


ORIGINAL

COUNTY OF SHASTA
OFFICE OF AUDITOR-CONTROLLER
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER
01/09/2024

| FUND/DEPT/ACCT | DEPARTMENT | PAYEE | DESCRIPTION | INVOICE TOTAL | AMOUNT REQUIRING BOS APPROVAL | REASON | DEPARTMENT EXPLANATION |
|-------------------|-----------------------------------|---|---------------|---------------|-------------------------------------|---|---------------------------|
| 0080/41020/052019 | Mental Health Children Regular | Victor Community Support Services Inc. | 11/23 MH SVCS | \$117,855.95 | \$117,855.95 | Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. | See Attached Memo |
| 0080/41020/052019 | Mental Health Children Regular | Victor Community Support Services Inc. | 11/23 MH SVCS | \$118,747.52 | \$118,747.52 | Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. | See Attached Memo |
| 0080/41020/052019 | Mental Health Children Regular | Victor Community Support Services Inc. | 7/23 MH SVCS | \$120,557.48 | \$120,557.48 | Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. | See Attached Memo |
| 0080/41020/052019 | Mental Health Children Regular | Victor Community Support Services Inc. | 8/23 MH SVCS | \$225,456.93 | \$225,456.93 | Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. | See Attached Memo |
| 0080/41020/052019 | Mental Health Children Regular | Victor Community Support Services Inc. | 9/23 MH SVCS | \$108,971.74 | \$108,971.74 | Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. | See Attached Memo |
| | TOTAL | | | | \$691,589.62 | | |

Auditor's Certification:

I certify that the foregoing is a true list of claims properly and
regularly coming before the Shasta County Board of Supervisors,
and that the computations are correct.

Date: 12/22/23 Signature: 

Approval of Claims:

These claims were allowed and the Claims List was approved as correct, by vote
of the Board of Supervisors on this date.


Date: _____

Chairman
Board of Supervisors
County of Shasta
State of California


04962261
ENTERED

DEC 11 2023

MENTAL HEALTH SERVICES CONTRACT
MONTHLY DATA SUMMARY

BY: 
Victor Community Support Services, Inc.
1360 E. Lassen Ave, Chico, CA 95973

VEND006498

Contract # 
H4121123B
RU: 45454

For the Month of: Nov 2023

| Elements and Services | Provider Licensure | Code | Duration Range for X | Total Minutes | Billable Units | UNIT RATE* | AMOUNT* |
|-----------------------------------|--------------------|--------|----------------------|---------------|----------------|------------|---------------|
| SMHS - Therapy | LCSW | 90847 | 50 | 1210 | 26 | \$ 191.50 | \$ 4,979.00 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 259 | 15 | \$ 12.77 | \$ 191.55 |
| SMHS - Therapy | LCSW | 90832 | 16-37 | 743 | 24 | \$ 103.41 | \$ 2,481.84 |
| SMHS - Therapy | LCSW | 90834 | 38-52 | 2438 | 55 | \$ 172.35 | \$ 9,479.25 |
| SMHS - Therapy | LCSW | 90837 | 53-60 | 10608 | 186 | \$ 229.80 | \$ 42,742.80 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 532 | 34 | \$ 12.77 | \$ 434.18 |
| SMHS - Assessment and Evaluation | LCSW | 90791 | 15 | 23 | 2 | \$ 57.45 | \$ 114.90 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 78 | 5 | \$ 12.77 | \$ 63.85 |
| SMHS - Assessment and Evaluation | LCSW | H0031 | 15 | 1479 | 100 | \$ 57.45 | \$ 5,745.00 |
| SMHS - Assessment and Evaluation | OQP | H0031 | 15 | 0 | 0 | \$ 43.05 | \$ - |
| SMHS - Assessment and Evaluation | LCSW | H0032 | 15 | 1420 | 102 | \$ 57.45 | \$ 5,859.90 |
| SMHS - Assessment and Evaluation | OQP | H0032 | 15 | 275 | 19 | \$ 43.05 | \$ 817.95 |
| SMHS - Assessment and Evaluation | LCSW | 98966 | 8 | 93 | 12 | \$ 30.64 | \$ 367.68 |
| SMHS - Rehabilitation | LCSW | H2017 | 15 | 2510 | 170 | \$ 57.45 | \$ 9,766.50 |
| SMHS - Rehabilitation | OQP | H2017 | 15 | 8561 | 582 | \$ 43.05 | \$ 25,055.10 |
| SMHS - Rehabilitation | LCSW | H2017K | 15 | 0 | 0 | \$ 57.45 | \$ - |
| SMHS - Rehabilitation | OQP | H2017K | 15 | 86 | 6 | \$ 43.05 | \$ 258.30 |
| TCM - Intensive Care Coordination | LCSW | T1017 | 15 | 1078 | 81 | \$ 57.45 | \$ 4,653.45 |
| TCM - Intensive Care Coordination | OQP | T1017 | 15 | 564 | 42 | \$ 43.05 | \$ 1,808.10 |
| TCM - Intensive Care Coordination | LCSW | T1017K | 15 | 396 | 28 | \$ 57.45 | \$ 1,608.60 |
| TCM - Intensive Care Coordination | OQP | T1017K | 15 | 424 | 30 | \$ 43.05 | \$ 1,291.50 |
| CRI - Crisis Intervention | LCSW | 90839 | 30-74 | | | \$ 236.60 | \$ - |
| Add-On or Supplemental | LCSW | 90840 | 30 | | | \$ 136.50 | \$ - |
| CRI - Crisis Intervention | LCSW | H2011 | 15 | 27 | 2 | \$ 68.25 | \$ 136.50 |
| CRI - Crisis Intervention | OQP | H2011 | 15 | 153 | 10 | \$ - | \$ - |
| Total Minutes | | | | 32957 | | | \$ 117,855.95 |

Dec 11, 2023

Date



Signature


I HEREBY CERTIFY under penalty of perjury that the data for which services are to be claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this data is in all respects true, correct, and in accordance with the law. I agree and shall certify under penalty of perjury to the following: All services have been provided to County mental health clients. An assessment of the client was conducted in compliance with the requirements established by the County, State, or Federal requirements, whichever is most restrictive. The client was eligible to receive Medi-Cal services at the time the services were provided to the client. Medical necessity was established for the client as defined under the Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which services were provided. The services were rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the summary, all requirements for payment authorization in the contract were met, and any reviews for such service or services were conducted prior to the initial authorization and and re-authorization periods as established by the County, State, or Federal requirements, whichever is most restrictive.


04762182
ENTERED

DEC 11 2023

MENTAL HEALTH SERVICES CONTRACT
MONTHLY DATA SUMMARY

JEND006498

BY: 
Victor Community Support Services, Inc.
1360 E. Lassen Ave, Chico, CA 95973

Contract # 
HH110723A
RU: 45454

For the Month of: **Oct 2023**

| Elements and Services | Provider Licensure | Code | Duration Range for X | Total Minutes | Billable Units | UNIT RATE* | AMOUNT* |
|-----------------------------------|--------------------|--------|----------------------|---------------|----------------|------------|---------------|
| SMHS - Therapy | LCSW | 90847 | 50 | 1598 | 33 | \$ 191.50 | \$ 6,319.50 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 262 | 19 | \$ 12.77 | \$ 242.63 |
| SMHS - Therapy | LCSW | 90832 | 16-37 | 798 | 27 | \$ 103.41 | \$ 2,792.07 |
| SMHS - Therapy | LCSW | 90834 | 38-52 | 4045 | 93 | \$ 172.35 | \$ 16,028.55 |
| SMHS - Therapy | LCSW | 90837 | 53-60 | 8656 | 152 | \$ 229.80 | \$ 34,929.60 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 258 | 18 | \$ 12.77 | \$ 229.86 |
| SMHS - Assessment and Evaluation | LCSW | 90791 | 15 | 90 | 6 | \$ 57.45 | \$ 344.70 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 557 | 37 | \$ 12.77 | \$ 472.49 |
| SMHS - Assessment and Evaluation | LCSW | H0031 | 15 | 1885 | 129 | \$ 57.45 | \$ 7,411.05 |
| SMHS - Assessment and Evaluation | OQP | H0031 | 15 | 1130 | 75 | \$ 43.05 | \$ 3,228.75 |
| SMHS - Assessment and Evaluation | LCSW | H0032 | 15 | 1789 | 129 | \$ 57.45 | \$ 7,411.05 |
| SMHS - Assessment and Evaluation | OQP | H0032 | 15 | 850 | 59 | \$ 43.05 | \$ 2,539.95 |
| SMHS - Assessment and Evaluation | LCSW | 98966 | 8 | 213 | 28 | \$ 30.64 | \$ 857.92 |
| SMHS - Rehabilitation | LCSW | H2017 | 15 | 720 | 51 | \$ 57.45 | \$ 2,929.95 |
| SMHS - Rehabilitation | OQP | H2017 | 15 | 7744 | 530 | \$ 43.05 | \$ 22,816.50 |
| SMHS - Rehabilitation | LCSW | H2017K | 15 | 0 | 0 | \$ 57.45 | \$ - |
| SMHS - Rehabilitation | OQP | H2017K | 15 | 431 | 28 | \$ 43.05 | \$ 1,205.40 |
| TCM - Intensive Care Coordination | LCSW | T1017 | 15 | 658 | 51 | \$ 57.45 | \$ 2,929.95 |
| TCM - Intensive Care Coordination | OQP | T1017 | 15 | 921 | 71 | \$ 43.05 | \$ 3,056.55 |
| TCM - Intensive Care Coordination | LCSW | T1017K | 15 | 545 | 38 | \$ 57.45 | \$ 2,183.10 |
| TCM - Intensive Care Coordination | OQP | T1017K | 15 | 291 | 19 | \$ 43.05 | \$ 817.95 |
| CRI - Crisis Intervention | LCSW | 90839 | 30-74 | 0 | 0 | \$ 236.60 | \$ - |
| Add-On or Supplemental | LCSW | 90840 | 30 | 0 | 0 | \$ 136.50 | \$ - |
| CRI - Crisis Intervention | LCSW | H2011 | 15 | 0 | 0 | \$ 68.25 | \$ - |
| CRI - Crisis Intervention | OQP | H2011 | 15 | 81 | 5 | \$ - | \$ - |
| Total Minutes | | | | 33522 | | | \$ 118,747.52 |

Nov 7, 2023

Date


Jasleen Tomm (Nov 7, 2023 16:06 PST)

Signature

I HEREBY CERTIFY under penalty of perjury that the data for which services are to be claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this data is in all respects true, correct, and in accordance with the law. I agree and shall certify under penalty of perjury to the following: All services have been provided to County mental health clients. An assessment of the client was conducted in compliance with the requirements established by the County, State, or Federal requirements, whichever is most restrictive. The client was eligible to receive Medi-Cal services at the time the services were provided to the client. Medical necessity was established for the client as defined under the Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which services were provided. The services were rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the summary, all requirements for payment authorization in the contract were met, and any reviews for such service or services were conducted prior to the initial authorization and and re-authorization periods as established by the County, State, or Federal requirements, whichever is most restrictive.

OH 962116
ENTERED

DEC 11 2023

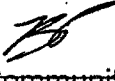
MENTAL HEALTH SERVICES CONTRACT
MONTHLY DATA SUMMARY

VEN006498

Contract #

HH1019238

RU: 45454

BY: 
Victor Community Support Services, Inc.
1360 E. Lassen Ave, Chico, CA 95973

For the Month of: **Sept 2023**

| Elements and Services | Provider Licensure | Code | Duration Range for X | Total Minutes | Billable Units | UNIT RATE* | AMOUNT* |
|-----------------------------------|--------------------|--------|----------------------|---------------|----------------|------------|---------------|
| SMHS - Therapy | LCSW | 90847 | 50 | 839 | 19 | \$ 191.50 | \$ 3,638.50 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 135 | 10 | \$ 12.77 | \$ 127.70 |
| SMHS - Therapy | LCSW | 90832 | 16-37 | 1247 | 43 | \$ 103.41 | \$ 4,446.63 |
| SMHS - Therapy | LCSW | 90834 | 38-52 | 3579 | 82 | \$ 172.35 | \$ 14,132.70 |
| SMHS - Therapy | LCSW | 90837 | 53-60 | 10137 | 177 | \$ 229.80 | \$ 40,674.60 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 291 | 15 | \$ 12.77 | \$ 191.55 |
| SMHS - Assessment and Evaluation | LCSW | 90791 | 15 | 105 | 7 | \$ 57.45 | \$ 402.15 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 600 | 39 | \$ 12.77 | \$ 498.03 |
| SMHS - Assessment and Evaluation | LCSW | H0031 | 15 | 897 | 60 | \$ 57.45 | \$ 3,447.00 |
| SMHS - Assessment and Evaluation | OQP | H0031 | 15 | 490 | 33 | \$ 43.05 | \$ 1,420.65 |
| SMHS - Assessment and Evaluation | LCSW | H0032 | 15 | 1537 | 107 | \$ 57.45 | \$ 6,147.15 |
| SMHS - Assessment and Evaluation | OQP | H0032 | 15 | 602 | 44 | \$ 43.05 | \$ 1,894.20 |
| SMHS - Assessment and Evaluation | LCSW | 98966 | 8 | 54 | 7 | \$ 30.64 | \$ 214.48 |
| SMHS - Rehabilitation | LCSW | H2017 | 15 | 861 | 63 | \$ 57.45 | \$ 3,619.35 |
| SMHS - Rehabilitation | OQP | H2017 | 15 | 5581 | 379 | \$ 43.05 | \$ 16,315.95 |
| SMHS - Rehabilitation | LCSW | H2017K | 15 | 0 | 0 | \$ 57.45 | \$ - |
| SMHS - Rehabilitation | OQP | H2017K | 15 | 928 | 62 | \$ 43.05 | \$ 2,669.10 |
| TCM - Intensive Care Coordination | LCSW | T1017 | 15 | 664 | 51 | \$ 57.45 | \$ 2,929.95 |
| TCM - Intensive Care Coordination | OQP | T1017 | 15 | 398 | 34 | \$ 43.05 | \$ 1,463.70 |
| TCM - Intensive Care Coordination | LCSW | T1017K | 15 | 705 | 50 | \$ 57.45 | \$ 2,872.50 |
| TCM - Intensive Care Coordination | OQP | T1017K | 15 | 538 | 37 | \$ 43.05 | \$ 1,592.85 |
| CRI - Crisis Intervention | LCSW | 90839 | 30-74 | 0 | 0 | \$ 236.60 | \$ - |
| Add-On or Supplemental | LCSW | 90840 | 30 | 0 | 0 | \$ 136.50 | \$ - |
| CRI - Crisis Intervention | LCSW | H2011 | 15 | 50 | 4 | \$ 68.25 | \$ 273.00 |
| CRI - Crisis Intervention | OQP | H2011 | 15 | 73 | 5 | \$ - | \$ - |
| Total Minutes | | | | 30311 | | | \$ 108,971.74 |

Oct 19, 2023

Jasleen Tomm
Jasleen Tomm (Oct 19, 2023 16:49 PDT)

Date

Signature

I HEREBY CERTIFY under penalty of perjury that the data for which services are to be claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this data is in all respects true, correct, and in accordance with the law. I agree and shall certify under penalty of perjury to the following: All services have been provided to County mental health clients. An assessment of the client was conducted in compliance with the requirements established by the County, State, or Federal requirements, whichever is most restrictive. The client was eligible to receive Medi-Cal services at the time the services were provided to the client. Medical necessity was established for the client as defined under the Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which services were provided. The services were rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the summary, all requirements for payment authorization in the contract were met, and any reviews for such service or services were conducted prior to the initial authorization and and re-authorization periods as established by the County, State, or Federal requirements, whichever is most restrictive.

04962113
ENTERED

DEC 11 2023

MENTAL HEALTH SERVICES CONTRACT
MONTHLY DATA SUMMARY

BY: KS
Victor Community Support Services, Inc.
1360 E. Lassen Ave, Chico, CA 95973

VEND 006498

Contract # HH1010236

RU: 45454

For the Month of: **August 2023**

| Elements and Services | Provider Licensure | Code | Duration Range for X | Total Minutes | Billable Units | UNIT RATE* | AMOUNT* |
|-----------------------------------|--------------------|--------|----------------------|---------------|----------------|------------|---------------|
| SMHS - Therapy | LCSW | 90847 | 50 | 2834 | 62 | \$ 191.50 | \$ 11,873.00 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 479 | 31 | \$ 12.77 | \$ 395.87 |
| SMHS - Therapy | LCSW | 90832 | 16-37 | 2080 | 71 | \$ 103.41 | \$ 7,342.11 |
| SMHS - Therapy | LCSW | 90834 | 38-52 | 6815 | 157 | \$ 172.35 | \$ 27,058.95 |
| SMHS - Therapy | LCSW | 90837 | 53-60 | 21064 | 367 | \$ 229.80 | \$ 84,336.60 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 963 | 59 | \$ 12.77 | \$ 753.43 |
| SMHS - Assessment and Evaluation | LCSW | 90791 | 15 | 339 | 23 | \$ 57.45 | \$ 1,321.35 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 1293 | 87 | \$ 12.77 | \$ 1,110.99 |
| SMHS - Assessment and Evaluation | LCSW | H0031 | 15 | 1744 | 32 | \$ 57.45 | \$ 1,838.40 |
| SMHS - Assessment and Evaluation | OQP | H0031 | 15 | 784 | 52 | \$ 43.05 | \$ 2,238.60 |
| SMHS - Assessment and Evaluation | LCSW | H0032 | 15 | 4145 | 292 | \$ 57.45 | \$ 16,775.40 |
| SMHS - Assessment and Evaluation | OQP | H0032 | 15 | 1178 | 86 | \$ 43.05 | \$ 3,702.30 |
| SMHS - Assessment and Evaluation | LCSW | 98966 | 8 | 54 | 7 | \$ 30.64 | \$ 214.48 |
| SMHS - Rehabilitation | LCSW | H2017 | 15 | 2129 | 152 | \$ 57.45 | \$ 8,732.40 |
| SMHS - Rehabilitation | OQP | H2017 | 15 | 11345 | 768 | \$ 43.05 | \$ 33,062.40 |
| SMHS - Rehabilitation | LCSW | H2017K | 15 | 0 | 0 | \$ 57.45 | \$ - |
| SMHS - Rehabilitation | OQP | H2017K | 15 | 1462 | 98 | \$ 43.05 | \$ 4,218.90 |
| TCM - Intensive Care Coordination | LCSW | T1017 | 15 | 1361 | 102 | \$ 57.45 | \$ 5,859.90 |
| TCM - Intensive Care Coordination | OQP | T1017 | 15 | 814 | 63 | \$ 43.05 | \$ 2,712.15 |
| TCM - Intensive Care Coordination | LCSW | T1017K | 15 | 2354 | 166 | \$ 57.45 | \$ 9,536.70 |
| TCM - Intensive Care Coordination | OQP | T1017K | 15 | 374 | 25 | \$ 43.05 | \$ 1,076.25 |
| CRI - Crisis Intervention | LCSW | 90839 | 30-74 | 0 | 0 | \$ 236.60 | \$ - |
| Add-On or Supplemental | LCSW | 90840 | 30 | 0 | 0 | \$ 136.50 | \$ - |
| CRI - Crisis Intervention | LCSW | H2011 | 15 | 275 | 19 | \$ 68.25 | \$ 1,296.75 |
| CRI - Crisis Intervention | OQP | H2011 | 15 | 73 | 0 | \$ - | \$ - |
| Total Minutes | | | | 63959 | | | \$ 225,456.93 |

Oct 10, 2023

Jasleen Tomm, LCSW
Jasleen Tomm, LCSW (Oct 10, 2023 17:02 PDT)

Date

Signature

I HEREBY CERTIFY under penalty of perjury that the data for which services are to be claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this data is in all respects true, correct, and in accordance with the law. I agree and shall certify under penalty of perjury to the following: All services have been provided to County mental health clients. An assessment of the client was conducted in compliance with the requirements established by the County, State, or Federal requirements, whichever is most restrictive. The client was eligible to receive Medi-Cal services at the time the services were provided to the client. Medical necessity was established for the client as defined under the Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which services were provided. The services were rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the summary, all requirements for payment authorization in the contract were met, and any reviews for such service or services were conducted prior to the initial authorization and and re-authorization periods as established by the County, State, or Federal requirements, whichever is most restrictive.

MENTAL HEALTH SERVICES CONTRACT
MONTHLY DATA SUMMARY

Victor Community Support Services, Inc.
1360 E. Lassen Ave, Chico, CA 95973

VEND006498
Contract # [REDACTED]
HH1006236
RU: 45454

For the Month of: July 2023

| Elements and Services | Provider Licensure | Code | Duration Range for X | Total Minutes | Billable Units | UNIT RATE* | AMOUNT* |
|-----------------------------------|--------------------|--------|----------------------|---------------|----------------|------------|---------------|
| SMHS - Therapy | LCSW | 90847 | 50 | 1604 | 34 | \$ 191.50 | \$ 6,511.00 |
| SMHS - Therapy | LCSW | MG2212 | 15 | 454 | 30 | \$ 12.77 | \$ 383.10 |
| SMHS - Therapy | LCSW | 90832 | 16-37 | 513 | 19 | \$ 103.41 | \$ 1,964.79 |
| SMHS - Therapy | LCSW | 90834 | 38-52 | 2492 | 54 | \$ 172.35 | \$ 9,306.90 |
| SMHS - Therapy | LCSW | 90837 | 53-60 | 11241 | 194 | \$ 229.80 | \$ 44,581.20 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 763 | 48 | \$ 12.77 | \$ 612.96 |
| SMHS - Assessment and Evaluation | LCSW | 90791 | 15 | 210 | 14 | \$ 57.45 | \$ 804.30 |
| Add-On or Supplemental | LCSW | MG2212 | 15 | 936 | 64 | \$ 12.77 | \$ 817.28 |
| SMHS - Assessment and Evaluation | LCSW | H0031 | 15 | 599 | 40 | \$ 57.45 | \$ 2,298.00 |
| SMHS - Assessment and Evaluation | OQP | H0031 | 15 | 33 | 2 | \$ 43.05 | \$ 86.10 |
| SMHS - Assessment and Evaluation | LCSW | H0032 | 15 | 2012 | 138 | \$ 57.45 | \$ 7,928.10 |
| SMHS - Assessment and Evaluation | OQP | H0032 | 15 | 369 | 29 | \$ 43.05 | \$ 1,248.45 |
| SMHS - Rehabilitation | LCSW | H2017 | 15 | 2059 | 140 | \$ 57.45 | \$ 8,043.00 |
| SMHS - Rehabilitation | OQP | H2017 | 15 | 8275 | 563 | \$ 43.05 | \$ 24,237.15 |
| SMHS - Rehabilitation | LCSW | H2017K | 15 | - | 0 | \$ 57.45 | \$ - |
| SMHS - Rehabilitation | OQP | H2017K | 15 | 1194 | 78 | \$ 43.05 | \$ 3,357.90 |
| TCM - Intensive Care Coordination | LCSW | T1017 | 15 | 903 | 66 | \$ 57.45 | \$ 3,791.70 |
| TCM - Intensive Care Coordination | OQP | T1017 | 15 | 840 | 63 | \$ 43.05 | \$ 2,712.15 |
| TCM - Intensive Care Coordination | LCSW | T1017K | 15 | 260 | 18 | \$ 57.45 | \$ 1,034.10 |
| TCM - Intensive Care Coordination | OQP | T1017K | 15 | 210 | 14 | \$ 43.05 | \$ 602.70 |
| CRI - Crisis Intervention | LCSW | 90839 | 30-74 | 60 | 1 | \$ 236.60 | \$ 236.60 |
| Add-On or Supplemental | LCSW | 90840 | 30 | - | 0 | \$ 136.50 | \$ - |
| CRI - Crisis Intervention | OQP | H2011 | 15 | - | - | \$ - | \$ - |
| Total Minutes | | | | 35027 | | | \$ 120,557.48 |

Oct 6, 2023

Date

Jasleen Tomm

Jasleen Tomm (Oct 6, 2023 11:07 PDT)

Signature

I HEREBY CERTIFY under penalty of perjury that the data for which services are to be claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and that to the best of my knowledge and belief this data is in all respects true, correct, and in accordance with the law. I agree and shall certify under penalty of perjury to the following: All services have been provided to County mental health clients. An assessment of the client was conducted in compliance with the requirements established by the County, State, or Federal requirements, whichever is most restrictive. The client was eligible to receive Medi-Cal services at the time the services were provided to the client. Medical necessity was established for the client as defined under the Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which services were provided. The services were rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the summary, all requirements for payment authorization in the contract were met, and any reviews for such service or services were conducted prior to the initial authorization and and re-authorization periods as established by the County, State, or Federal requirements, whichever is most restrictive.

04962110
ENTERED


DEC 11 2023

BY:

[Signature]



Inter-Office Memorandum

To: Nolda Short, Auditor-Controller
From: Christy Coleman, HHSa Assistant Director 
Date: December 11, 2023
Re: Shasta County Mental Health Services – VCSS & Psynergy

Shasta County Health and Human Services Agency: Behavioral Health and Social Services (BHSS) has vendors that provide mental health services.

The Shasta County Mental Health Plan has a responsibility to provide specialty mental health services to eligible Medi-Cal Beneficiaries. Per Shasta County Mental Health Plan 22-20136, no person shall be denied medically necessary covered specialty mental health service solely because of diagnosis, type of illness, or condition. Each of these providers is affected by the significant time required to negotiate new agreements and terms under the new payment reform implemented from the California Advancing and Innovating Medi-Cal (CalAIM) and the late release of the State's payment reform rates. Cal-AIM changes the way that Medi-Cal rates are paid and reimbursed to counties. These vendors have continued to provide services in good faith without contracts in place, and payment is necessary to prevent adverse financial impacts to their programs.

- Victor Community Support Services Inc (VCSS) has been providing medically necessary mental health services for several years to eligible Shasta County clients and meets specific requirements to ensure maximum access to services for Shasta County clients and their families, including children placed in foster care. This organization provides both clinic-based and community-based therapeutic services.
- Psynergy Programs provides 24-hour residential services to Shasta County clients with serious mental illness. Psynergy is an Adult Residential Facility offering residential board and care, intensive specialty mental health treatment services, and life skills training to assist individuals in Institutions of Mental Disease (IMD's) and other highly restrictive environments, to transition to a less restrictive and less costly level of care. In addition to residential care, services at Psynergy include intensive specialty mental health treatment services, recreational and social activities, as well as life skills training to help clients gain the skills and abilities necessary to stay out

of a locked setting, such as an IMD, offering numerous advantages to the individual mental health client and to the County.

Health and Human Services Agency BHSS branch is requesting we pay the following invoices for services provided.

VCSS

July - \$215.25
July - \$120,557.48
August - \$1,678.95
August - \$225,456.93
September - \$108,971.74
September - \$731.85
October - \$118,747.52
November - \$119,621.00
Total - \$695,980.72

Psynergy

July - \$6,710.69
July #2 - \$2,193.16
July #3 - \$2,426.87
82329 - \$5,148.42
82330 - \$2,445.00
82331 - \$15,831.09
83363 - \$24,278.70
83364 - \$1,507.80
83365 - \$4,527.32
83699 - \$5,213.94
83700 - \$2,741.22
83701 - \$25,629.48
Total - \$98,653.69