

FIRST AMENDMENT
TO
AGREEMENT
FOR SERVICES OF INDEPENDENT CONTRACTOR
BETWEEN
COUNTY OF SANTA BARBARA
AND
AEGIS TREATMENT CENTER, LLC

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, referenced as **BC 23-074**, (hereafter First Amended Agreement) is made by and between the County of Santa Barbara (County or Department) and **Aegis Treatment Centers, LLC** (Contractor) for the continued provision of services specified herein.

WHEREAS, on July 18, 2023, the County Board of Supervisors authorized the County to enter into an Agreement for Services of Independent Contractor, referred to as BC 23-074, for the provision of substance use disorder services, for a total Maximum Contract Amount not to exceed **\$20,073,600**, inclusive of \$5,018,400 per fiscal year, for the period of July 1, 2023 through June 30, 2027 (Attachment B); and

WHEREAS, this First Amended Agreement acknowledges that higher than anticipated provisions for substance use services are needed and adds **\$1,629,000** in funding for a new total Maximum Contract Amount of **\$21,702,600 for the period of July 1, 2023, to June 30, 2027**. The new total Maximum Contract Amount shall not exceed **\$21,702,600**, inclusive of **\$5,325,900** for the period of July 1, 2023 through June 30, 2024, and **\$5,458,900** per fiscal year thereafter, for the period of July 1, 2024 through June 30, 2027;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

I. Delete Section 2.E of EXHIBIT A-1 GENERAL PROVISIONS - ADP and replace with the following:

E. Overdose Prevention Training. Contractor shall:

1. Ensure all direct treatment staff become familiar with overdose prevention principles and techniques, including through trainings and materials provided by Behavioral Wellness upon request by Contractor; and
2. Make available and distribute overdose prevention brochures, as provided by Behavioral Wellness, to all staff and clients.
3. Comply with Behavioral Wellness Naloxone ordering, storage, training, and distribution requirements as outlined in the Behavioral Wellness #7.020 Naloxone Distribution Policy, which is hereby incorporated by reference.

II. Add a new Section 3.Q. Medication Unit to Exhibit A-2 Statement of Work: ADP; Narcotic Treatment Program/Opioid Treatment Program:

Q. Medication Unit.

- 1.** Contractor shall provide Medication Unit (MU) services in Lompoc to meet the needs of clients residing in the Santa Ynez Valley area of the County. MU is a facility established as part of, but geographically separate from, a narcotic treatment program, from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.
- 2.** The MU shall follow Department of Health and Human Services Code of Federal Regulations Title 42, Section 8; California Code of Regulations (CCR) Title 9, Section 10000(a)(16); and CCR Title 9, Section 10020. Services shall be billed under the Santa Maria NTP/OPT.
- 3. Location. The MU shall be located at:**
Aegis Treatment Centers, LLC Medication Unit, 416 E. Ocean Ave, Lompoc, CA 93436.

III. Delete Section 3.F of Exhibit A-2 Statement of Work: ADP; Narcotic Treatment Program/Opioid Treatment Program in its entirety and replace with the following:

F. Medical Necessity Determination. Contractor shall provide NTP/OTP services to clients if determined medically necessary in accordance with the Intergovernmental Agreement and Title 22 California Code of Regulations (C.C.R.) Sections 51303, Welfare and Institutions Code sections 14184.402, subd. (a), and 14059.5, and California Department of Health Care Services Behavioral Health Information Notice Nos. 21-071 and 24-001. Services shall be prescribed by a physician and are subject to utilization controls, as specified in Title 22 C.C.R. Section 51159. The NTP/OTP services shall be directed at stabilization, rehabilitation, and detoxification of persons who are impaired due to opiate addiction and have substance use disorder diagnoses. The Contractor shall ensure that all services provided are coordinated with other DMC-ODS providers when the beneficiary is enrolled with other providers to ensure that services are medically necessary and not duplicative of services being provided by other DMC-ODS providers.

IV. Delete Section II MAXIMUM CONTRACT AMOUNT of Exhibit B Financial Provisions – ADP in its entirety and replace it with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$21,702,600**, inclusive of **\$5,325,900** for the period of July 1, 2023 through June 30, 2024, and **\$5,458,900** per fiscal year thereafter, for the period of July 1, 2024 through June 30, 2027; and shall consist of State and/or Federal funds as shown in Exhibit B-1-ADP. Notwithstanding any other provision of this Agreement, in no event shall County pay

Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

V. Delete Exhibit B-1- ADP Schedule of Rates and Contract Maximum in its entirety and replace it with the following:

**EXHIBIT B-1 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME:

Aegis Treatment Centers, LLC

FISCAL
YEAR: 2023-2024

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation		
Medi-Cal Billable Services	MAT / NTP	Non-Perinatal	Methadone	Daily	\$17.74	136,500	\$2,421,600		
			Buprenorphine - Naloxone Combo Film	Daily	\$29.27	0	\$0		
			Buprenorphine - Naloxone Combo Tablets	Daily	\$32.88	13,000	\$427,500		
			Buprenorphine Mono	Daily	\$32.38	1,000	\$32,400		
			Disulfiram	Daily	\$11.68	0	\$0		
			Methadone	Daily	\$21.81	1,000	\$21,900		
	MAT / NTP	Perinatal	Buprenorphine - Naloxone Combo Film	Daily	\$40.70	0	\$0		
			Buprenorphine - Naloxone Combo Tablets	Daily	\$44.30	500	\$22,200		
			Buprenorphine Mono	Daily	\$43.82	500	\$22,000		
			Disulfiram	Daily	\$11.86	0	\$0		
			Outpatient Services Fee-For-Service	Prescriber Behavioral Health Provider	Physician	0.10	\$813.32	83	\$67,700
					Alcohol and Drug Counselor	12.65	\$219.53	10,525	\$2,310,600
				12.75		163,108	\$5,325,900		

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (1)	PROGRAM(S)						
	Narcotic Treatment Program						
Medi-Cal Patient Revenue (2)	\$ 5,325,900						\$ 5,325,900
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL CONTRACT PAYABLE FY 23-24:	\$ 5,325,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,325,900

Signed by:

DocuSigned by:

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

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(1) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(2) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.

(3) Refer to taxonomy codes in Exhibit B-3 for billable practitioner types within each provider group.

**EXHIBIT B-1 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME: Aegis Treatment Centers, LLC

FISCAL YEAR: 2024-2027

Contracted Service	Service Type	Provider Group	Practitioner Type	Full Time Equivalent Staffing	Hourly Rate (Avg. Direct Bill rate)	Medi-Cal Target	Medi-Cal Contract Allocation
Medi-Cal Billable Services	MAT / NTP	Non-Perinatal	Methodone	Daily	\$18.18	136,500	\$2,482,100
			Buprenorphine - Naloxone Combo Film	Daily	\$30.00	0	\$0
			Buprenorphine - Naloxone Combo Tablets	Daily	\$33.70	13,000	\$438,100
			Buprenorphine Mono	Daily	\$33.19	1,000	\$33,200
			Disulfiram	Daily	\$11.98	0	\$0
	MAT / NTP	Perinatal	Methodone	Daily	\$22.36	1,000	\$22,400
			Buprenorphine - Naloxone Combo Film	Daily	\$41.72	0	\$0
			Buprenorphine - Naloxone Combo Tablets	Daily	\$45.41	500	\$22,800
			Buprenorphine Mono	Daily	\$44.91	500	\$22,500
			Disulfiram	Daily	\$12.16	0	\$0
	Outpatient Services Fee-For-Service	Prescriber Behavioral Health Provider	Physician	0.10	\$833.90	83	\$69,400
			Alcohol and Drug Counselor	12.65	\$225.02	10,525	\$2,368,400
				12.76		163,108	\$5,468,900

Contract Maximum by Program & Estimated Funding Sources							Total
Funding Sources (1)	PROGRAM(S)						
	Narcotic Treatment Program						
Medi-Cal Patient Revenue (2)	\$ 5,458,900						\$ 5,458,900
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL CONTRACT PAYABLE FY 24-25:	\$ 5,458,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,458,900
TOTAL CONTRACT PAYABLE FY 25-26:	\$ 5,458,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,458,900
TOTAL CONTRACT PAYABLE FY 26-27:	\$ 5,458,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,458,900

Signed by: Karen A. Sherrick, Esq. Payco Relations
 CONTRACTOR SIGNATURE: C5092C264E1C45A...
 FISCAL SERVICES SIGNATURE: FB27946053EC4CE...

(1) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(2) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.

(3) Refer to taxonomy codes in Exhibit B-3 for billable practitioner types within each provider group.

VI. Delete Exhibit B-3 - Entity Rates and Codes by Service Type; Outpatient Non-Medical Direct Services in its entirety and replace it with the following:

**EXHIBIT B-3 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF CODES
Outpatient Non-Medical Direct Services**

	FY 23-24	FY 24-27	
Provider type	Hourly Rate (Avg. Direct Bill rate)	Hourly Rate (Avg. Direct Bill rate)	Taxonomy Codes
Other Qualified Providers (including Alcohol and Drug Counselor)	\$219.53	\$225.02	171R, 172V, 3726, 373H, 374U, 376J

Code (1)	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate Occurrence
90785	Interactive Complexity	Supplemental Service	
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Assessment	15
96130	Psychological Testing Evaluation, First Hour	Assessment	60
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment	60
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment	26
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment, 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment, 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician, Patient and/or Family Not Present, 30 Minutes or More	Care Coordination	60
H1000	Prenatal Care, at risk assessment.	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
99496	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	Discharge Services	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
90846	Family Psychotherapy (Without the Patient Present), 26-50 minutes	Family Therapy	38
90847	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy	38
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
H0025	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	Peer Support Service	15
H0038	Self-help/peer services, per 15 minutes	Peer Support Service	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service	15
96170	Health behavior intervention, family (without the patient present), face-to-face, 16-30 minutes	Supplemental Service	30
96171	Health behavior intervention, family (without the patient present), face-to-face, Each additional 15 minutes.	Supplemental Service	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service	15
H2014	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15
H2027	Psychoeducational Service, per 15 minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library 'Specialty Mental Health Services Table' online at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for a complete list of codes and associated billing requirements.

- VII. **Delete Exhibit B-3 - Entity Rates and Codes by Service Type; Outpatient Medical Prescriber Services in its entirety and replace it with the following:**

**EXHIBIT B-3 ADP
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF CODES
Outpatient Medical Prescriber Services**

Provider type	FY 23-24 Hourly Rate (Avg. Direct Bill rate)	FY 24-27 Hourly Rate (Avg. Direct Bill rate)	Taxonomy Codes
Physician (including Psychiatrist)	\$813.32	\$833.90	202C, 202D, 202K, 204C, 204D, 204E, 204F, 204R, 207K, 207L, 207N, 207P, 207Q, 207R, 207S, 207T, 207U, 207V, 207W, 207X, 207Y, 207Z, 2080, 2081, 2082, 2083, 2084, 2085, 208C, 208D, 208G, 208M, 208U, 208V, 2088, 2086, 2087, 2088

Code (1)	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate
90785	Interactive Complexity	Supplemental Service	Occurrence
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15
90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Assessment	15
90865	Macrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	Assessment	15
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Assessment	15
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment	8
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment	16
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment	26
99202	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Assessment	22
99203	Office or Other Outpatient Visit of a New patient, 30-44 Minutes	Assessment	37
99204	Office or Other Outpatient Visit of a New Patient, 45-59 Minutes	Assessment	52
99205	Office or Other Outpatient Visit of a New Patient, 60-74 Minutes	Assessment	67
99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Assessment	15
99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Assessment	25
99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Assessment	35
99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Assessment	47
99441	Telephone Evaluation and Management Service, 5-10 Minutes	Assessment	8
99442	Telephone Evaluation and Management Service, 11-20 Minutes	Assessment	16
99443	Telephone Evaluation and Management Service, 21-30 Minutes	Assessment	26
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment, 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	23
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment, 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	60
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5-14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	Assessment	10
H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	Assessment	15
H0003	Alcohol and/or drug screening, Laboratory analysis	Assessment	15
H0048	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	Assessment	15
H0049	Alcohol and/or drug screening	Assessment	15
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Care Coordination	15
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers.	Care Coordination	15
96160	Administration of patient-focused health risk assessment instrument.	Care Coordination	15
99367	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Minutes or More	Care Coordination	60
99368	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician, Patient and/or Family Not Present, 30 Minutes or More	Care Coordination	60
99451	Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Care Coordination	17
H1000	Prenatal Care, at risk assessment.	Care Coordination	15
T1017	Targeted Case Management, Each 15 Minutes	Care Coordination	15
99495	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	Discharge Services	15
99496	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	Discharge Services	15
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
90846	Family Psychotherapy (Without the Patient Present), 26-50 minutes	Family Therapy	38
90847	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy	38
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15
99406	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services, 15-30 minutes.	Individual Counseling	23
99409	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services, Greater than 30 minutes.	Individual Counseling	60
H0004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15
T1006	Alcohol and/or substance abuse services, family/couple counseling	Individual Counseling	15
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time, Each Additional 15 Minutes	Medication Services	15
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Services	15
H0034	Medication Training and Support, per 15 Minutes	Medication Services	15
H0006	Alcohol and/or drug services; (hospital inpatient) Subacute detoxification	Recovery Services	15
H0009	Alcohol and/or drug services; (hospital inpatient) Acute detoxification	Recovery Services	15
H2015	Comprehensive community support services, per 15 minutes	Recovery Services	15
H2017	Psychosocial Rehabilitation, per 15 Minutes	Recovery Services	15
H2035	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	Recovery Services	60
H0007	Alcohol and/or drug services; crisis intervention (outpatient).	SUD Crisis Intervention	15
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service	15
96170	Health behavior intervention, family (patient not present), face-to-face, 16-30 Min.	Supplemental Service	30
96171	Health behavior intervention, family (patient not present), face-to-face, Each add'l 15 Min.	Supplemental Service	15
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service	15
H2014	Skills training and development, per 15 minutes. (Patient Education Services).	Treatment Planning	15
H2021	Community-Based Wrap-Around Services, per 15 Minutes	Treatment Planning	15
H2027	Psychoeducational Service, per 15 minutes	Treatment Planning	15

(1) The State Department of Health Care Services (DHCS) routinely updates CPT and HCPC codes. Refer to the DHCS County Claims Customer Services Library Specialty Mental Health Services Table online at <https://www.dhcs.ca.gov/svcservices/MH/Pages/MedCO-2Library.aspx> for a complete list of codes and associated billing requirements.

Effectiveness. The terms and provisions set forth in this First Amended Agreement shall modify and supersede all inconsistent terms and provisions set forth in the original Agreement. The terms and provisions of the original Agreement, except as expressly modified and superseded by the First Amended Agreement, is ratified and confirmed and shall continue in full force and effect and shall continue to be legal, valid, binding, and enforceable obligations of the parties.

Execution of Counterparts. This First Amended Agreement may be executed in any number of counterparts, and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

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SIGNATURE PAGE FOLLOWS


SIGNATURE PAGE

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Aegis Treatment Centers, LLC**

IN WITNESS WHEREOF, the parties have executed this First Amended Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:

By:


STEVE LAVAGNINO, CHAIR
BOARD OF SUPERVISORS

Date:

12-3-24

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By:


Deputy Clerk

Date:

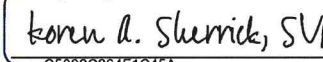
12-3-24

CONTRACTOR:

AEGIS TREATMENT CENTERS, LLC:

By:

Signed by:


Koren A. Sherrick, SVP of Payor Relations
Authorized Representative

Name:

Koren A. Sherrick, SVP of Payor Relations

Title:

Senior Vice President

Date:

11/20/2024

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By:

Signed by:



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Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFER, CPA
AUDITOR-CONTROLLER

By:

DocuSigned by:



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Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By:

DocuSigned by:



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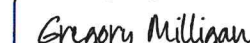
Director

APPROVED AS TO FORM:

GREG MILLIGAN, ARM
RISK MANAGER, DEPARTMENT OF RISK
MANAGEMENT

By:

DocuSigned by:



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Risk Manager