credits) American Government (5 credits) Economics (5 credits)	30
Physical Education	20
Fine Arts/Foreign Language	10
Vocational Art	10
Geography/Ethnic Studies	5
Health	5
Electives	60
Total	230

AB 2306 - provides that it is the intent of the Legislature that students in juvenile court schools have a rigorous curriculum that includes a course of study preparing them for high school graduation and career entry and fulfilling the requirements for admission to the University of California and the California State University. AB 2306 further provides that if a student meets statewide coursework requirements while attending a juvenile court school, the county office of education must issue to the student a diploma of graduation and cannot require the student to complete coursework or other requirements that are in addition to the statewide coursework requirements.

If a student completes the statewide coursework requirements for graduation specified in Section 51225.3 while attending a juvenile court school, the county office of education shall issue to the student a diploma of graduation and shall not require the student to complete coursework or other requirements that are in addition to the statewide coursework requirements unless otherwise stated in a student's education plan (AB 2306 - Education Code S 48645.5(d)). Court School students in their 11th and 12th grade years will be subject to the minimum graduation requirements of 130 credits as defined by the state in the following subjects:

- 3 years of English
- 2 years of Mathematics (including one year of a course that would meet the
- Algebra requirement)
- 2 years of History (US and World)
- 1 year of Life Science
- 1 year of Physical Science
- 2 years of Physical Education
- 1 Semester of Economics
- 1 Semester of Government
- 1 year of a Fine Art or Language Other than English or CTE

Students in transition (foster youth, students in homeless situations, and those transitioning from a juvenile court school) who transfer schools after their second year of high school may be eligible to graduate by completing the minimum California state graduation requirements if they are not reasonably able to complete all TCDE graduation requirements by the end of their fourth year of high school. Completing a second year of high school is defined as either a) completing two years of high school, or b) completing sufficient high school credits to be considered a high school junior or senior.

AB 1124 - Juvenile Court School Students and High School Graduation Requirements

AB 1124 permits the student, upon agreement between the county office of education and the student or the person holding the right to make educational decisions for the student, to take coursework or other requirements adopted by the governing board of the county office of education, and to defer the granting of the diploma until the student is released from the juvenile detention facility. Upon the release from a juvenile detention facility of a student who is entitled to a diploma, AB 1124 permits the student or person holding the right to make educational decisions for the student to elect to decline the issuance of the diploma to enroll the student in a school operated by a local educational agency or charter school to take additional coursework, as specified. AB 1124 authorizes the filing of a complaint of noncompliance with these provisions to be filed with the local educational agency under the Uniform Complaint Procedures outlined in the California Code of Regulations. AB 1124 requires that a local educational agency find merit in a complaint or, if the Superintendent of Public Instruction finds merit in an appeal, the local educational agency provide a remedy to the affected student.

Student Exit from Court School

Upon exiting a Court School, TCDE staff notify the school district that the youth has left the facility and will be returning to their school district. TCDE staff complete a Transition Re-Entry Plan for the students who exit the Court School.

The TCDE Transition Specialist mails re-entry letters and student transition plans to school districts within 72 hours after release from the juvenile hall with the following information:

A student who has been enrolled in a juvenile court school, upon release, shall not be denied immediate enrollment in a public school for any of the reasons specified in Education Code Section 48853.5(e)(8)(B), including, but not limited to, a delay in the transfer of educational records.

Each public-school district and county department of education shall accept for credit full or partial coursework satisfactorily completed by a student while attending a public school, juvenile court school, or nonpublic, nonsectarian school or agency. The coursework shall be transferred by means of the standard state transcript (Education Code Section 48645.5 (a). The student transcript will be sent within three business days at the school district's request.

Students transitioning from a juvenile court school who transfer schools after their second year of high school may be eligible to graduate by completing the minimum California state graduation requirements if they are not reasonably able to complete all district graduation requirements by the end of their fourth year of high school (AB 2306). Students who graduate under AB 2306 do not have to complete additional district high school graduation requirements.

A student who has been enrolled in a juvenile court school, upon release, shall not be denied immediate enrollment in a public school for any of the reasons specified in Education Code

Section 48853.5(e)(8)(B), including, but not limited to, a delay in the transfer of educational records.

Each public-school district and county department of education shall accept for credit full or partial coursework satisfactorily completed by a student while attending a public school, juvenile court school, or nonpublic, nonsectarian school or agency. The coursework shall be transferred by means of the standard state transcript. If a student completes the graduation requirements of his or her school district of residence while being detained, the school district of residence shall issue to the student a diploma from the school the student last attended before detention or, in the alternative, the county superintendent of schools may issue the diploma Education Code Section 48645.5 (a).

1 . A student shall not be denied enrollment or readmission to a public school solely on the basis that he or she has had contact with the juvenile justice system, including, but not limited to:
   a. Arrest.
   b. Adjudication of a juvenile court.
   c. Formal or informal supervision by a probation officer.
   d. Detention for any length of time in a juvenile facility or enrollment in a juvenile court school.

2. Pursuant to subparagraph (B) of paragraph (8) of subdivision (e) of Section 48853.5, a student who has had contact with the juvenile justice system shall be immediately enrolled in a public school.

The student transcript is sent within three business days to the school district requested.

At the end of each week, TCDE staff will run a report in CALPADS to see if the student has reenrolled in the school district of residence. TCDE will provide the probation staff with a list of all students, indicating if they have not enrolled in school.

Probation staff will work with TCDE and the student's assigned probation officer, if applicable, to locate the student. TCDE staff will call or email the parents/guardians to determine the reason that the student is not enrolled in school. If the student has a probation officer, Probation will refer the family to resources or the appropriate school district to remove barriers to enrollment. TCDE staff will contact the school district when a youth has not enrolled in school.

School Discipline

Positive behavior management will be implemented to reduce the need for disciplinary action in the school setting and will be integrated into the facility's overall behavioral management plan and security system.

School staff shall be advised of administrative decisions made by probation staff that may affect the educational programming of students. School staff will be responsible for providing classroom management, which includes supervising the physical education program. Probation staff will be present throughout the school day to provide general security and ensure the safety of students and school staff.

Except as otherwise provided by the State Education Code, expulsion/suspension from school shall be imposed only when other means of correction fail to bring about proper conduct. School staff shall follow the appropriate due process safeguards as set forth in the State Education Code, including the rights of students with special needs. School staff shall document the other means of correction used prior to imposing expulsion/suspension if an expulsion/suspension is ultimately imposed. The principal of the school shall determine if a student will be suspended from school.

The facility administrator, in conjunction with education staff, will develop policies and procedures that address the rights of any student who has continuing difficulty completing a school day. Any removal from school for behavioral reasons shall be documented by school staff. Copies of the documentation shall be provided to the duty officer before the end of the school day

Provisions for Individuals with Special Needs

State and federal laws and regulations shall be observed for all individuals with disabilities or suspected disabilities. This includes but is not limited to child find, assessment, continuum of alternative placements, manifest determination reviews, and implementation of Section 504 Plans and Individualized Education Programs.

Youth identified as English Learners (EL) shall be afforded an educational program that addresses their language needs under all applicable state and federal laws and regulations governing programs for English Learner students. Educational instruction shall be provided to youths restricted to high-security or other special units.

Educational Screening and Admission

Youth shall be interviewed within 24 hours by TCDE staff after admittance, and a written record prepared that documents a youth's educational history, including but not limited to:

1 . School progress/school history.
2. Home Language Survey and English Language Proficiency Assessments for California (ELPAC) results to determine whether the youth is an English Learner or Fluent English Proficient (FEP) as defined by the Education Code.
3. Special needs, including special education and 504 eligibility, when appropriate.
4. Migrant status as defined by the Education Code.
5. Behavior needs/issues.

Youth will be immediately enrolled in school. Educational staff shall conduct an assessment to determine the youth's general academic functioning levels to enable placement in core curriculum courses.

After admission to the facility, a preliminary education plan shall be developed by TCDE staff for each youth within five school days.

If a youth is detained, the education staff shall immediately request the youth's records from his/her prior school(s), including, but not limited to, transcripts, Individual Education Program (IEP), 504 Plan, ELPAC scores, immunization records, and exit grades. Upon receipt of the transcripts, the youth's educational plan shall be reviewed and modified as needed. Youth should be informed of the credits they need to graduate. For students in special education, records must be received within 5 school days. If student records are not received, the TCDE Alternative Education Principal shall be notified on the next school day following the five-day window.

Educational Reporting

The complete facility educational record of the youth shall be forwarded to the next educational placement upon request in accordance with the State Education Code. The County

Superintendent of Schools shall provide appropriate credit (full or partial) for coursework completed while in a juvenile court school in accordance with the State Education Code.

Awarding Credits

Courses are based on 5 credits per semester. Partial credits (less than 5 credits) may be awarded due to length of time in course and/or concepts/content/standards completed (Schools have a legal obligation pursuant to Education Code Sections 49069.5 and 51225.2 to calculate, issue,

and accept partial credits, even if their school district boards have not yet adopted a partial credit policy).

Post-Secondary Education Opportunities

The school and facility administrator should, whenever possible, collaborate with local postsecondary education providers to facilitate access to educational and vocational opportunities for youth who require the use of technology to implement these programs as per AB 2417

Classroom Maintenance and Cleanliness

TCDE shall ensure adequate maintenance and repairs of TCDE-owned equipment in the classrooms and other educational spaces.

The Tehama County Probation Department agrees to support the maintenance of a clean and safe educational environment within the juvenile facility. This includes coordinating with facility custodial staff to ensure that classrooms assigned to Tehama Oaks are cleaned on a regular basis. Cleaning shall include:

- Daily surface cleaning (desks, counters, whiteboards, and high-touch areas)
- Weekly sweeping and mopping of hard flooring
- Regular vacuuming of carpeted areas, with deep cleaning/shampooing of carpets conducted at least annually or as needed based on usage
- Timely response to any sanitation or cleanliness concerns reported by school staff

Probation will assign a point of contact responsible for addressing facility-related concerns raised by Tehama Oaks personnel.

Outside Vendors

TCDE shall advise the Duty Officer whenever they desire to arrange for outside vendors or visitors to enter the grounds of a Probation Facility. Access is subject to approval by the facility managers or designee. If approval is granted, probation shall provide an escort and supervision.

Prison Rape Elimination Act

Comply with the requirements under the Prison Rape Elimination Act 2003 by ensuring all TCDE employees who may have contact with youth in Probation's facilities, have successfully passed a criminal background check.

1. Consult with the child abuse registry maintained by the state or locality in which the employee will be employed.
2. Consult with Probation regarding current and potential new employees who may have contact with you in Probation's facilities, who have a substantiated or unsubstantiated allegation of sexual harassment.
3. Criminal background checks shall be completed every five years of have a system in place to capture such information for all employees who may have contact with youth in Probation's facilities.
4. Provide a live scan set of prints to Probation.

Probation shall:

1. Be responsible for the safe order and operation of each probation facility
2. Provide reasonable advance notice to TCDE staff of any changes in safety and security measures.
3. Ensure that the procedures for delivering youth to their educational programs do not interfere with the time afforded for the minimum instructional day.
4. Provide TCDE staff with a list of students designated to attend school and encourage all students to attend school for a minimum of 240 minutes of daily instruction, unless properly excused.
5. Notify TCDE staff of any student with identified special education and/or limited English needs if that information is available at the time of intake.
6. Provide orientation training to all school staff (including substitutes) regarding probation's roles and responsibilities in an institutional setting as well as the expectations of TCDE staff for maintaining safety and security of the facility, youth, and staff.
7. Provide a daily list to TCDE staff of students to be transferred into or out of the facility.
8. Provide adequate staff to supervise state-mandated testing, IEPs, and assessments.
9. Within its sole discretion, Probation may direct TCDE staff to vacate a probation facility.
10. On the authority of the facility manager or designee, Probation may deny TCDE staff access to a Probation facility. This action requires the immediate notification of executive personnel with TCDE and the Chief Deputy of Institutions.
11. Ensure adequate cleaning, maintenance, and repairs of classrooms and other educational spaces for the delivery of educational services.
12. Upon approval by the facility manager or designee, in conjunction with TCDE staff, supervise outside vendors/visitors whose access to the facility has been requested by TCDE.

TCDE and Probation Data Exchange

Share specified student data information between TCDE, Probation, and other school districts, to the extent permissible by law.

As part of their existing responsibilities for coordinating education and services for youth in the juvenile justice system, TCDE and Probation will collaborate with local educational agencies to improve communication regarding dates of release and the educational needs of students who have had contact with the juvenile justice system, to coordinate immediate school placement and enrollment, and to ensure that probation officers in the community have the information they need to support the return of students who are being transferred from juvenile court schools to public schools in their communities.

Probation will provide the names of students who are pending release to the TCDE Transition Specialist and the field probation officer, if one is assigned. TCDE will add the courses, grades, and credits to the transcripts. TCDE collects the documents and sends them to the school district and the field probation officer, if one is assigned. The standard discharge packet includes TCDE - Tehama Oaks School contact information to aid in immediate school enrollment and obtaining student records. The TCDE Transition Specialist will mail re-entry letters to districts.

As part of the joint transition planning policy required under subdivision (b), TCDE assigned the TCDE Transition Specialist with transition oversight responsibilities to work in collaboration with the Probation staff, as needed, and local educational agencies to ensure all of the following:

The transfer of complete and accurate education records, including the student's individualized education program adopted pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and the student's plan adopted pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)), if applicable, within 72 hours of the student's release from the juvenile detention facility.

- Access to information about postsecondary academic and vocational opportunities, including college financial aid programs.
- The implementation of the student's transition plan, if one exists.

As part of the joint transition planning policy required under subdivision (b), the TCDE Transition Specialist will send the re-entry letter and student transition plan with the postsecondary academic and vocational opportunities to the districts to facilitate all of the following:

- The immediate enrollment in an appropriate public school in their community is required when a student is transferred from the juvenile court school.
- The acceptance, upon enrollment by the student in a public school, of course credits, including partial credits, for coursework completed in the juvenile court school, pursuant to subdivision (b) of Section 51225.2.
- The immediate placement in appropriate courses, based on coursework completed by the student, pursuant to subdivision (d) of Section 51225.2.
- The transfer of complete and accurate education records, including the student's Individualized Education Program adopted pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and the student's plan adopted pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)), if applicable, when a student enters the juvenile court school.

Individualized Transition Plans

TCDE creates an individualized transition plan in collaboration with Probation, as needed for each student detained for more than 20 consecutive school days. The individualized transition plan is developed before the student's release and reviewed and revised as needed, and shall address, but not be limited to, both of the following:

- The academic, behavioral, social-emotional, and career needs of the student.
- The identification and engagement of programs, including higher education programs, services, and individuals, to support a student's successful transition into and out of the juvenile detention facility.

The transition protocol for students who exit juvenile hall is as follows:

For each student detained for more than 20 consecutive school days, Probation will provide the educational rights holder with the TCDE school contact information sheet upon release. The TCDE staff will schedule a meeting with the educational rights holder to make the following records accessible upon release:

- School transcripts.
- The student's individual learning plan, if applicable. For purposes of this section, an individualized learning plan is a plan developed collaboratively by the student and school

personnel that identifies academic and career goals and how the student will progress toward meeting those goals.

- The student's IEP adopted pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et. seq.), if applicable.
- The student's plan adopted pursuant to Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Section 794(a)), if applicable.
- Any academic and vocational assessments.
- An analysis of credits completed and needed.
- Any certificates or diplomas earned by the student

For each student detained for 20 consecutive school days or fewer, a copy of the student's individualized learning plan, if one exists, is made available by TCDE staff to the student upon the student's release, if possible. TCDE, in collaboration, as needed, with Probation, will follow procedures for the timely, accurate, complete, and confidential transfer of educational records in compliance with state and federal law.

ADMINISTRATION RESPONSIBILITIES AND OBLIGATIONS

Health Insurance Portability and Accountability Act (HIPAA)

Under the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320d et seq. and 162 and 164 ("Privacy Rule and Security Rule"), TCDE must comply with the Security Rule as a business associate. If, under the agreement, it receives, maintains or transmits any health information in electronic form in connection with a transaction covered by part 162 of Title 45 of the Code of Federal Regulations, Probation and TCDE acknowledge that HIPAA mandates them to comply as business associates in order to safeguard protected health information that may be accessed during the performance of this agreement. The parties agree to the terms and conditions set forth in the County Board of Supervisors Policy No. B-23.

Facility Space

Probation will provide TCDE with space to provide educational services. This will include the provision for local telephone service, utilities, computer access, office space, and reasonable space for the storage of necessary supplies and educational records. Based on space availability, Probation may provide storage space for educational records of youths who are no longer in custody.

TCDE will consult and coordinate with Probation for staffing and space requirements needed for the implementation of educational programs. As facilities are remodeled or new ones are planned and constructed, Probation will consult with TCDE regarding the needs and requirements for educational services.

Materials, Supplies, Equipment, and Maintenance

TCDE is responsible for providing all supplies, materials, and technology/ equipment required in the educational setting, including computers/ laptops/tablets, interactive televisions, books, paper, pencils, or any other items used to conduct normal classroom activities. TCDE staff will ensure that all items distributed to youth for educational purposes (e.g., pencils, markers, scissors, staplers, etc.) are monitored, collected, and inventoried at the conclusion of the class session. TCDE is responsible for the maintenance and replacement of telephones, furniture, computer equipment, and regular servicing required

Probation is responsible for the security and structural integrity of the buildings. Probation is responsible for the general housekeeping of the classroom/facilities.

Training and Orientation
Probation will provide a "general" facility and security orientation for all new TCDE staff working in detention/treatment facilities.

Grievances by Youths & Citizen Complaints
Probation shall handle all grievances made by youths involving educational services in accordance with the Institution's Policy and Procedure 1361.

Whenever a complaint is received directly by TCDE regarding the care or treatment of a youth that involves one of their staff members, TCDE will immediately notify the facility manager(s). Any time Probation receives a complaint involving a TCDE employee, Probation will notify the staff member's administrator.

Probation will review complaints regarding educational services or against TCDE staff that appear to include the possibility of criminal charges. If it appears that a criminal matter has occurred, Probation will refer the matter to the appropriate law enforcement agency. TCDE will be consulted during the investigation, if it does not compromise the integrity of the investigation, and upon its completion.

Citizen complaints or complaints by youths received directly by TCDE regarding Probation personnel shall be forwarded to the facility manager(s) or designee(s) immediately.

Independent Capacity: Hiring and Management of TCDE Employees
TCDE has the authority and responsibility to recruit, hire, evaluate, discipline, and terminate its employees. TCDE employees will conform to standards of behavior (professional and security) as established by a joint agreement between Probation and TCDE and within the guidelines and standards for employees as established by the County. The standards will include appropriate regard for security requirements contained in the Probation Department General Policy and Procedures, and professional conduct as established by Probation and TCDE management. Disputes between Probation and TCDE regarding staff shall be brought to the attention of the facility manager(s) and TCDE Superintendent or designee for resolution. Each Party shall act in an independent capacity and not as an agent or employee of the other.

Inter-Agency Meeting Agreement
Facility Manager(s) and Site Administrator agree to meet at least quarterly, and may include other agency partners. The purpose of the meeting is to discuss service provisions to the youth in facilities and to resolve issues. Probation shall be responsible for maintaining a roster, recording the meeting minutes, and distributing the minutes to the agency representatives.

AUDITS
TCDE agrees that any duly authorized representative of the Federal, State, or local Government shall have the right to audit, inspect, excerpt, copy, or transcribe any pertinent records and documentation relating to this MOA. Any audit exception, as it relates to this MOA, resulting from an audit conducted by any duly authorized representative of the Federal, state, or local Government shall be the responsibility of TCDE. Any audit disallowance adjustments must be paid in full upon demand if required.

RECORDS RETENTION

Each party agrees to retain all records pertaining to this MOA for the period indicated in the Tehama County Records Retention General Schedule unless otherwise indicated by the source of funds. If, at the end of the retention period, there is ongoing litigation or an audit involving those records, each party shall retain the original records until the resolution of such litigation or audit.

CONFIDENTIALITY

All parties agree to maintain the confidentiality of all client information in accordance with all applicable Federal, State, and local laws and regulations. Both parties will ensure names, addresses, phone numbers, and any other individually identifiable information concerning clients and services received are kept confidential.

PERSONNEL DISCLOSURE AND BACKGROUND CHECK PROCEDURES

Background Check Procedures

Upon request by Probation, TCDE agrees to make available to Probation a current list of all personnel who will be providing services under this agreement. This list shall include: all staff who work full-time, part-time, per-diem, or temporarily; a brief description of the functions of each position; and the professional degree, license (if applicable), and experience required for each position. In addition, Probation shall be provided with immediate written notice of any changes in personnel providing services under this MOA.

Probation reserves the right to conduct, at any time, background checks on personnel assigned to a probation facility. Based on the background check, Probation shall have the right to require to removal or replacement of any personnel providing services under this MOA. In the event a background check is conducted, costs associated with the background check will be the responsibility of Probation. In addition, Probation shall have the right at any time to require TCDE to remove or replace any personnel providing services under this MOA for any reason Probation determines to be appropriate.

Disclosure of Information Relevant to Client and Employee Safety

As required by Penal Code Section 11105.3, TCDE agrees to notify Probation of any TCDE employee assigned to any probation facility that has been convicted of any crimes involving sex, drugs, violence, or felony offense, or who are known to have a substantiated report of child abuse as defined in Penal Code Section 11165.12, who have supervisory or disciplinary power over probation clients at the program.

Notification procedures for client safety are as follows:

- Probation shall notify TCDE, in writing, of any person not approved to work at any Probation institution or treatment facility, but to protect client confidentiality, may not be able to disclose the reason(s) for non-approval.
- Upon notification, TCDE shall immediately remove that person from providing services under this MOA.

Notification procedures for employee safety are as follows:

- When such information becomes known to TCDE, TCDE shall immediately notify Probation concerning any arrests or convictions for anything other than minor traffic offenses, notwithstanding Driving Under the Influence or substantiated allegations of abuse by any paid employee.

- In the event that notification is made, Probation will make the necessary contractual changes up to and including termination of this MOA.
- Failure to notify Probation immediately of the above is grounds for termination of this MOA.

HOLD HARMLESS AND INDEMNIFICATION

Each party (referred to as "Indemnitor") shall indemnify and hold harmless the other party including its officers, employees and agents (referred to as "Indemnities") from any liability, damage, claim or action based on or asserted upon any actions or services of Indemnitor, its officers, employees or agents related to this MOA, including but not limited to property damage, bodily injury or death. Indemnitor shall defend, at its sole expense (including all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements, or awards) in any claim or action based upon such acts or services.

ASSIGNMENT

This MOA shall not be assigned by any party hereto, either in whole or in part, without the prior written consent of the other parties. Any assignment or purported assignment of this MOA without the prior written consent will be deemed void and of no force or effect.

LICENSE AND CERTIFICATIONS

All parties verify upon execution of this MOA that all work performed under this MOA will, if applicable, possess a current and valid license/certification in compliance with any local, State, and Federal laws and will be performed by properly trained and licensed/certified staff.

SEVERABILITY

If any provision in this MOA is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

COMPENSATION

No party to this Agreement shall be obligated to pay any third party as a result of this Agreement. The California Department of Education provides primary funding for the education program in juvenile detention and treatment facilities. Funds are generated through the average daily attendance of students enrolled in the schools in the juvenile detention and treatment facilities.

DISPUTE RESOLUTION

If a dispute arises between TCDE and Probation under this MOA:

1 . TCDE's site administrator and the facility manager shall meet and confer within three business days after a written request is made by either party. Within five business days of receipt of the written request, the parties will resolve the dispute and document either the resolution or the reasons that a resolution could not be reached.

2. If, within five (5) business days following the initial conference, the above parties cannot resolve the dispute, the matter will be forwarded to the Chief Deputy Probation Officer of Institutions and the Tehama County Department of Education Assistant Superintendent of Schools for resolution.

3. If, within five (5) business days, the Chief Deputy Probation Officer of Institutions and the Tehama County Department of Education Assistant Superintendent of Schools cannot resolve the dispute, the matter will be brought to the TCDE Superintendent and Chief Probation Officer.

4. The timelines above may be extended by mutual agreement of the parties. However, the total elapsed time shall not exceed thirty (30) business days.
5. Both parties may mutually agree to skip a step(s) in the dispute resolution process if they agree that the dispute must be resolved at a higher level of management.

NOTICES

All notices, claims, correspondence, reports, and/or statements authorized or required by this MOA shall be addressed for each location as follows:

Tehama County Probation Department	Tehama County Department of Education
Chief Probation Officer	Superintendent
PO Box 909	1135 Lincoln Street
Red Bluff, CA 96080	Red Bluff, CA 96080
(530) 527-4052	(530) 527-5811

All notices shall be deemed effective when they are made in writing, addressed as indicated above, and deposited in the United States mail. Any notices, correspondence, reports, and/or statements authorized or required by this MOA addressed in any other fashion will not be acceptable.

SIGNATURES

All signatories have delegated authority to enter into this MOA. The Parties hereto have executed this MOA on the dates shown below and acknowledge that each party is bound by applicable laws, regulations, its agency's collective bargaining agreements, and other official documents duly adopted by the respective parties.

Tehama County Probation Department
PO Box 909
Red Bluff, CA 96080

P. Gonzalez
P. Gonzalez (Aug 1, 2025 10:17:48 PDT)

PAMELA GONZALEZ
Chief Probation Officer

08/01/2025

Date

Tehama County Department of Education
1135 Lincoln Street
Red Bluff, CA 96080

Richard DuVarney
Richard DuVarney (Jun 18, 2025 12:38 PDT)

RICHARD DUVARNEY
Tehama County Superintendent of Schools

06/18/2025

Date

TCDE and Probation MOA for JJC .docx

Final Audit Report 2025-08-01

Created:	2025-06-18
By:	Abbi Tirri (atirri@tehamaschools.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAcapDvFVuzDdnJInn2ih-cWAQQP6ZItrv

"TCDE and Probation MOA for JJC .docx" History

Document created by Abbi Tirri (atirri@tehamaschools.org)
2025-06-18 - 5:37:18 PM GMT

Document emailed to Richard DuVarney (rduvarney@tehamaschools.org) for signature
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Email viewed by pgonzalez@tcprobation.org
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2025-06-21 - 3:29:19 PM GMT

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Signer pgonzalez@tcprobation.org entered name at signing as P. Gonzalez
2025-08-01 - 5:17:46 PM GMT

Document e-signed by P. Gonzalez (pgonzalez@tcprobation.org)
Signature Date: 2025-08-01 - 5:17:48 PM GMT - Time Source: server

Agreement completed.
2025-08-01 - 5:17:48 PM GMT

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E-Contract Review
Approval as to Form

Department Name: Probation

Vendor Name: Department of Education

Contract Description: For the purpose of education services at Probation's juvenile detention and treatment facility

APPROVED AS TO FORM:

Date: 11/04/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0168 **Agenda Date:** 3/3/2026 **Agenda #:** 27.

PROBATION- Chief Probation Officer Pam Gonzalez

Requested Action(s)

a) OTHER THAN “A” STEP- Request approval to appoint applicant as Legal Secretary I, Range 18, Step 5, upon successful completion of all pre-employment requirements

Financial Impact:

The funds for this position are currently budgeted in the FY 25/26 Budget Unit 2037.

Background Information:

Applicant for the Legal Secretary I position has a total of five (5) years experience in Probation. The applicant previously worked for Tehama County Probation as a full time Legal Secretary I from August 2020 to May 2024 and worked as an Extra-Help Office Assistant III from July 2019 to August 2020 before the position was re-named to the Legal Secretary Series. Applicant currently works as a Legal Assistant with a neighboring Superior Court and that knowledge will be extremely beneficial to the Tehama County Probation Department. The applicant is already familiar with department function, has experience with the duties that will be expected, and will be an asset in both the Adult and Juvenile Units.

The Personnel Office has reviewed the candidate’s qualifications and agrees with placement at Salary Range 18, Step 5, upon successful 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.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Pamela Gonzalez, Chief Probation Officer

TO: Board of Supervisors/Personnel Office

RE: Request to hire *Applicant* in the following classification:
Legal Secretary I at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "2" step will be placed on the consent agenda for approval.

1. $20.00/hr. - "A" Step Request $24.31/hr. - "E" Step

2. Total applications received during recruitment for this position: 10
   Total number of "qualified" applicants: 10
3. Would this individual accept the position at A step? No
4. Justification for requesting higher Step than A:

   a. Applicant for Legal Secretary I position has a total of five (5) years experience in Probation. The applicant previously worked for Tehama County Probation Department and held the position of Legal Secretary I from August 2020 to May 2024, and has worked as an extra-help Office Assistant III before the position was re-named to the Legal Secretary series from July 2019 to August 2020 when applicant was hired full-time. Applicant currently works as a Legal Assistant with a neighboring Superior Court and that knowledge will be extremely beneficial to our department. The applicant is already familiar with department function, has experience with the duties that will be expected, and will be an asset in both the Adult and Juvenile units.

5. How has the Department budgeted for this additional cost?

Yes The previously budgeted amount for FY 25-26 Salaries & Benefits in Budget Unit 2037 will cover this additional cost.

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all the material facts which should be considered with this request.

Department Head Signature

Tehama County

Agenda Request Form

File #: 26-0248 **Agenda Date:** 3/3/2026 **Agenda #:** 28.

PROBATION / PERSONNEL - Chief Probation Officer Pam Gonzalez

Requested Action(s)

a) OTHER THAN “A” STEP- Request approval to appoint applicant as Deputy Probation Officer II, Range 33, Step 5, upon successful completion of all pre-employment requirements

Financial Impact:

Due to new vacancies in FY 25-26, the previously budgeted amount for Salaries & Benefits in Budget Unit 2037 will cover this additional cost.

Background Information:

The applicant for Deputy Probation Officer II position has a total of eight (8) years experience in Probation. The applicant previously worked for Butte and Sutter County Probation Departments and held the position of Deputy Probation Officer II. Applicant has certificates in Deputy Probation Officer Core and PC832 Arrest, Search & Seizure, and PC832 Firearms Familiarization. Applicant has experience supervising probation clients and writing various reports for the court. Applicant is a certified instructor in De-Escalation, Defensive Tactics, Impact Weapons, Axon Taser Conductive Energy Weapons, and a Field Training Officer (FTO). This applicant will make a great addition to the Probation Department team with the knowledge they possess in Adult field services.

The Personnel Office has reviewed the applicant’s qualifications and agrees with placement at Salary Range 33, Step 5, upon successful 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.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Pamela Gonzalez, Chief Probation Officer

TO: Board of Supervisors/Personnel Office

RE: Request to hire *Applicant* in the following classification:
Deputy Probation Officer II at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "2" step will be placed on the consent agenda for approval.

1. $28.96/hr. - "A" Step Request $35.21/hr. - "E" Step

2. Total applications received during recruitment for this position: 18
   Total number of "qualified" applicants: 8
3. Would this individual accept the position at A step? No
4. Justification for requesting higher Step than A:

   a. Applicant for Deputy Probation Officer II position has a total of eight (8) years experience in Probation. The applicant previously worked for Butte and Sutter County Probation Departments and held the position of Deputy Probation Officer II. Applicant has certificates in Deputy Probation Officer Core and PC832 Arrest, Search & Seizure, and PC832 Firearms Familiarization. Applicant has experience supervising probation clients and writing various reports for the Court. Applicant is a certified instructor in De-Escalation, Defensive Tactics, Impact Weapons, Axon Taser Conductive Energy Weapons, and a Field Training Officer (FTO). This applicant will make a great

addition to the Probation Department team with their knowledge in Adult field services.

5. How has the Department budgeted for this additional cost?

Due to new vacancies in FY25-26, the previously budgeted amount for Salaries and Benefits in Budget Unit 2035 will cover this additional cost.

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all the material facts which should be considered with this request.

Department Head Signature

Tehama County

Agenda Request Form

File #: 26-0079 **Agenda Date:** 3/3/2026 **Agenda #:** 29.

ADMINISTRATION / TRINDEL - Chief Administrator Gabriel Hydrick, Trindel Executive Director Rachael Hartman

Requested Action(s)
a) INFORMATIONAL PRESENTATION - Overview of Trindel Insurance

Financial Impact:
There is no financial impact associated with the presentation.

Background Information:
Operating since 1980, Trindel is a Joint Powers Authority (JPA) established pursuant to California Government Code Section 6500 et seq. Membership is limited to California counties and currently includes 12 rural Northern California counties, with Tehama County, which joined in 2022, as the newest member. Trindel has established pooled programs for workers' compensation and general liability to help fund losses and reduce excess insurance costs for its members.

Tehama County

Agenda Request Form

File #: 26-0143 **Agenda Date:** 3/3/2026 **Agenda #:** 30.

LIBRARY / PERSONNEL - Librarian Alicia Meyer

Requested Action(s)

a) AGREEMENT - Request approval and authorization for the Librarian to sign the Program (SWEX) through the Department of Rehabilitation, which allows Tehama County to provide a worksite location and on-the-job training to program participants, effective upon date of signing with automatic annual renewal, and shall terminate 9/30/28

b) RESOLUTION - Request adoption of a resolution outlining the Terms and Conditions of participation in the Student Work Experience Program (SWEX)

Financial Impact:

There is no financial impact for participation. Participants are paid entirely by the Foundation for California Community Colleges (FoundationCCC).

Background Information:

The Tehama County Library requests to participate in the Student Work Experience Program (SWEX) offered through the Department of Rehabilitation (DoR). This program, administered by the Foundation for California Community Colleges (FoundationCCC), is designed to provide participants with paid, supervised work-based learning and on-the-job training opportunities with public agencies and community-serving organizations.

The Library intends to utilize program participants in a Library Clerk I capacity. These individuals would be considered part-time, temporary employees of the Foundation, working fewer than 1,000 hours per fiscal year and not eligible for County benefits. The Foundation would serve as the employer of record and would pay participants minimum wage for all reported hours. For practical purposes, they would function similarly to volunteers.

Providing a training environment will directly contribute to the social, cultural, intellectual and economic development of our community. This program offers students valuable work experience all while giving the students the opportunity to earn an income while going to college. Failure to approve participation in this program may result in a student missing an opportunity to receive valuable work experience and earn much needed income, as well as the County having an opportunity to save on wages.

The Joint Council Bargaining Unit representative has been given an opportunity to meet and confer regarding this new program and an agreement between the County and the Bargaining Unit has been reached.

Career Catalyst

Brought to you by the Foundation for California Community Colleges

Career Catalyst Worksite Agreement

This Career Catalyst Worksite Agreement ("Agreement") is entered into between California Department of Rehabilitation, a California State Agency ("Customer"),

Tehama County Library, a

Tehama County Agency

("Worksite"), and Foundation for California Community Colleges, a California non-profit 501(c)(3) corporation, ("FoundationCCC"), collectively ("Parties"), and describes the roles and responsibilities of the Parties in relation to the placement of Career Catalyst Program Participants ("Participant(s)") at Worksite, in accordance with the Career Catalyst Program Agreement entered into between Customer and FoundationCCC.

Contract Summary

Term of Agreement:	October 1st, 2025 through Spetember 30th, 2028
Program:	Student Work Experience Program (SWEX)
Funding Type: (*Check any that apply*)	Federal: X WIOA: _____ State: _____ Other (please name): _____ *If federal or state, what is the funding source?*:

By signing this Agreement, the Parties acknowledge their acceptance of all the terms and conditions in this Agreement, including any attachments.*

THE PARTIES HEREBY EXECUTE THIS AGREEMENT.

CUSTOMER

By: _____

Print Name: Julie Burke

Title: SSC

Date: 10/14/2025

FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES

By: _____

Print Name: Leti Shafer

Title: Manager, Strategic Implementation

Date: 09/05/2025

WORKSITE

By: _____

Print Name: _____

Title: _____

Date: _____

***FoundationCCC's signature above shall be invalid if any revisions are made to this Agreement that are not formally approved and agreed upon in writing by FoundationCCC.**

1. BACKGROUND

The Career Catalyst program is FoundationCCC's employer of record service. Established in 1998, this workforce development program provides comprehensive HR, payroll, and administrative support for work-based learning programs. This allows partner organizations to focus on creating meaningful opportunities for those they seek to serve.

2. DEFINITIONS

The following capitalized terms when used in this Agreement are defined as follows:

"Participant" shall refer to the individual participating in the Career Catalyst program who is performing work under the direction and control of the Worksite. Participants are considered part-time, temporary (less than 1,000 hours per fiscal year), non-benefit eligible employees of FoundationCCC.

"Start Date" shall refer to the Participants first day of performing any work at the Worksite.

"Worksite" shall refer to the agency, business, or workplace where the Participant will be placed and perform their job duties.

"Worksite Agreement" shall refer to this Agreement entered into between Customer, Worksite, and FoundationCCC, which sets forth the roles and responsibilities of Customer, Worksite, and FoundationCCC in relation to participation in the Career Catalyst program.

3. CUSTOMER RESPONSIBILITIES

A. **Case Management.** Customer shall provide case management services for the Participants, including managing all employment paperwork and onboarding of Participant.

B. **Timesheets.** Customer shall ensure Worksite submits Participant time sheets, including reporting daily tips (*if applicable*), electronically using FoundationCCC's HRIS platform. Otherwise, Customer will visit the Worksite to collect timesheets and submit to FoundationCCC for payroll processing.

C. **Site Visits.** Customer shall visit Worksite intermittently, at least on a monthly basis, for the purpose of monitoring compliance with this agreement and reviewing Participant progress.

D. **Requesting Pre-employment Screening.** Customer shall submit to FoundationCCC a pre-employment screening request, subject to the requirements in Worksite Responsibilities, Section 4(C) ("Requesting Pre-Employment Screening).

4. WORKSITE RESPONSIBILITIES

A. **Job Assignment.** Worksite agrees to provide all Participant(s), as referenced in Attachment A, with the opportunity to work in the capacity of the job titles(s), as referenced in Attachment A, which will enhance long term employability skills through work exposure (career exploration) and to gain entry level work readiness skills (work maturity) for future employment opportunities. Worksite shall train the Participant in work maturity skills and work readiness skills and in accordance with the agreed upon workplace competencies (See Attachment A, attached hereto and incorporated by reference, for Training Outline). Worksite shall complete and submit to FoundationCCC and Customer a separate Attachment A for each Participant prior to each Participant beginning their work experience.

B. **Onboarding Documentation.** Worksite shall ensure Participants complete all legally required documentation and provide valid documentation to Customer prior to Participant

beginning their paid work experience at the Worksite. This includes, without limitation, ensuring Participant completes Form I-9 within three business days of Participant's Start Date. If the Form I-9 is not completed on time, Worksite shall ensure Participant is prohibited from working and understands that Participant may be subject to immediate termination by FoundationCCC.

C. **Requesting Pre-Employment Screening.** If Worksite requires a pre-employment screening for a Participant, including a criminal background check and drug screen, Worksite must inform Customer prior to onboarding and provide any Worksite specific criteria that should be used in the consideration process (e.g., disqualifying criteria). Customer must submit the pre-employment screening request to FoundationCCC prior to onboarding. FoundationCCC, as the employer-of-record, shall conduct pre-employment screening for Participants and cannot accept pre-employment screening records from Worksite in lieu of conducting its own pre-employment screening. For the avoidance of doubt, Participants shall only be subject to pre-employment screening when Worksite employees are also subject to pre-employment screening for the same or similar positions.

D. **Minimum Wage Notification.** Worksite shall be responsible for notifying FoundationCCC if any Participant position is or becomes subject to any local, state, or federal minimum or prevailing wage requirements, or subject to the terms of a collective bargaining agreement.

E. **Participant Supervision.** Worksite shall be responsible for the day-to-day control and supervision of Participant, including providing training and work assignments in accordance with the Participant's job description, as referenced in Attachment A. Worksite shall ensure Participants are not entrusted with the care of unattended premises, or unsupervised custody or control of cash, credit cards, valuables or other similar property, unless approved in advance in writing by FoundationCCC.

F. **Workplace Safety and Training.** As Worksite controls the facilities in which Participants work, Worksite shall be responsible for providing guidance and training to each Participant on all of the following Worksite programs:

   i. Injury and Illness Prevention Program, in accordance with Title 8 of California Code of Regulations.
   ii. Heat and Illness Prevention Program, in accordance with California Code of Regulations section 3395, if applicable.
   iii. Worker Protection from Wildfire Smoke Program, in accordance with California Code of Regulations section 5141.1, if applicable.
   iv. Workplace Violence Prevention Program, in accordance with Labor Code section 6401.9.

   If required by law for Worksite's employees, Worksite shall similarly document Participant's training completion of the above programs and provide copies to FoundationCCC upon request. Worksite shall cooperate with FoundationCCC's reasonable requests for Worksite's participation in any post incident or related investigation, including, without limitation, providing all relevant documentation necessary to fulfill FoundationCCC's obligations under local, state, or federal law.

   Worksite shall provide the Participant with supervision, safety instructions, safety related equipment, and personal protective equipment (PPE) that is required by law and/or is reasonable to protect against injury and/or illness while working at the Worksite. Worksite shall provide the Participant training on the specifications and maintenance of safety related equipment and/or PPE prior to Participant's use. Where special clothing, training, or PPE is

provided to the Worksite's employees, the same shall be provided to the Participant. If Worksite uses or stores hazardous chemicals to which Participants may be exposed, Worksite shall ensure it maintains Safety Data Sheets (SDS) and provides information and training to Participants about hazardous chemicals by means of a hazard communication program, in accordance with California Code of Regulations section 5194 and Code of Federal Regulations section 1910.1200.

G. **1,000-Hour Limitation.** FoundationCCC cannot employ a Participant for more than 1,000-hours per fiscal year (July – June). Worksite shall ensure that no Participant exceeds this 1,000-hour per fiscal year limitation, unless properly classified as a Student Assistant under California law and subject to Customer and FoundationCCC's prior approval.

   i. Incumbent Workers. If a Participant performs work at a Worksite outside of their Career Catalyst employment, Worksite shall notify Customer and FoundationCCC in advance of onboarding. In such instances, Participant may be limited to working less hours during their Career Catalyst employment to ensure compliance with applicable law.

H. **Timekeeping and Meal & Rest Break Compliance.** Worksite shall be responsible for accurately tracking and verifying Participant time records for hours worked on a bi-weekly basis and ensuring Participants enter and approve accurate timesheets, including logging daily tips (*if applicable*), on FoundationCCC's HRIS platform. Worksite shall ensure Participants receive meal and rest breaks in compliance with California law. The time record shall include all of Participant's start and end times, as well as meal periods and rest breaks.

   i. Overtime. Worksite shall ensure Participants do not work more than 8 hours per day or 40 hours per week. If Participants work more than 8 hours per day or 40 hours per week, Worksite is responsible for compensating Customer for payment of overtime to Participants. However, under no circumstances shall Worksite permit Participants under the age of 18 to work overtime.

I. **Notification of Incidents and Complaints.** Worksite shall immediately notify Customer and FoundationCCC of the following: (1) any injury and/or Workers' Compensation claims related to a Participant; and (2) all formal and informal complaints, allegations, accidents, or incidents relating to any Participant or workplace safety violation of which Worksite becomes aware, regardless of the source, including but not limited to, allegations of sexual harassment, discrimination, violations of law, threats or acts of violence, or violation of Worksite policy. Worksite shall cooperate with FoundationCCC's reasonable requests for participation in any post-incident investigation, including but not limited to providing all relevant information and documentation requested.

J. **Prohibition on Motor Vehicles, Heavy Equipment, and Power Tool.** Worksite agrees and shall ensure that Participants are prohibited from operating any motor vehicle, heavy equipment, or power tools without Customer and FoundationCCC's prior written approval. If FoundationCCC approves the use of motor vehicles or heavy equipment, Worksite must complete and sign FoundationCCC's applicable policies (e.g., Driving Standard), as directed by FoundationCCC. If FoundationCCC approves the use of heavy equipment or power tools, Worksite shall ensure Participant receives and completes all necessary training, certification, and safety instruction (including instruction on proper use of Personal Protective Equipment (PPE)) required under applicable California law and regulation, which includes without limitation compliance with all applicable Department of Industrial Relations and Cal-OSHA Safety Orders.

K. Compliance with Local, State, and Federal Law. Worksite represents, warrants, and agrees that it shall comply with all local, state, and federal laws and regulations. This includes, but is not limited to the following:

i. Worksite certifies that Customer and Worksite provide a drug-free workplace, required by the California Drug-Free Workplace Act of 1990 (Government Code section 8350 et seq.).
ii. Worksite shall comply with all applicable state, federal, and local laws and regulations relating a safe and accessible work environment, including but not limited to federal and California Occupational Safety and Health Administration ("OSHA" and "CalOSHA") laws and regulations, including the recording of workplace injuries on Worksite's OSHA 300 logs, and any other regulation, order, or guidelines from the California Department of Public Health, local county, or any other government entity with jurisdiction over the Customer or Worksite.
iii. Worksite and Customer shall comply with the requirements of the Fair Labor Standards Act, the California Labor Code, the California Industrial Wage Orders, Title VII of the Civil Rights Act of 1964, the Fair Employment and Housing Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, Workforce Innovation and Opportunity Act ("WIOA"), and all other local, state, and federal laws regulations governing the hiring or employment of Participant.

L. Site Visits. Worksite shall allow for monitoring visits by representatives of Customer and FoundationCCC.

M. Participant Offboarding. Prior to initiating an offboarding of a Participant and to ensure FoundationCCC can provide timely payment of Participant's final wages under the Labor Code, Worksite shall submit to Customer and FoundationCCC a written offboarding request as follows:

i. Worksite shall submit an offboarding request at least 4 business days in advance of Participant's requested last day of work, which includes when a Participant completes their work experience.
ii. Worksite shall notify Customer and FoundationCCC immediately in writing if a Participant voluntarily quits their work experience.

If Worksite fails to notify Customer and FoundationCCC in accordance with the above timeline, Worksite shall be responsible for compensating Customer for payments made to Participants for the costs of waiting time penalties, per Labor Code section 203.

N. Alcohol and Tobacco Products. Worksite shall ensure that Participants under the age of 21 will not have access to, distribute, sell, or serve alcohol or tobacco products. For Participants over the age of 21, Worksite shall ensure the individual receives proper training for selling, pouring, and distributing alcohol and tobacco products. Violation of this clause will result in termination of this Agreement.

O. Sex Offender Notice. Worksite shall inform Customer and FoundationCCC immediately if they *become aware* that there is an employee or other person at the Worksite that Participant may come into contact with that is listed as a Registered Sex Offender.

P. Tip Payments. If Participants are working in a tip eligible position, Worksite is solely responsible for paying all daily tips directly to Participants at the time they are received. FoundationCCC assumes no responsibility for Worksite's noncompliance with this clause.

Q. Remote Work. If Participants will be working remotely (fully remote or hybrid), Worksite shall abide by and sign FoundationCCC's Career Catalyst Telework Policy. Worksite understands and agrees that Participants working remotely are entitled to be paid the local minimum wage applicable to the locality where they are performing work (e.g., their home address). If Participants are working in a hybrid role, Worksite understands and agrees that FoundationCCC will apply the higher rate between the local minimum wage applicable to the Worksite location and the locality where the Participant is performing remote work.

5. FOUNDATIONCCC RESPONSIBILITIES

FoundationCCC shall serve as the employer-of-record for Participants and shall provide all services as outlined in the Career Catalyst Program Agreement entered into between Customer and FoundationCCC. As it relates to this Worksite Agreement, FoundationCCC shall be responsible for the following:

A. Payroll. FoundationCCC shall be responsible for payment of wages to Participants for all hours reported on Participant's timesheet at the time of payroll processing.

i. Tax Withholding on Tips. If a Participant works in a tip eligible position, FoundationCCC shall be responsible for withholding and paying appropriate taxes on all daily tips reported by Participant on FoundationCCC's HRIS platform. Worksite is responsible for paying daily tips directly to Participant, and FoundationCCC assumes no responsibility for doing so.

B. Workers' Compensation. FoundationCCC shall provide workers' compensation coverage for Participants.

C. Pre-Employment Screening. If a pre-employment screening is required for the position or requested by Worksite, including a criminal background check and drug screen, FoundationCCC shall conduct the screening. In such instances, Customer must submit a pre-employment screening request to FoundationCCC prior to onboarding. For the avoidance of doubt, Participants shall only be subject to pre-employment screening when Worksite employees are also subject to pre-employment screening for the same or similar positions. FoundationCCC cannot accept pre-employment screening records from Customer or Worksite in lieu of conducting its own pre-employment screening.

6. TERM AND TERMINATION

A. Term. This Term of this Agreement is from October 1st, 2025 through September 30th, 2028 ("Term"), in alignment with the Career Catalyst Program Agreement entered into between Customer and FoundationCCC. However, this Term in no way alters the employment term specified in each Participant's Attachment A.

B. Termination for Convenience. Customer or FoundationCCC may, in their sole discretion, immediately terminate this Agreement for any reason, without penalty, and require removal of the Participant from the Worksite if determined to be in the Participant's or Customer's best interest. Worksite may terminate this Agreement for any reason, without penalty, upon 15 days written notice to Customer.

C. Procedures at Termination. Worksite must cease or reduce work immediately upon receiving the notice of termination or as required by the written notice and take all steps possible to mitigate losses.

7. INSURANCE AND INDEMNIFICATION

A. Insurance. Worksite shall maintain insurance as listed below. Coverages required will not limit any liability of Worksite and will include all of the following:

i. Commercial General Liability Insurance with a combined single limit of no less than $1 million per occurrence. This policy shall name FoundationCCC, its directors, officers, and employees as Additional Insureds.

ii. Workers' Compensation Insurance, for Worksite's employees only (not Participants), as required under the Workers' Compensation and Safety Act of the State of California.

B. Mutual Indemnification.

i. To the extent permitted by law, FoundationCCC shall be liable for and shall indemnify, defend, and hold Worksite harmless against any costs, expenses, claims, suits, judgments, loss or damage (including reasonable attorneys' fees) arising from the fault or negligence of FoundationCCC, its officers, employees (excluding Participants), agents, subcontractors and representatives, in performance of the Services under this Agreement.

ii. To the extent permitted by law, Worksite shall be liable for and shall indemnify, defend, and hold FoundationCCC, its directors, officers, employees, and agents ("FoundationCCC Indemnitees") harmless against any costs, expenses, claims, suits, judgments, loss or damage (including reasonable attorneys' fees) arising from the fault or negligence of Worksite, their officers, employees, agents, subcontractors and representatives, or by Worksite's breach of this Agreement. Worksite further agrees, notwithstanding any indemnification obligation under subsection (i) above, to defend, indemnify and hold FoundationCCC Indemnitees harmless against any and all claims, loses, and liabilities that arise from (1) the acts or omissions of Participants taken at Worksite's direction or Worksite's failure to supervise any Participant in accordance with its obligations under this Agreement, and (2) use of any motor vehicle, regardless of ownership, by any Participant.

8. NOTICES

All notices and other communications required or permitted to be given under this Agreement shall be given in writing and shall be deemed given when emailed or actually delivered physically to the addresses specified below:

PARTY	CONTACT
Worksite Physical Address – please include the suite number if applicable _____	**(Please provide 2 contacts):** Name: Alicia Meyer Title: _____ Phone: 530-228-4397 Email: ameyer@tehamacountylibrary.org Name: _____ Title: _____ Phone: _____ Email: _____
Customer _____	**(Please provide 2 contacts):** Name: Julie Burke Title: Student Services Coordinator Phone: 530-902-3473 Email: julie.burke@dor.ca.gov Name: Melissa Forseth Title: QRP Phone: 530-491-8167 Email: melissa.forseth@dor.ca.gov
FoundationCCC 1102 Q Street Suite, 4800 Sacramento, CA 95811	**Program and Contract Notices** Workforce Development 916-498-6723 careercatalyst@foundationccc.org

9. GENERAL TERMS AND CONDITIONS

A. Captions and Interpretation. Paragraph headings in this Agreement are used solely for convenience and shall be wholly disregarded in the construction of this Agreement. Paragraph headings shall not be deemed to define, limit or extend the scope or intent of the paragraphs to which they appertain.

B. Assignment and Delegation. This Agreement may not be assigned or otherwise transferred by either party without the prior written consent of the other party; however, either party will have the right to assign its rights and obligations under this Agreement in connection with a merger, acquisition, or sale transfer of substantially all of its assets. Any assignment not in accordance with this paragraph is void.

C. Debarment and/or Suspension. Worksite shall comply with Executive Order 12549, Debarment and Suspension. Worksite represents and warrants that Worksite is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency or any California state department or agency.

D. Entire Agreement. This Agreement constitutes the entire, complete, final and exclusive Agreement between the parties with respect to the subject matter hereof and supersedes and replaces any and all prior and contemporaneous communications between the parties regarding such subject matter. Any terms and conditions which are additional to or different from the terms and conditions of this Agreement are hereby deemed rejected by FoundationCCC and shall not be of any effect or in any way binding upon FoundationCCC. To the extent that the terms and conditions of this Agreement conflict with, or are in any way inconsistent with, the terms and conditions of any exhibit hereto, the terms and conditions of this Agreement will prevail.

E. Modification of Agreement. This Agreement may be modified only by a written Agreement dated subsequent to this Agreement and signed by authorized representatives of each party. The parties agree that this requirement for written modifications cannot be waived and that any attempted waiver shall be void.

F. Governing Law; Venue. This Agreement is made under and will be governed by and construed in accordance with the laws of the State of California. Any litigation resulting from a dispute or claim arising under or relating to this Agreement shall be resolved in a state or federal court in Sacramento, California. The parties specifically submit to the personal jurisdiction and subject matter jurisdiction of the state and federal courts located in Sacramento, California. The prevailing party in any action relating to breach or enforcement of this Agreement shall be entitled to their reasonable attorneys' fees and costs

G. Time is of the Essence. Time is of the essence with respect to all provisions of this Agreement that specify a time for performance; provided, however, that the foregoing shall not be construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement.

H. Construction of Agreement. Both parties have participated in the negotiation and drafting of this Agreement. Therefore, the terms and conditions of this Agreement shall not be construed against either party as the drafting party.

I. **Confidentiality.** Worksite shall not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in Worksite's assigned duties and for the benefit of FoundationCCC, any of FoundationCCC's or Participant's Confidential Information, either during or after Worksite's relationship with FoundationCCC, including without limitation information about Participants that may be obtained through application forms, interviews, reports, or any other source. Subject to applicable local, state, and federal law, including but not limited to the Richard McKee Transparency Act of 2011, Confidential Information is to be broadly defined, and includes but may not be limited to all information that has or could have commercial value or other utility in the business in which FoundationCCC is engaged or contemplates engaging, and all information of which the unauthorized disclosure could be detrimental to the interests of FoundationCCC, whether or not such information is identified as Confidential Information by FoundationCCC. This paragraph shall survive the expiration or early termination of this Agreement.

J. **Execution of this Agreement.** The Parties agree that this Agreement may be executed in counterparts, each of which shall be deemed to be an original, but both of which together shall constitute one and the same instrument, and that a photocopy or facsimile may serve as an original. If this Agreement is executed in counterparts, no signatory hereto shall be bound until both the parties have fully executed a counterpart of this Agreement.

K. **Authority to Bind.** The parties each represent and warrant that the signatories below are authorized to sign this Agreement on behalf of themselves or the party on whose behalf they execute this Agreement.

L. **Severability.** If any part of this Agreement is found invalid or unenforceable, that part will be amended to achieve, as nearly as possible, the same economic effect as the original provision and the remainder of this Agreement will remain in full force and effect.

M. **Non-waiver.** The failure of either FoundationCCC or Customer, whether purposeful or otherwise, to exercise in any instance any right, power or privilege (including but not limited to waiver) under this Agreement or under law of this Agreement shall not constitute a waiver of any other right, power or privilege, nor of the same right, power or privilege in any other instance. Any waiver by FoundationCCC must be in writing.

N. **Relationship of the Parties.** Both parties are independent parties and this Agreement will not establish any relationship of partnership, joint venture, employment, agency or otherwise. Neither party will have the power to bind the other or incur obligations on the other's behalf without the other's prior written consent, except as otherwise expressly provided in this Agreement.

   i. Finding of Joint Employment. In the event there is a finding by an applicable court of law that a joint-employment relationship exists between FoundationCCC and Worksite, both parties agree that they shall work collaboratively to ensure compliance with all legal obligations, which includes but is not limited to pension enrollment, employer / employee contributions, and defense / indemnity of any claims, administrative actions, litigation, or other proceedings related to pension and fringe benefit obligations.

O. **Force Majeure.** FoundationCCC shall not be liable or deemed to be in default for any delay or failure in performance under this Agreement or interruption of Services resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, terrorism, war, strikes, labor disputes, shortages of suitable parts, materials, labor or transportation,

pandemic, quarantine, global or local health emergencies, or any similar cause beyond the reasonable control of FoundationCCC.

P. **Waiver and Modifications**. No modification or waiver of any provisions of this Agreement or its attachments shall be effective unless such waiver or modification shall be in writing, signed by all parties, and then shall be effective only for the period and on the condition, and for the specific instance for which given.

Q. **Retention of all Required Records.** Worksite and Customer agree to the retention of all required records, as per 29 CFR 95.53, for no less than 3 years following the completion of this agreement.

ATTACHMENT A TO WORKSITE AGREEMENT

Participant Form Addendum

To be completed for each participant as an addendum to the Agreement.

Employer Name & Address: Foundation for California Community Colleges
1102 Q Street, Suite 4800, Sacramento, CA 95811

Worksite: Tehama County Library **Worksite Department:** _____

Worksite Address at which Participant will be placed (include suite number):

545 Diamond Avenue

Customer: DOR Date: _____

Program Name: Student Work Experience

Participant Name: _____

Position Title/Classification: _____

Worksite Supervisor Name: Alicia Meyer

Worksite Supervisor Contact Information (email and/or phone number): 530-228-4397

Participant's Term of Employment: _____ to 9/30/2028

Rate of compensation: $ 16.50 per hour

Work Hours: The Participants working hours during the Term of employment shall not exceed:
Maximum hours per week: 20 Maximum total hours for the Term of employment: 120

☐ *Detailed Job Description & Job Title attached Separately. (Check Box, If Applicable)*

If a detailed job description and title is not attached, please complete the questions below. If this is attached, you do not need to complete these questions.

Job Duties and Qualifications:

Purpose/Role of Position:

Duties/Responsibilities & Relationship to Position:

General Qualifications:

Specific Qualifications:

ATTACHMENT B – SPECIAL TERMS & CONDITIONS

[Placeholder for Special Terms & Conditions (e.g., funder requirements, etc.)]

[If WIOA funded, include the following terms and conditions:

"WIOA Terms and Conditions

1. Worksite shall comply with the requirements of the Workforce Innovation and Opportunity Act ("WIOA"). If the regulations promulgated pursuant to WIOA are amended or revised, Worksite shall comply with them or will notify Customer in writing within 30 days after promulgation of the amendments or revision that it cannot so conform.

2. Participant shall not be employed in the construction, operation, or maintenance of any facility that is used or to be used for sectarian instruction, or as a place of religious worship.

3. Worksite shall not allow a Participant to work at the Worksite if experiencing abnormal labor conditions such as strikes, lockouts, or layoffs and the work experience Participant will dislocate or affect employment or promotional opportunities for the Worksite's current or laid-off employees.

4. Worksite and/or the Participant shall not be involved in training activities, which assist, promote, or deter union organization."]

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF TEHAMA AUTHORIZING PARTICIPATION IN THE "CAREER CATALYST" WORKFORCE PROGRAM

WHEREAS, the Board of Supervisors of the County of Tehama, State of California, desires to supervise and train, participants of the Career Catalyst Workforce Program through the Foundation of California Community Colleges (FoundationCCC) in the Tehama County Library; and

WHEREAS, The Career Catalyst Workforce Program is a workforce development initiative designed to provide participants with paid, supervised, work-based learning and on-the-job training experiences with public agencies and community-serving employers; and

WHEREAS, The Tehama County Library has identified priority assignments suitable for Program participants that will provide meaningful learning outcomes and community benefit, while maintaining appropriate supervision, training, and safety practices; and

WHEREAS, The "employer of record" is the FoundationCCC and participants identified herein are, for all purposes, not employees of Tehama County with respect to the Program and this resolution, the County of Tehama is providing a worksite location and on-the-job training; and

WHEREAS, Participants are considered part-time, temporary (less than 1,000 hours per fiscal year), non-benefit eligible employees of FoundationCCC and FoundationCCC will be responsible for payment of wages at minimum wage to participants for all hours reported; and

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of the County of Tehama, State of California, does hereby authorize the Tehama County Librarian to sign the agreement for participation in the Career Catalyst Workforce Program.

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 _____, 2026.

Dated this _____ day of _____, 2026.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By

_____
Deputy

E-Contract Review
Approval as to Form

Department Name: Tehama County Library

Vendor Name: Department of Rehabilitation

Contract Description: For the purpose of participation in a workforce development program

APPROVED AS TO FORM:

Date: 01/26/2026

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 26-0219 **Agenda Date:** 3/3/2026 **Agenda #:** 31.

ENVIRONMENTAL HEALTH DEPARTMENT - Director Tia Branton

Requested Action(s)
a) BID AWARD - Request to award the bid for one (1) new three-quarter ton extended cab standard bed pickup truck to Red Bluff Dodge in the amount of $48,977.15, and further authorize the Purchasing Agent to sign a purchase order for the acquisition

b) TRANSFER OF FUNDS: ENVIRONMENTAL HEALTH - B-47, From State Grants (4011-450459) to Contingency (1109-59000), $48,977.15; and from Contingency (1109-59000) to Vehicles (4011-57605), $48,977.15 **(Requires a 4/5's vote)**

Financial Impact:
There will be no financial impact to the General Fund. The funds are being transferred from a Non-General Fund Special Revenue Fund.

Background Information:
On 2/3/2026 the Purchasing Department advertised for one (1) bid for a new three-quarter ton extended cab standard bed pickup truck. At bid opening on 2/13/2026 the Purchasing Department received five bids with Red Bluff Dodge being the lowest responsive bid.

Not approving the requested action would not allow us to replace an aging, high mileage and high repair cost vehicle.

TEHAMA COUNTY ENVIRONMENTAL HEALTH
SPECIFICATIONS FOR:
ONE (1) 3/4 TON 4X4 EXTENDED CAB STANDARD BED PICKUP TRUCK

GENERAL SPECIFICATIONS: This vehicle must be new. Discontinued models, or models that the manufacturer has formally announced will be discontinued within two years after the bid closing, are not acceptable. The vehicle furnished under this specification shall be the manufacturer's conventional design for the type of vehicle specified, complete with all necessary operating accessories customarily furnished, whether stipulated herein or not, with such modifications and attachments as may be necessary to enable the vehicle to function reliably and efficiently in sustained operation. All parts, equipment and accessories shall be completely installed, assembled and/or adjusted as required and shall conform in strength, quality of materials and workmanship to recognized industry standards. Additionally, the vehicle furnished shall comply with the most current Federal Vehicle Standards, California Air Resources Pollution Control requirements, the requirements of the California Department of Transportation and the California Vehicle Code. Awarded Bidder is required to process all DMV documentation to complete registration to the County of Tehama.

Body:	3/4 Ton 4X4 Extended Cab, 4-Door with a Standard 6.5' Bed
Engine:	Gasoline, 5.0L Minimum
Transmission:	6-Speed Automatic, Minimum
Drive Train:	Four Wheel Drive Anti-Lock Braking System Tire Pressure Monitoring System
Color:	Exterior – White

Includes the Following:

- All weather Floor Mats
- A/C and Heating
- Bluetooth Capability
- AM/FM Stereo, Fixed Mast Antenna
- Power Steering, Windows, Door Locks and Mirrors
- Cloth or Vinyl Seats
- Tilt Wheel, Cruise Control
- Driver and Passenger Air Bags
- Day Light Running Lights
- Full Size Spare Tire and Jack
- Tow Package w/Hitch and Wiring Plug
- Tinted Windows
- Electric Brake Controller
- Running Boards

Warranty: Please state factory warranty provided and costs for extended warranty, if available.

ANY EXCEPTIONS TO THE ABOVE SPECIFICATIONS MUST BE EXPLAINED IN DETAIL

TEHAMA COUNTY ENVIRONMENTAL HEALTH
ONE (1) NEW 3/4 TON 4X4 EXTENDED CAB STANDARD BED PICKUP TRUCK

Bids to be received on or before 3:00 P.M. on February 13, 2026

ONE (1) NEW: MODEL YEAR _____ MAKE _____
MODEL DESIGNATION_____

Price Per Each **$_____**
Documentation Fee **$_____**
CA State Sales Tax (7.50%) **$_____**
Tire Disposal Fee and Delivery Charge to:
633 Washinton St., RM 36, Red Bluff, CA **$_____**
TOTAL BID FOR ONE NEW 3/4 TON 4X4 EXTENDED CAB STANDARD BED PICKUP TRUCK* **$_____**
*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated an included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

It is mandatory to attach comprehensive specification sheets to this form. Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

PROPOSED DELIVERY DATE:_____

DEALER:_____

PREPARED BY:_____

ADDRESS:_____

TELEPHONE NO._____FAX NO._____

AUTHORIZED SIGNATURE:_____DATE:_____

PLEASE STATE WARRANTY INCLUDED:_____

***You may submit bids on more than one vehicle if desired**
***Each bid submittal must be completed on this form**
***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Environmental Health Truck Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

TEHAMA COUNTY ENVIRONMENTAL HEALTH
ONE (1) NEW 3/4 TON 4X4 EXTENDED CAB STANDARD BED PICKUP TRUCK

Bids to be received on or before 3:00 P.M. on February 13, 2026

ONE (1) NEW: MODEL YEAR 2026 MAKE Ram
MODEL DESIGNATION 2500 Tradesman

Price Per Each	$ 45,467
Documentation Fee	$ 85
CA State Sales Tax (7.50%)	$ 3,416.40
Tire Disposal Fee and Delivery Charge to: *633 Washinton St., RM 36, Red Bluff, CA*	$ 8.75
TOTAL BID FOR ONE NEW 3/4 TON 4X4 EXTENDED CAB STANDARD BED PICKUP TRUCK*	$ 48,977.15

*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated an included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

It is mandatory to attach comprehensive specification sheets to this form. Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

PROPOSED DELIVERY DATE: 8 to 12 weeks

DEALER: Red Bluff Dodge

PREPARED BY: Erick Garcia

ADDRESS: 545 Adobe rd

TELEPHONE NO. (530)366-3166 FAX NO. (530)528-9358

AUTHORIZED SIGNATURE: [signature] DATE: 2-9-26

PLEASE STATE WARRANTY INCLUDED: 3yr 36K Basic 5yr 100K limited Powertrain

***You may submit bids on more than one vehicle if desired**
***Each bid submittal must be completed on this form**
***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Environmental Health Truck Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

RED BLUFF CHRYS DODGE JEEP RAM

Price	45,467.00
Taxable A.M.O.	0.00
Doc Fee	85.00
Dealer Smog Fee	0.00
Sales Tax	3,416.40
Non-Tax A.M.O.	0.00
Service Contract	0.00
Luxury Tax	0.00
Subtotal	48,968.40
DMV Fees	0.00
Total Insurance	0.00
State Smog Fee	0.00
California Tire Fee	8.75
Total	48,977.15
Amount Financed	48,977.15
Finance Charges	0.00
Total of Payments	48,977.15
Total Sale Price	48,977.15

Salesperson	WILLIAM GIORDAN
Trade	0.00
Payoff	0.00
Net Trade	0.00
Cash Down	0.00
Deferred Down	0.00
Rebate	0.00
Total Down	0.00
APR	0.00
Term	1
Monthly Payment	48,977.15
Final Payment of	

Item	Term	C/D	Total
Service Contract	1		0.00
Monthly Payment	1		48977.15

*** * * BUYER * * ***
COUNTY OF TEHAMA
727 OAK STREET
RED BLUFF, CA 96080

Home Phone Number: (530) 527-4655
Work Phone Number: (530) 527-7002
County: TEHAMA
Driver's License Number:

*** * * CO-BUYER * * ***

Home Phone Number:
Work Phone Number:
County:
Driver's License Number:

*** * * PURCHASE * * ***

Stock Number	
Year	
Make	
Model	
Body Style	
Color	
Trim	
Key 1 Number	
Key 2 Number	
Weight	2,020
License	
Odometer	2,020
VIN	
Cylinders	0
Vehicle Type	USED

*** * * TRADE 1 * * ***

*** * * TRADE 2 * * ***

*** * * BANK * * ***

NONE

*** * * INSURANCE * * ***

RED BLUFF CHRYSLER DODGE JEEP RAM
545 ADOBE RD
RED BLUFF, CA 960809623

Configuration Preview

Date Printed:	2026-02-07 12:15 PM	**VIN:**		**Quantity:**	1
Estimated Ship Date:		**VON:**		**Status:**	BA - Pending order
				FAN 1:	00CUB County of Tehama
				FAN 2:	
				Client Code:	
				Bid Number:	TB6054

Sold to:	**Ship to:**	**PO Number:**
RED BLUFF CHRYSLER DODGE JEEP RAM (60406) 545 ADOBE RD RED BLUFF, CA 960809623	RED BLUFF CHRYSLER DODGE JEEP RAM (60406) 545 ADOBE RD RED BLUFF, CA 960809623	

Vehicle: **2026 2500 TRADESMAN CREW CAB 4X4 (149 in WB 6 ft 4 in Box) (DJ7L91)**

	Sales Code	Description	MSRP(USD)
Model:	DJ7L91	2500 TRADESMAN CREW CAB 4X4 (149 in WB 6 ft 4 in Box)	52,075
Package:	2UA	Customer Preferred Package 2UA	0
	ESL	6.4L V8 HEMI HD Engine	0
	DFX	8-Spd Auto 8HP75-LCV Transmission	0
Paint/Seat/Trim:	PW7	Bright White Clear Coat	0
	APA	Monotone Paint	0
	*TX	HD Vinyl 40/20/40 Split Bench Seat	0
	-X8	Black/Diesel Gray	0
Options:	4DH	Prepaid Holdback	0
	4ES	Delivery Allowance Credit	0
	MAF	Fleet Purchase Incentive	0
	CLF	Mopar Front & Rear Rubber Floor Mats	235
	MRU	Mopar Black Tubular Side Steps	610
	YEP	Manuf Statement of Origin	0
	5N6	Easy Order	0
	4FM	Fleet Option Editor	0
	4FT	Fleet Sales Order	0
	171	Zone 71-Los Angeles	0
	4EA	Sold Vehicle	0
Non Equipment:	4FA	Special Bid-Ineligible For Incentive	0
Bid Number:	TB6054	Government Incentives	0
Discounts:	YG2	5.2 Additional Gallons of Gas	0
Destination Fees:			2,095
		Total Price:	55,015

Order Type:	Fleet	**PSP Month/Week:**	
Scheduling Priority:	1-Sold Order	**Build Priority:**	99
Salesperson:			
Customer Name:			
Customer Address:			
	USA		
Instructions:			

Note: This is not an invoice. The prices and equipment shown on this priced order confirmation are tentative and subject to change or correction without prior notice. No claims against the content listed or prices quoted will be accepted. Refer to the vehicle invoice for final vehicle content and pricing. Orders are accepted only when the vehicle is shipped by the factory.

COUNTY OF TEHAMA

PURCHASE ORDER

727 OAK STREET - RED BLUFF, CA 96080
(530) 527-3365 Fax (530) 527-3764

Purchase Order No. 429136

PURCHASE ORDER

Vendor Information

Name	Red Bluff Dodge				
Address	545 Adobe Rd				
City	Red Bluf	CA	Zip	96080	
Phone	530-3663166				

Ship To & Bill To:

Name	Tehama County Environmental Health				
Address	633 Washington Street				
City	Red Bluff	CA	Zip	96080	
Phone	530-527-3365 Debbie Schmidt - Purchasing				

Qty	Units	Product Description	Unit Price	TOTAL
1	ea	New 2026 Dodge 2500 Tradesman	$45,467.00	$45,467.00
1	ea	Documentation fee	$85.00	$85.00

		Service Description	Hourly Rate	TOTAL
1	ea	Tire Disposal Fee	$8.75	$8.75

DEPARTMENT COMMENTS: Insert comments in Box Below

Please Note - Register the Vehicle TO: County of Tehama , 727 Oak Street, Red Bluff, CA 96080, Phone: 530-527-4655. Please Contact Lori Mueller at 530-527-8020 to arrange delivery.

Product SubTotal	$45,552.00
Service SubTotal	
Tire Disposal fee	$8.75
Taxes :7.5% CA	$3,416.40
P.O. TOTAL	**$48,977.15**

Vendor Number	115490				
			INSURANCE ON FILE	x	PDR ON FILE
			INSURANCE ATTACHED		PDR ATTACHED

P.O. NOT TO EXCEED $48,977.15

Approved By:

Purchasing Agent

Purchase Order Date: 3/3/2026
Department Account Number: 4011
Fixed Asset Account Number: 57605
Ordered By: Tia Branton

Purchasing-Blue Auditor-Yellow Dept.-Pink Vendor-White

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

1464

Auditor Number B-47

DEPARTMENT NAME ENVIRONMENTAL HEALTH

Date: February 13, 2026

I am requesting an increase to my budget appropriates as listed below:

Check one [ ] **"Previous Year Revenue"** [X] **"New Revenue"**

Funding Source 476 Safe Drinking Water

****Note** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
4011	450459	State Grants	$ 48,977.15	1109	59000	CONTINGENCY	$ 48,977.15
1109	59000	CONTINGENCY	$ 48,977.15	4011	57605	Vehicles	$ 48,977.15
		Total Journal	**$ 97,954.30**			Total Journal	**$ 97,954.30**

Lori S Mueller 2-13-26

SIGNATURE OF REQUESTING OFFICIAL DATE

TRANSFER APPROVED

Ana Zamacona 02/17/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

Tehama County

Agenda Request Form

File #: 26-0220 **Agenda Date:** 3/3/2026 **Agenda #:** 32.

ENVIRONMENTAL HEALTH DEPARTMENT - Director Tia Branton

Requested Action(s)
a) BID AWARD - Request to award the bid for one (1) new 4 wheel drive full-size SUV (sport utility vehicle) to Corning Ford in the amount of $40,530.25 and further authorize the Purchasing Agent to sign a purchase order for the acquisition

b) TRANSFER OF FUNDS: ENVIRONMENTAL HEALTH, B-46 - From Misc H&S Fines (4011-430216) to Contingency (1109-59000), $40,530.25; and from Contingency (1109-59000) to Vehicles (4011-57605), $40,530.25 **(Require's a 4/5's vote)**

Financial Impact:
There will be no financial impact to the General Fund. The funds are being transferred from a Non-General Fund Special Revenue Fund.

Background Information:
On 2/3/2026 the Purchasing Department advertised one (1) bid for a new 4-wheel drive full-size SUV. At bid opening on 2/13/2026 the Purchasing Department received five bids with Corning Ford being the lowest responsive bid.

Not approving the requested action would not allow us to replace an aging, high mileage and high repair cost vehicle.

TEHAMA COUNTY ENVIRONMENTAL HEALTH
SPECIFICATIONS FOR:
ONE (1) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE

GENERAL SPECIFICATIONS: This vehicle must be new. Discontinued models, or models that the manufacturer has formally announced will be discontinued within two years after the bid closing, are not acceptable. The vehicle furnished under this specification shall be the manufacturer's conventional design for the type of vehicle specified, complete with all necessary operating accessories customarily furnished, whether stipulated herein or not, with such modifications and attachments as may be necessary to enable the vehicle to function reliably and efficiently in sustained operation. All parts, equipment and accessories shall be completely installed, assembled and/or adjusted as required and shall conform in strength, quality of materials and workmanship to recognized industry standards. Additionally, the vehicle furnished shall comply with the most current Federal Vehicle Standards, California Air Resources Pollution Control requirements, the requirements of the California Department of Transportation and the California Vehicle Code. Awarded Bidder is required to process all DMV documentation to complete registration to the County of Tehama.

Body:	Full-size Sport Utility Vehicle 4-Door, 5 Passenger minimum
Drivetrain:	4-Wheel Drive
Engine:	Gasoline, 3.6L V6 or better
Transmission:	Automatic Transmission
Color:	Exterior – White

Includes the Following:

- All weather floor mats
- Cloth seats or vinyl
- Factory installed A/C and heating
- AM/FM Stereo minimum
- Bluetooth Capability
- Power Windows, Door Locks and Mirrors
- Back up Camera
- Tilt Wheel
- Cruise Control
- Driver and Front Passenger Air Bags
- Power Steering and Power Anti-Lock Brakes
- Solar Tinted Glass
- Remote Keyless Entry System
- Jack, Spare tire, Lug wrench and other standard tools

Warranty: Please state factory warranty provided. Please state costs for extended warranty if available.

ANY EXCEPTIONS TO THE ABOVE SPECIFICATIONS MUST BE EXPLAINED IN DETAIL

TEHAMA COUNTY ENVIRONMENTAL HEALTH
ONE (1) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE
Bids to be received on or before 3:00 p.m. on February 13,2026

ONE (1) NEW: MODEL YEAR _____ MAKE _____
MODEL DESIGNATION_____

Price Per Each **$_____**
Documentation Fee **$_____**
CA State Sales Tax (7.50%) **$_____**
Tire Disposal Fee and Delivery Charge to:
633 Washington St, RM 36, Red Bluff, CA **$_____**
TOTAL BID FOR ONE New Full-size SUV* **$_____**
*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated and included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

PROPOSED DELIVERY DATE: _____

DEALER: _____

PREPARED BY: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO. _____FAX NO. _____

AUTHORIZED SIGNATURE: _____DATE: _____

PLEASE STATE WARRANTY INCLUDED: _____

***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Environmental Health SUV Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

TEHAMA COUNTY ENVIRONMENTAL HEALTH
SPECIFICATIONS FOR:
ONE (1) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE

GENERAL SPECIFICATIONS: This vehicle must be new. Discontinued models, or models that the manufacturer has formally announced will be discontinued within two years after the bid closing, are not acceptable. The vehicle furnished under this specification shall be the manufacturer's conventional design for the type of vehicle specified, complete with all necessary operating accessories customarily furnished, whether stipulated herein or not, with such modifications and attachments as may be necessary to enable the vehicle to function reliably and efficiently in sustained operation. All parts, equipment and accessories shall be completely installed, assembled and/or adjusted as required and shall conform in strength, quality of materials and workmanship to recognized industry standards. Additionally, the vehicle furnished shall comply with the most current Federal Vehicle Standards, California Air Resources Pollution Control requirements, the requirements of the California Department of Transportation and the California Vehicle Code. Awarded Bidder is required to process all DMV documentation to complete registration to the County of Tehama.

Body:	Full-size Sport Utility Vehicle 4-Door, 5 Passenger minimum
Drivetrain:	4-Wheel Drive
Engine:	Gasoline, 3.6L V6 or better
Transmission:	Automatic Transmission
Color:	Exterior – White

Includes the Following:

- All weather floor mats
- Cloth seats or vinyl
- Factory installed A/C and heating
- AM/FM Stereo minimum
- Bluetooth Capability
- Power Windows, Door Locks and Mirrors
- Back up Camera
- Tilt Wheel
- Cruise Control
- Driver and Front Passenger Air Bags
- Power Steering and Power Anti-Lock Brakes
- Solar Tinted Glass
- Remote Keyless Entry System
- Jack, Spare tire, Lug wrench and other standard tools

Warranty: Please state factory warranty provided. Please state costs for extended warranty if available.

ANY EXCEPTIONS TO THE ABOVE SPECIFICATIONS MUST BE EXPLAINED IN DETAIL

TEHAMA COUNTY ENVIRONMENTAL HEALTH
ONE (1) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE
Bids to be received on or before 3:00 p.m. on February 13,2026

ONE (1) NEW: MODEL YEAR 2026 MAKE Ford
MODEL DESIGNATION Explorer

Price Per Each	$ 37,575
Documentation Fee	$ 85
CA State Sales Tax (7.50%)	$ 2,824.50
Tire Disposal Fee and Delivery Charge to: *633 Washington St, RM 36, Red Bluff, CA*	$ 37 File Fee 8.75 Tire
TOTAL BID FOR ONE New Full-size SUV*	$ 40,530.25

*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated and included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

PROPOSED DELIVERY DATE: May 29th

DEALER: Corning Ford

PREPARED BY: Ryan Holland

ADDRESS: 2280 Short Dr Corning CA 96021

EMAIL ADDRESS: rholland@corningford.com

TELEPHONE NO. 530-824-5434 FAX NO. _____

AUTHORIZED SIGNATURE: Ryan Holland DATE: 2-5-26

PLEASE STATE WARRANTY INCLUDED: 3yr/36K Bumper to Bumper
5yr/60K powertrain

***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Environmental Health SUV Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

Preview Order 1111 - K8D - Active 4WD: Order Summary Time of Preview: 02/05/2026 12:58:20 Receipt: 2/5/2026

Dealership Name: Corning Ford **Sales Code :** F72523

Dealer Rep.	Ryan Holland	**Type**	Fleet	**Vehicle Line**	Explorer	**Order Code**	1111
Customer Name	Tehama County	**Priority Code**	E1	**Model Year**	2026	**Price Level**	635

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8D0 EXPLORER ACTIVE 100A 4WD	$40465	18" SPARE WHL AND JACK KIT	$400
.119 INCH WHEELBASE	$0	PRICE CONCESSION INDICATOR	$0
TOTAL BASE VEHICLE	$40465	REMARKS TRAILER	$0
OXFORD WHITE	$0	4-WAY MANUAL PASSENGER SEAT	$0
CLOTH TRIMMED SEATS	$0	FORD CONNECTIVITY -1YR TRIAL	$0
SPACE GRAY INTERIOR	$0	FRONT LICENSE PLATE BRACKET	$0
EQUIPMENT GROUP 100A	$0	50 STATE EMISSIONS	$0
.2.3L ECOBOOST I-4 ENGINE	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
.10-SPEED AUTO TRANSMISSION	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
.P255/65R18 A/S BSW TIRES	$0	FUEL CHARGE	$0
CA NEW MTR VEHICLE BOARD FEES	$0	NET INVOICE FLEET OPTION (B4A)	$0
FORD FLEET SPECIAL ADJUSTMENT	$0	PRICED DORA	$0
FLR LNERS RW 1&2/NO CRPET MAT	$160	ADVERTISING ASSESSMENT	$0
POWER MIRROR/BLIND SPOT/HEATED	$0	DESTINATION & DELIVERY	$1795
18" SILVER PAINTED ALUM WHLS	$0		

	MSRP
TOTAL BASE AND OPTIONS	$42820
DISCOUNTS	NA
TOTAL	$42820

ORDERING FIN: QJ076 **END USER FIN:** QJ076

INCENTIVES

Acc. Code ID :10 Contract/Ref # :16-270T Bid Date :06/24/25State : CA

$ 37,575 +fees After Disc & Reb

Customer Name:

Customer Address:

Customer Email:

Customer Phone:

$ 40,530.25 OTD

Customer Signature Date

This order has not been submitted to the order bank.

This is not an invoice.

Source: REPEAT

Salesperson: RYAN HOLLAND

Price	37,575.00
Taxable A.M.O.	0.00
Document Processing Charge	85.00
Emissions Testing Charge	0.00
Sales Tax	2,824.50
Non-Tax A.M.O.	0.00
Service Contract	0.00
Subtotal	40,484.50
DMV Fees	0.00
State Emissions Certification or Exemption Fee	0.00
California Tire Fee	8.75
Electronic Veh Reg or Transfer Charge	37.00
Total Insurance	0.00
Total	40,530.25
Amount Financed	40,530.25
Finance Charges	0.00
Total of Payments	40,530.25

Trade	0.00
Payoff	0.00
Net Trade	0.00
Cash Down	0.00
Deferred Down	0.00
Rebate	0.00
Total Down	0.00
APR	0.00
Term	1
Monthly Payment	40,530.25
Final Payment of	

*** * * BUYER * * ***

TEHAMA COUNTY
727 OAK STREET
RED BLUFF, CA 96080

Date of Birth:
Home Phone Number: (530) 200-2171
Work Phone Number:
County: TEHAMA
Email: msilvera@tcpw.ca.gov

*** * * CO-BUYER * * ***

Date of Birth:
Home Phone Number:
Work Phone Number:
County:
Email:

*** * * PURCHASE * * ***

Stock Number
Year
Make
Model
Body Style
Color
Trim
Key 1 Number
Key 2 Number
Weight
License
Odometer
VIN
Cylinders
Vehicle Type

*** * * TRADE 1 * * ***

*** * * TRADE 2 * * ***

*** * * BANK * * ***

NONE

CA

*** * * INSURANCE * * ***

COUNTY OF TEHAMA

PURCHASE ORDER

727 OAK STREET - RED BLUFF, CA 96080
(530) 527-3365 Fax (530) 527-3764

Purchase Order No. 429137

PURCHASE ORDER

Vendor Information

Name	Corning Ford
Address	2280 Short Drive
City	Corning CA Zip 96021
Phone	530-824-5434

Ship To & Bill To:

Name	Tehama County Environmental Health
Address	633 Washington Street
City	Red Bluff CA Zip 96080
Phone	530-527-3365 Debbie Schmidt - Purchasing

Qty	Units	Product Description	Unit Price	TOTAL
1	ea	New 2026 Ford Explorer	$37,575.00	$37,575.00
1	ea	Documentation fee	$85.00	$85.00

		Service Description	Hourly Rate	TOTAL
1	ea	Tire Disposal Fee	$45.75	$45.75

DEPARTMENT COMMENTS: Insert comments in Box Below

Please Note - Register the Vehicle TO: County of Tehama , 727 Oak Street, Red Bluff, CA 96080, Phone: 530-527-4655. Please Contact Lori Mueller at 530-527-8020 to arrange delivery.

Product SubTotal	$37,660.00
Service SubTotal	
Tire Disposal fee	$45.75
Taxes :7.5% CA	$2,824.50
P.O. TOTAL	**$40,530.25**

Vendor Number	**100439**		INSURANCE ON FILE	x	PDR ON FILE
			INSURANCE ATTACHED		PDR ATTACHED

P.O. NOT TO EXCEED $40,530.25

Approved By:

Purchasing Agent

Purchase Order Date:	3/3/2026
Department Account Number:	4011
Fixed Asset Account Number:	57605
Ordered By:	Tia Branton

Purchasing-Blue Auditor-Yellow Dept.-Pink Vendor-White

1473

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-46

DEPARTMENT NAME ENVIRONMENTAL HEALTH

Date: February 13, 2026

I am requesting an increase to my budget appropriates as listed below:

Check one [ ] **"Previous Year Revenue"** [X] **"New Revenue"**

Funding Source 524 HS 25299 UNDERGRND TANK

****Note** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
4011	430216	Misc H & S Fines	$ 40,530.25	1109	59000	CONTINGENCY	$ 40,530.25
1109	59000	CONTINGENCY	$ 40,530.25	4011	57605	Vehicles	$ 40,530.25
		Total Journal	**$ 81,060.50**			Total Journal	**$ 81,060.50**

TRANSFER APPROVED

Lori S Mueller 2-13-26

SIGNATURE OF REQUESTING OFFICIAL DATE

Ana Zamacona 02/17/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

Tehama County

Agenda Request Form

File #: 26-0240 **Agenda Date:** 3/3/2026 **Agenda #:** 33.

DEPARTMENT OF AGRICULTURE - Agricultural Commissioner Thomas A. Moss

Requested Action(s)
a) AGREEMENT - Approval and authorization for the Agricultural Commissioner to sign the Colusa-Glenn-Tehama Counties Weed Management Area Memorandum of Understanding (MOU) for the purpose of creating stakeholder collaborations focusing on invasive plant control efforts
Financial Impact:
There is no financial impact related to this Memorandum of Understanding (MOU).

Background Information:
The purpose of Weed Management Areas (WMAs) throughout the state is to create stakeholder collaborations focusing on invasive plant control efforts. All interested land management entities, public and private, may be invited to participate in WMA efforts. In many cases, local WMAs are led by the County Agricultural Commissioner or Resource Conservation Districts. This multi-county strategic partnership is beneficial when trying to identify and eradicate pests of concern that move throughout the area by means of interstate commerce and waterways. These WMAs are most beneficial in coordinating multi-jurisdictional projects.

Weed Management Areas are defined in California Food and Agriculture Code 7272. The legislature funds programs by placing budget allocations in the Noxious Weed Management Account administered by the California Department of Food and Agriculture, which then issues grants to established WMAs. To qualify for funding, WMAs must have an MOU between all stakeholder groups and a strategic plan defining their current goals and objectives.

Previous projects completed by the Colusa-Glenn-Tehama WMA have included:

- Sites Reservoir Purple Starthistle Treatment
- Bear Creek Arundo and Tamarisk Removal
- Lower Stoney Creek Arundo and Tamarisk Removal
- Perennial Pepperweed and Barbed Goat Grass Treatments

In the spring of 2025, the Glenn County Resource Conservation District, on behalf of the Colusa-Glenn-Tehama WMA, applied for and was awarded $120,000 in grant funding. At this time, an update to the existing WMA MOU has been drafted, as well as a current strategic integrated weed management plan. This necessary step is not only required for the acceptance of these recently awarded grant funds, but these updated documents will provide an opportunity for the WMA to actively seek out and obtain additional funding opportunities from Federal and State partners.

Memorandum of Understanding
Colusa, Glenn, and Tehama Counties Weed Management Area
2025

1. BACKGROUND

The counties of Colusa, Glenn, and Tehama share common land features including flat farmland, rolling foothills, and coastal mountains, with Tehama also including the Sierra Nevada Mountain range. Local weed managers recognize that regular coordination, collaboration, and communication can lead to improved weed exclusion, detection, control, and eradication at both the county and regional levels.

2. PURPOSE

The purpose of this document is to establish mutual understandings among the three counties regarding their voluntary joint efforts towards regional coordination, collaboration, and communication for the exclusion, detection, control, and eradication of noxious weeds, in accordance with California Food and Agriculture Code §7272 and §7272.5.

3. GOALS

The goals of the Colusa, Glenn, and Tehama Counties Weed Management Area Memorandum of Understanding (MOU) are:

3.1. To foster coordination, collaboration, and communication between the three counties on noxious weed-related issues to achieve greater efficiencies and enhance public services.

3.2. To provide a framework for the management and disbursement of funding associated with activities pursued jointly under this MOU, in compliance with state law.

3.3. To improve competitiveness for State grant funding by leveraging regional cooperation and coordination.

4. DEFINITIONS

4.1. **Participants:** Participants include any stakeholder, agency or organization cooperating and coordinating activities necessary for the prevention and control of noxious weeds in Colusa, Glenn, and Tehama Counties.

4.2. **Project Manager:** A project manager will be designated by the signatory counties for each project, regardless of funding source, to fulfill the goals outlined in this MOU.

5. MUTUAL UNDERSTANDINGS

5.1. Participation: Participants to this MOU constitute the current collaborators, operating on a voluntary basis. Additional agencies or organizations with common weed control interests may be invited to participate. Participants agree to coordinate and collaborate with other regional programs and technical outreach efforts.

5.2. Activities: Efforts under this MOU will align with and not exceed the existing authority of participating agencies. Activities may include detection, exclusion, eradication, and suppression of noxious weeds, as well as monitoring, reporting, information sharing, public outreach, and education, as mutually agreed upon by the participants.

5.3. County Funding: Counties are not obligated to commit funding. Enhanced collaboration may improve coordination of existing and future funding opportunities for weed management. When funding is available, participating county departments are encouraged to prioritize cost-share arrangements consistent with eligibility criteria of Section 7272(f) of the California Food and Agriculture Code.

5.4. External Funding: Participants may pursue external funding opportunities for activities of common interest. Nothing in this MOU precludes any county or organization from independently pursuing, contracting, or completing work funded from an external source, regardless of regional interests.

5.5. Decision-Making: Decisions will be made by consensus among participating entities whenever possible, reinforcing the cooperative intent of the Weed Management Area.

5.6. Compliance: Participation in this MOU does not restrict any agency or organization from conducting its own activities or pursuing independent funding sources. Participation is voluntary, and agencies may discontinue involvement at any time.

5.7. Review and Revision: This living document should be periodically reviewed and updated as needed to reflect evolving program priorities, new participants, or changes in regional weed management strategies.

6. ACKNOWLEDGMENT

This Memorandum of Understanding serves as a cooperative framework among the participating counties, agencies, and organizations. The Weed Management Area is formed for the purpose of coordinating, combining actions, and sharing expertise to address common noxious weed control challenges. While the WMA includes a broad range of partners who collaborate in planning and implementation, formal signatures are limited to Colusa, Glenn, and Tehama Counties to streamline administration. This MOU reflects the shared understanding of all participants and is intended to guide coordinated regional efforts in weed management and implementation of the Integrated Weed Management Plan.

THE PARTIES HERETO have entered into this MOU.

Colusa County Agriculture Department

M. Anastacia Allen

M. Anastacia Allen
Colusa County Agriculture Commissioner

1/14/2026

Date

Tehama County Agriculture Department

Thomas A. Moss
Tehama County Agriculture Commissioner

Date

Glenn County Agriculture Department

Marcie Skelton

Marcie Skelton
Glenn County Agriculture Commissioner

12/11/25

Date

E-Contract Review
Approval as to Form

Department Name: County of Tehama – Agricultural Commissioner

Vendor Name: Colusa County, Glenn County

Document Description: MOU - Weed Management Area

APPROVED AS TO FORM:

Date: 2/5/26

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 26-0205 **Agenda Date:** 3/3/2026 **Agenda #:** 34.

PURCHASING / HEALTH SERVICES AGENCY - Executive Director Jayme Bottke

Requested Action(s)
a) BID AWARD - Request to award the bid for two (2) new 4-wheel drive full-size SUVs (sport utility vehicles) to Red Bluff Dodge in the amount of $77,600 and further authorize the Purchasing Agent to sign a purchase order for the acquisition

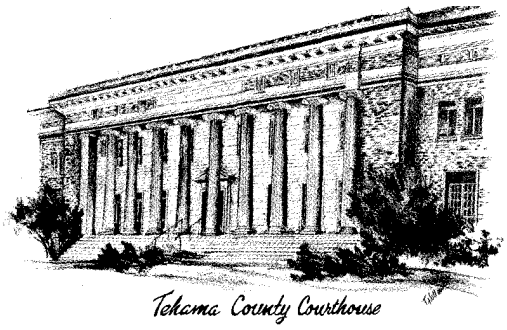
Financial Impact:
The funding for the purchase of two vehicles for the California PATH Justice Involved was approved on 1/8/2026.This funding comes from the Justice Involved initiatives for Pre-release Behavioral Health Services from the Department of Health Care Services. The grant funds must be expended by 6/30/26. There is no impact to the General Fund.

Background Information:
The California Department of Health Care Services (DHCS) approved funding $839,484 to Tehama County to support implementation of pre-release services, coordination of care, and to build infrastructure. This funding can be used to support infrastructure, such as vehicles. The Board of Supervisors approved this funding on 12/30/2025 (Misc. Agree. #2025-372). The funding must be spent by 6/30/26. As such, the Health Services Agency went out for bid for the purchase of two vehicles to be used in the PATH Justice Involved Program.

On 1/27/2026 the Purchasing Department advertised for bid, two (2) new 4-wheel drive full-size SUVs. At bid opening on 2/10/2026 the Purchasing Department received six bids. The lowest responsive bid was from an out of County vendor. The County's Local Vendor Preference Ordinance provided Red Bluff Dodge with the opportunity to match or beat the bid as they were within 5 percent of the low out of County bid. Red Bluff Dodge submitted a new bid, lower than that of the out of County low bid, thus meeting the Local Vendor Preference Ordinance requirements.

Board of Supervisors
COUNTY OF TEHAMA

District 1 – Rob Burroughs
District 2 – Tom Walker
District 3 – Steve Zane
District 4 – Matt Hansen
District 5 – Greg Jones



Gabriel Hydrick
Chief Administrator

COUNTY OF TEHAMA LEGAL NOTICE
ADVERTISEMENT FOR BID

NOTICE IS HEREBY GIVEN that bids shall be received until 3:00 p.m., February 10, 2026, in the Administration Office, 727 Oak Street, Red Bluff, CA 96080 for the purchase of (2) two new 4 wheel drive full-size sport utility vehicles for the Health Services Agency
All bids must be in the custody of the Purchasing Department at the designated time. In addition to mailed bid submittals, fax submittals will be accepted at (530) 527-3764 and emails at dschmidt@tehama.gov. Bids shall be submitted on the form provided ONLY.

Bid specifications are available by contacting the Purchasing Department at the above address, or by calling (530) 527-3365.

The Board of Supervisors reserves the right to waive informalities and irregularities in any bids received.

Debbie Schmidt
Debbie Schmidt – Deputy Purchasing Agent

Publish in the Daily News on January 27, 2026. Send proof of publication and statement to Tehama County Purchasing Dept., 727 Oak Street, Red Bluff, CA 96080

TEHAMA COUNTY HEALTH SERVICES AGENCY
SPECIFICATIONS FOR:
TWO (2) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE

GENERAL SPECIFICATIONS: These vehicles must be new. Discontinued models, or models that the manufacturer has formally announced will be discontinued within two years after the bid closing, are not acceptable. The vehicles furnished under this specification shall be the manufacturer's conventional design for the type of vehicle specified, complete with all necessary operating accessories customarily furnished, whether stipulated herein or not, with such modifications and attachments as may be necessary to enable the vehicle to function reliably and efficiently in sustained operation. All parts, equipment and accessories shall be completely installed, assembled and/or adjusted as required and shall conform in strength, quality of materials and workmanship to recognized industry standards. Additionally, the vehicles furnished shall comply with the most current Federal Vehicle Standards, California Air Resources Pollution Control requirements, the requirements of the California Department of Transportation and the California Vehicle Code. Awarded Bidder is required to process all DMV documentation to complete registration to the County of Tehama.

Body:	Full-size Sport Utility Vehicle (Ford Explorer or like vehicle) 4-Door, 5 Passenger minimum w/rear hatch
Drivetrain:	4-Wheel Drive or AWD (all-wheel drive)
Engine:	Gasoline
Transmission:	Automatic Transmission
Color:	Exterior – Light Color

Includes the Following:

- All weather floor mats
- Cloth seats or vinyl
- Factory installed A/C and heating
- AM/FM Stereo minimum
- Bluetooth Capability
- Power Windows, Door Locks and Mirrors
- Back up Camera
- Tilt Wheel
- Cruise Control
- Driver and Front Passenger Air Bags
- Power Steering and Power Anti-Lock Brakes
- Solar Tinted Glass
- Remote Keyless Entry System
- Jack, Spare tire, Lug wrench and other standard tools

Warranty: Please state factory warranty provided. Please state costs for extended warranty if available.

ANY EXCEPTIONS TO THE ABOVE SPECIFICATIONS MUST BE EXPLAINED IN DETAIL

TEHAMA COUNTY HEALTH SERVICES AGENCY
TWO (2) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE
Bids to be received on or before 3:00 p.m. on 02/10/26

TWO (2) NEW: MODEL YEAR _____ MAKE _____
MODEL DESIGNATION_____

Price Per Each	**$**_____
Documentation Fee	**$**_____
CA State Sales Tax (7.50%)	**$**_____
Tire Disposal Fee and Delivery Charge to:	
727 Oak Street, Red Bluff, California	**$**_____
TOTAL BID FOR TWO New Full-size SUV*	**$**_____

*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated and included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

REQUIRED DELIVERY DATE 5/1/2026

PROPOSED DELIVERY DATE: _____

DEALER: _____

PREPARED BY: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO. _____FAX NO. _____

AUTHORIZED SIGNATURE: _____DATE: _____

PLEASE STATE WARRANTY INCLUDED: _____

***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Health Services SUV Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

BID RECAP -- Tehama County Health Services - Two New 4 Wheel Drive Full-Size SUV

BID OPENING: 2/10/2026 3:00 PM

7.50%

VENDOR	City, State	MAKE	YR/MODEL	PRICE	DOC. FEE	SALES TAX	DELIVERY CHARGE (INC. TIRE DISPOSAL FEE)	TOTAL 1 SUV	TOTAL 2 SUVS	NOTES
Red Bluff Dodge	Red Bluff, CA	Dodge	26/Durango	$35,999.88	$85.00	$2,706.37	$8.75	$38,800.00	$77,600.00	Rebid. Original bid of $78,109.73 was within 5% of out of County low bid.
Crown Motors	Redding, CA	Dodge	26/Durango	$36,076.00	$0.00	$2,705.70	$45.75	$38,827.45	$77,654.90	Cannot meet delivery deadline
One Nation Distribution	Volant, PA	Ford	26/Explorer	$40,989.00	$85.00	$3,074.18	$0.00	$44,148.18	$88,296.36	
Fairfield Chevrolet	Fairfield, CA	Chevrolet	26/Traverse 2LT	$43,300.00	$85.00	$3,253.88	$358.75	$46,997.63	$93,995.26	
GovMark LLC	Pittsburgh, PA	Ford	26/Eplorer	$44,279.00	$85.00	$3,236.00	$7.00	$47,607.00	$95,214.00	Total price incorrect on bid
Corning Ford	Corning, CA	Ford	26/Explorer	$46,495.00	$85.00	$3,681.00	$45.75	$50,306.75	$100,613.50	Only 1 available.
LOW RESPONSIVE BIDDER:	**Red Bluff Dodge**								**$77,600.00**	

Board of Supervisors
COUNTY OF TEHAMA

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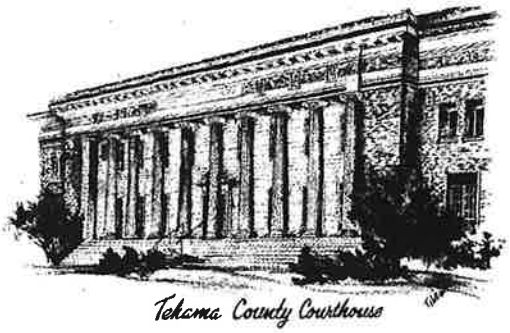
Tehama County Courthouse

Gabriel Hydrick
Chief Administrator

COUNTY OF TEHAMA LEGAL NOTICE
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The Board of Supervisors reserves the right to waive informalities and irregularities in any bids received.

Debbie Schmidt
Debbie Schmidt – Deputy Purchasing Agent

Publish in the Daily News on January 27, 2026. Send proof of publication and statement to Tehama County Purchasing Dept., 727 Oak Street, Red Bluff, CA 96080

TEHAMA COUNTY HEALTH SERVICES AGENCY
SPECIFICATIONS FOR:
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Body:	Full-size Sport Utility Vehicle (Ford Explorer or like vehicle) 4-Door, 5 Passenger minimum w/rear hatch
Drivetrain:	4-Wheel Drive or AWD (all-wheel drive)
Engine:	Gasoline
Transmission:	Automatic Transmission
Color:	Exterior – Light Color

Includes the Following:

- All weather floor mats
- Cloth seats or vinyl
- Factory installed A/C and heating
- AM/FM Stereo minimum
- Bluetooth Capability
- Power Windows, Door Locks and Mirrors
- Back up Camera
- Tilt Wheel
- Cruise Control
- Driver and Front Passenger Air Bags
- Power Steering and Power Anti-Lock Brakes
- Solar Tinted Glass
- Remote Keyless Entry System
- Jack, Spare tire, Lug wrench and other standard tools

Warranty: Please state factory warranty provided. Please state costs for extended warranty if available.

ANY EXCEPTIONS TO THE ABOVE SPECIFICATIONS MUST BE EXPLAINED IN DETAIL

TEHAMA COUNTY HEALTH SERVICES AGENCY
TWO (2) NEW 4 WHEEL DRIVE FULL-SIZE SPORT UTILITY VEHICLE
Bids to be received on or before 3:00 p.m. on 02/10/26

TWO (2) NEW: MODEL YEAR 2026 MAKE Dodge
MODEL DESIGNATION Durango

Price Per Each	$ 35,999.88
Documentation Fee	$ 85
CA State Sales Tax (7.50%)	$ 2,706.37
Tire Disposal Fee and Delivery Charge to:	75
727 Oak Street, Red Bluff, California	$ 8
TOTAL BID FOR TWO New Full-size SUV*	$ 77,600.00

*** As per specifications**

BID SHALL INCLUDE THE COST OF ALL EQUIPMENT MEETING OR EXCEEDING THE REQUIRED SPECIFICATIONS.

**Any additional fees associated with this bid submittal, including State Department of General Services and/or CMAS Contract Fees assessed for contract usage, must be clearly stated and included in the total bid price. Unstated fees will become the responsibility of the bidder. No additional fees will be paid by the County.

The bid, if awarded, will be awarded on the basis of the total cost for the vehicle. The Tehama County Board of Supervisors reserves the right to reject any or all bids and the County assumes no obligation to purchase until awarded and execution of a Purchase Order has been made.

Any specifications exceptions must be explained in detail and attached to this sheet. Printed literature and specification information must be submitted with the bid. Failure to include complete information will exclude your bid from an award.

REQUIRED DELIVERY DATE 5/1/2026

PROPOSED DELIVERY DATE: 8 to 12 weeks

DEALER: Red Bluff Dodge

PREPARED BY: Erick Garcia

ADDRESS: 545 Adobe rd

EMAIL ADDRESS: erick@redbluffdodge.com

TELEPHONE NO. (530) 366-3166 FAX NO. (530) 528-9358

AUTHORIZED SIGNATURE: [signature] DATE: 2-10-26

PLEASE STATE WARRANTY INCLUDED: 3yr 36K Basic 5yr 60K Power Train

***Bids can be returned using any of the following:**
Email to: dschmidt@tehama.gov
Fax to: 530-527-3764
Mail to: Attn: Health Services SUV Bid
Tehama County Purchasing
727 Oak Street
Red Bluff, CA 96080

Tehama County

Agenda Request Form

File #: 26-0184 **Agenda Date:** 3/3/2026 **Agenda #:** 35.

SHERIFF'S OFFICE / PERSONNEL - Sheriff Dave Kain

Requested Action(s)

a) RESOLUTION - Request adoption of a resolution amending the FY 25/26 Position Allocation List (PAL), (Reso #2025-074) by deleting one (1.00 FTE) Correctional Sergeant and adding one (1.00 FTE) Sergeant, effective 3/3/26

Financial Impact:

The requested action if approved includes an annual increase of $21,813.47, which is currently covered by existing State allotment funds within Budget Unit 2023. However, the Sheriff's Office has verified that the State's funding cap is fixed and cannot be increased. As a result, although there is no fiscal impact on the General Fund this current fiscal year, the Board should anticipate a potential increase in General Fund requirements for this unit next year to sustain this increase in cost.

Background Information:

The Sheriff's Office is requesting approval to restructure the Court / Bailiff supervisor position by replacing the current Correctional Sergeant with a sworn Sergeant classification. The Department has historically underfilled the Deputy Sheriff allocations assigned to the Court / Bailiffs with Correctional Deputies which justified allocating a Correctional Sergeant as the unit's supervisor. However, because the Department now fills these allocations with sworn Deputy Sheriffs, the existing supervisory classification no longer aligns with the duties, scope of responsibility, or operational demands of the role.

Additionally, a sworn Sergeant would bring broader experience in key areas such as criminal investigations, tactical decision-making, and interagency coordination. This level of expertise is increasingly necessary in the courthouse environment, where incidents can escalate rapidly and require immediate command-level response. Aligning the supervisory role with the sworn Sergeant classification will ensure the supervisory structure is appropriately matched to current operational needs, enhance operational consistency, and strengthen risk management.

If approved, the current Correctional Sergeant incumbent would transfer from the Bailiffs unit into an existing vacancy within the Jail.

The Deputy Sheriffs' Association has been notified and is in agreement with the requested action.

RESOLUTION NO. _____

PAL CHANGE

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Tehama, State of California, does hereby amend **Resolution 2025-074, the 2025-26** Position Allocation List, as follows:

DEPARTMENT (BUDGET)/POSITION		**ALLOCATION** From	To	**RANGE** From	To	**EFFECTIVE DATE**
BAILIFFS (2023)						
Correctional Sergeant	Decrease	1.00	0.00	39	-	3/3/26
Sergeant	Increase	0.00	1.00	-	47	3/3/26

The Master Salary Schedule and any affected Exhibits will be updated to reflect the above changes, if applicable.

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 _____, 2026.

Dated this _____ day of _____, 2026.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By _____
Deputy

RESOLUTION NO. _____

TEHAMA COUNTY SHERIFF'S OFFICE

Dave Kain, Sheriff-Coroner

Mailing Address: P.O. Box 729, Red Bluff, CA 96080

Main Office: 22840 Antelope Blvd., Red Bluff, CA 96080 (530) 529-7940 / (530) 529-7933 FAX
Jail/Dispatch: 502 Oak St., Red Bluff, CA 96080 (530) 529-7900 / (530) 528-7614 FAX

Date: 2/03/2026

To: Tehama County Personnel Office

From: Sheriff Dave Kain

Reference: Restructuring of Courthouse Security Supervision

The Sheriff's Office is requesting approval to proceed with a job classification restructure to modify the Court Bailiff supervisor position from Correctional Sergeant to a Sworn Sergeant.

The current classification does not accurately reflect the scope of responsibility or the operational demands of the position. The supervisor oversees sworn bailiff personnel assigned to courthouse security and is responsible for responding to and managing security incidents involving criminal defendants, judicial officers, and the public. These incidents may involve crimes in progress, arrests, investigations, and emergency response, all of which are better suited for patrol-level law enforcement training and experience.

The existing structure also creates a supervisory and compensation imbalance, as the Correctional Sergeant currently earns less than the Sworn Bailiffs being supervised. Restructuring the position would correct this issue and better align with our chain of command.

Additionally, a Sworn Sergeant brings broader experience in criminal investigations, tactical decision-making, and interagency coordination. This level of expertise is increasingly necessary in the courthouse environment, where incidents can escalate rapidly and require immediate command-level response, consistent with Sheriff's Office patrol operations.

Restructuring this position will improve operational consistency, strengthen risk management, and better align the classification with the actual duties performed. The Sheriff's Office respectfully requests Personnel's review and approval of this classification restructure.

Financial Impact

The difference between Correctional Sergeant and Sergeant (top step with salary and benefits) is $21,813.47 annually (See attached comparison chart for complete details).

Due to the fact that all of our courthouse employees are funded by the State, there is no immediate fiscal impact to the general fund. My accounting team has confirmed with the auditor's office that

there is sufficient funding in our state allotment to cover the salary/benefit difference between the two classifications.

Thank you for your consideration regarding this matter,

Dave Kain – Sheriff / Coroner

BUDGET SUMMARY
2023-BAILIFF

12/16/2025

				CORRECTIONAL SERGEANT	PATROL SERGEANT	DIFFERENCE REQUEST
51010		Salary and Wages		$ 87,049.56	$ 105,603.16	$ 18,553.60
51012		Overtime Comp		$ 1,000.00	$ 1,000.00	$ -
51020		PERS Retirement		$ 8,531.20	$ 10,334.61	$ 1,803.41
51021		OASDI		$ 6,891.85	$ 8,311.20	$ 1,419.35
51022		Unfunded PERS Liabilty Misc		$ -	$ -	$ -
51023		Unfunded PERS Liabilty Safety		$ -	$ -	$ -
51024		ADP Misc.		$ -	$ -	$ -
51025		ADP Safety		$ -	$ -	$ -
51030		Group Insurance		$ 23,209.92	$ 23,209.92	$ -
51031		Unemployment Ins		$ 176.10	$ 213.21	$ 37.11
51040		Worker's Comp		$ -	$ -	$ -
51050		Deferred Comp Match		$ 720.00	$ 720.00	$ -
Total		**Salary & Benefits**		**$ 127,578.63**	**$ 149,392.10**	**$ 21,813.47**
53110		Clothing and Personnel Supp		$ 720.00	$ 720.00	$ -
53120		Communications		$ 600.00	$ 600.00	$ -
53290		EE Travel Expense		$ 2,500.00	$ 2,500.00	$ -
Total		**Service & Supplies**		**$ 3,820.00**	**$ 3,820.00**	**$ -**
				$ 131,398.63	**$ 153,212.10**	**$ 21,813.47**

Tehama County

Agenda Request Form

File #: 26-0193 **Agenda Date:** 3/3/2026 **Agenda #:** 36.

SHERIFF'S OFFICE / PERSONNEL - Sheriff Dave Kain

Requested Action(s)
a) OTHER THAN "A" STEP - Request approval to appoint applicant as Correctional Deputy I, Range 28, Step 3, upon successful completion of all pre-employment requirements

Financial Impact:
The funds for this position are currently budgeted in the FY 25/26, Budget Unit 2032.

Background Information:
The selected candidate brings strong knowledge and operational experience gained through a bachelor's degree in criminal justice and five years of service in the United States Army Reserve Military Police. During their service, they performed law enforcement and installation security duties, including access control and physical security, and participated in combat, field, and detainee operations. The candidate also provided operational and security support for high-risk detainees as part of the Guantanamo Bay Joint Task Force for two years.

In addition, the candidate demonstrates proven leadership in high-pressure environments, with strengths in conflict resolution, risk assessment, and security operations. Their combined military and civilian experience reflects strong adaptability, discipline, and teamwork. The candidate possesses a solid understanding of international law, enforces standard operating procedures, and collaborates effectively with interagency partners, including legal, medical, and intelligence teams. They have also participated in quick reaction force drills and base-wide force protection operations.

The combination of their training and experience justifies the increase to Step 3. The hiring of this employee is a benefit to the Tehama County Sheriff's Office and the community we serve.

The Personnel Office has reviewed the candidate's qualifications and agrees with placement at Salary Range 28, Step 3, upon successful completion of all pre-employment requirements.

OTHER THAN "A" STEP REQUEST

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.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Jennifer Crane, Accountant I
TO: Board of Supervisors/Personnel Office

RE: Request to hire an applicant in the following classification:
Correctional Deputy I at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "B" step will be placed on the consent agenda for approval.

1. $ 25.60 Step 1 Request: $ 28.22 Step 3

2. Total applications received during recruitment for this position: 8
Total number of "qualified" applicants: 2

3. Justification for requesting higher step than A:

The selected candidate brings strong knowledge and operational experience gained through a bachelor's degree in criminal justice and five years of service in the United States Army Reserve Military Police. During their service, they performed law enforcement and installation security duties, including access control and physical security, and participated in combat, field, and detainee operations. The candidate also provided operational and security support for high-risk detainees as part of the Guantanamo Bay Joint Task Force for two years.

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The combination of their training and experience justifies the increase to Step 3. The hiring of this employee is a benefit to the Tehama County Sheriff's Office and the community we serve.

4. How has the Department budgeted for this additional cost?

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all the material facts which should be considered with this request.

Department Head Signature

Tehama County

Agenda Request Form

File #: 26-0182 **Agenda Date:** 3/3/2026 **Agenda #:** 37.

SHERIFF'S OFFICE - Sheriff Dave Kain

Requested Action(s)
a) AGREEMENT- Request approval and authorization for the Sheriff to sign the Range Use and Facility License Agreement for the purpose of utilizing the Tehama Shooters Association's (TSA) shooting range, in the amounts set forth in Exhibit A, with maximum compensation not to exceed $4,800.00 per year, effective 2/3/2026 through 12/31/2026

Financial Impact:
The funds are budgeted in the FY 25/26 Rent/Lease of Buildings account (53260) in the Sheriff's Budget.

Background Information:
Law enforcement agencies are required to maintain firearms proficiency for all sworn personnel. Regular training and qualification are essential to comply with Peace Officer Standards and Training (POST) requirements and to ensure officer safety, operational readiness, and public safety.

The Tehama Shooters Association (TSA) provides a secure and controlled environment for mandated firearms training, qualifications, and tactical exercises. The original agreement with TSA was established and formally adopted as Agreement No. 164-1999 on July 13, 1999. Since that time, the agreement has not been comprehensively updated, nor has there been any increase in the annual usage fee for approximately 26 years. During this period, TSA has made significant improvements to the shooting range facilities and infrastructure. As a result, TSA has requested an increase to the annual usage fee to reflect these enhancements and current operational costs.

Additionally, TSA requested that the agreement be revised to a one-year term with annual renewals, rather than an automatically renewing agreement. This change is intended to ensure that agreement terms and operational details remain current and accurate.

Due to the length and complexity of negotiations, which continued through February, the initial agreement term will be less than one year. Going forward, it is the intent to renew the agreement annually in December, with an effective date of January 1st of the following year.

The vendor's insurance coverage deviates from standard County insurance requirements. However, this level of coverage has been accepted by the California Highway Patrol (CHP) and other law enforcement agencies that also utilize the range. TSA is therefore requesting approval of an insurance deviation.

RANGE USE AND FACILITY LICENSE AGREEMENT (Weekly Use)

This Range Use and Facility License Agreement ("Agreement") is entered into as of February 3, 2026, by and between Tehama Shooters Association , a California 501 (c) (7) (hereinafter "Licensor" or "TSA"), and the County of Tehama, a political subdivision of the State of California, acting by and through its Sheriff's Office (hereinafter "County" or "TCSO").

1. PURPOSE

Licensor owns and operates a shooting range located at 26950 Manton Road, Paynes Creek, CA 96075 ("Facility").

County desires to obtain use of the Facility for law enforcement firearms training and qualification one day per week, and Licensor agrees to provide such use under the terms set forth herein.

2. TERM

The term of this Agreement shall be for one (1) year, commencing on the date of execution and ending on December 31, 2026, unless earlier terminated pursuant to this Agreement. Thereafter, if renewed, the term of the agreement shall begin on January 1 of each year and continue through midnight on December 31 of that year.

3. GRANT OF LICENSE / USE

3.1 License Granted

Licensor grants to County a revocable license to use the Facility every Tuesday for law enforcement training purposes between sunrise and sunset. Extended hours are permitted without additional costs upon request if approved by the ranch owners. County must direct its scheduling only through the Licensor.

3.2 Use of Facility

During the designated hours on Tuesdays:

- County shall have use of the Facility.
- No members of Licensor or third parties shall access the range without County's express permission.
- No tenancy or leasehold interest is created by this Agreement.

4. RENT

County shall pay Licensor an annual license fee of Four Thousand Eight Hundred Dollars ($4,800.00). Payment shall be made in one annual installment and shall be made payable to:

Tehama Shooters Association
PO Box 475
Red Bluff, CA 96080

5. USE OF FACILITY

5.1 Permitted Use

The Facility shall be used solely for:

- Firearms qualification.
- Training exercises.
- Law enforcement-related firearms instruction.

5.2 Prohibited Uses

County shall not:

- Sublease or allow third-party use.
- Conduct commercial firearms training for non-County personnel.
- Use the Facility for purposes inconsistent with applicable law or safety standards.

5.3 Representatives

The Parties agree that unless otherwise indicated in writing, the following persons have primary responsibility for liaison and coordination of activities required to carry out this agreement:

For County: Sheriff Dave Kain or his successor;

For Tehama Shooters Association: Ed Little

Renewal of this agreement without any material changes may be accomplished by an exchange of notice of intent to extend and acceptance between these representatives in writing any time before the scheduled termination of the agreement.

5.4 Disclaimer

This agreement does not entitle County personnel to membership in the Tehama Shooters Association. Except as described herein, no County personnel is entitled to access to the TSA range without becoming a member.

6. SAFETY AND OPERATIONS

6.1 Range Safety

County shall:

- Ensure all personnel comply with range safety rules including those regarding damage to property range use, damage to ranch property and LIVESTOCK.
- Provide qualified Range Safety Officers or supervisors.
- Follow all applicable POST, Cal/OSHA, and firearms safety standards.

6.2 Emergency Procedures

County shall maintain emergency response procedures during use, including medical response protocols.

7. INDEMNIFICATION

7.1 By County

To the fullest extent permitted by law, County shall defend, indemnify, and hold harmless Licensor, its officers, directors, members, and agents from and against any claims, damages, losses, or expenses arising out of County's use of the Facility, except to the extent caused by Licensor's sole negligence or willful misconduct.

7.2 By Licensor

Licensor shall defend, indemnify, and hold harmless County, its officers, employees, and agents from and against claims arising from Licensor's ownership, maintenance, or condition of the Facility, except to the extent caused by County's negligence or willful misconduct.

7.3 Emergency Plan

The County shall submit to the Tehama Shooters Association an emergency plan for handling injury or fire before its initial use of the facility after execution of this agreement.

9. MAINTENANCE AND CONDITION

Licensor shall be responsible for:

- Structural maintenance
- Berms and backstops
- Range infrastructure
- Environmental compliance

County shall be responsible for:

- Cleanup following use
- All brass generated will be picked up by the County and become the property of the Licensor.
- Removal of County equipment
- Reporting unsafe conditions

10. COMPLIANCE WITH LAW

Each party shall comply with all applicable:

- Federal and California laws
- Cal/OSHA regulations
- Firearms and environmental regulations
- Local ordinances

11. TERMINATION

11.1 For Convenience

Either party may terminate this Agreement upon 30 days' written notice.

11.2 For Cause

Immediate termination may occur upon:

- Unsafe conditions
- Breach of material terms
- Loss of required insurance
- Illegal use of the Facility

12. NO EMPLOYMENT RELATIONSHIP

Nothing in this Agreement shall be construed to create an employment, joint venture, or partnership relationship between the parties.

13. PUBLIC RECORDS

This Agreement is subject to the California Public Records Act (Gov. Code § 7920 et seq.).

14. GOVERNING LAW AND VENUE

This Agreement shall be governed by the laws of the State of California. Venue shall lie in the Superior Court of California, County of Tehama.

15. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and may be amended only in writing signed by both parties.

16. SIGNATURES <<Signature page immediately following>>

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

COUNTY OF TEHAMA

Date: _____

_____

Tom Walker, Board of Supervisors Chairman

Tehama County Sherrif's Office

Date: _____

_____

Dave Kain, Sherrif

Tehama Shooter Association

Date: 2/5/26

_____

Ed Little, President, TSA

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

$1,000,000.00

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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Lockton Affinity	
Lockton Affinity, LLC 10895 Lowell Avenue, Suite 300 Overland Park, KS 66210	PHONE (A/C.NO Ext): 844-401-9444	FAX (A/C, No):
	E-MAIL ADDRESS:	

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INSURER A: Certain Underwriter's at Lloyd's, Londo	AA1128623
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Tehama Shooters Association
P. O. Box 475
Red Bluff CA 96080

COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER**

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	Claims Made X Occur						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
				LOC-GL-B001153-01	04/01/2025	04/01/2026	MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	X POLICY PROJEC LOC						PRODUCTS - COMP/OP AGG	$ 1000000
	OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / HIRED AUTOS ONLY / SCHEDULED AUTOS / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-						AGGREGATE	$
	D RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y /N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

PROOF OF COVERAGE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD

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Lockton Affinity, LLC 10895 Lowell Avenue, Suite 300 Overland Park, KS 66210	PHONE (A/C.NO Ext): 844-401-9444	FAX (A/C, No):
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INSURER A: Certain Underwriter's at Lloyd's, Londo	AA1128623
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Tehama Shooters Association
P. O. Box 475
Red Bluff CA 96080

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	X POLICY PROJEC LOC						PRODUCTS - COMP/OP AGG	$ 1000000
	OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-						AGGREGATE	$
	D RETENTION $							$
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CERTIFICATE HOLDER

Long Ranch, LLC Ron & Neita Reid, Ken & Doug Summers
28010 Manton Road

Paynes Creek CA 96075

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURER B :	
INSURER C :	
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INSURER E :	
INSURER F :	

INSURED
Tehama Shooters Association
P. O. Box 475
Red Bluff CA 96080

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CERTIFICATE HOLDER

Department of California Highway Patrol Business Services S
601 N 7th Street

Sacramento CA 95811

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: First Wednesday of Each Month
Certificate Holder is listed as an additional insured, as required by written contract, for liability arising out of pr owned, rented, leased, or occupied by the named insured or arising out of the named insured?s ongoing operations.

CERTIFICATE HOLDER

City of Red Bluff, CA
1500 S. Jackson Street

Red Bluff CA 96080

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

IN COMPLIANCE WITH STATE REQUIREMENTS, PLEASE SEE BELOW NOTICE TO YOU CONCERNING THE PLACEMENT OF YOUR INSURANCE COVERAGE WITH A SURPLUS LINES INSURER. PLEASE REVIEW THE NOTICE(S) SPECIFIC TO YOUR STATE.

Alabama

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 8469
This contract is registered and delivered as a surplus lines coverage under the Alabama Surplus Lines Insurance Law.

Alaska

Surplus Lines Broker: Lockton Affinity, LLC - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 10851
This is evidence of insurance procured and developed under the Alaska Surplus Lines Law, AS. §21.34. It is not covered by the Alaska Insurance Guaranty Association Act, AS. §21.80.

ALASKA POLICYHOLDER NOTICE 3 AAC 25.050

This policy is issued by a nonadmitted or surplus lines insurer. Insurance may only be purchased from nonadmitted insurers if the full amount, kind, or class of insurance cannot be obtained from insurers who are admitted to do business in the State of Alaska. Your broker or the surplus lines broker has determined that this was true on the date the policy was placed. Before issuing a renewal policy or extending this policy, remarketing is required. To avoid intentional or unintentional extension of coverage in the surplus lines market when an admitted market for that coverage exists, a nonadmitted insurer is prohibited from the automatic renewal or extension of a policy without remarketing by your broker or the surplus lines broker.

In order to comply with the Alaska Administrative Code, the following notice is given: You are hereby notified that, under 3 AAC 25.050, your policy will terminate effective no later than the date and time of its expiration. We reserve the right to cancel this policy sooner than the expiration date by giving you notice of cancellation as required in AS 21.36.220. You may request through your broker that a new policy from the surplus lines broker be concurrent with the effective date of the termination of this policy.

You are also notified that a new policy, if issued by us, is subject to rerating, which may result in a premium increase of more than ten percent (10%). As required by 3 AAC 25.050, you are hereby notified that any subsequent policy issued by us may be subject to a ten percent (10%) or more increase in premium. The actual premium will be based upon rates that apply at the time a subsequent policy, if any, is issued and will be made available to you before the effective date of the new policy, or the date subsequent coverage is bound, whichever occurs first.

Arizona (Non-Domestic)

Pursuant to §20-401.01, subsection B, paragraph 1, Arizona Revised Statutes, this policy is issued by an insurer that does not possess a certificate of authority From the director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insured or claimants will not be eligible for insurance guaranty fund protection pursuant to title 20 Arizona Revised Statues.

Arizona (Domestic)

If the surplus lines policy or evidence of coverage is issued by a domestic surplus lines insurer: If the insurer that issued this policy becomes insolvent, insured or claimants will not be eligible for insurance guaranty fund protection pursuant to title 20, Arizona Revised Statues.

Arkansas

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 722138
This contract is registered and delivered as a surplus lines coverage under the Surplus Lines Insurance Law, and it may in some respects be different from contracts issued by insurers in the admitted markets, and, accordingly, it may, depending upon the circumstances, be more or less favorable to an insured than a contract from an admitted carrier might be. The protection of the Arkansas Property and Casualty Guaranty Act does not apply to this contract. A tax of four percent (4%) is required to be collected from the insured on all surplus lines premiums.

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

California

IMPORTANT NOTICE:

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurerbecomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Departmentof Insurance: www.insurance.ca.gov/01-consumers/120-company/07- lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.
D-2 (Effective January 1, 2020)

Colorado

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 63648
This contract is delivered as surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is not licensed in Colorado but is an eligible nonadmitted insurer. There is no protection under the provisions of the 'Colorado Insurance Guaranty Association Act'.

Connecticut

NOTICE

THIS IS A SURPLUS LINES POLICY AND IS NOT PROTECTED BY THE CONNECTICUT INSURANCE GUARANTY ASSOCIATION OR SUBJECT TO REVIEW BY THE CONNECTICUT INSURANCE DEPARTMENT. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS POLICY.

Delaware

This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

Florida

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carrier do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Georgia

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 502197
This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

Hawaii

Surplus Lines Broker: Lockton Affinity, LLC - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 328352
This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.

Idaho

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 License: 123633
THIS SURPLUS LINES CONTRACT IS ISSUED PURSUANT TO THE IDAHO INSURANCE LAWS BY AN INSURER NOT LICENSED BY THE IDAHO DEPARTMENT OF INSURANCE. THERE IS NO COVERAGE PROVIDED FOR SURPLUS LINES INSURANCE BY EITHER THE IDAHO INSURANCE GUARANTY ASSOCIATION OR BY THE IDAHO LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION.

Illinois(Domestic)

Notice to Policyholder: This contract is issued, by a domestic surplus line insurer, as defined in Section 445a, pursuant to Section 445 and as such is not covered by the Illinois Insurance Guaranty Fund.

Illinois(Other)

Notice to Policyholder: This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by a company not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.

Indiana

None

Iowa

This policy is issued, pursuant to Iowa Code §5151, by an eligible surplus lines insurer in Iowa and as such is not covered by the Iowa Insurance Guaranty Association.

Kansas

This policy is issued by an insurer not authorized to do business in Kansas and, as such, the form, financial condition, and rates are not subject to review by the Commissioner of Insurance and the insured is not protected by any guaranty fund.

Kentucky

This insurance has been placed with an insurer not licensed to transact business in the Commonwealth of Kentucky but eligible as a surplus lines insurer. The insurer is not a member of the Kentucky Insurance Guaranty Association. Should the insurer become insolvent, the protection and benefits of the Kentucky Insurance Guaranty Association are not available.

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

Louisiana

This insurance policy is delivered as a surplus lines coverage under the Louisiana Insurance Code.

In the event of insolvency of the company issuing this contract, the policyholder or claimant is not covered by the Louisiana Insurance Guaranty Association, which guarantees only specific types of policies issued by insurance companies authorized to do business in Louisiana.

This surplus lines policy has been procured by the following licensed Louisiana surplus lines broker:

Signature of Licensed Louisiana Surplus Lines Broker or Authorized

Representative Lockton Affinity, LLC – Jeffrey Hewitt – Lockton Affinity, LLC

License #187121

Maine

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** PRN67691
This insurance contract is issued pursuant to the Maine Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Maine Bureau of Insurance.

Maryland

This insurance is issued by a nonadmitted insurer not under the jurisdiction of the Maryland Insurance Commissioner.

Massachusetts

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance, and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

Michigan

This insurance has been placed with an insurer that is not licensed by the State of Michigan. In case of insolvency, payment of claims may not be guaranteed.

Minnesota (ELIGIBLE SURPLUS LINES CARRIERS)

THIS INSURANCE IS ISSUED PURSUANT TO THE MINNESOTA SURPLUS LINES INSURANCE ACT. THE INSURER IS AN ELIGIBLE SURPLUS LINES INSURER BUT IS NOT OTHERWISE LICENSED BY THE STATE OF MINNESOTA. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED.

Mississippi

Note: This insurance policy is issued pursuant to Mississippi law covering surplus lines insurance. The company issuing the policy is not licensed by the State of Mississippi, but is authorized to do business in Mississippi as a nonadmitted company. The policy is not protected by the Mississippi Insurance Guaranty Association in the event of the insurer's insolvency.

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

Missouri

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 133949
This is evidence of insurance procured and developed under the Missouri Surplus Lines Laws. It is NOT covered by the Missouri Guaranty Association. The insurer is not licensed by the state of Missouri and is not subject to its supervision.

Montana

NOTICE: This coverage is issued by an unauthorized insurer that is an eligible surplus lines insurer. If this insurer becomes insolvent, there is no coverage by the Montana Insurance Guaranty Association under the Montana Insurance Guaranty Association Act. (MCA §33-2-303).

Nebraska

Surplus Lines Broker: Lockton Affinity, LLC - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 100173884
This policy is issued by a nonadmitted insurer, and in the event of the insolvency of such insurer, this policy will not be covered by the Nebraska Property and Liability Insurance Guaranty Association.

Nevada

This insurance contract is issued pursuant to the Nevada insurance laws by an insurer neither licensed by nor under the supervision of the Division of Insurance of the Department of Business and Industry of the State of Nevada. If the insurer is found insolvent, a claim under this contract is not covered by the Nevada Insurance Guaranty Association Act.

New Hampshire

The company issuing this policy has not been licensed by the state of New Hampshire and the rates charged have not been approved by the commissioner of insurance. If the company issuing this policy becomes insolvent, the New Hampshire insurance guaranty fund shall not be liable for any claims made against the policy.

New Jersey

This policy is written by a surplus lines insurer and is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance. The insurer has been approved by the Department as an eligible surplus lines insurer, but the policy is not covered by the New Jersey Insurance Guaranty Fund, and only a policy of medical malpractice liability insurance as defined in N.J.S.A. 17:30D-3d or a policy of property insurance covering owner-occupied dwellings of less than four dwelling units are covered by the New Jersey Surplus Lines Guaranty Fund.

New Mexico

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 License: 722138
This policy provides surplus lines insurance by an insurer not otherwise authorized to transact business in New Mexico. This policy is not subject to supervision, review, or approval by the superintendent of insurance. The insurance so provided is not within the protection of any guaranty fund law of New Mexico designed to protect the public in the event of the insurer's insolvency.

New York

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

North Carolina

Surplus Lines Broker: Jodi L. Jennings
The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State Insurance Guaranty Fund.

North Dakota

NOTICE

1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called "nonadmitted" or "surplus lines" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state.

3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. Some states maintain lists of approved or eligible surplus lines insurers and surplus line producers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used.

5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines producer. You may also contact your insurance department consumer help line.

Ohio

The insurance hereby evidenced is written by an approved nonlicensed insurer in the State of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.

Oklahoma

This policy is not subject to the protection of any guaranty association in the event of liquidation or receivership of the surplus lines insurer. (Okla. Stat. Ann. tit. §36, 1111).

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

Oregon

This is evidence of insurance procured and developed under the Oregon Surplus Lines Laws. It is not covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance become insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this evidence of insurance.

Pennsylvania

Surplus Lines Broker: Lockton Affinity, LLC - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 67559
The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is not covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Rhode Island

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFIT OF THE RHODE ISLAND INSURANCE INSOLVENCY FUND ARE NOT AVAILABLE.

South Carolina

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 License: 722138
This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

South Dakota

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 License: 2943692
THIS INSURANCE CONTRACT IS ISSUED BY A NONADMITTED INSURER WHICH IS NOT LICENSED BY NOT UNDER THE JURISDICTION FO THE SOUTH DAKOTA INSURANCE DIRECTOR.

Tennessee

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus lines coverage pursuant to the Tennessee insurance statutes.

Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Utah

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 410697
The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance Commissioner. This policy receives no protection from any of the guaranty associations created under Title 31A, Chapter 28. (UC 31A-45-103 [8]).

Named Insured: Tehama Shooters Association
Policy Number: LOC-GL-B001153-01
Policy Period: 01-APR-2025 to 01-APR-2026
Insurer: Certain Underwriter's at Lloyd's, London
Coverage: GL

Vermont

The company issuing this policy has not been licensed by the State of Vermont and the rates charged have not been approved by the Commissioner of Financial Regulation. Any default on the part of the insurer is not covered by the Vermont Insurance Guaranty Association.

Virginia

Surplus Lines Broker: Lockton Affinity, LLC- 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 105658

NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION AS AN ELIGIBLE NONADMITTED INSURER OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY, YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU. [Virginia Form SLB-9 (Rev. 9/96)] (Va. Code Ann. §38.2-4806).

Washington

This contract is registered and delivered as a surplus line coverage under the Insurance Code of the state of Washington, Title 48 RCW. It is not protected by any Washington state guaranty association law.

West Virginia

THIS COMPANY IS NOT LICENSED TO DO BUISNESS IN WEST VIRGINIA, AND IS NOT SUBJECT TO THE WEST VIRGINIA INSURANCE GUARANTY ACT.

Wisconsin

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 **License:** 722138

This insurance contract is with an insurer which has not obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus lines coverage pursuant to s. 618.41 of the Wisconsin Statutes. Section 618.43(1), Wisconsin Statutes, requires payment by the policyholder of 3 percent tax on gross premium.

Wyoming

Surplus Lines Broker: Jeffrey B. Hewitt - 10895 Lowell Avenue, Suite 300, Overland Park, KS 66210 License: 196738

This insurance contract is issued pursuant to the Wyoming Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Wyoming Insurance Department. In the event of insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association or the Wyoming Life and Health Insurance Guaranty Association.

Revised November 17, 2022

TERRORISM COVERAGE NOTICE

Coverage for acts of terrorism is included in your policy.

You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is included with your premium and does not include any charges for the portion of losses covered by the United States government under the Act.

NOTICE TO STANDARD FIRE STATE POLICYHOLDERS: In certain states ("standard fire states"), a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy, subject to all other policy terms, conditions and exclusions.

APPLICABLE LAW (U.S.A.)

This Insurance shall be subject to the applicable state law to be determined by the court of competent jurisdiction as determined by the provisions of the Service of Suit Clause (U.S.A.)

LMA5021

14/09/2005

Sanctions Limitation Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations' resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

LMA3100A

5 October 2023

U.S. Terrorism Risk Insurance Act of 2002 as amended
New & Renewal Business Endorsement

This Endorsement is issued in accordance with the terms and conditions of the "U.S. Terrorism Risk Insurance Act of 2002" as amended, as summarized in the disclosure notice.

In consideration of an additional premium (included), it is
hereby noted and agreed with effect from inception that the Terrorism exclusion to which this Insurance is subject, shall not apply to any “insured loss” directly resulting from any "act of terrorism" as defined in the "U.S. Terrorism Risk Insurance Act of 2002", as amended ("TRIA").

The coverage afforded by this Endorsement is only in respect of any “insured loss” of the type insured by this Insurance directly resulting from an "act of terrorism" as defined in TRIA. The coverage provided by this Endorsement shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates. The Terrorism exclusion, to which this Insurance is subject, applies in full force and effect to any other losses and any act or events that are not included in said definition of "act of terrorism".

This Endorsement only affects the Terrorism exclusion to which this Insurance is subject. All other terms, conditions, insured coverage and exclusions of this Insurance including applicable limits and deductibles remain unchanged and apply in full force and effect to the coverage provided by this Insurance.

Furthermore the Underwriter(s) will not be liable for any amounts for which they are not responsible under the terms of TRIA (including subsequent action of Congress pursuant to the Act) due to the application of any clause which results in a cap on the Underwriter’s liability for payment for terrorism losses.

LMA5389

09 January 2020

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http//www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

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AM BEST CREDIT RATING

CARRIER: Certain Underwriter's at Lloyd's, London

AM BEST RATING: A s Excellent

AM Best is a global credit rating agency with a focus on the insurance industry. This rating is a recognized indicator of an insurer's financial strength and ability to meet ongoing obligations to policyholders. Lockton Affinity does not perform an independent analysis and therefore cannot guarantee or make any representations in regards to the financial condition of any insurance companies with which we place business.

Visit ambest.com for more information about AM Best and their rating methodology.

AM Best is not engaged in the offer or sale of any security and does not provide investment advice of any kind. These ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations. Further, all ratings, are provided "as is," without warranty of any kind, express or implied. The rating information is current as of the delivery date of this policy and is subject to change without notice.

CLAIM REPORTING
FOR

Lockton Affinity Outdoor

For Property, General Liability and Other Liability Claims

Call: 1-888-285-8076

Your policy number is LOC-GL-B001153-01

It is important to report all claims or incidents that may result in a claim as quickly as possible. Your policy contains information about your obligation to report claims within a specific timeframe. If you do not report your claim during this timeframe, it may not be covered.

Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

Lockton Affinity, LLC
Executive Center
10895 Lowell Avenue, Suite 300
Overland Park, KS 66210

CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.

2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.

4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Lloyd's America, Inc, Attention: Legal Department, 280 Park Avenue, East Tower, 25th Floor, New York NY 10017 and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.
   The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.

6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

Short Rate Cancellation Table For Term of One Year.

Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	53%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 (9 mos)	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 (3 mos)	35	176 - 178	59	283 - 287	83
13 - 14	12	92 - 94	36	179 - 182 (6 mos)	60	288 - 291	84
15 - 16	13	95 - 98	37	183 - 187	61	292 - 296	85
17 - 18	14	99 - 102	38	188 - 191	62	297 - 301	86
19 - 20	15	103 - 105	39	192 - 196	63	302 - 305 (10 mos)	87
21 - 22	16	106 - 109	40	197 - 200	64	306 - 310	88
23 - 25	17	110 - 113	41	201 - 205	65	311 - 314	89
26 - 29	18	114 - 116	42	206 - 209	66	315 - 319	90
30 - 32 (1 mos)	19	117 - 120	43	210 - 214 (7 mos)	67	320 - 323	91
33 - 36	20	121 - 124 (4 mos)	44	215 - 218	68	324 - 328	92
37 - 40	21	125 - 127	45	219 - 223	69	329 - 332	93
41 - 43	22	128 - 131	46	224 - 228	70	333 - 337 (11 mos)	94
44 - 47	23	132 - 135	47	229 - 232	71	338 - 342	95
48 - 51	24	136 - 138	48	233 - 237	72	343 - 346	96
52 - 54	25	139 - 142	49	238 - 241	73	347 - 351	97
55 - 58	26	143 - 146	50	242 - 246 (8 mos)	74	352 - 355	98
59 - 62 (2 mos)	27	147 - 149	51	247 - 250	75	356 - 360	99
63 - 65	28	150 - 153 (5 mos)	52	251 - 255	76	361 - 365 (12 mos)	100

Rules applicable to insurance with terms less than or more than one year:

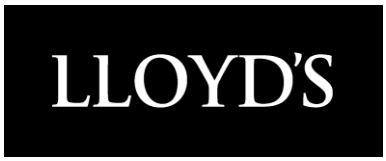
A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.

B. If insurance has been in force for more than one year:

   1. Determine full annual premium as for insurance written for a term of one year.

   2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.

   3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.



One Lime Street London EC3M 7HA

beazley

COMMON POLICY DECLARATIONS

Policy Number: LOC-GL-B001153-01

Renewal of Number**:**
LOC-GL-B001153-00

Underwriters: Certain Underwriters, Lloyds, London

Unique Market Reference Number: B6012LOCKTON24

Named Insured and Mailing Address
Tehama Shooters Association
P. O. Box 475
Red Bluff CA 96080

Agency and Mailing Address
Lockton Affinity, LLC
10895 Lowell Avenue, Suite 300
Overland Park, KS 66210

Policy Period: From 01-APR-2025 to 01-APR-2026
12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Gun Club

Tax State: CA

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial General Liability Coverage Part	$ 7502.00
Certified Acts of Terrorism	Included
Other Charges:	
TOTAL ADVANCE PREMIUM	$ 7502.00
TOTAL OTHER CHARGES	$
TOTAL	$ 7502.00

Form(s) and Endorsement(s) made a part of this policy at time of issue*:
See SCHEDULE OF FORMS AND ENDORSEMENTS – PIL 10 10

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

NAME OF INSURER AND PERCENTAGE PARTICIPATION ON THIS RISK:
CERTAIN UNDERWRITERS, LLOYDS, LONDON

Syndicate	Number	Liability signing
Beazley Furlonge Ltd	AFB2623	72.00%
Beazley Furlonge Ltd	AFB 623	28.00%

Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY

SCHEDULE OF TAXES, SURCHARGES AND FEES

SCHEDULE

DESCRIPTION	AMOUNT
Tax	**$** 225.06
Stamping Fee	**$** 13.50
TOTAL	**$** 238.56

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SCHEDULE OF FORMS AND ENDORSEMENTS

Insured Name: Tehama Shooters Association

Form(s) and Endorsement(s) made a part of this policy at time of issue:

PIL2021 12 20	Terrorism Coverage Notice
LMA5021 09 05	APPLICABLE LAW (USA)
LMA3100A 10 23	Sanctions Limitation Clause
LMA5389 09 20	US Terrorism Risk Insurance Act of 2002
ILP001 01 04	US Treasury Departments OFAC Advisory Notice
PIL0010 0818	Common Policy Declarations
LO0002 12 20	Schedule of Taxes Surcharges and Fees
PIL1010 08 18	Schedule of Forms and Endorsements
LO0001 12 20	Commercial General Liability Coverage Part Declarations
LOC SCHED	Schedule of Locations
LO0105 12 20	Minimum Earned Premium Endorsement
LFGL23 08 03	Defense Costs Outside The Limit
IL0017 11 98	Common Policy Conditions
IL0021 09 08	Nuclear Energy Liability Exclusion Endorsement
LFGL23 08 03G	AGGREGATE SUBLIMIT FOR DEFENSE COSTS - SELF-INFLICTED INJURIES
IL0985 12 20	Disclosure Pursuant to Terrorism Risk Insurance Act
LFGL23 08 01A	Commercial General Liability Coverage Form
LFGL23 10 01	Computer Information Security and Privacy Coverage Claims Made and Reported
CG2010 12 19	Additional Insured - Owners Lessees or Contractors Scheduled Person or Org
PCG1446 08 18	Limitation of Coverage to Classifications Listed on the Policy
PCG2102 08 18	Delete Nonrenewal Notice
CG2171 01 15	Exclusion of Other Acts of Terrorism Committed Outside of the United States
LFGL23 08 05	Non-Owned Auto and Hired Auto Liability Coverage Endorsement

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: LOC-GL-B001153-01 Effective Date: 04/01/2025 12:01 A.M., Standard Time

LIMITS OF INSURANCE

Each Occurrence Limit	$ 1,000,000	
General Aggregate Limit	$ 1,000,000	
Products/Completed Operations Aggregate Limit	$ 1000000	
Outdoor Instructors Professional Liability Per Occurrence Limit	$ Not Purchased	
Personal and Advertising Injury Limit	$ 1,000,000	Any one person or organization
Damage To Premises Rented To You Limit	$ 100,000	Any one premises
Medical Expense Limit	$ 5,000	Any one person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: [ ] Individual [ ] Partnership [ ] Joint Venture [ ] Trust [ ] Limited Liability Company (LLC)
[X] Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

Business Description: Gun Club

Location of Primary Premises You Own, Rent or Occupy:
26950 Manton Road Paynes Creek, CA 96075

CLASSIFICATION AND PREMIUM

Code No.	Classification	Premium Basis	Exposure	Rate	
				Prem/Ops	Pr/Co
48610	Sports or Outdoor Activities	Members	525	7427	

Additional Coverage Options

Additional Insured(s)	75
Hired and Non Owned Auto	Included

Total Coverage Part Premium $7,502.00

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
See SCHEDULE OF FORMS AND ENDORSEMENTS - PIL 10 10

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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SCHEDULE OF LOCATIONS

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, ZIP Code)
001	001	26950 Manton Road Paynes Creek CA 96075

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MINIMUM EARNED PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that a minimum earned premium of **25%** of the annual premium applies. In the event of cancellation by the **Insured**, any return premium will not exceed the remaining unearned premium.

All other provisions of this Policy remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In consideration of the premium charged for this Policy, it is hereby agreed that, notwithstanding anything contrary in the Policy:

1. The Commercial Liability Part Declaration is amended with the addition of the following:

Item 1	USD $ 1,000,000	Defence Costs Limit in the aggregate (Defense Costs inside the Limit once exhausted)

2. "SUPPLEMENTARY PAYMENTS – COVERAGES A AND B" of the Policy is deleted and replaced by the following::

SUPPLEMENTARY PAYMENTS

We will pay on your behalf, with respect to any claim or suit we defend:

1. All expenses we incur other than "defense costs".
2. Up to $250.00 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the bodily injury liability coverage applies. We do not have to furnish these bonds.
3. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds
4. All reasonable expenses incurred by you at our request to assist us in the investigation or defense of the claim or suit, including actual loss of earnings up to $100.00 a day because of time off from work.
5. All costs taxed against the insured in the "suit". However, these payments do not include attorney's fees or attorney's expenses taxed against the insured.
6. Prejudgment interest awarded against you on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

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7. All interest of the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will reduce the applicable aggregate policy limit.

8. We will pay “defense costs” subject to the Defense Costs Outside Limit of Insurance.

3. Section III. LIMIT OF INSURANCE is amended with the addition of the following paragraph 8:

The Defence Costs Outside Limit on the Declarations is the most we will pay for any and all “defense costs” incurred to defend you in any and all claims and suits . Each time we make a payment of “defense costs” this will reduce this limit and may exhaust it.

Once the Defence Cost Outside Limit is exhausted then any further defense costs that we incur to defend you in any claim or suit will reduce the General Aggregate Limit or the Products-Completed Operations Aggregate limit and will reduce and may exhaust those limits.

All other limits of liability as stated on the declarations page and in Section IV of the policy remain the same.

4. Section V. DEFINITIONS is amended with the addition of the following:

“defense costs” means:

(a) reasonable and customary fees charged by an attorney designated and agreed by us;

(b) all other fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a claim or suit if incurred by us or by you with our prior written consent.

Defense costs do not include any salary, overhead or other charges an insured incurs for any time spent in co-operating in the defense and investigation of any claim or suit.

All other terms and conditions of this Policy remain unchanged.

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
   a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
   b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
   a. Make inspections and surveys at any time;
   b. Give you reports on the conditions we find; and
   c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
   a. Are safe or healthful; or
   b. Comply with laws, regulations, codes or standards.
3. Paragraphs **1.** and **2.** of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph **2.** of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:

A. Under any Liability Coverage, to "bodily injury" or "property damage":

(1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or

(2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:

(1) The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;

(2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or

(3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

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"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

(a) Any "nuclear reactor";

(b) Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGGREGATE SUBLIMIT FOR DEFENSE COSTS - SELF-INFLICTED BODILY INJURY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In consideration of the premium charged for this Policy, it is hereby agreed that:

Solely with respect to any "defense costs" in connection with or resulting from any claim made or "suits" brought for self-inflicted "bodily injury" Section I, Coverage A, 2. Exclusions, Exclusion S, shall not apply, however, Our maximum aggregate sublimit of liability for such "defense costs" shall be $50,000 which amount shall be part of and not in addition to the Defense Costs Limit specified in the Defense Costs Outside Limit Endorsement.

All other terms and conditions of this Policy remain unchanged.

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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I
Terrorism Premium (Certified Acts) **$** Included **This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):** Commercial General Liability Coverage **Additional information, if any, concerning the terrorism premium:**
SCHEDULE – PART II
Federal share of terrorism losses **80 %** (Refer to Paragraph **B.** in this endorsement.)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part **II** of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section **II** – Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section **V** – Definitions.

This policy contains a new section: EXCLUSIONS APPLICABLE TO COVERAGES A, B AND C, please read this carefully.

SECTION I – COVERAGES

COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of “bodily injury” or “property damage” to which this insurance applies. We will have the right and duty to defend the insured against any “suit” seeking those damages. However, we will have no duty to defend the insured against any “suit” seeking damages for “bodily injury” or “property damage” to which this insurance does not apply. We may, at our discretion, investigate any “occurrence” and settle any claim or “suit” that may result. But:

(1) The amount we will pay for damages is limited as described in Section **III** – Limits Of Insurance; and

(2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A** or **B** or medical expenses under Coverage **C.**

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B.**

b. This insurance applies to "bodily injury" and "property damage" only if:

(1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";

(2) The "bodily injury" or "property damage" occurs during the policy period; and

(3) Prior to the policy period, no insured listed under Paragraph **1.** of Section **II** – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph **1.** of Section **II** – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph **1.** of Section **II** – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:

(1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;

(2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or

(3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.

e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

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2. Exclusions

This insurance does not apply to:

a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured.

This exclusion does not apply to "bodily injury" resulting from the lawful use of reasonable force to protect persons or property.

b. Contractual Liability

"Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

(1) That the insured would have in the absence of the contract or agreement; or

(2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an "insured contract", reasonable attorneys' fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of "bodily injury" or "property damage", provided:

(a) Liability to such party for, or for the cost of, that party's defense has also been assumed in the same "insured contract"; and

(b) Such attorneys' fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

c. Liquor Liability

"Bodily injury" or "property damage" for which any insured or his indemnitee may be held liable by reason of:

(1) Causing or contributing to the intoxication of any person;

(2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or

(3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

(4) the negligence hiring, supervision or training or any person for whom any insured is or ever was legally responsible and whose conduct would have been excluded by (1), (2) or (3) above.

This exclusion only applies if you:

(1) Manufacture, sell or distribute alcoholic beverages;

(2)Serve or furnish alcoholic beverages for a charge whether not such activity:

a.Required a license; or

b.Is for the purpose of financial gain or livelihood;

(3) Serve or furnish alcoholic beverages without a charge, if a license is required for such activity; or

(4)Are an owner or lessor of premises used for such purpose.

d. Workers' Compensation And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

e. Employer's Liability

"Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **(1)** above.

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by the insured under an "insured contract".

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f. Pollution

(1) "Bodily injury" or "property damage" which would not have occurred in whole or in part but for the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

(2) Any loss, cost or expense arising out of any:

(a) Request, demand, order or statutory regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or

(b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any responding to, or assessing the effects of, "pollutants".

g. Aircraft Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

(1) A watercraft while ashore on premises you own or rent;

(2) A watercraft that is less than 26 feet with a maximum of 150 HP and is used solely for the transporting of hunters to hunt sites, placing or retrieving of decoys (or similar hunting paraphernalia), or fishing. Coverage does not apply for any activities such as use as a duck blind when "firearms" are discharged.

(3) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

(5) "Bodily injury" or "property damage" arising out of:

(a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or

(b) The operation of any of the machinery or equipment listed in Paragraph **f.(2)** or **f.(3)** of the definition of "mobile equipment".

h. Mobile Equipment

"Bodily injury" or "property damage" arising out of:

(1) The transportation of "mobile equipment" by an "auto" owned or operated by or rented or loaned to any insured; or

(2) The use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

i. War

"Bodily injury" or "property damage", however caused, arising, directly or indirectly, out of:

(1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

j. Damage To Property

"Property damage" to:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;

(2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;

(3) Property loaned to you;

(4) Personal property in the care, custody or control of the insured;

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(5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or

(6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs **(1), (3)** and **(4)** of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of seven or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section **III** – Limits Of Insurance.

Paragraph **(2)** of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs **(3), (4), (5)** and **(6)** of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph **(6)** of this exclusion does not apply to "property damage" included in the "products-completed operations hazard".

k. Damage To Your Product

"Property damage" to "your product" arising out of it or any part of it.

l. Damage To Your Work

"Property damage" to "your work" arising out of it or any part of it and included in the "products-completed operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.

m. Damage To Impaired Property Or Property Not Physically Injured

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

(1) A defect, deficiency, inadequacy or dangerous condition in "your product" or "your work"; or

(2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

n. Recall Of Products, Work Or Impaired Property

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

(1) "Your product";

(2) "Your work"; or

(3) "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

o. Personal And Advertising Injury

"Bodily injury" arising out of "personal and advertising injury".

p. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

However, this exclusion does not apply to liability for damages because of "bodily injury".

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

q. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

(1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;

(2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;

(3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or

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(4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

Exclusions **c.** through **n.** do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section **III** – Limits Of Insurance.

r. Use of Alcohol, Intoxicants and/or Narcotics

"Bodily injury" or "property damage" arising out of the actions of any person while under the influence of alcohol, intoxicants, narcotics or any other mid-altering substance.

s. Self -Inflicted Injury

Self inflicted "bodily injury" whether intentional or not. "

t. Martial Arts Instruction

"Bodily injury" or "property damage" arising out of pugilistic or martial arts instruction including, but not limited to, wrestling, boxing, kick boxing, karate, kung fu, judo, jujitsu or aikido.

u. Force On Force Instruction

"Bodily injury" or "property damage" arising out of "force on force instruction"

v. Criminal Acts

"Bodily injury" or "property damage" arising out of a criminal act committed by any insured.

w. Negligent Entrustment

" Bodily injury" or "property damage" arising out of any "negligent mistrustment" by any insured.

x. Lack of Certification

"Bodily injury" or "property damage" arising out of the use of a "firearm" for which the insured was not certified, licensed or otherwise legally allowed to own, use, instruct on the use of, sell or distribute.

y. Access Or Disclosure Of Confidential Or Personal Information And Data Related Liability

Damages arising out of:

(1) Any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of non-public information; or

(2) The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arises out of that which is described in paragraph (1) or (2) above.

However unless paragraph (1) applies, this exclusion does not apply to damages because of "bodily injury".

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drive, cells, data processing devices or any other media which are used with electronically controlled equipment.

z. Assault And Battery

"Bodily injury" or "property damage" arising out of any actual or alleged:

(1) "assault and battery" including "sexual assault and battery";

(2) Failure by any person to prevent, stop any "assault and battery" or "sexual assault and battery" or mitigate the harmful effects of any "assault and battery" or "sexual assault and battery", including:

a. Failure to notify law enforcement or other persons with authority or ability to prevent, stop or mitigate the harmful effects of any "assault or battery" or "sexual assault or battery" or

b. Negligent hiring, placement, training, supervision or retention of any person or organization including "employee", "leased worker", "temporary worker" or "independent contractor".

This exclusion will not apply to lawful use of reasonable force to protect persons or property.

aa. Occurrences Prior To Inception

any “bodily injury” or “property damage” which was in progress as of the inception date of the policy or which first occurred, or which is alleged to have first occurred, prior to the inception date of this policy, whether such “bodily injury” or “property damage” is known or unknown by any insured.

This exclusion also applies to “bodily injury” and “property damage” which the “products-completed operations hazard.”

This exclusion applies regardless of whether any “bodily injury “ or “property damage” which first occurred prior to the inception date of this policy or is alleged to be occurring as of the inception of this policy, continues or progressively deteriorates during the policy period.

bb. **Punitive, Exemplary Or Treble Damages, Fines, Penalties Or Multipliers Of Attorneys' Fees**

punitive, exemplary or treble damages, fines or penalties whether arising from the acts of any insured or by anyone else for whom or which any insured or additional insured is legally liable, including any multiplier of attorneys’ fees statutorily awarded to the prevailing party.

cc. **Silica Or Silica-Related dust**

(1) “bodily injury” arising in whole or in part, out of the actual, alleged, threatened or suspected inhalation or ingestion of, “silica” or “silica related dust”.

(2) "property damage” arising in whole or in part, out of the actual or alleged, threatened or suspected contact with, exposure to, existence of, or presence of, “silica” or “silca related dust”.

(3) Any loss, cost, expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, “silica” or “silica-related dust” by any insured or by any other person or entity.

dd. **Auto**

Any liability arising out of the ownership, maintenance, use or “loading or unloading” of any “auto” whether owned, maintained, operated or used loaded or unloaded by you or by others acting on your behalf. Further we shall have no duty to defend any insured against any loss, claim, “suit” or other proceedings alleging damages arising out of or related to “ bodily injury” or “property damage” to which this exclusion applies.

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured if the “property damage” involved the ownership, maintenance, use or entrustment to others of any “auto” that is owned by or operated by or rented or loaned to any insured.

COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "personal and advertising injury" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any offense and settle any claim or "suit" that may result. But:

(1) The amount we will pay for damages is limited as described in Section **III** – Limits Of Insurance; and

(2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A** or **B** or medical expenses under Coverage **C.**

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages **A** and **B.**

b. This insurance applies to "personal and advertising injury" caused by an offense arising out of your business but only if the offense was committed in the "coverage territory" during the policy period.

2. Exclusions

This insurance does not apply to:

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a. Knowing Violation Of Rights Of Another

"Personal and advertising injury" caused by or at the direction of the insured with the knowledge that the act would violate the rights of another and would inflict "personal and advertising injury".

b. Material Published With Knowledge Of Falsity

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material, if done by or at the direction of the insured with knowledge of its falsity.

c. Material Published Prior To Policy Period

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material whose first publication took place before the beginning of the policy period.

d. Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.

e. Contractual Liability

"Personal and advertising injury" for which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

f. Breach Of Contract

"Personal and advertising injury" arising out of a breach of contract, except an implied contract to use another's advertising idea in your "advertisement".

g. Quality Or Performance Of Goods – Failure To Conform To Statements

"Personal and advertising injury" arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your "advertisement".

h. Wrong Description Of Prices

"Personal and advertising injury" arising out of the wrong description of the price of goods, products or services stated in your "advertisement".

i. Infringement Of Copyright, Patent, Trademark Or Trade Secret

Claims arising out of the infringement of copyright, patent, trademark, trade name, trade dress, trade secret or other intellectual property rights.

j. Insureds In Media And Internet Type Businesses

"Personal and advertising injury" committed by an insured whose business is:

(1) Advertising, broadcasting, publishing or telecasting;

(2) Designing or determining content of web sites for others; or

(3) An Internet search, access, content or service provider.

However, this exclusion does not apply to Paragraphs **14.a., b.** and **c.** of "personal and advertising injury" under the Definitions section.

For the purposes of this exclusion, the placing of frames, borders or links, or advertising, for you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting.

k. Electronic Chatrooms Or Bulletin Boards

"Personal and advertising injury" arising out of an electronic chatroom or bulletin board the insured hosts, owns, or over which the insured exercises control.

l. Unauthorized Use Of Another's Name Or Product

"Personal and advertising injury" arising out of the unauthorized use of another's name or product in your e-mail address, domain name or metatag, or any other similar tactics to mislead another's potential customers.

m. Pollution

"Personal and advertising injury" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

n. Pollution-related

Any loss, cost or expense arising out of any:

(1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

(2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

o. War

"Personal and advertising injury", however caused, arising, directly or indirectly, out of:

(1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

p. Recording And Distribution Of Material Or Information In Violation Of Law

"Personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

(1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;

(2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;

(3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or

(4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

q. Access Or Disclosure Of Confidential Or Personal Information.

"Personal and advertising injury" arising out of access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information or any other type of non-public information.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expenses incurred by you or others arising out of any access to or disclosure of any person's or organizational confidential or personal information.

r. **Punitive, Exemplary Or Treble Damages, Fines, Penalties Or Multipliers Of Attorneys' Fees**

punitive, exemplary or treble damages, fines or penalties whether arising from the acts of any insured or by anyone else for whom or which any insured or additional insured is legally liable, including any multiplier of attorneys' fees statutorily awarded to the prevailing party.

s. **Silica Or Silica-Related dust**

(1) "personal or advertising injury" arising in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, contact with, exposure to, existence of, or presence of "silica" or "silica related dust".

(2) Any loss, cost, expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust" by any insured or by any other person or entity.

COVERAGE C – MEDICAL PAYMENTS

1. Insuring Agreement

a. We will pay medical expenses as described below for "bodily injury" caused by an accident:

(1) On premises you own or rent;

(2) On ways next to premises you own or rent; or

(3) Because of your operations;

provided that:

(a) The accident takes place in the "coverage territory" and during the policy period;

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(b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

b. We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance. We will pay reasonable expenses for:

(1) First aid administered at the time of an accident;

(2) Necessary medical, surgical, X-ray and dental services, including prosthetic devices; and

(3) Necessary ambulance, hospital, professional nursing and funeral services.

2. Exclusions

We will not pay expenses for "bodily injury":

a. Any Insured

To any insured, except "volunteer workers".

b. Hired Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

c. Injury On Normally Occupied Premises

To a person injured on that part of premises you own or rent that the person normally occupies.

d. Workers' Compensation And Similar Laws

To a person, whether or not an "employee" of any insured, if benefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or a similar law.

e. Athletics Activities

To a person injured while practicing, instructing or participating in any physical exercises or games, sports, or athletic contests.

f. Products-Completed Operations Hazard

Included within the "products-completed operations hazard".

g. Coverage A Exclusions

Excluded under Coverage **A.**

ADDITIONAL EXCLUSIONS APPLICABLE TO COVERAGE A BODILY INJURY AND PROPERTY DAMAGE, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY AND COVERAGE C MEDICAL PAYMENTS

This Insurance does not apply to “Bodily Injury”, “Property Damage”, “Personal and Advertising Injury”, or “medical payments”:

a. Communicable Disease

arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the:

(1) Supervising, hiring, employing, training or monitoring of others that may be infected with and spread a communicable disease;

(2) Testing for a communicable disease;

(3) Failure to prevent the spread of the disease; or

(4) Failure to report the disease to the authorities.

b. Abuse Or Molestation

(1) arising out of the actual or threatened abuse or molestation by anyone of any person when in the care, custody or control of any insured; or

(2) the negligent:

(a)employment;

(b)investigation;

(c)supervision;

(d)reporting to the proper authorities, or failure to so report; or

(e)retention

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of a person for whom the insured is or ever was legally responsibly and whose conduct would be excluded by paragraph (1) above.

c. Fungi or Bacteria

(1) which would not have occurred or taken place, in whole or in part, but for the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any "fungi" or bacteria on or within a building structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.

(2) Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of "fungi" or bacteria by any insured or by any other person or entity.

In respect of the coverage provided under Coverage A only, this exclusion does not apply to any "fungi" or bacteria that are, are on, or are contained in, a good or product intended for bodily consumption.

d. Cannabis

(1) arising out of, the design, cultivation, manufacture, storage, processing, packaging, handling, testing, distribution, sale, serving, furnishing, possession or disposal of, "cannabis";

(2) the actual, alleged, threatened or suspected inhalation, ingestion, absorption or consumption of , or contact with, exposure to, existence of, or presence of "cannabis"; or

(3) for damage to "cannabis"

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury" involved that which is described in paragraph (1) above.

However, paragraph (2) does not apply to "bodily injury" or "property damage" arising out of the actual, alleged, threatened, or suspected inhalation, ingestion, absorption or consumption of, or contact with "cannabis" by:

(a) An insured; or

(b) Any other person for whom you are legally responsible;

But only if the "bodily injury" or "property damage" does not arise out of the selling, serving or furnishing of "cannabis" to any person described above.

This Exclusion does not apply to "personal and advertising injury" arising out of the following offenses:

(a) False arrest, detention or imprisonment; or

(b) The wrongful eviction from, wrongful entry into or invasion of the private right of occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor.

e. Liquid Petroleum Gas

arising out of production, refining, manufacturing, storage, handling, filing, shipping, transportation, distribution, sales, service or installation related to liquefied petroleum gas (LPG)

f. Tobacco Or Electric Cigarettes Exclusion

(1) arising out of the real or alleged emergence, contraction, aggravation or exacerbation of any form of cancer, carcinoma, cancerous or precancerous condition, arteriosclerosis, heart disease or any other disease of the human body as a result of the consumption, use or exposure to the consumption or use of any "tobacco product" or "electronic cigarette product" that is manufactured, sold, handled or distribution by, for, or on behalf of any insured;

(2) Any claim, "suit" or class action, whether or not certified as such, brought against any municipality, county, state, federal or other governmental entity, public foundation, non-profit organization, interest group or similar entity or by an individual who has not himself suffered "bodily injury" or "personal and advertising injury"; or

(3) Any claim, "suit" or class action whether or not certified as such:

a. Seeking recovery of economic costs including medical, police or emergency services;

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b. Alleging interference with a right common to the general public, including claims for nuisance;

c. Alleging damages or seeking injunctive relief arising from marketing, distribution or other sales or similar practices; or

d. Alleging damages or seeking injunctive relief arising from the design of "your product" or the providing of or failure to provide warnings or instructions with respect to any "tobacco product" or "electronic cigarette product".

g. Asbestos

(1) Arising out of a, or in any way related to, ny asbestos related disease or illness, including but not limited to asbestosis, lung cancer or mesothelioma;

(2) Inhalation of, ingestion of or prolonged physical exposure by any person to asbestos, asbestos fibers or goods or products containing asbestos;

(3) Use of asbestos in "your work", "your or product" or the work, operations or product of any person or organization for whom you are responsible;

(4) Intentional or accidental removal of asbestos from "your work" or "your product" or the work, operations or product of any person or organization for whom you may be legally responsible, including the encapsulation, dispersal, sealing or disposal of asbestos or asbestos fibers from any good, product or structure;

(5) Manufacture, transportation, storage, handling, distribution, sale, application, mining, consumption, processing or disposal of asbestos, asbestos fibers, or goods, products or work containing asbestos by or on behalf of the insured; or

(6) Acts or omissions of the insured in connection with the general supervision of any job involving the removal, enclosure, encapsulation, dispersal, sealing or disposal of asbestos, asbestos fibers or products containing asbestos. General supervision includes the rendering of or failing to render any instructions, warning or advice.

This insurance does not apply to any loss, cost or expense arising out of any request, demand or order that any insured or person or organization for whom you are legally responsible test for, monitor, clean up, remove, contain, treat, detoxify or in any way respond to or assess asbestos. This exclusion would apply to any claim or suit by or on behalf of any governmental authority or any other entity or person.

h. Lead

arising out of or in any way related to the actual or alleged presence, threatened dispersal, release, ingestion, inhalation or absorption of lead, lead compounds or lead which is or was contained in or incorporated in any material or substance including:

(1) Inhalation, ingestion or other physical exposure by any person including such exposure related to any premises, structure, goods or products containing lead;

(2) The use of lead in constructing or manufacturing any good, product or service;

(3) Intentional or accidental removal of lead, including encapsulation, dispersal, sealing or disposal of any good, product, structure or real or personal property containing lead;

(4) The manufacturing, transportation, storage or disposal of goods containing lead;

(5) Any product manufactured, sold, handled, distributed by or on behalf of the insured which contains lead;

(6) Acts of omissions of an insured in connection with the supervision of or participation in the removal, enclosure, encapsulation, dispersal, sealing or disposal of products or materials containing lead. Supervision includes the rendering of or failure to render any instructions, recommendations, warning or advice;

(7) Any obligation to share damages, losses, costs, payments or expenses with or to indemnify or repay any person or organization that makes payment because of such injury or damage, loss, cost, payment or expense; or

(8) Any request, order, requirement to abate, mitigate, remediate, contain, remove or dispose of lead, lead or materials or substance containing lead.

i. Chromated Copper Aresenate Treated Wood

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arising out of or resulting from chromanated copper arsenate treated wood.

k. Subsidence

arising out of, resulting from, attributable to or contributed to, or aggravated by "subsidence".

m. Historical Re-Enactment

of any person who is participating in, practicing for, sponsoring or producing any historical re-enactment.

This exclusion applies whether or not the historical re-enactment is conducted by or sponsored by or on behalf of any insured.

This exclusion applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" involved practicing for or participating in the re-enactment.

n. Directly imported goods

arising out of any "directly imported goods".

o. Professional Liability

arising out of the rendering of or failure to render any professional services by an insured or on behalf of an insured.

This exclusion applies even if the claim against the insured alleges negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "occurrence" which caused the "bodily injury" or "property damage" of the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by you, on your behalf or at the insured location by any person with respect to the operations described above.

This exclusion does not apply to any "firearm instruction" performed by an insured or on their behalf at any scheduled location.

p. Booth Liability

arising out of actions, displays, operations or products of any vendors, exhibitors, "independent contractors" or any other entity other than the insured who displays, sells, distributes products or has any booth operations at an event hosted by an insured whether the "bodily injury", "property damage", "personal and advertising injury" occurs on or away from the event premises.

This exclusion applies even if claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured.

q. Named insured v Named insured

"claims" or "suits" brought by a Named Insured covered by this Policy against any other Named Insured.

r. Employment-Related Practices

(1) To a person arising out of any:

(a)Refusal to employ that person;

(b)Termination of that person's employment; or

(c)Employment related practices, policies, acts or omissions, such as coercion, demolition, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person.

(2) To the spouse, child, parent, brother or sister of that person as a consequence of "bodily injury" or "personal and advertising injury" to that person at whom any of the employment related practices described in paragraphs a.,-c., above is directed.

This exclusion applies:

(i) Whether the injury causing event described in a.,- c., above occurs before employment, during employment or after employment of that person;

(ii)Whether the insured may be liable as an employer or in any other capacity; and

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(iii) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

s. Clearing, logging or lumbering operations

arising out of "clearing, logging and lumbering operations".

t. Fireworks

arising out of the manufacturing, maintenance, handling, storage, igniting or use of fireworks, flash power, explosive compositions or combustible substances by any person.

This exclusion does not apply to the above substances when used in the manufacturing or sale of ammunition.

u. Illegal ammunition

Arising out of or in any way connected or related to illegal ammunition

v. Sale Or Distribution Of A Firearm In Violation Of Laws

arising out of acts committed with a "firearm" or ammunition that is sold, distributed, modified or transferred in any way by any insured where such sale, distribution, modification, transfer, advertising or marketing of such "firearm" or ammunition is in violation of ATF, federal, state or local laws or regulations applicable to the lawful modification, transfer, advertising or marketing of a "firearm" or ammunition, or violates any state or federal unfair or deceptive trade practices laws or regulations.

w. Highly hazardous activities

arising from the following activities which are not covered by this insurance:

(i) Carnivals;

(ii) Circus;

(iii) Fairs

(iv) Amusement rides;

(v) Concerts;

(vi) Motorized racing exhibition;

(vii) Demolition contests;

(viii) Wrestling;

(ix) Boxing;

(x) Gun shows;

(xi) Weddings or other non-firearm related events; and

(xii) Paintballing.

This exclusion applies regardless as to the where these activities take place and whether or not the above activities involve any firearms or shooting.

x. Cyber

Or any liability directly or indirectly caused by, resulting from, or arising out of a "cyber act", "cyber incident" or "data breach" including any action in controlling preventing, suppressing ore remediating any "cyber act", "cyber incident" or "data breach.

SUPPLEMENTARY PAYMENTS – COVERAGES A AND B

1. We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

a. All expenses we incur.

b. Up to $250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to $250 a day because of time off from work.

e. All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.

f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

g. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";

b. This insurance applies to such liability assumed by the insured;

c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";

d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;

e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and

f. The indemnitee:

(1) Agrees in writing to:

(a) Cooperate with us in the investigation, settlement or defense of the "suit";

(b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";

(c) Notify any other insurer whose coverage is available to the indemnitee; and

(d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and

(2) Provides us with written authorization to:

(a) Obtain records and other information related to the "suit"; and

(b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph **2.b.(2)** of Section **I** – Coverage **A** – Bodily Injury And Property Damage Liability, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph **f.** above, are no longer met.

SECTION II – WHO IS AN INSURED

1. If you are designated in the Declarations as:

a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.

b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.

c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.

d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:

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a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

(a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;

(b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph **(1)(a)** above;

(c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph **(1)(a)** or **(b)** above; or

(d) Arising out of his or her providing or failing to provide professional health care services.

(2) "Property damage" to property:

(a) Owned, occupied or used by;

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by;

you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Any person or organization having proper temporary custody of your property if you die, but only:

(1) With respect to liability arising out of the maintenance or use of that property; and

(2) Until your legal representative has been appointed.

d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

SECTION III – LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

a. Insureds;

b. Claims made or "suits" brought; or

c. Persons or organizations making claims or bringing "suits".

2. The General Aggregate Limit is the most we will pay for the sum of:

a. Medical expenses under Coverage **C;**

b. Damages under Coverage **A,** except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and

c. Damages under Coverage **B.**

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3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage **A** for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".

4. Subject to Paragraph **2.** Above, the Personal And Advertising Injury Limit is the most we will pay under Coverage **B** for the sum of all damages because of all “personal and advertising injury” sustained by any one person or organization.

5. Subject to Paragraph **2.** or **3.** above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:

a. Damages under Coverage **A;** and

b. Medical expenses under Coverage **C**

because of all "bodily injury" and "property damage" arising out of any one "occurrence".

6. Subject to Paragraph **5.** above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.

7. Subject to Paragraph **5.** above, the Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of "bodily injury" sustained by any one person.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

Anti-stacking of limits

If any other Coverage Form, Coverage Part or policy i issued to you by us or any company affiliated with us, whether concurrent with, prior to or subsequent to this coverage, apply to the same “occurrence”, “bodily injury” “property damage”, offense as this policy, the maximum Limit of Insurance under all Coverage Forms, Coverage Parts or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form, Coverage Part or policy. Regardless of the number of insureds, claims made, persons or organizations making claims or bringing “suits” or policies involved, all of the “bodily injury”, “property damage” or “personal or advertising injury” resulting from the same accident or series of accidents or continuous or repeated exposure to the same general conditions and all losses or damages that are attributable directly or indirectly to one accident cause or to a series of accidental causes is considered “one occurrence” or offense regardless of the number of people injured, period of time or area over which such losses occur. .

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:

(1) How, when and where the "occurrence" or offense took place;

(2) The names and addresses of any injured persons and witnesses; and

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(3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. You and any other involved insured must:

(1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";

(2) Authorize us to obtain records and other information;

(3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or

b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

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4. Other Insurance

If, other Insurance, applies to a loss or "occurrence" we cover under Coverages A and B of this Coverage Part, our obligations are limited as follows:

(a) This insurance is excess over and will not contribute with any other applicable insurance whether such insurance is primary, excess, contingent or issued on any other basis, and whether such insurance is collectible or not.

We have no duty under Coverage A or B to defend any "suit" until all other insurance is property exhausted by actual payment of judgments, settlements or defense expenses by all other insurers. If no other insurer defends we have the option but not the obligation to do so. If we elect to defend we will be entitled to the insured's rights against any other insurer which provides coverage for the insured, and the insured shall do nothing to impair such rights at any time.

(b) We will pay only that amount of loss, if any, up to the applicable limit, that exceeds the sum of:

i. The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

ii. The total of all deductible and self-insured amounts under all other insurance.

5. Premium Audit

a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.

c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;

b. Those statements are based upon representations you made to us; and

c. We have issued this policy in reliance upon your representations.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom claim is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V – DEFINITIONS

1. "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:

a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and

b. Regarding web sites, only that part of a web site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

2. "Auto" means:

a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or

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b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.

4. "Coverage territory" means:

a. The United States of America (including its territories and possessions), Puerto Rico and Canada;

b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in Paragraph **a.** above; or

c. All other parts of the world if the injury or damage arises out of:

(1) Goods or products made or sold by you in the territory described in Paragraph **a.** above;

(2) The activities of a person whose home is in the territory described in Paragraph **a.** above, but is away for a short time on your business; or

(3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication;

provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph **a.** above or in a settlement we agree to.

5. "Employee" includes a "leased worker","temporary worker" a “volunteer worker” and a “loaned worker”.

6. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.

7. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.

8. "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:

a. It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or

b. You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement.

9. "Insured contract" means:

a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

b. A sidetrack agreement;

c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;

d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

e. An elevator maintenance agreement;

f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization provided the “bodily injury” or “property damage” is caused in whole or in part by your or those acting on your behalf. However, such part of a contract or agreement shall only be considered an “insured contract” to the extent your assumption of tort liability is permitted by law. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph **f.** does not include that part of any contract or agreement:

(1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;

(2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:

(a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

(b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or

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(3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in **(2)** above and supervisory, inspection, architectural or engineering activities;

"insured contract" does not include any contract or agreement in which any insured assumes liability for "bodily injury" or "property damage" arising from any injury excluded under the "liquor liability exclusion**".**

10. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

11. "Loading or unloading" means the handling of property:

a. After it is moved from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";

b. While it is in or on an aircraft, watercraft or "auto"; or

c. While it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered;

but "loading or unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto".

12. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;

b. Vehicles maintained for use solely on or next to premises you own or rent;

c. Vehicles that travel on crawler treads;

d. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:

(1) Power cranes, shovels, loaders, diggers or drills; or

(2) Road construction or resurfacing equipment such as graders, scrapers or rollers;

e. Vehicles not described in Paragraph **a., b., c.** or **d.** above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:

(1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or

(2) Cherry pickers and similar devices used to raise or lower workers;

f. Vehicles not described in Paragraph **a., b., c.** or **d.** above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

(1) Equipment designed primarily for:

(a) Snow removal;

(b) Road maintenance, but not construction or resurfacing; or

(c) Street cleaning;

(2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and

(3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

However, "mobile equipment" does not include any land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

13. "Occurrence" means an accident or series of accidents, including the continuous or repeated exposure to substantially the same general harmful conditions and all losses or damages that are attributable directly or indirectly to one accidental cause or to a series of accidental causes. All such exposure or losses will be added together and the total amount of such exposure or losses will be treated as one "occurrence" regardless of the number of people injured, the period of time or area over which such lossess occur.

14. "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:

a. False arrest, detention or imprisonment;

b. Malicious prosecution;

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c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

d. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services; or

e. The use of another's advertising idea in your "advertisement";

15. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

16. "Products-completed operations hazard":

a. Includes all "bodily injury" and "property damage" occurring away from premises you own or rent and arising out of "your product" or "your work" except:

(1) Products that are still in your physical possession; or

(2) Work that has not yet been completed or abandoned. However, "your work" will be deemed completed at the earliest of the following times:

(a) When all of the work called for in your contract has been completed.

(b) When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.

(c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

b. Does not include "bodily injury" or "property damage" arising out of:

(1) The transportation of property, unless the injury or damage arises out of a condition in or on a vehicle not owned or operated by you, and that condition was created by the "loading or unloading" of that vehicle by any insured;

(2) The existence of tools, uninstalled equipment or abandoned or unused materials; or

(3) Products or operations for which the classification, listed in the Declarations or in a policy Schedule, states that products-completed operations are subject to the General Aggregate Limit.

17. "Property damage" means:

a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or

b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property. Damage to reputation, goodwill, acceptance in the market-place and other similar harms do not constitute damage to tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

18. "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies are alleged. "Suit" includes:

a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or

b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

19. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

20. "Volunteer worker" means a person who is not your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you. Volunteer work does not include any club member.

21. "Your product":

a. Means:

(1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:

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(a) You;

(b) Others trading under your name; or

(c) A person or organization whose business or assets you have acquired; and

(2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.

b.Includes:

(1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and

(2) The providing of or failure to provide warnings or instructions.

c. Does not include vending machines or other property rented to or located for the use of others but not sold.

22. "Your work":

a. Means:

(1) Work or operations performed by you or on your behalf; and

(2) Materials, parts or equipment furnished in connection with such work or operations.

b. Includes:

(1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and

(2) The providing of or failure to provide warnings or instructions.

23. "Force on force instruction**"** means instruction that includes the aiming of a "firearm" or other weapon at another person. "Force on force instruction" includes the use of "simulated ammunition" or any other device used in conjunction with a "firearm" or other weapon.

24. "Firearm" means:

a. any weapon (including starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of an explosive or compressed air;

b. The frame or receiver of any such weapon;

c. Any firearm muffler or firearm silencer;

d. Any "firearm part" or

e. Any destructive device as defined by ATF regulation.

25. "Firearm part" means any component piece that is or will become part of a finished "firearm" including but not limited to the trigger mechanism, upper receiver, lower receiver, bolt carrier group, muzzle, barrel, stock or any other accessory attached to or part of a "firearm".

26. "Simulated ammunition" means any projectile fired from a weapon that is not designed to injure, maim or kill a live target and is used for training purposes in place of live ammunition.

27. "Negligent mistrustment" means the supplying of a weapon or "firearm" by a seller for use by another person when the seller knows, or reasonably should know, the person to whom the product is supplied is likely to, and does, use the product in a manner involving unreasonable risk of physical injury to or death of, the person or others.

28. "Electronic data" means information, facts or programs stored or as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or other media which are used with electronically controlled equipment.

29. "Fungi" means any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents or byproducts produced or released by fungi.

30. "Silica" means silicon dioxide (occurring in crystalline, amorphus an impure forms), silica particles, silica dust or silica compounds.

31. "Silica-related dust" means a mixture or combination of silica and other dust particles.

32. "Cannabis" means:

(1) Any good or product that consists of or contains any amount of Tetrahydrocannabiol (THC_) or other cannabinoid, regardless of whether such THC or cannabinoid is natural or synthetic.

(2) Paragraph (2) above includes, but is not limited to, any of the following containing such THC or cannabinoid:

a.Any plant of the genus of Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or

i.Any compound, by-product, extract, derivative, mixture of combination, such as:

ii. Resin, oil, wax;

iii. Hash or hemp; or

iv. Infused liquid or edible cannabis;

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Whether or not derived from any plant or part set forth in paragraph 2((a) above.

33. "Assault and battery" means:

a. any negligent or intentional physical contact with another without consent; or

b. Any threat of attempt to inflict offensive physical contact or bodily harm on a person that puts the person in immediate danger of or in apprehension of, whether or not actual touching or use of force on a person occurs.

34. "Sexual assault and battery" means:

a. any nonconsensual touching or contact of another of a sexual nature done by force, threat of force, or violence; or

b. Any threat or attempt to inflict offensive physical contact of a sexual nature whether or not an actual offensive touching or use of force on a person occurs.

35. "Loaned worker" means a worker provided to you, other than by a labor union or leasing firm, who acts at the direction of an within the scope of duties determined by an insured, but for whom you do not withhold any income tax or unemployment tax".

36. "Tobacco product" means any type of tobacco in any form or any product that contains tobacco, and includes the following:

(1) Raw or cured tobacco, cigars and cigar wrappers or pipe tobacco;

(2) Cigarette filters, snuff, chewing tobacco, smokeless tobacco, cigarettes and cigarettes paper;

(3) Tobacco smoke, gaseous or solid residues or by-products of tobacco use or consumption;

(4) Any chemical, mineral or other product sprayed on, or applied to or customarily found within or used in conjunction with tobacco or with respect to any product that contains tobacco; or

(5) Any warranty or representation made at any time with respect to the fitness, quality, durability, performance or use of tobacco, or with respect to any product that contains tobacco.

37. "Electronic cigarette product" means any chemicals minerals or liquids, whether or not such chemicals, minerals or liquids contain nicotine, natural or synthetic nicotine in any form, or any product that contains chemicals, minerals or liquids or natural or synthetic nicotine and includes the following:

(1) any filter, paper, tip or wrapper of products containing chemicals, minerals, liquids or natural or synthetic nicotine;

(2) smoke vapor, fumes, residues or any by-products of chemicals, minerals, liquids or natural or synthetic nicotine or consumption;

(3) any chemical, mineral, liquid or other product sprayed on or applied to or customarily found within or used in conjunction with any type of electronic cigarette; or

(4) any warranty or representation made at any time with respect to the fitness, quality, durability, performance or use of chemicals, minerals, liquids or natural or synthetic nicotine or with respect to any protduct that contains chemicals, minerals, liquids or natural or synthetic nicotine.

38. "Subsidence" means any ground movement caused or contributed by:

(1) Earthquake, including tremors and aftershocks and any earth sinking, rising or shifting related to such event;

(2) Landslide or mud flow, including any earth sinking, settling, rising or shifting related to such event;

(3) Earth sinking, collapsing, caving in, rising or shifting including soil conditions which cause settling, cracking or other disarrangement or foundations or other part of realty. Soil conditions include contraction, expansion, freezing, thawing, erosion, improperly compacted soil and the action of water under the ground or surface; or

(4) any of the above arising out of or related to a man-made mine whether or not mining activity has ceased.

39. "Directly imported goods" means any Firearms, weapons, goods, merchandise or item(s) received, obtained, purchased or otherwise acquired directly from any person or entity domiciled in a country other than the United States of America, Canada, European Union and United Kingdom.

40."Firearm instruction" means providing classroom and range education either in person or virtually to a student in the safe and ethical practice of:

a. Basic "firearm" "marksmanship" training for pistol, shotgun, file and carbine;

b. Basic "firearm" function and safety;

c. Advanced "firearm" "marksmanship" training for pistol, shotgun, rifle and carbine;

d. "Firearm" function, assembly, disassembly and cleaning;

e. Concealed carry certification;

f. Air-gun cross-bow, long bow or compound marksmanship;

g. Skeet, trap, sporting clays and other clay target shooting disciplines;

h. Olympic shooting disciplines;

i. "Gunsmithing"; or

j. Ammunition reloading process and safety.

42. "Marksmanship" means skill in shooting.

43. "Independent contractor" means a person or organization, including a subcontractor, who performs, services for another person as a non-employee under an express or implied contract or agreement.

44. "Clearing, logging and lumbering operations" means all commercial operations associated with the felling of timber and production of lumber, including road building operations, land clearing by controlled burning, the operation of saw or planning mills, operations incidental to any of these, and the ownership, maintenance, or use of "mobile equipment" in connection with such operations, if such operations are conducted by the Named Insured.

45. "Gunsmithing" means the customizing, modifying, assembly, repair or servicing of a "firearm.

46. "Cyber Act" means any actual or alleged unauthorized, malicious or criminal act or series of related unauthorized, malicious or criminal acts, or the threat or hoax thereof, regardless of time and place, involving access to, processing of, disclosure of, use of, suspension of or operation of any Computer System or Data.

47. "Cyber Incident**"** means:

(1) any actual or alleged error, omission or accident, or series of related errors, omissions or accidents, involving any "Computer System";

(2) any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any "Computer System"; or

(3) any actual or alleged violation of any "Privacy Law" in relation to "Data".

48."Computer System" means any computer, hardware, software, communications system, electronic device (including, but not limited to, any smart phone, laptop, tablet or wearable device), server, cloud or microcontroller, including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the insured or any other party.

48. "Data Breach" means the actual or alleged theft, loss or unauthorised disclosure of "data" that is in the care, custody or control of the insured or a third party for whose theft, loss or unauthorised disclosure of "data" the insured is liable.

49. "Data" means any information, facts, concepts or code that is recorded or transmitted in a form to be used, accessed, processed, transmitted or stored by a Computer System.

50. "Privacy Law" means any law or regulation concerning the collection, use, safeguarding, handling, storage, retention or destruction of information.

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Effective date of this Endorsement: 01-APR-2025
This Endorsement is attached to and forms a part of Policy Number: LOC-GL-B001153-01
Certain Underwriters of Lloyds Referred to in this endorsement as either the "We" "Us" or "Our"

COMPUTER INFORMATION SECURITY AND PRIVACY COVERAGE CLAIMS MADE AND REPORTED COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. The following is added to Item 1 LIMIT OF INSURANCE of the Declarations:

Computer Network Security and Privacy Liability Limit of Insurance

$100,000		Computer Network Security and Privacy Liability Each **Claim** Limit includes **Claims Expenses**
$100,000		Computer Network Security and Privacy Liability Term Aggregate including **Claims Expenses** – but sublimited to:
	$100,000	Aggregate for the Policy Period for all **Privacy Violation Costs** covered under D.2.4. of this endorsement.
	$100,000	Aggregate for the Policy Period for all **Claims Expenses** and **Penalties** covered under D.2.5. of this endorsement.

The above sublimit of liability is in addition to, the General Aggregate Limit referred to in Item 1 of the Declarations.

2. Solely applicable to the coverage provided by this endorsement:

Deductible: USD 1,000 per claim

3. Solely with regard to this endorsement, the Declarations is amended by the addition of the following:

Retroactive Date 4/1/2024

Notice of Claim claims@beazley.com

4. **SECTION I – COVERAGES** is amended with the addition of the following coverage

COVERAGE D. COMPUTER INFORMATION SECURITY AND PRIVACY COVERAGE:

Insuring Agreement

1. COMPUTER INFORMATION SECURITY LIABILITY

We will pay on behalf of the insured, **Damages** and **Claims Expenses** which the insured shall become legally obligated to pay because of any **Claim** first made against You and reported to Us in writing during the policy period shown in the Declarations for:

A. theft or unauthorized disclosure or use of a **Data Asset** stored on **Computer Systems**, including theft of a **Data Asset** containing **Personally Identifiable Non-Public Information** that results identity theft or other misuse of such **Data Asset**;

B. the alteration, corruption, destruction, deletion, or damage to a **Data Asset** stored on **Computer Systems**; or

C. the failure to prevent transmission of **Malicious Code** from **Computer Systems** to third party computer systems;

that directly results from a failure of **Computer Security** to prevent a **Security Breach**.

Such **Security Breach** must take place on or after the Retroactive Date listed this endorsement and before the end of the policy period shown in the Declarations.

D. **Damages** and **Claims Expenses** which **You** shall become legally obligated to pay because of any **Claim** first made against **You** and reported in writing to **Us** during the Policy Period shown in the Declarations for the theft of a **Data Asset** stored on the Named Insured's hardware or data storage media that was physically stolen by a person other than **You** from a premises occupied and controlled by the Named Insured.

Such theft must take place on or after the Retroactive Date shown in this endorsement and before the end of the policy period shown in the Declarations.

2. **PRIVACY LIABILITY**

We will pay on Your behalf:

Damages and **Defence Costs** which You shall become legally obligated to pay because of any **Claim**, including a **Claim** for violation of a **Privacy Law**, first made against You and reported in writing to Us during the policy period shown in the Declarations for:

1. theft, loss or **Unauthorized Disclosure** of **Personally Identifiable Non-Public Information** that is in the care, custody or control of the Named Insured, or an independent contractor that is holding, processing, or transferring such information on behalf of the Named Insured, provided such theft, loss or **Unauthorized Disclosure** takes place on or after the Retroactive Date shown in this endorsement and before the end of the policy period shown in the Declarations;

2. the Named Insured's failure to timely disclose a **Security Breach** in violation of any **Breach Notice Law**; provided such **Security Breach** must take place on or after the Retroactive Date shown in this endorsement and before the end of the policy period shown in the Declarations;

3. failure by You to comply with that part of a **Privacy Policy** that specifically:

   a. prohibits or restricts the Named Insured's disclosure, sharing or selling of a person's **Personally Identifiable Non-Public Information**;

   b. requires the Named Insured to provide access to **Personally Identifiable Non-Public Information** or to correct incomplete or inaccurate **Personally Identifiable Non-Public Information** after a request is made by a person; or

   c. mandates procedures and requirements to prevent the loss of **Personally Identifiable Non-Public Information**;

provided the acts, errors or omissions that constitute such failure to comply with a **Privacy Policy** must take place on or after the Retroactive Date shown in this endorsement and before then end of Policy Period shown in the Declarations and the Named Insured must, at the time of such acts, errors or omissions have in force a **Privacy Policy** that addresses those subsections above that are relevant to such **Claim**.

4. **Notification Costs**

   To indemnify the Named Insured for:

   Privacy Violation Costs incurred by the Named Insured with Our prior consent arising out of its requirement to comply with a **Breach Notice Law** resulting from an incident described in paragraphs D. 2.1, D.2.2. or D.2.3. above that takes place on or after the Retroactive Date shown in this endorsement and before the end of the policy period shown in the Declarations; provided such incident must be reported to Us during the policy period shown in the Declarations, if applicable.

5. **Regulatory Defense and Penalties**

   To pay on Your behalf:

   Claims Expenses and **Penalties** resulting from any **Claim** in the form of a **Regulatory Proceeding** first made against You and reported in writing to Us during the policy period shown in the Declarations, if applicable, resulting from a violation of a **Privacy Law** and caused by an incident described in Insuring Agreement D.2.1 and D.2.2 of this endorsement that takes place on or after the Retroactive Date shown in this endorsement and before the end of the policy period shown in the Declarations.

2. Solely with respect to the coverage provided under this endorsement the following are added to SECTION V. DEFINITIONS:

   a) **Breach Notice Law** means any state, federal or foreign statute or regulation that requires notice to persons whose **Personally Identifiable Non-public Information** was accessed or may reasonably have been accessed by an unauthorized person.

   b) **Claim** means:

      i. A written demand received by any **Insured** for money or services;

      ii. For Insuring Agreement D. 5., the institution of a **Regulatory Proceeding** against any Insured.

      iii. A written demand received by the Insured to fulfil their contractual obligation to provide notification of any theft, loss or **Unauthorized Disclosure** of **Personally Identifiable Non-Public Information.**

      Multiple Claims arising from the same or series of related, repeated or continuing acts, errors or omissions or events will be considered a single Claim for the purposes of this Policy. All such Claims will be deemed to have been made at the time of the first of such Claim.

   c) **Claims Expenses** means:

      1. all reasonable and necessary legal costs and expenses resulting from the investigation, defence and appeal of a **Claim**, if incurred by the Us, or by the **Insured** with Our prior written consent;

2. the premium cost for appeal bonds for covered judgments or bonds to release property used to secure a legal obligation, if required in any **Claim** against an Insured; provided **We** will have no obligation to appeal or to obtain bonds.

Claims Expenses will not include any salary, overhead, or other charges by the Insured for any time spent in cooperating in the defence and investigation of any **Claim** or circumstance that might lead to a **Claim** notified under this Policy, or costs to comply with any regulatory orders, settlements or judgments.

d) **Computer Security** means software or computer or network hardware devices, the function or purpose of which is to prevent **Unauthorized Access**, **Unauthorized Use**, a **Denial of Service Attack** against **Computer Systems**, infection of **Computer Systems** by **Malicious Code** or transmission of **Malicious Code** from **Computer Systems**. **Computer Security** includes anti-virus and intrusion detection software, firewalls and electronic systems that provide access control to **Computer Systems** through the use of passwords, biometric or similar identification of authorized users.

e) **Computer Systems** means computers and associated input and output devices, data storage devices, networking equipment, and back up facilities:

i. operated by and either owned by or leased to the Named Insured;

ii. operated by a third party service provider and used for the purpose of providing hosted computer application services to the Named Insured or for processing, maintaining, hosting or storing the Named Insured's electronic data, pursuant to written contract with the Named Insured for such services.

f) **Damages** means a monetary judgment or award or settlement including any award or prejudgment or post judgment interest; provided the term Damages shall not include or mean:

i. future profits, restitution, disgorgement of unjust enrichment or profits by an Insured, or the costs of complying with orders granting injunctive or equitable relief;

ii. return or offset of fees, charges or commissions charged by or owed to an Insured for goods or services already provided or contracted to be provided;

iii. taxes or loss of tax benefits;

iv. fines, sanctions or penalties;

v. punitive or exemplary damages or any damages which are a multiple of compensatory damages, unless insurable by law in any applicable venue that most favors coverage for such punitive, exemplary or multiple damages;

vi. discounts, coupons, prizes, awards or other incentives offered to the Insured's customers or clients;

vii. liquidated damages, but only to the extent that such damages exceed the amount for which the Insured would have been liable in the absence of such liquidated damages agreement;

viii. any amounts for which the Insured is not liable, or for which there is no legal recourse against the Insured.

g) **Data Asset** means any software or electronic data that exists in **Computer Systems** and that is subject to regular back up procedures, including computer programs, applications, account information, customer information, private or personal information, marketing information,

financial information and any other information necessary for use in the Named Insured's ordinary course of business.

h) **Denial of Service Attack** means an attack intended by the perpetrator to overwhelm the capacity of a **Computer System** by sending an excessive volume of electronic data to such **Computer System** in order to prevent authorized access to such **Computer System**.

i) **Malicious Code** means any virus, Trojan horse, worm or other similar software program, code or script intentionally designed to insert itself into computer memory or onto a computer disk and spread itself from one computer to another.

j) **Personally Identifiable Non-Public Information** means information that permits the unique identification of an individual, such as a combination of the person's name, telephone number, and/or social security number, as well as any of the following information about such individual:

   i. information concerning the individual that constitutes "nonpublic personal information" as defined in the Gramm-Leach Bliley Act of 1999, as amended, and regulations issued pursuant to the Act;

   ii. medical or health care information concerning the individual, including "protected health information" as defined in the Health Insurance Portability and Accountability Act of 1996, as amended, and regulations issued pursuant to the Act; or

   iii. the individual's drivers license or state identification number, address, credit, debit or other financial account numbers and associated security codes, access codes, passwords or pins that allows access to the individual's financial account information.

k) **Penalties** means any civil fine or money penalty payable to a governmental entity that was imposed in a **Regulatory Proceeding** by the Federal Trade Commission, Federal Communications Commission, or any other federal, state, local or foreign governmental entity, in such entity's regulatory or official capacity.

l) **Privacy Law** means a federal, state or foreign statute or regulation requiring the **Insured** to protect the confidentiality and/or security or **Personally Identifiable Non-Public Information**.

m) **Privacy Policy** means the internal or publicly accessible written documents that set forth the Named Insured's policies, standards and procedures for collection, use, disclosure, sharing, dissemination and correction or supplementation of, and access to, **Personally Identifiable Non-Public Information**.

n) **Privacy Violation Costs** means:

   i. Costs attributable to providing notification in compliance with **Breach Notice Law**;

   ii. Fees charged by an attorney to determine the applicability of and actions necessary for the Named Insured to comply with Breach Notice Law due to the theft, loss or unauthorized disclosure of **Personally Identifiable Information;**

   iii. Fees charged by an attorney to provide necessary legal advice to the Named Insured in response to the theft, loss or **Unauthorized disclosure** of **Personally Identifiable Non-Public Information**;

iv. A computer expert to determine the existence and cause of any electronic data breach resulting in the theft, loss or **Unauthorized disclosure** of **Personally Identifiable Non-Public Information** which:

i. May require the Named Insured to comply with **Breach Notice Laws**; or

ii. May have comprised the security or privacy of an individual by posting significant risk of financial, reputation or other harm to the individual;

v. A computer security expert to determine the extent to which such information was accessed by an unauthorized person or persons.

Any attorney and computer security expert referred to above is to be approved and appointed by Us and the costs incurred only with our prior written consent.

o) **Regulatory Proceeding** means a request for information, civil investigative demand, or civil proceeding commenced by service of a complaint or similar proceeding brought by or on behalf of the Federal Trade Commission, Federal Communications Commission, or any federal, state, local or foreign governmental entity in such entity's regulatory or official capacity in connection with such proceeding.

p) **Security Breach** means **Unauthorized Access** or **Unauthorized Use** of **Computer Systems**, a **Denial of Service Attack** against **Computer Systems**, infection of **Computer Systems** by **Malicious Code** or transmission of **Malicious Code** from **Computer Systems**, whether any of the foregoing is specifically targeted attack or a generally distributed attack. A series of continuing **Security Breaches**, related or repeated **Security Breaches**, or multiple **Security Breaches** resulting from a failure of **Computer Security** shall be considered a single **Security Breach** and be deemed to have occurred at the time of the first such **Security Breach**.

q) **Unauthorized Access** means the gaining of access to **Computer Systems** by an unauthorized person or persons.

r) **Unauthorized Use** means the use of **Computer Systems** by an unauthorized person or persons or a person with authorized access in an unauthorized manner.

s) **Unauthorized Disclosure** means the disclosure of or access to information in a manner that is not authorized by **the** Named Insured and is without knowledge of, consent of any Executive Officer of the Named Insured.

3. The coverage under this endorsement does not apply to any **Claim**:

A. Arising out of or resulting from "Bodily Injury" or "Property Damage";

B. Against any individual Insured if the **Claim** arises out of or results from any criminal, dishonest, fraudulent, or malicious act, error or omission, any **Security Breach**, intentional violation of a **Privacy Policy**, or intentional or knowing violation of the law, if committed by such Insured or by others if the Insured colluded or participated in any such conduct or activity;

C. Against the Named Insured if the **Claim** or arises out of or results from any criminal, dishonest, fraudulent, or malicious act, error or omission, any **Security Breach**, intentional violation of a **Privacy Policy**, or intentional or knowing violation of the law, if committed by any of the Named Insured's principals, directors, officers, Managers, partners, or trustees or any person in participation or collusion with any of the Named Insured' principals, directors, officers, Managers, partners, or trustees;

D. Arising out of or resulting from any employer-employee relations, policies, practices, acts or omissions, or any actual or alleged refusal to employ any person, or misconduct with respect to employees, whether such **Claim** is brought by an employee, former employee, applicant for employment, or relative or domestic partner of such person;

E. Arising out of or resulting from any failure or malfunction of electrical or telecommunications infrastructure or services, provided that this exclusion shall not apply to any otherwise covered **Claim** arising out of failure of **Computer Security** to prevent a **Security Breach** that was solely caused by a failure or malfunction of telecommunications infrastructure or services under the Named Insured's direct operational control;

F. Arising out of or resulting from any contractual liability or obligation, or arising out of or resulting from breach of contract or agreement either oral or written, provided, however, that this exclusion will not apply to the extent **You** would have been liable in the absence of such contract or agreement;

G. Arising out of or resulting from fire, flood, earthquake, volcanic eruption, explosion, lighting, wind, hail, tidal wave, landslide, act of God or other physical event;

H. Arising out of or resulting from a **Claim** by or on behalf of one or more **Insureds** under this Insurance against any other **Insured** or **Insureds** under this Insurance; provided this exclusion shall not apply to an otherwise covered **Claim** under this endorsement by an employee of the Named Insured;

I. Arising out of or resulting from any satellite failures;

J. Arising out of or resulting from:

1. any **Claim** made by any business enterprise in which You have greater than a 15% ownership interest or made by any parent company or other entity which owns more than 15% of the Named Insured; or

2. Your activities as a trustee, partner, member, manager, officer, director or employee of any employee trust, charitable organization, corporation, company or business other than that of the Named Insured;

K. Arising out of or resulting from any seizure, nationalization, confiscation, or destruction of **Computer Systems** or **Data Assets** by order of any governmental or public authority;

L. Arising out of or resulting from any actual or alleged obligation to make licensing fee or royalty payments, including but not limited to the amount or timeliness of such payments;

M. Arising out of or resulting from any costs or expenses incurred or to be incurred by **You** or others for the reprinting, reposting, recall, removal or disposal of any Electronic Content or any other information, content or media, including any media or products containing such Electronic Content, information, content or media;

N. Arising out of or resulting from any actual or alleged defects in any goods, services or products sold, licensed, supplied, offered for sale, repaired, altered, manufactured, installed or maintained by You or by any persons or entities acting on Your behalf;

O. Arising out of or resulting from any actual or alleged false, deceptive or unfair trade practices or violation of consumer protection law;

P. Arising out of resulting from any of the following:

1. any actual or alleged violation of the Organized Crime Control Act of 1970 (commonly known as Racketeer Influenced and Corrupt Organizations Act or RICO), as amended, or any regulation promulgated thereunder or any similar

federal law or legislation, or law or legislation of any state, province or other jurisdiction similar to the foregoing, whether such law is statutory, regulatory or common law;

2 any actual or alleged violation of any securities law, regulation or legislation, including but not limited to the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Act of 1940, any state or provincial blue sky or securities law, any other federal securities law or legislation, or any other similar law or legislation of any state, province or other jurisdiction, or any amendment to the above laws, or any violation of any order, ruling or regulation issued pursuant to the above laws;

3. any actual or alleged violation of the Fair Labor Standards Act of 1938, the National Labor Relations Act, the Worker Adjustment and Retraining Act of 1988, the Certified Omnibus Budget Reconciliation Act of 1985, the Occupational Safety and Health Act of 1970, any similar law or legislation of any state, province or other jurisdiction, or any amendment to the above law or legislation, or any violation of any order, ruling or regulation issued pursuant to the above laws or legislation; or

4. any actual or alleged discrimination of any kind including but not limited to age, color, race, sex, creed, national origin, marital status, sexual preference, disability or pregnancy;

Q. For or arising out of any actual or alleged acts, errors, or omissions related to any of the Named Insured's pension, healthcare, welfare, profit sharing, mutual or investment plans, funds or trusts, including any violation of any provision of the Employee Retirement Income Security Act of 1974 (ERISA) or any similar federal law or legislation, or similar law or legislation of any state, province or other jurisdiction, or any amendment to ERISA or any violation of any regulation, ruling or order issued pursuant to ERISA or such similar laws or legislation;

R. Arising out of or resulting from any actual or alleged:

1. infringement of patent or patent rights or misuse or abuse of patent;

2. infringement of copyright arising from or related to software code or software products other than infringement resulting from an **Unauthorized Access or Use** or **Unauthorized Disclosure** of software code; or

3. use or misappropriation of any ideas or trade secrets

S. Arising out of or resulting from:

a. the unlawful collection or acquisition of **Personally Identifiable Non-Public Information** by any means or the failure to provide individuals with the ability to assent to or withhold assent (e.g. opt-in or opt-out) from the collection, disclosure or use of **Personally Identifiable Non-Public Information**;

b. the distribution of unsolicited email, direct mail, or facsimiles;

c. wire tapping, audio or video recording; or

d. telemarketing;

T. Arising out of or resulting from any act, error, omission, failure of **Computer Security**, or **Security Breach** committed or occurring prior to the inception date of this Policy:

a. if You on or before the inception date knew or could have reasonably foreseen that such act, error or omission, failure of **Computer Security**, or **Security Breach** might be expected to be the basis of a **Claim** or

b. in respect of which You have given notice of a circumstance which might lead to a **Claim** to the insurer of any other policy in force prior to the inception date of this Policy;

U. Arising out of any related or continuing acts, errors, omissions, or **Security Breaches**, where the first such act, error, omission or failure or breach was committed or occurred prior to the Retroactive Date;

V. Brought by or on behalf of any intellectual property licensing bodies or organizations, including but not limited to, the American Society of Composers, Authors and Publishers, the Society of European Stage Authors and Composers or Broadcast Music, Inc.;

W. Brought by or on behalf of the Federal Trade Commission, the Federal Communications Commission, or any other state, federal, local or foreign governmental entity, in such entity's regulatory or official capacity; but this will not apply to the coverage provided under Insuring Agreement 2.5 *(Regulatory Defense and Penalties).*

X. Arising out of or resulting from:

a. the failure of **Computer Systems** or **Data Assets** to be protected by **Computer Security** equal to or superior to that disclosed in response to specific questions in the Application for Insurance relating to **Computer Security**, including access protection, intrusion detection, data back up procedures, **Malicious Code** protection, software product updates and releases, patch protection, and data encryption; or

b. the failure to use best efforts to install commercially available software product updates and releases, or to apply security related software patches, to computers and other components of the Named Insured's **Computer Systems**;

Y. Arising out of or resulting from any trading losses or trading liabilities; monetary value of any electronic fund transfers or transactions by or on Your behalf which is lost, diminished, or damaged during transfer from, into or between accounts; or the value of coupons, price discounts, prizes, awards, or any other valuable consideration given in excess of the total contracted or expected amount;

Z. Either in whole or in part, directly or indirectly arising out of or resulting from or in consequence of, or in any way involving:

1. asbestos, or any materials containing asbestos in whatever form or quantity;

2. the actual, potential, alleged or threatened formation, growth, presence, release or dispersal of any fungi, molds, spores or mycotoxins of any kind; any action taken by any party in response to the actual, potential, alleged or threatened formation, growth, presence, release or dispersal of fungi, molds, spores or mycotoxins of any kind, such action to include investigating, testing for, detection of, monitoring of, treating, remediating or removing such fungi, molds, spores or mycotoxins; and any governmental or regulatory order, requirement, directive, mandate or decree that any party take action in response to the actual, potential, alleged or threatened formation, growth, presence, release or dispersal of fungi, molds, spores or mycotoxins of any kind, such action to include investigating, testing for, detection of, monitoring of, treating, remediating or removing such fungi, molds, spores or mycotoxins;

We will have no duty or obligation to defend **You** with respect to any **Claim** or governmental or regulatory order, requirement, directive, mandate or decree which either in whole or in part, directly or indirectly, arises out of or results from or in consequence of, or in any way involves the actual, potential, alleged or threatened

formation, growth, presence, release or dispersal of any fungi, molds, spores or mycotoxins of any kind;

3. the existence, emission or discharge of any electromagnetic field, electromagnetic radiation or electromagnetism that actually or allegedly affects the health, safety or condition of any person or the environment, or that affects the value, marketability, condition or use of any property; or

4. the actual, alleged or threatened discharge, dispersal, release or escape of Pollutants; or any governmental, judicial or regulatory directive or request that **You** or anyone acting under **Your** direction or control test for, monitor, clean up, remove, contain, treat, detoxify or neutralize Pollutants. Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant including gas, acids, alkalis, chemicals, heat, smoke, vapor, soot, fumes or waste. Waste includes but is not limited to materials to be recycled, reconditioned or reclaimed.

AA. Arising:

1. directly or indirectly out of **War**; or

2. from a **Cyber War**.

This exclusion applies notwithstanding anything to the contrary in this Policy or any appendix or endorsement added to this Policy.

For the purposes of this exclusion only:

Cyber War means any harmful act, conducted using a **Computer System** (or series of related, repeated or continuing harmful acts conducted using one or more **Computer System**), directed against one or more **Computer System** that is committed by, or at the direction or under the control of, a sovereign state, and which:

1. is conducted as part of a **War**; or

2. causes a major detrimental impact on:

   (i) the functioning of another sovereign state due to disruption to the availability, delivery or integrity of any **Essential Service** in that other sovereign state; and/or

   (ii) the security or defence of another sovereign state,

provided however that **Cyber War** shall not mean the direct or indirect effect of such harmful act(s) which causes a major detrimental impact on a sovereign state as described in parts 2.(i). and/or 2.(ii) above, on a **Computer System** operated by and either owned by or leased to the Named Insured, that is not physically located in a sovereign state which has suffered such major detrimental impact described in parts 2.(i). and/or 2.(ii) above.

Computer System means computers, any software residing on such computers, and any associated devices or equipment.

Essential Service means a service that is essential for the maintenance of vital functions of a sovereign state, including but not limited to financial institutions and associated financial market infrastructure, emergency services, health services, utility services and/or services that are essential for the maintenance of the food, energy and/or transportation sector.

War means the use of physical force by a sovereign state against another sovereign state (whether war be declared or not) or as part of a civil war, rebellion, revolution, insurrection and/or military or usurped power.

4. Solely with respect to the coverage provided under this endorsement:

   A. We shall have the right and duty to defend, subject to the Limit of Insurance, exclusions and other terms and conditions in this Policy, any **Claim** against You seeking **Damages** and **Claims Expenses, Penalties** which are payable under the terms of this Policy, even if any of the allegations of the **Claim** are groundless, false or fraudulent.

   B. The Limit of Insurance available to pay **Damages, Privacy Violation Costs** and/or **Penalties** shall be reduced and may be completely exhausted by payment of **Claims Expenses**.

   C. **We** shall have the right to make any investigation they deem necessary, including, without limitation, any investigation with respect to the application and statements made in the application and with respect to coverage.

   D. If **You** shall refuse to consent to any settlement or compromise recommended by Us and acceptable to the claimant and elects to contest the **Claim**, **Our** liability for any **Damages, Privacy Violation Costs, Penalties** and **Claims Expenses** shall not exceed:

      A. the amount for which the **Claim** could have been settled, less the remaining deductible, plus the **Claims Expenses** incurred up to the time of such refusal, or the applicable Limit of Insurance specified in this endorsement, whichever is less; and

      B. Sixty percent (60%) of any Claim Expenses incurred after the date such settlement or compromise was recommened to the Insured plus sixty percent (60%) oof any Damanges, Penalties above the amount for which the Claim could have been settlement; and

      C. We shall have the right to withdraw from the further defense thereof by tendering control of said defense to You.

   E. It is further provided that **We** shall not be obligated to pay any **Damages, Privacy Violation Costs, Penalties** or **Claims Expenses**, or to undertake or continue defense of any suit or proceeding after the applicable limit of insurance specified in this endorsement has been exhausted by payment of **Damages, Privacy Violation Costs, Penalties** or **Claims Expenses** or after deposit of the applicable Limit of Insurance specified in this endorsement in a court of competent jurisdiction, and that upon such payment, **We** shall have the right to withdraw from the further defense thereof by tendering control of said defense to **You**.

   F. **You** must notify **Us** of any **Claim** as soon as practicable, but in no event later than 60 days after the end of the **Policy Period**. Notice must be provided through the contacts listed for Notice of Claim in this endorsement. If **You** do not give notice of any **Claim** in accordance with this section, then **We** will have no liability under this Policy in respect of that **Claim**.

5. Solely with regards to the coverage provided by this endorsement Section III- Limits of Insurance is amended with the addition of the following:

   A. The Computer Network Security and Privacy Liability **Claim** limit of liability specified in this endorsement is the most we will pay for the sum of all for all **Damages** and **Claim Expenses** arising from each **Claim**.

   B. The Computer Network Security Privacy Liability Term Aggregate specified in this endorsement is the most we will pay for the sum of all **Damages, Claims Expenses, Privacy Violations costs** and **Penalties** covered under this endorsement.

C. The deductible specified in endorsement applies separately to each incident, event or related incidents or events giving rise to a **Claim.** The deductible will be satisfied by monetary payments of **Damages, Claims Expenses, Privacy Violation Costs** or **Penalties.**

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Long Ranch, LLC Ron & Neita Reid, Ken & Doug Summers	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Department of California Highway Patrol Business Services Section Contract Services Unit	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
City of Red Bluff, CA	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO CLASSIFICATIONS LISTED ON THE POLICY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Classifications:

Those classifications specifically listed on the Declaration of this Policy, plus any additional classification listed below:

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

The classifications shown in the Schedule above; or any operations necessary or incidental to those classifications shown above.

Coverage for classifications not shown above can only be covered if agreed to in writing by us, as evidenced by the addition of the classification to the Declaration of this Policy or by addition of the classification to the Schedule above.

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DELETE NONRENEWAL NOTICE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. In the Commercial General Liability Coverage Form, sub-paragraph **9. When We Do Not Renew**, under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted in its entirety.

B. In the Liquor Liability Coverage Form, sub-paragraph **9. When We Do Not Renew**, under **SECTION IV - LIQUOR LIABILITY CONDITIONS** is deleted in its entirety.

C. In the Owners and Contractors Protective Liability Coverage Form - Coverage for Operations of Designated Contractor, sub-paragraph **13. When We Do Not Renew**, under **SECTION IV - CONDITIONS** is deleted in its entirety.

D. In the Products/Completed Operations Liability Coverage Form, sub-paragraph **9. When We Do Not Renew,** under **SECTION IV - PRODUCTS/COMPLETED OPERATIONS LIABILITY CONDITIONS** is deleted in its entirety.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of an "other act of terrorism" that is committed outside of the United States (including its territories and possessions and Puerto Rico), but within the "coverage territory". However, this exclusion applies only when one or more of the following are attributed to such act:

1. The total of insured damage to all types of property exceeds $25,000,000 (valued in U.S. dollars). In determining whether the $25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the terrorism and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or

2. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:

a. Physical injury that involves a substantial risk of death; or

b. Protracted and obvious physical disfigurement; or

c. Protracted loss of or impairment of the function of a bodily member or organ; or

3. The terrorism involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or

4. The terrorism is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or

5. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.

With respect to this exclusion, Paragraphs **1.** and **2.** describe the thresholds used to measure the magnitude of an incident of an "other act of terrorism" and the circumstances in which the threshold will apply for the purpose of determining whether this exclusion will apply to that incident.

B. The following definitions are added:

1. For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part.

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2. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

a. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act;

b. The act resulted in damage:

(1) Within the United States (including its territories and possessions and Puerto Rico); or

(2) Outside of the United States in the case of:

(a) An air carrier (as defined in Section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or

(b) The premises of any United States mission; and

c. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

3. "Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism".

Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

C. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for injury or damage that is otherwise excluded under this Coverage Part.

D. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-OWNED AUTO & HIRED AUTO LIABILITY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE	
Coverage	**Additional Premium**
Non-Owned Auto Liability	$Included
Hired Auto Liability	$Included

Insurance is provided only with respect to those coverages for which a specific premium charge is shown above.

A. COVERAGES

1. **NON-OWNED AUTO LIABILITY** The insurance provided under **SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in the course of your business by any person other than you.
2. **HIRED AUTO LIABILITY**

   The insurance provided under **SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.
3. The coverage provided in this endorsement is subject to the Defense Costs Outside Limit Endorsement LF GL 23 08 03.

B. EXCLUSIONS

With respect to the insurance provided by this endorsement, paragraph **2. Exclusions** of **SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended as follows:

1. Subparagraphs **b., c., e., h., j., k., l., m. n. and dd.,** do not apply.
2. The following exclusions are added:

This insurance does not apply to:

a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

(1) That the insured would have in the absence of the contract or agreement; or

(2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.

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b. "Bodily injury" or "property damage" arising out of the ownership, maintenance, or use of any "auto" while being used to carry persons or property for a "fee", including, but not limited to, delivery of food or any other products. The exclusion applies whether:

(1) The "auto" is being used by an insured or by a third party; or

(2) The "fee" is collected by an insured or a third party.

c. "Bodily injury" to:

(1) An "employee" of any insured arising out of and in the course of employment by any insured; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of **(1)** above.

This exclusion applies:

(1) Whether an insured may be liable as an employer or in any other capacity; and

(2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to "bodily injury" arising out of and in the course of domestic employment by an insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers' compensation law.

d. "Property damage" to:

(1) Property owned or being transported by, or rented or loaned to any insured; or

(2) Property in the care, custody or control of any insured.

e. "Bodily injury" or "property damage" arising out of the ownership, maintenance, use or "loading or unloading" of any "auto" which is owned by you. Further we shall have no duty to defend any insured against any loss, claim or "suit" or others proceedings alleging damages arising out of "bodily injury" or "property damage" to which this exclusion applies.

This exclusion **e.,** applies even if the claims against the insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured if the "property damage" involved the ownership, maintenance use or entrustment to others of any "auto" owned by you.

C. WHO IS AN INSURED

For the purpose of this endorsement only, **SECTION II - WHO IS AN INSURED** is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

1. You.

2. Any other person using a "hired auto" with your permission.

3. With respect to a '"non-owned auto", any partner or "executive officer" of the Named Insured, but only while such "non-owned auto" is being used in your business.

4. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under **1., 2.** or **3.** above.

None of the following is an insured:

1. Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-"employee" of such person injured in the course of employment;

2. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or member of his or her household;

3. Any person while employed in or otherwise engaged in performing duties in connection with an "auto business" other than an "auto business" you operate;

4. The owner or lessee (of whom you are a sub-lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or

5. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

D. LIMITS OF LIABILITY

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The most we will pay for Non-Owned Auto Liability and Hired Auto Liability coverage provided by this endorsement is the lesser of:

1. The Each Occurrence Limit shown in the Declarations; or

2. $1,000,000.

Other insurance provisions below modify these limits of liability.

The Limits of Insurance specified in this endorsement include any “defence costs” incurred in defending you against any claim or suit for which coverage is provided by this endorsement.

The payment of defense costs is subject to and in accordance with the Defense Costs Outside Limit endorsement LF GL 23 08 03.

E. CONDITIONS

For the purpose of this endorsement only, paragraph **4. Other Insurance** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

4. Other Insurance

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis. In the event there is no other insurance covering a "non-owned auto" or a "hired auto", this insurance shall be primary.

F. DEFINITIONS

1. For the purpose of this endorsement only, following definitions are added to the **DEFINITIONS** section:

a. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".

b. "Fee" includes compensation, wages, commissions, coupons, tips or any other payment of any kind. "Fee" also includes free or promotional delivery of food or other products.

c. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers", or members of their households.

d. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. However, if you are a partnership, a "non-owned auto" does not include any auto owned by any partner.

2. For the purpose of this endorsement only, the definition of "insured contract" in the **DEFINITIONS** section is amended to add the following:

"Insured contract" means:

That part of any contract or agreement entered into as part of your business pertaining to the rental or lease of any "auto" by you or any of your "employees". However, such contract or agreement will not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

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E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Tehama Shooters Association

Document Description: Lease Agreement for Range Operations

APPROVED AS TO FORM:

Date: 2/6/26

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 26-0185 **Agenda Date:** 3/3/2026 **Agenda #:** 38.

SHERIFF'S OFFICE- Sheriff Dave Kain

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF, B-43 - From Public Safety (106-301900) to Contingency (2002-59000), $9,754.23; and from Contingency (2002-59000) to Internal Assets (2024-53800), $3,125.98; and Equipment (2024-57600), $6,628.25 **(Requires a 4/5's vote)**

Financial Impact:
There is no financial impact on the General Fund. The funds are being transferred from the PG&E Settlement funds to Boating for the use of radio and communications equipment.

Background Information:
During regular boating patrols, the use of radio and communications equipment is essential for the early detection, reporting, and mitigation of smoke or fire incidents. Boating personnel often patrol remote waterways and shoreline areas where access by land-based units may be limited or unavailable. In these situations, vessels may be the first or possibly the only means of identifying fire hazards, smoke conditions, or active fires. Reliable communication equipment ensures that these observations can be immediately reported, allowing for a rapid and coordinated emergency response.

Radio communication plays a critical role in the immediate incident reporting time frame, significantly reducing delays between detection and response. Prompt notification to dispatch allows fire personnel to be deployed quickly, improving the likelihood of containing the incident and preventing the spread of fire to additional structures or natural areas. Early communication also supports the protection of life by enabling timely evacuation of occupants and the coordination of rescue efforts.

In addition to emergency reporting, radio and communication equipment are used to maintain situational awareness during patrols by providing real-time weather and environmental updates. Information regarding wind direction and speed, lightning activity, extreme heat, and changing weather conditions directly impacts fire behavior and risk. Access to this information allows boating personnel to anticipate hazardous conditions, adjust patrol operations, relay critical updates to responding units, and support informed decision-making throughout the incident(s).

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-43

DEPARTMENT NAME PG&E/Boating

Date: 02/10/2026

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source PG&E Settlement funds held in account 106-301167 for the purchase of radio and communications equipment.

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
106	301900	Public Safety	$ 9,754.23
2002	59000	Contingency	$ 9,754.23
		Total Journal	$ **19,508.46**

Increase Expenditure Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
2002	59000	Contingency	$ 9,754.23
2024	53800	Internal Assets	$ 3,125.98
2024	57600	Equipment	$ 6,628.25
		Total Journal	$ **19,508.46**

TRANSFER APPROVED

2-10-26

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 02/10/2026

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

1591

Tehama County

Agenda Request Form

File #: 26-0190 **Agenda Date:** 3/3/2026 **Agenda #:** 39.

SHERIFF'S OFFICE- Sheriff Dave Kain

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Sheriff and the Chairman to sign Amendment No.3 to the Agreement with Bennet Omalu Pathology (Misc. Agree. 2025-049, as amended by Misc. Agree. 2025-089, and Misc. Agree. 2025-222), thereby increasing the maximum annual compensation payable not to exceed $175,000 per year *(Subject to receipt of required insurance documentation)*

Financial Impact:
The funding source for the agreement has been budgeted for FY 25/26 in the Coroner's Budget, 2072-53230.

Background Information:
The County has been using Bennet Omalu Pathology Services since 2018 and prior to that when he was with Forensic Pathology Group to perform external examinations of decedents, external/internal investigations of decedents if deemed necessary by the Coroner, and to review medical or dental records of decedents.

Due to a recent tragic incident, service demands increased beyond normal operational levels, resulting in the annual not-to-exceed contract limit being exceeded. To ensure payment of the outstanding invoice and to accommodate any additional services that may be required for the remainder of the agreement term, the Sheriff's Office is requesting an increase to the annual maximum compensation, not to exceed $175,000.

AMENDMENT NO. 3
TO THE 2025 AGREEMENT BETWEEN THE COUNTY OF TEHAMA
AND BENNET OMALU PATHOLOGY

The Agreement Number 2025-49 with an effective date of March 4, 2025 was entered into between the County of Tehama, through its Sheriff's Office, ("COUNTY") and Bennet Omalu Pathology ("CONTRACTOR"), for pathology services, the resolution of a claim exceeding the expired contract's "not-to-exceed" amount, and the provision of clause to address potential costs overruns in an agreement for forensic pathology services and which was amended with Amendment No. 1, with an effective date of April 23, 2025 (Agreement Number 2025-89) and Amendment No. 2 with an effective date of July 29, 2025 (Agreement Number 2025-222) (Collectively the original agreement, Amendment No.1, and Amendment No. 2 are referred to as "AGREEMENT").

Pursuant to Section 7. of the AGREEMENT subdivisions 3.2 of said agreement is hereby amended as follows:

> 3.2 Maximum Compensation payable under this agreement shall not exceed $175,000.00 per year. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein.

All other terms and conditions of the AGREEMENT shall remain in unchanged.

The AGREEMENT and this Amendment No. 3(Hereinafter collectively referred to as the "Modified Agreement"), constitute the entire Agreement of the parties and supersede all previous agreements, writing and oral statements. In the event of any inconsistency or conflict between this Amendment No. 3 and the AGREEMENT, the provisions of this Amendment No. 3 shall prevail over those of the AGREEMENT. This Modified Agreement may not be further modified except in a writing signed by both parties pursuant to Section 7 of the Modified Agreement.

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

COUNTY OF TEHAMA

Date: _____

_____
Dave Kain, Sheriff-Coroner

COUNTY OF TEHAMA

Date: _____

_____
Chairman, Board of Supervisors

Date: 02/10/2026

_____
Bennet Omalu, M.D.

AMENDMENT NO. 2
TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND BENNET OMALU PATHOLOGY

The Agreement Number 2025-49 with an effective date of March 4, 2025 was entered into between the County of Tehama, through its Sheriff's Office, ("COUNTY") and Bennet Omalu Pathology ("CONTRACTOR"), for pathology services, the resolution of a claim exceeding the expired contract's "not-to-exceed" amount, and the provision of clause to address potential costs overruns in an agreement for forensic pathology services and which was amended with Amendment No. 1, with an effective date of April 23, 2025 (Agreement Number 2025-89) (Collectively the original agreement and Amendment no. 1 are referred to as "AGREEMENT").

Pursuant to Section 7. of the AGREEMENT subdivisions 3.3 and 3.5 of said agreement are hereby amended as follows:

> 3.3 The amounts paid in accordance with this Subdivision 3.3 shall not go towards any determination whether the Maximum Compensation has been exceeded. Contractor shall be paid up to $10,000 for services rendered under Agreement 2018-65 which as invoiced would exceed the Maximum Compensation therein. This amendment shall completely resolve all claims and disputes existing prior to March 4, 2025 related to the services provided under Agreement 2018-65.
>
> 3.5 In the case in which the AGREEMENT is terminated or the term of the agreement has passed and the Contractor has satisfactorily completed work while the AGREEMENT was still effective but the total amount of cost of the completed work is above the Maximum amount identified in the AGREEMENT. The Tehama County Purchasing Agent may pay any additional amount by way of a separate Purchase Order as long as the amount of the Purchase Order is less than the total annual aggregate amount authorized in Ordinance No.°2125.

All other terms, conditions, and provisions of the AGREEMENT shall remain unchanged.

The AGREEMENT and this Amendment No. 2 (collectively referred to as the "Modified Agreement"), constitutes the entire agreement of the parties and supersedes all previous agreements, writings, and oral statements. In the event of any inconsistency or conflict between this Amendment No. 2 and the AGREEMENT, the provisions of this Amendment No. 2 shall prevail over those of the AGREEMENT. This Modified Agreement may not be further modified except in writing signed by both parties pursuant to Section 7 of the Modified Agreement.

<<Signature Page Follows This Page>>

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

COUNTY OF TEHAMA

Date: _____

_____
Dave Kain, Sheriff-Coroner

COUNTY OF TEHAMA

Date: _____

_____
Chairman, Board of Supervisors

Date: 06/17/2025

_____
Bennet Omalu, M.D.

COUNTY OF TEHAMA

Office of
Sean Houghtby
County Clerk and Recorder
P.O. Box 250
Courthouse
633 Washington Street
Red Bluff, California 96080

Tehama County Courthouse

TELEPHONE (Area Code 530)

Clerk & Recorder 527-3350
Elections 527-8190
Clerk of the Board
of Supervisors 527-3287

FAX 527-1745

WEB: www.tehama.gov

Date: April 21, 2025

OFFICE OF
THE CLERK OF THE BOARD OF SUPERVISORS

FROM THE DESK OF: SEAN HOUGHTBY

TO: Jennifer Crane

RE: Return of Signature Page(s)

Please return **(1) fully-executed copy of the signature pages** referenced and attached to this memo.

18. SHERIFF'S OFFICE - Sheriff Dave Kain **25-0574**

a) AGREEMENT - Approval and authorization for the Sheriff and the Chairman to sign Amendment No. 1 to the Agreement with Bennet Omalu Pathology (Misc. Agree. #2025-49) increasing the "not-to-exceed" amount to $100,000 per year, effective 3/1/25 through 2/29/28.

Enactment No: MISC. AGR 2025-089

If you have any questions, please contact this office at (530) 527-3287.

PLEASE RETURN TO: CLERK OF THE BOARD
P.O. BOX 250
RED BLUFF, CA 96080

OR

THROUGH INTER-OFFICE MAIL - AUDITOR'S OFFICE

AMENDMENT #1
TO THE 2025 AGREEMENT BETWEEN THE COUNTY OF TEHAMA
AND BENNET OMALU PATHOLOGY

This Amendment No. 1 to Agreement Number 2025-49 (the "Original Agreement"), with an effective date of March 4, 2025, by and between the County of Tehama, through its Sheriff's Office (County) and Bennet Omalu Pathology (Contractor) for the resolution of claim exceeding the expired contract's "not-to-exceed" amount and for provision of clause to address potential costs overruns in an agreement for forensic pathology services which shall be amended as follows

The Original Agreement is hereby amended as follows:

3: **COMPENSATION**

3.1 Contractor shall be paid in accordance with the rates set forth in Exhibit B, attached hereto and incorporated herein by this reference, after satisfactorily completing the duties described in this Agreement.

3.2 Maximum Compensation payable under this agreement shall not exceed $100,000.00 per year. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein.

3.3 The amounts paid in accordance with this Subdivision 3.3 shall not go towards any determination whether the Maximum Compensation has been exceeded. Contractor shall be paid up to $6,000 for services rendered under Agreement 2018-65 which as invoiced would exceed the Maximum Compensation therein. This amendment shall completely resolve all claims and disputes existing prior to March 4, 2025, which are currently known to the parties.

3.4 Contractor shall notify County in the manner specified in Section 18 when the total amount invoiced in a single year reaches 85% of the Maximum Compensation. This notice shall occur with service of the invoice in which the 85% mark has been reached.

3.5 If by the final month of the term of this agreement County has not been invoiced 85% or more of the Maximum Compensation for that final year and the invoice amount for the last month of the term brings the total amount invoiced for the year in excess of the Maximum Compensation by an amount not more than 10% of the Maximum Compensation for that year, County shall pay the full amount invoiced for that last month without need for any additional amendment of this Agreement. Otherwise, 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. Additionally, if Contractor fails to provide notice that the total amount invoiced in a single year reaches 85% of the Maximum Compensation when the total amount invoiced has reached 85% or more of the Maximum Compensation for the final year before the last month's invoice, Contractor shall have no claim against County for payment of any compensation or reimbursement for any amount that exceeds the Maximum Compensation even if the service claimed was provided by the Contractor during the term of this Agreement.

3.6 Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County.

3.7 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.

3.8 This Section 3. shall survive the expiration or other termination of this Agreement.

1. All other terms and conditions of the Original Agreement shall remain in effect unchanged during the term of the Agreement.

2. This Amendment, together with the Original Agreement, constitute the entire Agreement of the parties and supersede all previous agreements, writing and oral statements. In the event of any inconsistency or conflict between this Amendment and the Original Agreement, the provisions of this Amendment shall prevail over those of the Original Agreement. This Amendment and the Original Agreement may not be further modified except in a writing signed by both parties.

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

COUNTY OF TEHAMA

Date: 4/23/25

Dave Kain, Sheriff-Coroner

COUNTY OF TEHAMA

Date: APR 15 2025

Chairman, Board of Supervisors

Date: 04/02/25

Bennet Omalu, M.D.

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Bennet Omalu Pathology.

Document Description: Amendment #1 to Agreement for Forensic Pathology Services

APPROVED AS TO FORM:

Date: 4/2/25

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Minutes Certification

File Number: 25-0574 **Enactment Number: MISC. AGR 2025-089**

18. SHERIFF'S OFFICE - Sheriff Dave Kain **25-0574**

a) AGREEMENT - Approval and authorization for the Sheriff and the Chairman to sign Amendment No. 1 to the Agreement with Bennet Omalu Pathology (Misc. Agree. #2025-49) increasing the "not-to-exceed" amount to $100,000 per year, effective 3/1/25 through 2/29/28.

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 2025-089

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 an order adopted by said Board of Supervisors on 4/15/2025.

Attest: _____ **April 21, 2025**
Deputy **Date Certified**

This agreement is entered into between the County of Tehama, through its Sheriff's Office (County) and Bennet Omalu Pathology (Contractor) for the provision of providing forensic pathology services.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall, upon request by the Tehama County Sheriff/Coroner or his/her authorized deputies, perform a review of the medical or dental records of decedents, perform external examinations of decedents, and/or perform external and internal investigations of decedents.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for its services pursuant to Sections 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 $100,000.00 per year. 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 and 30th 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 March 1, 2025, and shall terminate February 29, 2028, unless terminated due to the conditions set forth herein.

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 Sheriff-Coroner.

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 insure 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., 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. Contractor shall pay, at least, the general prevailing wage rates, as determined by the Director of the Department of Industrial Relations of the State of California, for all work hereunder. Contractor further agrees to fully comply with and to require its subcontractor to fully comply with such Prevailing Wage Laws. 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.

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).

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:

NOTICES TO COUNTY:
Tehama County Sheriff's Office
Attn: Dave Kain, Sheriff-Coroner
P.O. BOX 729
Red Bluff, CA 96080
(530) 527-7900
dkain@tehamaso.org

NOTICES TO CONTRACTOR:
Bennet Omalu Pathology
1621 Executive Court
Sacramento, CA 95864
(279) 345-1300 Ext 103
wendy@bennetomalu.com

INVOICES SUBMITTED TO COUNTY:
Tehama County Sheriff's Office
Attn: Accounting Division
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 1
nbrummond@tehamaso.org

GRANTS/CONTRACTS TO COUNTY:
Tehama County Sheriff's Office
Attn: Grants/Contracts
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 2
jcrane@tehamaso.org

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. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through B, 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.

COUNTY OF TEHAMA

Date: MAR 4 2025

VICE

Chairman, Board of Supervisors

Date: 02/10/25

Dave (Feb 10, 2025 18:31 PST)

Sheriff-Coroner, Dave Kain

Date: 02/10/2025

Dr. Bennet Omalu, MD, Contractor

Agreement #: 2025-049

127749
Vendor Number

2072-53230
Budget Account Number

wendy@bennetomalu.com
Vendor/Contractor email address

(279) 345-1300 Ext 103
Vendor/Contractor phone number

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.

Bennet Omalu
PATHOLOGY

THREE-YEAR COST PLAN AND FEE SCHEDULE

2025 - 2028

COUNTY OF TEHAMA, CALIFORNIA

bennetomalu@bennetomalu.com

1621 Executive Court
Sacramento, CA 95864

Office Phone Number: 279-345-1300
Cell Phone Number: 209-712-9092

COST PLAN AND FEE SCHEDULE NARRATIVE

The last time our service costs were increased was in 2019. Since then, the cost of doing business, including inflation, labor, materials, and utilities costs, have increased by about 20 – 25%. Unfortunately, at this time, in order to remain in business, we have to increase our service costs, however we are increasing them by a reasonable rate of about 0 - 20% only. The expected start date for this fee schedule is March 1, 2025.

A. Free Services and Waived Fees:

Bennet Omalu Pathology will not charge for the following services as a good will offer and gesture by Bennet Omalu Pathology to reaffirm that we are partners in service. We shall charge for only direct autopsy related services with no billing for administrative services.

1.	Transportation to and from County of Tehama:	No Charges
2.	Training and continuing medical education:	No Charges [Maximum of 2 sessions per year][1]
3.	County administrative and committee meetings	No Charges [Maximum of 2 meetings per year][2]
4.	Transcription services:	No Charges
5.	Doctor trip fee:	No Charges

B. Direct Autopsy Services:

Bennet Omalu Pathology will charge the same autopsy fees for all categories and types of full autopsies. However, there shall be a "Complex Case Fee" surcharge for homicides, infant and pediatric autopsies, motor vehicle, train and aircraft crashes and suspicious cases that are treated like homicides. While we do not differentiate types of autopsies based on the type of case or age of the deceased, certain autopsies require complex handling, processing, documenting and analyses and can take 5 – 10 times longer to perform and complete. This will still save the county significant amounts of money if these bodies were to be shipped to other agencies, counties and facilities for autopsies.

1.	Full Autopsy	$2,000.00 per case
2.	Partial or Targeted Autopsy	$1,700.00 per case
3.	External Autopsy	$1,200.00 per case
4.	Medical Records Review	$ 650.00 per case
5.	Tissue Grossing and Processing	$ 165.00 per case
6.	Microscopic Examination and Analysis	$ 350.00 per case
7.	Autopsy Technician Fee	$ 390.00 per case
8.	Specimen handling, processing, storage and transportation	$ 65.00 per case
9.	Complex Case Fee	$ 497.00 per case
10.	Autopsy Tissue Immunohistochemistry [All Types]	$ 149.00 per slide
11.	Specialized Autopsy Tissue Histochemistry [All Types]	$ 149.00 per slide
12.	Review of prior or archival cases and autopsies	$ 600.00 per hour
13.	Scene visits and scene investigations	$ 600.00 per hour

[1] If greater than 2 sessions in one year, Bennet Omalu Pathology shall bill $600.00 per hour
[2] If greater than 2 meetings in one year, Bennet Omalu Pathology shall bill $600.00 per hour

C. Forensic Neuropathology Services

The College of American Pathologists, National Association of Medical Examiners and American Association of Neuropathologists currently require the whole brain to be fixed in formalin for at least two weeks and comprehensively examined with specified protocols. Brain tissue is processed differently from other tissues in the human body, and only specialized tissue laboratories perform such analysis. In addition to specialized histochemical stains, we also perform specialized immunohistochemical stains that will provide answers to medico-legal questions in homicide cases, child abuse cases and elder abuse cases. The standards of practice as set by these governing agencies and associations state that the brain shall be examined in cases involving Seizure Disorder, Sudden Death in Epilepsy, Excited Delirium, Child Abuse, Elder Abuse, Physical Homicidal Assaults, Sudden Death in an Infant or Child, Intra-Operative Deaths etc. This rate is a highly discounted rate. Bennet Omalu Pathology charges a fee of $7,500 to $15,000 for forensic neuropathology examination of cases sent to us from universities, coroners and medical examiners from across the United States. We are reducing this rate by 60-80% for Tehama County because of the contractual relationship we share.

1.	Whole brain examination with or without spinal cord, pituitary gland and dura mater	$2,550.00 per case
2.	Brain tissue histology	$ 410.00 per case
3.	Brain immunohistochemistry [All types]	$ 149.00 per slide
4.	Specialized brain histochemistry [All types]	$ 149.00 per slide

D. Specialized Tissue and Body Fluid Testing and Laboratory Analysis

Each test including tissue histological and immunohistochemical analyses, mutational analysis, biochemical analysis, microbiological analysis and toxicologic analysis shall be billed directly for only the laboratory fee charged by the laboratories without any additional fee or cost from Bennet Omalu Pathology

1. The County shall be billed only the total laboratory fee with attached invoice from the laboratory or receipt of payment to the laboratory, without any additional fee from Bennet Omalu Pathology.
2. The per unit cost of these tests are not available and cannot be determined. There are many laboratories across the United States that we use for our services, and there are tens of thousands of unique tests and algorithms than can be performed. It is not reasonably feasible to list all these possible tests performed by different laboratories across the United States. Most of the tests cost from several tens of dollars to several hundreds of dollars. Most laboratory tests cost less than $3,600.

E. Specialized Tissue Reagents and Chemicals

These are all types of specialized tissue reagents and chemicals that are not used routinely for example Osmium Tetroxide and Potassium Dichromate. These types of chemicals are rarely used and may never be used or used once or twice in 5-10 years.

1. The County shall be billed the total purchase price with attached invoice or receipt of purchase.

F. Autopsy Supplies

These are all types of supplies for performing autopsies, handling and processing tissue and body fluid samples for example specimen tubes and DNA cards.

1. Bennet Omalu Pathology will bill the county the total purchase price with attached invoice or receipt of purchase whenever the county instructs us to purchase autopsy supplies.

G. Expert Witness, Consultations and Testimonies

1.	Testimony [preliminary hearing, grand jury and trial]	$600.00 per hour
2.	Pre-trial office or telephone conferences and consultations	$600.00 per hour
3.	Trial preparation and research	$600.00 per hour
4.	Composition of all types of reports	$600.00 per hour
5.	Waiting time in court	$280.00 per hour

H. SUBMISSION OF INVOICES

Invoices will be submitted by Bennet Omalu Pathology to the designated personnel at the Sheriff-Coroner's Office or District Attorney's Office, by e-mail, on bi-weekly basis, by the 15th of every month, and by the 30th of every month [by the 28th for the month of February] for autopsies that have been performed and other services that have been provided. Payments are expected within 30 days of receipt of all invoices.

Agreement - Dr. Omalu REV1, Signed

Final Audit Report 2025-02-11

Created:	2025-02-10
By:	Tehama County Sheriff-Coroner (accounting@tehamaso.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAjut0IUEBGJmNNkT4xVgPu_kTy7FzKJJq

"Agreement - Dr. Omalu REV1, Signed" History

Document created by Tehama County Sheriff-Coroner (accounting@tehamaso.org)
2025-02-10 - 8:51:56 PM GMT

Document emailed to dkain@tehamaso.org for signature
2025-02-10 - 8:52:03 PM GMT

Email viewed by dkain@tehamaso.org
2025-02-11 - 2:31:11 AM GMT

Signer dkain@tehamaso.org entered name at signing as Dave
2025-02-11 - 2:31:54 AM GMT

Document e-signed by Dave (dkain@tehamaso.org)
Signature Date: 2025-02-11 - 2:31:56 AM GMT - Time Source: server

Agreement completed.
2025-02-11 - 2:31:56 AM GMT

Powered by Adobe Acrobat Sign

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Bennet Omalu Pathology.

Document Description: Agreement for Forensic Pathology Services

APPROVED AS TO FORM:

Date: 2/28/25

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Minutes Certification

File Number: 25-0264 **Enactment Number: MISC. AGR 2025-049**

10. SHERIFF'S OFFICE - Sheriff Dave Kain **25-0264**

a) AGREEMENT - Approval and authorization for the Chairman to sign the Agreement with Bennet Omalu Pathology for the provision of providing forensic pathology services for the rates set forth in Exhibit "B" with a not to exceed amount of $100,000 per year, effective 3/1/25 through 2/29/28.

RESULT: APPROVE
MOVER: Greg Jones
SECONDER: Tom Walker
AYES: Supervisor Jones, Supervisor Walker, and Vice Chair Nolen
ABSENT: Supervisor Burroughs, and Chairperson Hansen
Enactment No: MISC. AGR 2025-049

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 an order adopted by said Board of Supervisors on 3/4/2025.

Attest: Deputy

March 06, 2025
Date Certified

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Bennet Omalu Pathology

Document Description: Amendment No. 3 for Forensic Pathology Services

APPROVED AS TO FORM:

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Date: 2/10/26

Tehama County

Agenda Request Form

File #: 26-0170 **Agenda Date:** 3/3/2026 **Agenda #:** 40.

TEHAMA COUNTY POWER AUTHORITY - Interim Director Tom Provine

Requested Action(s)
a) Election of Officers:
1) Chairman - Appointment of current Chairman of the Board of Supervisors
2) Vice-Chairman - Appointment of the current Vice-Chairman of the Board of Supervisors
3) Secretary - Appointment of the Clerk of the Board of Supervisors

b) Public Comment Period

c) Waive the reading and approve the minutes of the meeting held 2/25/25

d) Request acceptance of the Financial Report

Financial Impact:
None.

Background Information:
This is the annual meeting of the Tehama County Power Authority.

KRISTA PETERSON
Auditor-Controller

JULIEANNE MANNING
Assistant Auditor-Controller

TEHAMA COUNTY AUDITOR-CONTROLLER

February 3, 2026

Tehama Power Authority
9380 San Benito
Gerber, CA 96035
c/o Tom Provine – Interim Director

Re: Financial Report for Year Ending 6-30-25

Dear Members of the Board:

Enclosed are the financial statements for the year ending June 30, 2025 for the Tehama Power Authority. These documents have been prepared using a full accrual basis of accounting.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Tehama Power Authority at June 30, 2025.

The 2025-26 Adopted Budget has revenues estimated at $0 and appropriations for professional services at $0. As of this date no expenditures have been recorded.

If you have any questions, concerns, or if you require additional information please do not hesitate to contact me.

Sincerely,

Krista Peterson

Krista Peterson
Auditor-Controller

cc: Mr. Tom Provine, Interim Director of Public Works
Clerk of the Board

COUNTY OF TEHAMA
TEHAMA POWER AUTHORITY
BALANCE SHEET
JUNE 30, 2025

ASSETS		
Cash and Investments	$	6,394
Interest Receivable		-
Total Assets	$	6,394
LIABILITIES		
Accounts Payable	$	-
Total Liabilities	$	-
FUND EQUITY		
Fund Balance Undesignated	$	6,394
Total Fund Equity	$	6,394
Total Liabilities and Fund Equity	$	6,394

COUNTY OF TEHAMA
TEHAMA POWER AUTHORITY
STATEMENT OF REVENUES, EXPENDITURES
AND CHANGE IN FUND BALANCE
JUNE 30, 2025

REVENUES		
Licenses and Permits	$	-
Use of Money and Property (Interest)		219
Other Revenue		
Total Revenues	$	219
EXPENDITURES		
General Government	$	-
Total Expenditures	$	-
CHANGE IN FUND BALANCE		
Excess (Deficiency) of Revenues over Expenditures	$	219
Fund Balance 7-1-24	$	6,175
Prior Period Adjustment, interest rounding		
Fund Balance 6-30-23	$	6,394

Tehama County
TEFS200 Trial Balance
As of Fiscal Period 13/2025

Report Generated on Feb 3, 2026 11:02:13 AM

Fund: 608 - TEHAMA POWER AUTHORITY

Budget Unit	Account	Title	Debit Balance	Credit Balance
608	10100	CASH IN TREASURY	6,394.45	0.00
Total Assets			**6,394.45**	**0.00**
608	301200	DESIGNATION - GENERAL	0.00	6,175.07
608	301900	FUND BALANCE AVAILABLE	0.00	0.19
Total Net assets			**0.00**	**6,175.26**
60810	440300	INTEREST	0.00	219.19
Total Revenue			**0.00**	**219.19**
Total TEHAMA POWER AUTHORITY			**6,394.45**	**6,394.45**
Report Total			**6,394.45**	**6,394.45**

User Name: TC\kpeterson

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF THE TEHAMA POWER AUTHORITY TUESDAY, FEBRUARY 25, 2025

The Board of Directors of the Tehama Power Authority met in regular session at 1:58 p.m. on Tuesday, February 25, 2025 with the following Board members present in chambers: 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 by Deputy Mary DiMaggio, County Counsel Margaret Long, and Chief Administrator Gabriel Hydrick.

23. TEHAMA COUNTY POWER AUTHORITY - Interim Director Will Pike 25-0224

a) Election of Officers:

1) Chairman - Appointment of current Chairman of the Board of Supervisors.
2) Vice-Chairman - Appointment of the current Vice-Chairman of the Board of Supervisors.
3) Secretary - Appointment of the Clerk of the Board of Supervisors.

Motion made by Supervisor Nolen to appoint Chairman Hansen as 1) Chair, Supervisor Nolen as 2) Vice-Chair, and Clerk and Recorder Sean Houghtby as 3) Secretary for the Tehama County Power Authority.

In response to Supervisors Nolen and Hansen, Interim Public Works Director Will Pike discussed the reestablishment and dissolution of the Power Authority.

Candy Carlson commented on the micro-projects that could be done through the Power Authority.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

b) Public Comment Period.

c) Waive the reading and approve the minutes of the meeting held 2/6/24.

RESULT: APPROVE
MOVER: Pati Nolen
SECONDER: Greg Jones
AYES: Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

d) Acceptance of the Financial Report.

RESULT: APPROVE

MOVER:	Pati Nolen
SECONDER:	Tom Walker
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

2:03 P.M. ADJOURN to reconvene as the Tehama County Board of Supervisors

ATTEST: February 28, 2025.

APPROVED _____
Chairman of the Board
of Directors

Sean Houghtby,
Clerk of the Board of Directors

_____

Tehama County

Agenda Request Form

File #: 26-0264 **Agenda Date:** 3/3/2026 **Agenda #:** 41.

ADMINISTRATION - Administrative Services Director Tom Provine

Requested Action(s)

a) Board discussion and review of eligible projects for the 2025 Community Development Block Grant (CDBG) Notice of Funding Availability (NOFA) and direction to staff to make potential applications and return to the Board with the required resolution for authorization to submit, as required by the CDBG NOFA

Financial Impact:

There is no financial impact at this time.

Background Information:

This item is intended to provide information to the Board regarding the 2025 CDBG Notice of Funding Availability (NOFA); the application to be submitted under the 2025 CDBG NOFA for activities and potential applications for submittal will be presented to the Board at a future date. Staff will provide a list of eligible projects based on the public outreach meetings that have been held and brought back before the Board for approval. The Board needs to make a determination on which projects to pursue.

Tehama County

Agenda Request Form

File #: 26-0152 **Agenda Date:** 3/3/2026 **Agenda #:** 42.

ADMINISTRATION / RISK MANAGEMENT - Chief Administrator Gabriel Hydrick

Requested Action(s)
a) Request approval of the list of employee positions that are authorized to take home County vehicles for County business purposes

Financial Impact:
The County is responsible for fuel, maintenance and insurance of take home County vehicles. These costs are included within the current budget of the affected department. Individuals are responsible for IRS tax liability, if applicable.

Background Information:
The Vehicle Use Policy allows department heads, in consultation with the Risk Manager and the Chief Administrator, to make the determination as to which employee positions have a need to take home County vehicles for County business purposes. The Vehicle Use Policy requires that a list of employee positions taking County vehicles home for County business purposes be placed on the Board of Supervisors agenda for approval each year as a move towards greater transparency.

The Vehicle Use Policy allows employees to take vehicles home at the discretion of the department heads under either of the following circumstances.

1. Temporary Take Home Vehicle:

    a. The Employee, with advance approval of the employee's Department Head, uses a County vehicle to commute to and/or from work on infrequent, occasional situations (such as when an employee is returning from an officially authorized trip after working hours or leaving before work hours), as temporarily assigned by Department Head or designee; or

2. Long-Term Take Home Vehicle: Justification for long-term take home vehicle assignment shall be based on at least one of the following:

    a. The employee is required to participate regularly in official County business after normal business hours.

    b. The employee must respond to emergencies which require immediate response and attention during off duty hours for the protection of persons or property. Such emergencies must require immediate travel to the emergency scene.

    c. The employee is working on one or more special assignments, such as a criminal or civil investigation, requiring continuous availability of a County vehicle.

COUNTY VEHICLES DRIVEN BY EES TO / FROM THE WORKPLACE

	Total EEs	Total	TYPE OF VEHICLE		Mileage Round Trip	Total Monthly Costs	Position Titles of EEs
	Out of County	EEs *	Passenger	Truck	Out of County EEs	Out of County EEs	Allowed to Take Vehicles Home
ADMINISTRATION	0	0	0	0			
AGRICULTURE	0	0	0	0			
AG EXTENSION	0	0	0	0			
AIR POLLUTION	0	0	0	0			
ASSESSOR	0	0	0	0			
AUDITOR	0	0	0	0			
BUILDING	0	1	1	0			Building Official
CHILD SUPPORT SERVICES	0	0	0	0			
CLERK-RECORDER	0	0	0	0			
COUNTY COUNSEL	0	0	0	0			
DISTRICT ATTORNEY	0	10	5	5			6 DA Investigators, 1 Chief Investigator, 1 District Attorney, 1 Lieutenant, 1 Victim Witness Coor.
ENV HEALTH	0	1	1	0			Director
FIRE	0	3	0	3			Fire Marshall, Training Fire Captain, Mechanic
HEALTH SERVICES AGENCY	0	0	0	0			
LIBRARY	0	0	0	0			
PLANNING	0	0	0	0			
PROBATION	0	1	1	0			Chief Probation Officer
PUBLIC GUARDIAN	0	0	0	0			
PUBLIC WORKS	0	13	1	12			1 Public Works Director, 1 Operations Superintendent, 1 Fleet Operations Manager, 5 Maintenance Supervisors, 1 Asst. Fleet Operations Manager, 4 Lead Maintenance Workers
SHERIFF	12	49	41	8	Redding (5) - 64M Chico (1) - 78M Willows (1) - 96M Cottonwood (3) - 36M Anderson (2) - 22M	Redding - $1185 Chico - $288 Willows - $355 Cottonwood - $399 Anderson - $162	1 Sheriff, 1 Undersheriff, 2 Captain, 3 Lieutenants, 34 Sergeant/Dectives/ Deputy Sheriffs, 3 Deputy Coroners, 1 Public Safety / Vehicle Mechanic Safety, 3 Animal Regulation Officers, 1 Evidence Technician
SOCIAL SERVICES	0	0	0	0			
TREASURER	0	0	0	0			
VETERANS SERVICE OFFICE	0	0	0	0			
TOTALS*	**12**	**78**	**50**	**28**			

Tehama County

Agenda Request Form

File #: 26-0145 **Agenda Date:** 3/3/2026 **Agenda #:** 43.

BOARD OF SUPERVISORS

Requested Action(s)

a) STUDY SESSION - Review the Board of Supervisors' vehicle allowance, listed under Ordinance 1922. Board discussion and possible direction for staff

Financial Impact:

No fiscal impact currently. Any potential adjustment would have an impact on the General Fund.

Background Information:

District 1 Supervisor Rob Burroughs requested this item be reviewed to examine how prices have changed since this compensation benefit was last revised in 2009.

The 2025 IRS standard mileage reimbursement rate for business driving is 70 cents per mile, which is an increase from the 2009 rate of 55 cents per mile. This represents a 15-cent increase per mile over the 16-year period, reflecting higher costs for fuel, maintenance, and vehicle depreciation.

The IRS business mileage rate in 2009 was $0.55 per mile.

A $500 allowance in 2009 roughly covered 909 miles of reimbursable driving. Today the allowance would reimburse roughly **690-715 business miles per month** at the IRS standard 2025 rate.

The IRS annually updates their milage reimbursement rate which most local governments tend to follow, Tehama County included. The current rate as of January 2026 is 72.5 cents per mile.

Tehama County

Agenda Request Form

File #: 26-0146 **Agenda Date:** 3/3/2026 **Agenda #:** 44.

CLOSED SESSION

Requested Action(s)
a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

Financial Impact:
Click here to enter Financial Impact.

Background Information:
Click here to enter Background Info.

Tehama County

Agenda Request Form

File #: 26-0165 **Agenda Date:** 3/3/2026 **Agenda #:** 45.

CLOSED SESSION

Requested Action(s)

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin
Employee Organization: Joint Council of IUOE, Local 39

Financial Impact:

Click here to enter Financial Impact.

Background Information:

Click here to enter Background Info.

Tehama County

Agenda Request Form

File #: 26-0214 **Agenda Date:** 3/3/2026 **Agenda #:** 46.

CLOSED SESSION

Requested Action(s)
a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (Union Pacific Railroad))
Financial Impact:
Click here to enter Financial Impact.

Background Information:
Click here to enter Background Info.

Tehama County

Agenda Request Form

File #: 26-0216 **Agenda Date:** 3/3/2026 **Agenda #:** 47.

CLOSED SESSION

Requested Action(s)

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Lauri Burke
Agency claimed against: Tehama County

Financial Impact:

None.

Background Information:

None.

Tehama County

Agenda Request Form

File #: 26-0217 **Agenda Date:** 3/3/2026 **Agenda #:** 48.

CLOSED SESSION

Requested Action(s)

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95

Claimant: Siara Shelton, Brittany Shelton, Cayla Shelton Johnson

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 #: 26-0225 **Agenda Date:** 3/3/2026 **Agenda #:** 49.

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.

Tehama County

Agenda Request Form

File #: 26-0227 **Agenda Date:** 3/3/2026 **Agenda #:** 50.

CLOSED SESSION

Requested Action(s)

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Heather Hoffman
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 #: 26-0228 **Agenda Date:** 3/3/2026 **Agenda #:** 51.

CLOSED SESSION

Requested Action(s)

a) LIABILITY CLAIMS PURSUANT TO GOVERNMENT CODE 54956.95
Claimant: Angel Hoffman
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 #: 26-0231 **Agenda Date:** 3/3/2026 **Agenda #:** 52.

CLOSED SESSION

Requested Action(s)
a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2) (One Case))

Financial Impact:
Click here to enter Financial Impact.

Background Information:
Click here to enter Background Info.

Docusign Envelope ID: 63A01659-2709-4789-AD29-A57BED445CCE

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND
MAST ROOFING

This agreement is entered into between the County of Tehama, through its Fire Department of ("County") and MAST ROOFING ("Contractor") for the purpose of re-roofing and applying roof restoration system for 4,468 Square feet of Metal Roof at the Los Molinos Fire Station located at 7930 Sherwood Blvd. Los Molinos, CA 96055.

1) RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall remove and dispose of existing spray foam system. Foam flute fillers will be installed between ribs and ½" fanfold insulation will be installed over flute fillers and ribs. Solo FR slip sheet of equivalent will be installed and DURO-LAST 60 mil PVC roof system will be mechanically attached to roof deck per manufacturer specifications. All seams, roof vents and protrusions will be welded in accordance with manufacturer specifications. Edges will be terminated with term bar and/or PVC coated edge metal. Rinseable Primer Concentrate will be applied to surface and power washed, rust primer applied at a rate of ½ gal per square ft, fiber seal base applied to all seams and protrusions. ProCoat finish will be applied at a rate of 2.5 gallons per square ft. Skylights and Whirlybird vents will be replaced and dented ribs will be pulled up and reinforced. Vendor will complete all permitting. Roof will be warranted against leaks for a period of 15 (fifteen) years with warranty covering materials and labor.

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 an all-inclusive flat fee of $67,000.00 for all services rendered under this agreement. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall not be paid any compensation or reimbursement beyond the flat fee 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 flat fee

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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

Contractor shall submit an invoice for the flat fee amount to County within thirty (30) days after service has been completed to the reasonable satisfaction of County. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice.

5) TERM OF AGREEMENT

This agreement shall commence on the date of signing and shall terminate December 31, 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 Fire Chief.

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.

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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 insure 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

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"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., 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. Contractor shall pay, at least, the general prevailing wage rates, as determined by the Director of the Department of Industrial Relations of the State of California, for all work hereunder. Contractor further agrees to fully comply with and to require its subcontractor to fully comply with such Prevailing Wage Laws. 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.

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).

Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13) NON-DISCRIMINATION

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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

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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: Tehama County Fire Department
604 Antelope Blvd.
Red Bluff, CA 96080

b. If to Contractor: MAST ROOFING
935 Wall Street #1
Redding, CA 96002

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:

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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

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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.

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

COUNTY OF TEHAMA

Date: _____

_____
Chair, Tehama County Board of Supervisors

CONTRACTOR NAME (BOLD/CAPITAL LETTERS

Date: 2/5/2026

DocuSigned by:
_____ President
C308GEA94BC443A...
Name, Title

The following information is required for the agreement to be approved:

981577
Contractor Number

123059
Vendor Number

2042-53180
Budget Account Number

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mastsamuel@gmail.com
Vendor/Contractor email address

(530) 410-0820
Vendor/Contractor phone number

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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

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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

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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.

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MAST ROOFING
SPRAY-ON COATINGS

PROPOSAL

935 Wall Street, #1 | Redding, CA 96002 | P. 530.410.0820 | F. 530.953.2458 | CA: #981577

PROPOSAL SUBMITTED TO		PHONE	DATE
Cal-Fire – Tehama County Fire Department Station 10 – Gerrad Pasillas		530.384.2345	December 18, 2025
STREET		JOB NAME	
604 Antelope Blvd.		Tehama County Fire	
CITY, STATE, ZIP		JOB LOCATION	
Red Bluff, CA 96080		7930 Sherwood Blvd, Los Molinos	
SQUARE FEET	EMAIL	FAX NUMBER	CELL
4,468	Gerrad.pasillas@fire.ca.gov		

We hereby submit specifications and estimates for: **RE-ROOF & ROOF RESTORATION SYSTEM**

Lower/Office Section:

1. Existing spray foam system will be removed and disposed.
2. Foam flute fillers will be installed between ribs; ½" Fanfold insulation will be installed over flute fillers & ribs.
3. Solo FR Slip Sheet (or equivalent) will be installed.
4. DURO-LAST (DLX) 60 mil PVC roof system will be mechanically attached to roof deck per manufacturers' specs.
5. All seams, roof vents and protrusions will be welded in accordance to manufacturers' specifications.
6. Edges will be terminated with term bar and/or PVC coated edge metal.

Upper 2 sections/Metal:

7. Rinseable Primer Concentrate will be applied to surface and power washed.

Note: dented ribs will be pulled up and reinforced; Whirlybird vents will be replaced; Skylights will be replaced.

8. Rust Primer will be applied at a rate of ½ gal/square.
9. FiberSeal Base will be applied to all seams and protrusions.
10. ProCoat Finish (white) will be applied at a rate of 2.5 gal/square.

- Roof system will reflect 85% of the sun's heat rays and has a class A fire rating.
- This roof is warrantied against leaks for a period of 15 years. Warranty covers materials and labor.

We Propose hereby to furnish material and labor complete in accordance with above specifications, for the sum of:

Sixty seven thousand dollars and no cents. ($67,000.00)

Payment to be made as follows: Total due on completion of project.

All work to be completed according to standard practices. Warranty does not cover damages caused by any third party, including wind-blown debris, birds, drain pipes, leaking condensation lines, HVAC units, kitchen grease exhausts, Reglet flashings, Stucco, Siding, Ridge vents, or other rooftop accessories, etc. Owner to carry fire, tornado, and other necessary insurance.

Signature _____

NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal. The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to complete the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance: _____

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SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Tehama County Fire Department, hereinafter referred to as "Local Agency" or "County"

CONTRACTOR NAME

California Department of Transportation, hereinafter referred to as "Caltrans" or "Contractor"

2. The term of this Agreement is:

START DATE

October 1, 2026

THROUGH END DATE

September 30, 2029

3. The maximum amount of this Agreement is:

$8,000 Eight Thousand Dollars and Zero Cents

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	2
Exhibit B	Budget Detail and Payment Provisions	1
Exhibit C *	General Terms and Conditions	5
Exhibit D	Special Terms and Conditions	5
Exhibit E	Additional Provisions	1
Attachment 1	Resolution	1

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

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.)

California Department of Transportation

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
1727 30th Street, MS-65	Sacramento	CA	95816

PRINTED NAME OF PERSON SIGNING	TITLE
Breonna Dumas	Contract Officer

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED

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SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Tehama County Fire Department			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
604 Antelope Blvd.	Red Bluff	CA	96080
PRINTED NAME OF PERSON SIGNING	TITLE		
Monty Smith	Fire Chief		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
DocuSigned by: Monty Smith	2/2/2026		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		

Docusign Envelope ID: 7BF3F9E9-B2F9-435B-9CFB-F7DC4F1DD92E

EXHIBIT A

Scope of Work

1. **California Department of Transportation (Caltrans)**, and the **County of Tehama, through its Fire Department,** hereinafter referred to as **LOCAL AGENCY** enter into this Agreement for **Fuel Services** as follows.
2. Subcontracting is not permitted under this Agreement. All references to subcontracting or subcontractors as found herein are not applicable to this Agreement.
3. The services shall be performed at the Mineral Caltrans Maintenance Station located at 37900 Tehama 36 East Mineral, California.
4. This Agreement will commence **10/1/2026** This Agreement shall expire **9/30/2029**. The services shall be provided during twenty-four (24) hours a day, seven (7) days a week. The parties may amend this Agreement as permitted by law.
5. All inquiries during the term of this Agreement will be directed to the project representatives listed below:

CONTACT: Department of Transportation	LOCAL AGENCY: COUNTY OF TEHAMA
Section/Unit: Statewide Bulk Fuel Administrator	Section/Unit: Tehama County Fire Department
Contract Manager: Mahdis Abadian	Project Manager: Laurianne Griffin Analyst II
Address: 3400 R St. Sacramento, CA 95816	Address: 604 Antelope Blvd. Red Bluff, CA 96080
Business Phone Number: (279) 224-4110	Business Phone Number: (530) 528-5118
Email: mahdis.abadian@dot.ca.gov	Email: Laurianne.Griffin@fire.ca.gov

6. **Caltrans agrees to provide the following:**
   A. Caltrans agrees to provide bulk fuel to LOCAL AGENCY for LOCAL AGENCY vehicles only.
   B. Caltrans agrees to allow LOCAL AGENCY to obtain fuel solely at the Mineral Caltrans Maintenance station, twenty-four (24) hours per day, seven days per week.
   C. Caltrans shall work with LOCAL AGENCY to coordinate training on the automated systems to navigate the system.
   D. Caltrans will bill the LOCAL AGENCY for fuel used based on the monthly statewide average price, per gallon, on bulk fuel.
   E. LOCAL AGENCY will reimburse Caltrans at the same rate of fuel price per gallon purchased from vendor as stated in **Item D**, above and specified in **Exhibit B**, **Item 4**, **Rates.**
   F. The Caltrans Contract Manager or designee will administer the collection of fuel consumption date and reconcile the data for processing, using the cloud-based system to generate reports, the information shall be disbursed to the LOCAL AGENCY designee on a monthly basis, in arrears for invoicing purposes.

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EXHIBIT A

7. **LOCAL AGENCY agrees to provide the following:**

   A. LOCAL AGENCY shall provide their Fleet/Fuel Card account numbers to the designated EJ Ward Personnel, which will be used for activation purposes at the pump.

   B. LOCAL AGENCY shall exercise reasonable care when on Caltrans property while utilizing Caltrans equipment.

   C. LOCAL AGENCY shall accept responsibility for any repairs and liability for damage and/or loss to Caltrans equipment and/or property made necessary by or resulting from damage, negligent act, or omission by LOCAL AGENCY and its personnel.

   D. LOCAL AGENCY will be held responsible for any loss or damage to LOCAL AGENCY vehicles caused by LOCAL AGENCY under this Agreement.

   E. Only authorized personnel of LOCAL AGENCY shall be eligible to use the bulk fuel site and shall obtain bulk fuel utilizing their LOCAL AGENCY fuel card to access the fuel.

   F. Fuel will be pumped by authorized personnel of LOCAL AGENCY directly into LOCAL AGENCY vehicles only, and only after training on the new automated equipment has been completed successfully.

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EXHIBIT B

Budget Detail and Payment Provisions

1. **Invoicing and Payment**

   A. Upon receipt and approval of invoices from Caltrans, LOCAL AGENCY agrees to compensate Caltrans for actual expenditures incurred in accordance with the rates set forth in **Item 4, Rates**, and this **Exhibit B**. Incomplete or disputed invoices shall be returned to the Caltrans Contract Manager or designee, unpaid, for correction.

   B. Invoices shall include a copy of the usage report, which shall include the following:

      - LOCAL AGENCY Contract Number
      - Caltrans Contract Number
      - Maintenance Station Information where fuel was obtained (as shown in **Exhibit A, Item 3**)
      - Price per gallon
      - Fuel Type (if applicable)

   C. Invoices shall be submitted to LOCAL AGENCY not more frequently than monthly, in arrears, to:

      Name: Laurianne Griffin, Analyst II
      Office: Tehama County Fire Department
      Address: 604 Antelope Blvd.
      Red Bluff, CA 96080

2. **Budget Contingency Clause**

   A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the LOCAL AGENCY shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this agreement and Contractor shall not be obligated to perform of this Agreement.

   B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the LOCAL AGENCY shall have the option to either cancel this Agreement with no liability occurring to the LOCAL AGENCY or offer an agreement amendment to Contractor to reflect the reduced amount.

3. **Payment**

   A. Costs for this Agreement shall be computed in accordance with State Administrative Manual Section 9210 and 9211.9210

   B. Nothing herein contained shall preclude advance payments pursuant to Article 1, Chapter 3, Part 1, Division Title 2 of the Government Code of the State of California.

4. **Rates**

   The cost of fuel will be calculated based on the monthly statewide average per gallon for fuel type used. A nonrefundable administrative fee of $25.00 per invoice will be included to cover the cost of administering this contract and associated bulk fuel activities.

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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.

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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.

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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.

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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.)

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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.

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EXHIBIT D

Special Terms and Conditions

1. **Equipment**

The LOCAL AGENCY agrees to exercise reasonable care in using Caltrans Maintenance Station's statewide equipment and accept responsibility for repairs and liability for damage or loss made necessary by or resulting from any negligent act or omission of LOCAL AGENCY personnel. Caltrans will not be held responsible for any loss or damage to LOCAL AGENCY's vehicles under this Agreement.

2. **Changes in Terms/Amendment**

Agreement may be amended by mutual written consent of the parties hereto.

3. **Settlement of Disputes**

Any dispute concerning a question of fact arising under the terms of this Agreement which is not disposed within a reasonable period (ten days) by the parties normally responsible for the administration of this contract shall be brought to the attention of the Administrative Services Officer (or designated representative) of each organization for joint resolution.

4. **Authorization**

LOCAL AGENCY agrees to provide CALTRANS with a resolution, motion, order or ordinance of the governing body, which authorizes execution of this Agreement, and indicates the individual who is authorized to sign the Agreement on behalf of LOCAL AGENCY.

5. **Termination**

A. If Caltrans fails to perform his/her duties to the satisfaction of the LOCAL AGENCY, or if Caltrans fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Caltrans violates any of the terms or provisions of this agreement, then the LOCAL AGENCY shall have the right to terminate this agreement effective immediately upon the LOCAL AGENCY giving written notice thereof to the Caltrans. Either party may terminate this agreement on 30 days written notice.

B. LOCAL AGENCY shall pay Caltrans for all work satisfactorily completed as of the date of notice. LOCAL AGENCY may terminate this agreement immediately upon oral notice should funding cease or be materially decreased or should the Tehama LOCAL AGENCY Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year. The LOCAL AGENCY's right to terminate this agreement may be exercised by Fire Chief.

6. **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. Caltrans 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. Caltrans specifically acknowledges that in entering and executing this agreement, Caltrans relies solely upon the provisions contained in this agreement and no other oral or written representation.

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EXHIBIT D

7. **Nonassignment of Agreement**

Inasmuch as this agreement is intended to secure the specialized services of Caltrans, Caltrans may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the LOCAL AGENCY.

8. **Employment Status**

Caltrans 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 LOCAL AGENCY to exercise discretion or control over the professional manner in which Caltrans performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Caltrans shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the LOCAL AGENCY is to ensure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Caltrans 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 Caltrans, if Caltrans were a LOCAL AGENCY employee. LOCAL AGENCY shall not be liable for deductions for any amount for any purpose from Caltrans's compensation. Caltrans shall not be eligible for coverage under LOCAL AGENCY's Workers Compensation Insurance Plan, nor shall Caltrans be eligible for any other LOCAL AGENCY benefit.

9. **Indemnification**

Caltrans shall defend, hold harmless, and indemnify Tehama LOCAL AGENCY, 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 LOCAL AGENCY), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of LOCAL AGENCY) being damaged, arising out of Caltrans's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Caltrans shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Caltrans shall also defend and indemnify LOCAL AGENCY 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 LOCAL AGENCY with respect to Caltrans'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.

10. **Non-Discrimination**

Caltrans 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 based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

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EXHIBIT D

11. **Green Procurement Policy**

Tehama LOCAL AGENCY Resolution No. 49-2002, the Green Procurement Policy (available upon request) supports recycling and waste reduction and promotes the purchase of products made with recycled materials when product fitness and quality are equal, and they are available at no more than the total cost of non-recycled products. Caltrans is encouraged to conform to this policy.

12. **Compliance with Laws and Regulations**

All services to be performed by Caltrans under 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 LOCAL AGENCY immediately.

13. **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 provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama LOCAL AGENCY, California.

14. **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.

15. **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 LOCAL AGENCY: Tehama County Fire Department
604 Antelope Blvd.
Red Bluff, CA 96080

If to Caltrans: California Department of Transportation
3400 R. St.
Sacramento, CA 95819

Notice shall be deemed to be effective two (2) days after mailing.

16. **Non-Exclusive Agreement**

Caltrans understands that this is not an exclusive agreement, and that LOCAL AGENCY shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Caltrans, or to perform such services with LOCAL AGENCY's own forces, as LOCAL AGENCY desires.

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EXHIBIT D

17. **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.

18. No Third-Party Beneficiaries

Neither party intends that any person shall have a cause of actions 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.

19. **ADA Compliance**

All entities that provide electronic or information technology or related services that will be posted online by Caltrans must be in compliance with Government Code Sections 7405 and 11135 and the Web Content Accessibility Guidelines (WCAG) 2.0 or subsequent version, published by the Web Accessibility Initiative of the World Wide Web Consortium at a minimum level AA success. All entities will respond to and resolve any complaints/ deficiencies regarding accessibility brought to their attention.

20. **Electronic Signatures**

Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures for this Agreement. Documents that are referenced by this Agreement may still require manual signatures.

21. **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 unless the contract has been Federalized (i.e. there is federal participation in any phrase). 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 sold discretion of the State.

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EXHIBIT D

IN WITNESS WHEREOF, LOCAL AGENCY and California Department of Transportation have executed this agreement on the day and year set forth below.

Date: 2/2/2026

COUNTY OF TEHAMA
Monty Smith, Fire Chief
DocuSigned by:
Monty Smith
_____
Signature
259D9C587E4244F...

CALIFORNIA DEPARTMENT OF TRANSPORTATION
_____, Contract Officer
Printed Name

Date: _____

_____
Signature

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EXHIBIT E

Additional Provisions

1. **Insurance**

As an instrumentality of the State of California, Caltrans is self-insured under the State of California, Office of Risk and Insurance Management. for liability exposures in accordance with Government Code section 11007.4. Under this form of insurance, the State and its employees acting in the course and scope of their employment are insured for tort liability arising out of official State business.

2. **Workers' Compensation and Employer's Liability**

The State of California has a Master Agreement with the State Compensation Insurance Fund regarding workers' compensation benefits for all state employees, as required by the Labor Code.

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BEFORE THE BOARD OF DIRECTORS OF THE
TEHAMA COUNTY FIRE DEPARTMENT
COUNTY OF TEHAMA, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number: _____
Approving the Department of Transportation for fuel services from October 1, 2026 through September 30, 2029, OR three years from last signature date, whichever is later.

BE IT RESOLVED by the Board of Supervisors of Tehama County, that said Board does hereby approve the Agreement with the California Department of Transportation dated as of the last signatory date on page 2 of the Standard Agreement, and any amendments thereto. This Agreement provides for fuel services at the Mineral Caltrans Maintenance Station, during the term of this Agreement, October 1, 2026 through September 30, 2029 up to and no more than the amount of **$8,000.00**

BE IT FURTHER RESOLVED that _____ Chair of said Board be and hereby is authorizing County Fire Chief, Monty Smith to sign and execute said Agreement and any amendments on behalf of the Tehama County Fire Department.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Tehama, at a regular meeting thereof, held on the ____ day of _____, by the following vote:

AYES:

NAYS:

ABSENT:

_____
Signature, Board of Supervisors Member

_____
Printed Name and Title

_____
Signature, Board of Supervisors Member

_____
Printed Name and Title

------CERTIFICATION OF RESOLUTION------
ATTEST:

I _____, Clerk of the TEHAMA COUNTY BOARD OF SUPERVISORS, County of TEHAMA California do hereby certify that this is a true and correct copy of the original Resolution Number _____.

WITNESS MY HAND OR THE SEAL OF THE _____, on this _____ day of _____, _____.

OFFICIAL SEAL
OR NOTARY CERTIFICATON

_____
Signature

_____
Title and Name of Local Agency

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EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-6-22

WHEREAS California has a strong commitment to fundamental rights and freedoms at home and around the world; and

WHEREAS the Russian Federation (Russia) has mounted aggressive, unlawful, and violent actions against Ukraine and its people, flouting these fundamental rights and freedoms; and

WHEREAS Russia's attacks on Ukraine and its people have significantly escalated since 2014, despite significant diplomatic efforts by the United States and its partners and allies to stop Russian aggression; and

WHEREAS on February 21, 2022, United States President Joseph R. Biden Jr. issued Executive Order 14065 finding that Russia's purported recognition of the so-called Donetsk People's Republic or Luhansk People's Republic regions of Ukraine contradicts Russia's commitments under the 2014 Minsk cessation of hostility agreements and further threatens the peace, stability, sovereignty, and territorial integrity of Ukraine; and

WHEREAS Executive Order 14065 expands upon a number of previous Executive Orders related to Russia's mounting actions to undermine the sovereignty and territorial integrity of Ukraine, including Executive Orders 13660, 13661, 13662, 13685, and 13849, and further federal actions may follow; and

WHEREAS on February 24, 2022, Russia launched a large-scale invasion of the sovereign nation of Ukraine and continues to conduct a lawless assault on the Ukrainian government and people; and

WHEREAS California joins the United States and other nations, states, and localities in condemning Russia's attacks on Ukraine and its people as an assault on fundamental international rules and norms that have prevailed since the Second World War; and

WHEREAS President Biden and American allies and partners around the world have announced significant economic sanctions on key Russian institutions and banks and on the architects of this war of choice, including Russian President Vladimir Putin, among others; and

WHEREAS California is proud to be home to one of the largest Ukrainian populations in the United States, and continues to stand with the government and people of Ukraine, who have fought with incredible bravery to defend their country and freedom; and

WHEREAS California supports President Biden's efforts to hold Russia accountable for violating Ukrainian sovereignty, for its disregard for the lives and well-being of the Ukrainian people, and for its hostility to freedom and democracy; and

WHEREAS thousands of Russian citizens have courageously taken to the streets to protest their government's lawless invasion of Ukraine, and many

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Californian immigrants from Russia and Californians of Russian descent have marched in solidarity with these Russian protestors; and

WHEREAS California's National Guard and the U.S. government have had a nearly three-decade relationship with Ukraine working to support its Ministry of Defense, Ministry of Interior, and Armed Forces by providing military equipment and training as well as humanitarian assistance, from helping to renovate schools and providing school supplies to volunteering at orphanages; and

WHEREAS over the last twenty years, the Office of Emergency Services, along with the California National Guard and the California Emergency Medical Services Authority, has provided training and conducted exercises with the Ukrainian Ministry of Defense and Armed Forces on utilizing the Emergency Management and Incident Command System; and

WHEREAS California, which has a long history of welcoming Ukrainian and other refugees, will continue to support resettlement, in partnership with the federal government, of those seeking safety and freedom from Russia's aggression in Ukraine; and

WHEREAS according to UN agencies, Russian aggression since 2014 has internally displaced 1.5 million Ukrainians, caused an estimated 50,000 casualties, and destabilized the region, and its recent invasion of Ukraine threatens to create Europe's largest refugee crisis in decades, with more than a million refugees fleeing Ukraine in the last week; and

WHEREAS many companies in California have taken steps to limit economic transactions with Russia and Russian entities, to combat misinformation about Russia's actions in Ukraine, and to support the government and people of Ukraine; and

WHEREAS California calls upon businesses, non-governmental organizations, and public entities in the State to review their investments and contracts to ensure their compliance with economic sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law (collectively, economic sanctions), and to take actions to support the Ukrainian government and people, including by refraining from new investments in, and financial transactions with, Russian institutions or companies that are headquartered or have their principal place of business in Russia (Russian entities), not transferring technology to Russia or Russian entities, and directly providing support to the government and people of Ukraine.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT:

1. All agencies and departments subject to my authority shall review all contracts for commodities, services, and technology to determine whether they comply with existing economic sanctions; and

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2. All agencies and departments subject to my authority shall terminate any contracts with any individuals or entities that are determined to be a target of economic sanctions, and shall refrain from entering into any new contracts with such individuals or entities while economic sanctions are in effect; and

3. All agencies and departments subject to my authority shall notify all contractors and grantees of their obligations to comply with economic sanctions within 45 days of this Order, and the Department of General Services and the Department of Technology shall provide guidance on such communications within 14 days of this Order; and

4. All agencies and departments subject to my authority shall direct grantees, and contractors with agreements valued at $5 million or more, to report to the agency or department regarding their compliance with economic sanctions; and

5. All agencies and departments subject to my authority shall direct all grantees, and contractors with agreements valued at $5 million or more, to report on steps they have taken in response to Russia's actions in Ukraine, including, but not limited to, desisting from making new investments in, or engaging in financial transactions with, Russian entities, not transferring technology to Russia or Russian entities, and directly providing support to the government and people of Ukraine; and

6. The Department of General Services and Department of Technology shall issue procurement guidance to agencies and departments regarding compliance with economic sanctions and supporting Ukrainian businesses to the extent permitted by state law.

IT IS FURTHER ORDERED that, as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

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This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2022.

GAVIN NEWSOM
Governor of California

ATTEST:

SHIRLEY N. WEBER, PH.D.
Secretary of State