Board Contract #	
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# FIRST AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

## **BETWEEN**

## COUNTY OF SANTA BARBARA

## **AND**

SANCTUARY CENTERS OF SANTA BARBARA, INC.

**FOR** 

ALCOHOL AND DRUG PROGRAMS

#### FIRST AMENDMENT

#### TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT (hereafter First Amendment) to the Agreement for Services of Independent Contractor, referenced as <u>BC #23-212</u>, is made by and between the County of Santa Barbara (County or Department), a political subdivision of the State of California, and Sanctuary Centers of Santa Barbara, Inc. (Contractor), with an address at P.O. Box 551, Santa Barbara, CA 93102, wherein Contractor agrees to provide and County agrees to accept the services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth; and

WHEREAS, on December 5, 2023, the County Board of Supervisors authorized the County to enter into an Agreement for Services of Independent Contractor, referred to as BC #23-212, (hereafter Agreement) with Sanctuary Centers of Santa Barbara, Inc. for the provision of early intervention services for adolescents (under the age of 21 years old) and outpatient treatment services and intensive outpatient services for adults (age 18 years and older) to assist clients obtain sobriety for a total maximum contract amount not to exceed \$9,136,400, inclusive of \$2,284,100 per fiscal year, for the period of December 5, 2023, through June 30, 2027; and

WHEREAS, the parties now wish to make certain changes to the Agreement through this First Amendment to update certain standard terms and service codes in compliance with state and federal requirements and increase the contract amount by \$211,500 for a revised, total maximum contract amount not to exceed \$9,347,900, with no change to the contract term of December 5, 2023, through June 30, 2027.

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

# I. Delete Section 8, Debarment and Suspension, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 8. DEBARMENT AND SUSPENSION.

- A. Contractor certifies to County that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. Contractor certifies that it shall not contract with a subcontractor that is so debarred or suspended.
- B. This certification is a material representation of fact relied upon by County. If it is later determined that Contractor did not comply with 2 C.F.R. part 180, as supplemented by 2 C.F.R. part 376, in addition to the remedies available to the California Department of Health Care Services and County, the federal government may pursue available remedies including, but not limited to, suspension and/or debarment.
- C. This Agreement is a covered transaction for purposes of 2 C.F.R. part 180 and 2 C.F.R. part 376. As such Contractor is required to verify that none of the Contractor, its principals (defined at 2 C.F.R. § 180.995), or its affiliates (defined at 2 C.F.R. §

- 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- **D.** Contractor must comply with 2 C.F.R. part 180, as supplemented by 2 C.F.R. part 376, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- **E.** Contractor shall also comply with the debarment and suspension provision set forth in EXHIBIT A-1 General Provisions: MHS to this Agreement.
- II. Delete Section 10, Conflict of Interest, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 10. CONFLICT OF INTEREST.

Contractor covenants that Contractor presently has no employment or interest and shall not acquire any employment or interest, direct or indirect, including any interest in any business, property, or source of income, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed by Contractor. Contractor must promptly disclose to the County, in writing, any potential conflict of interest. County retains the right to waive a conflict of interest disclosed by Contractor if County determines it to be immaterial, and such waiver is only effective if provided by County to Contractor in writing. Contractor acknowledges and agrees to comply with state laws on conflict of interest in the performance of this Agreement including, but not limited to, the Political Reform Act of 1974 (Gov. Code, § 81000 et seq.), Public Contract Code Section 10365.5, and Government Code Section 1090.

III. Delete Section 36, Uniform Administrative Requirements, Cost Principles, and Audit Requirements For Federal Awards, of the Standard Terms and Conditions of the Agreement and replace with the following:

# 36. <u>UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIRMENTS FOR FEDERAL AWARDS</u>.

Contractor shall comply with the requirements of 2 C.F.R. parts 200 and 300 and 45 C.F.R. part 75, which are incorporated herein by reference.

IV. Delete Section 37, Mandatory Disclosure, Section A, Prohibited Affiliations, Subsection 2; Subsection B, Written Disclosures and Subsection 5, Crimes, i, Violations of Criminal Law, and Subsection C, Lobbying, Paragraph 1, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 37. MANDATORY DISCLOSURES.

#### A. Prohibited Affiliations.

2. Contractor shall not have a prohibited type of relationship by employing or contracting with providers or other individuals and entities excluded from participation in federal health care programs (as defined 42 U.S.C. § 1320a-7b(f)) pursuant to 42 U.S.C. sections 1320a-7, 1320a-7a, 1320c-5, and 1395u(j)(2). (42 C.F.R. §§ 438.214(d)(1), 438.610(b).)

#### B. Written Disclosures.

#### 5. Crimes.

- i. Violations of Criminal Law. Contractor must promptly disclose whenever, in connection with this Agreement (including any activities or subcontracts thereunder), it has credible evidence of the commission of a violation of federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in title 18 of the United States Code or a violation of the civil False Claims Act (31 U.S.C. §§ 3729–3733). The disclosure must be made in writing to County, Health and Human Services Office of Inspector General, and DHCS. Contractor is also required to report matters related to County, state, or federal agency's integrity and performance in accordance with Appendix XII of 2 C.F.R. part 200. Failure to make required disclosures can result in any of the remedies described in 2 C.F.R. section 200.339 Remedies for noncompliance. (See also 2 C.F.R. part 180, 31 U.S.C. § 3321, and 41 U.S.C. § 2313.)
- C. <u>Lobbying</u>. Contractor shall complete a Certification Regarding Lobbying as set forth in EXHIBIT D, Attachment 1, and, if applicable, a Lobbying Restrictions and Disclosure Certification as set forth in EXHIBIT D, Attachment 2, attached hereto and incorporated herein by reference.
- V. Delete Section 38, Procurement of Recovered Materials, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 38. PROCUREMENT OF RECOVRED MATERIALS.

- A. Contractor shall comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 as amended, 42 U.S.C. section 6962. The requirements of section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 C.F.R. part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
- **B.** Contractor should, to the greatest extent practicable and consistent with law, purchase, acquire, or use products and services that can be reused, refurbished, or recycled; contain recycled content, are biobased, or are energy and water efficient; and are sustainable. This may include purchasing compostable items and other products and services that reduce the use of single-use plastic products. See Executive Order 14057, section 101, Policy.
- VI. Delete Section 39, Domestic Preferences for Procurements, Subsection A of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 39. DOMESTIC PREFERENCES FOR PROCUREMENTS.

A. Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including, but not limited to, iron, aluminum, steel, cement, and other manufactured products). The requirements of this section must be included in all subcontractor agreements.

# VII. Delete Section 40, Clean Air Act and Federal Water Pollution Control Act, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 40. CLEAN AIR ACT.

- A. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. section 7401 et seq.
- **B.** Contractor agrees to report each violation to the California Environmental Protection Agency and understands and agrees that the California Environmental Protection Agency will, in turn, report each violation as required to assure notification to the County, federal agency which provided funds in support of this Agreement, and the appropriate Environmental Protection Agency Regional Office.
- **C.** Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance.
- VIII. Delete Section 41, Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment, of the Standard Terms and Conditions of the Agreement and replace with the following:

#### 41. FEDERAL WATER POLLUTION CONTROL ACT.

- **A.** Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. section 1251 et seq.
- **B.** Contractor agrees to report each violation to the California State Water Resources Control Board and understands and agrees that the California State Water Resources Control Board will, in turn, report each violation as required to assure notification to the County, federal agency which provided funds in support of this Agreement, and the appropriate Environmental Protection Agency Regional Office.
- C. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance.
- IX. Add Section 42, Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment as follows:

# 42. <u>PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO</u> SURVEILLANCE SERVICES OR EQUIPMENT.

- **A.** Contractor is prohibited from obligating or expending loan or grant funds to:
  - 1. Procure or obtain covered telecommunications equipment or services;
  - 2. Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
  - 3. Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

- **B.** As described in section 889 of <u>Public Law 115-232</u>, "covered telecommunications equipment or services" means any of the following:
  - 1. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities);
  - For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);
  - 3. Telecommunications or video surveillance services provided by such entities or using such equipment; or
  - 4. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.
- C. For the purposes of this section, "covered telecommunications equipment or services" also includes systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system.
- **D.** In implementing the prohibition under <u>Public Law 115-232</u>, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.
- E. Contractor certifies that it will comply with the prohibition on covered telecommunications equipment and services in this section. Contractor is not required to certify that funds will not be expended on covered telecommunications equipment or services beyond the certification provided upon accepting grant funding and those provided upon submitting payment requests and financial reports.
- **F.** See <u>Public Law 115-232</u>, section 889 for additional information and 2 C.F.R. section 200.471.

# IX. Delete Exhibit B – FINANCIAL PROVISIONS – ADP, Section II, Maximum Contract Amount and replace it with the following:

#### II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed \$9,347,900 (inclusive of \$2,284,100 for FY 2023-24, and \$2,354,600 for each FY 2024-25, FY 2025-26, and FY 2026-27) in Alcohol and Drug Program funding, and shall consist of County, 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.

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

Section intentionally left blank.

Exhibit B-1 follows on next page.

#### **EXHIBIT B-1 ADP**

### SCHEDULE OF RATES AND CONTRACT MAXIMUM (Applicable to programs described in Exhibit A-2)

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

CONTRACTOR NA	

Sanctuary Centers of Santa Barbara

FISCAL 2023-2024 YEAR:

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
			Physician	0.01	\$813.32	12	\$9,700
		Prescriber	Physicians Assistant	0.00	\$432.80	0	\$0
		1 122 5100.51	Nurse Practitioner (& Cert Nurse Spec.)	0.00	\$478.79	0	\$0
Medi-Cal Billable Services	Outpatient Services Fee-		Psychologist/ Pre-licensed Psychologist	0.29	\$386.80	237	\$91,800
	For-Service	Deberhant	LPHA / Assoc. LPHA	7.03	\$263.44	5,849	\$1,540,900
		Behavioral Health Provider	Certified Peer Recovery Specialist	0.95	\$209.08	790	\$165,300
			Alcohol and Drug Counselor	1.90	\$219.53	1,581	\$347,100
	·	·		10.18		8,469	\$2,154,800

Contracted Service	Service Type	Reimbursement Method	Non-Medi- Cal Contract Allocation
	Non-Medi-Cal Services (1)	Fee-For-Service	\$43,100
Non-Medi-Cal Billable Services	Quality Management (2)	Incentive	\$43,100
	Utilization Management (2)	Incentive	\$43,100
			\$129,300

Total Contract Maximum Per Fiscal Year \$2,284,100

			PROGRAM	(S)			Total
Funding Sources (3)	Outpatient Treatment Program						Total
Medi-Cal Patient Revenue (4)	\$ 2,154,800						\$ 2,154,800
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ 43,100						\$ 43,100
Realignment Quality Assurance Incentive (2)	\$ 43,100						\$ 43,100
Realignment Utilization Review Incentive (2)	\$ 43,100						\$ 43,100
							\$ -
							\$
							\$
							\$
							\$
TOTAL CONTRACT PAYABLE FY 23-24:	\$ 2,284,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,284,100

CONTRACTOR SIGNATURE:

FISCAL SERVICES SIGNATURE:

<sup>(1)</sup> Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-Services rates as noted for Medi-Cal clients.

<sup>(2)</sup> Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section XX of the agreement for required deliverables.

<sup>(3)</sup> 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.

<sup>(4)</sup> Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental Funds.

## **EXHIBIT B-1 ADP** SCHEDULE OF RATES AND CONTRACT MAXIMUM

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

CONTRACTOR NAME:

Sanctuary Centers of Santa Barbara

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
			Physician	0.01	\$833.90	12	\$9,900
	1 1	Prescriber	Physicians Assistant	0.00	\$467.50	0	\$0
			Nurse Practitioner (& Cert Nurse Spec.)	0.00	\$518.35	0	\$0
Medi-Cal Billable Services	Outpatient Services Fee-		Psychologist/ Pre-licensed Psychologist	0.29	\$419.21	237	\$99,500
	For-Service		LPHA / Assoc, LPHA	7.03	\$271.28	5,849	\$1,586,800
			Certified Peer Recovery Specialist	0.95	\$214.32	790	\$169,400
			Alcohol and Drug Counselor	1.90	\$225.02	1,581	\$355,800
_				10.18		8,469	\$2,221,400

Contracted Service	Service Type	Reimbursement Method	Non-Medi- Cal Contract Allocation
	Non-Medi-Cal Services (1)	Fee-For-Service	\$44,400
Non-Medi-Cal Billable Services	Quality Management (2)	Incentive	\$44,400
Non-Medi-Cal Billable Services	Utilization Management (2)	Incentive	\$44,400
			\$133,200

Total Contract Maximum Per Fiscal Year \$2,354,600

Contract Maximum by Program & Estimated Funding Sources												
					PROGRA	M(S)					7	Total
Funding Sources (3)	Outpatient Treatment Program											Total
Medi-Cal Patient Revenue (4)	\$ 2,221,400										\$	2,221,400
Realignment/SAPT - Non-Medi-Cal Services (1)	\$ 44,400										\$	44,400
Realignment Quality Assurance Incentive (2)	\$ 44,400										\$	44,400
Realignment Utilization Review Incentive (2)	\$ 44,400										\$	44,400
											\$	
									_		\$	
											\$	-
								_	_		\$	-
								_			\$	-
TOTAL CONTRACT PAYABLE FY 24-25:	\$ 2,354,600	\$	-	\$		\$	JE 18	\$	\$		\$	2,354,600
TOTAL CONTRACT PAYABLE FY 25-26:	\$ 2,354,600	\$		\$		\$		\$	\$		\$	2,354,600
TOTAL CONTRACT PAYABLE FY 26-27:	\$ 2,354,600	\$	Mark	\$		\$		\$	\$	1	\$	2,354,600

CONTRACTOR SIGNATURE:

Christie Boyer

FISCAL SERVICES SIGNATURE:

Services rates as noted for Medi-Cal clients.

(1) Outpatient Non-Medi-Cal service allocation is intended to cover services provided to Non-Medi-Cal client services at the same Fee-For-

- (2) Quality & Utilization Management incentive payment requires the implementation of specific deliverables. If deliverables are not met then contractor is not eligible for incentive payment. Refer to Exhibit B, Section XX of the agreement for required deliverables.
- (3) 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.
- (4) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, General Fund, Grants, Other Departmental

#### XI. Delete Exhibit B-3 ADP, 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** ENTITY RATES AND CODES BY SERVICE TYPE **OUTPATIENT NON-MEDICAL DIRECT SERVICES**

Dutpatient Non-Medical Direct Services  Psychologist/ Pre-licensed Psychologist Psy		EXHIBIT B-3 ADP		
Outpatient Non-Medical Direct Services  Provider type Paychologist V Pre-licensed Psychologist 1021, 1053, 1037 1072, 1017, 1023, 1037, 1024, 1052, 1054, 10		DEPARTMENT OF BEHAVIORAL WELLNESS		
Provider type 102, 1033, 1037 1075, 1034, 1036, 1037 1075, 1034, 1036, 1037 1075, 1034, 10				
Psychologist Pre-licensed Psychologist 102, 1017, 1024, 1035, 1037, 1034, 1047, 1034		Outpatient Non-Medical Direct Services		
Psychologist Pre-licensed Psychologist  PPHA  102, 103K, 103				
LCSW 105E, 1041  Code Code Description 1776  Code Type (Bitting Providers (including Alcohol and Drug Counselor) 1777  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1778  Time Associated Providers (including Alcohol and Drug Counselor) 1779  Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer Projective Tests, Assessment 158  Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer Projective Tests, Assessment 158  Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer Projective Tests, Assessment 158  Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer Projective Tests, Assessment 158  Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer Projective Tests, Assessment 158  Time Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric andrer State Psychiatric Reports, Psychometric Assessment 158  Time Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric Assessment 158  Time Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychia				-
LCSW Code Code Description Code Code Type Code Code Code Type Code Code Code Type Code Code Code Type Code Code Code Code Code Code Code Cod	Psycho	logist/ Pre-licensed Psychologist		
Code   Code Description   1757   1778, 1724, 3726, 37314, 3741, 3761,	LPHA		103K, 106H, 1714,	
Code  Code Description  Code Type  God Type  Code Type			106E, 1041	
Code  Code Description  Code Type  Psychatric Diagnostic Evaluation, 15 Mirutes  Occurrence of Psychiatric Diagnostic Evaluation, 15 Mirutes  Psychatric Diagnostic Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accurrated Data for Medical Diagnostic Purposes, 15 Minutes  Psychoptical Testing Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accurrated Data for Medical Diagnostic Purposes, 15 Minutes  Psychoptical Testing Evaluation, Each Additional Hour Assessment and Cher Accurrated Data for Medical Diagnostic Purposes, 15 Minutes  Psychoptical Testing Evaluation, Each Additional Hour Assessment Assessment and Management Service, 5-10 Minutes  Psychoptical Testing Evaluation, Each Additional Hour Assessment A	Peer Re	covery Specialist		
Code Type    Code Type   Code	Other C	ualified Providers (including Alcohol and Drug Counselor)		
90785 Interactive Complexity 90791 Psychiatric Diagnostic Evaluation, 15 Minutes 90791 Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Date for Medical Diagnostic Purposes, 15 Minutes 90791 Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Date for Medical Diagnostic Purposes, 15 Minutes 90791 Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Date for Medical Diagnostic Purposes, 15 Minutes 90791 Psychological Testing Evaluation, Earth Additional Hour 908960 Testiphore Assessment and Management Sender, 1-120 Minutes 908961 Testiphore Assessment and Management Sender, 1-120 Minutes 908966 Testiphore Assessment and Management Sender, 1-120 Minutes 908967 Testiphore Assessment and Management Sender, 1-120 Minutes 908967 Testiphore Assessment and Management Sender, 1-120 Minutes 908968 Testiphore Assessment and Management Sender, 1-120 Minutes 908969 Testiphore Assessment and Management Sender, 1-120 Minutes 908960 Testiphore Assessment Sender, 1-120 Minute				Time Associate
Psychiatric Diagnostic Evaluation, 15 Minutes   Assessment   15	Code	Code Descritption	Code Type	with Cod (Mins) fo Purpose of Rate
Psychiatric Diagnostic Evaluation, 15 Minutes   Assessment   15	90785	Interactive Complexity	Supplemental Service	Occurrence
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, assessment   15				15
Psychological Testing Evaluation, First Hour   Assessment   Assessme		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests,		
98131   Sychological Testing Evaluation, Each Additional Hour   Assessment   Assessment   September   Assessment   September   Assessment   Assessment   September   September   Assessment   September   Se	06130			60
Sasessment and Management Service, 1-12 Minutes   Assessment   68		Psychological Testing Evaluation, First Hour		
Telephone Assessment and Management Service, 11-20 Minutes   Assessment   16			7 10 0 0 0 1110111	
Telephone Assessment and Management Service, 21-30 Minutes   26				
Acohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G.0396, and G0397 to determine the ASAM Criteria).  Alcohol and/or substance (other han tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G.0396, and G0397 to determine the ASAM Criteria).  Alcohol and/or substance (other han tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G.0396, and G0397 to determine the ASAM Criteria).  Alcohol and/or or substance (other han tobacco) abuse structured assessment. 51-14 Min. (Note: Use codes G2011, G.0396, and G0397 to determine the ASAM Criteria).  Assessment.  10  Assessment.  11  Assessment.  15  Assessment.  1				
Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0398, and G0397 to determine the ASAM Criteria).  Alcohol and/or substance (other than tobacco) abuse structured assessment. 5 - 14 Min. (Note: Use codes G2011, G0398, and G0397 to determine the ASAM Criteria).  Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)  Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)  British (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)  British (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)  British (Note: Use codes Assessment 15  Care Coordination 15  Care Coordination 15  Care Coordination 15  Care Coordination 15  Total Targeted Case Management Services 20 Minutes 15  Assessment 15	- 1150	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes		2000
Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min (Note: Use codes across and codes) and other than tobacco) abuse structured assessment 5 -14 Min (Note: Use codes across and codes) and other than tobacco) abuse structured assessment 5 -14 Min (Note: Use codes across and codes) and codes are substance abuse services and code and codes are substance abuse services and codes are substance abuse services, per 15 minutes (Code must be used to submit claims for Codes) and/or properties and codes	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes	Assessment	60
Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)  Action of and/or drug screening  Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies. Care Coordination employers, or institutions.  Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or contribution).  Preparation of report of patient individuals, agencies, or insurance carries.  Administration of patient-focused health risk assessment instrument.  Administration of patient-focused health risk assessment instrument.  Care Coordination  Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More  Prenatal Care, at risk assessment.  Care Coordination  Prenatal Care, at risk assessment.  Transitional Care Management, Each 15 Minutes  Care Coordination  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7  Calendar days.  Transitional Care Management Services: Communication (direct cont	G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes	Assessment	10
Assessment   15	H0001	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery	Assessment	15
Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.  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 carries.  15 908100 Possibility purpose) for other individuals, agencies, or insurance carries.  15 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  15 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  15 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  15 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  16 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  16 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  16 908101 Possibility purpose) for other individuals, agencies, or insurance carries.  17 908101 Possibility patients and carries and or family hot Present. 30 Minutes or More  18 908101 Possibility Patient and/or Family hot Present. 30 Minutes or Alcohol and/or substance abuse services, treatment plan development and/or modification.  18 908101 Possibility Psychotherapy (Without the Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  18 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes  19 908101 Possibility Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minu	HODAG		Accecement	15
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 carries.  Administration of patient-focused health risk assessment instrument.  Care Coordination 15  Administration of patient-focused health risk assessment instrument.  Care Coordination 60  Physician. Patient and/or Family Not Present. 30 Minutes or More  Care Coordination 15  Care Coordination 15  Care Coordination 15  Care Coordination 15  Targeted Case Management, Each 15 Minutes 15  Targeted Case Management, Each 15 Minutes 15  Care Coordination 15  Targeted Case Management Services: Communication (direct contact, telephone, electroric) within 7  calendar days.  Alcohol and/or substance abuse services, treatment plan development and/or modification.  Discharge Services 15  Alcohol and/or substance abuse services, treatment plan development and/or modification.  Discharge Services 15  Family Psychotherapy (Without the Patient Present), 26-50 minutes Family Therapy 38  Multiple-Family Group Psychotherapy, 15 Minutes Family Therapy 15  Multiple-Family Group Psychotherapy, 15 Minutes Family Therapy 15  Behavioral health counseling and therapy, 15 minutes.  Corolopacy Management Services, pre 15 minutes (Code must be used to submit claims for Individual Counseling 15  Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Individual Counseling 15  Corolopacy Management Services)  Alcohol and/or substance abuse services, family/couple counseling 15  Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, and/or behavior.  Peer Support Services 15  Comprehensive community support services, per 15 minutes 15  Comprehensive community support services, per 15 minutes 15  Comprehensive communi		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies,		
Administration of patient-focused health risk assessment instrument.   Care Coordination   15	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or	Care Coordination	15
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More   H1000 Pretabl Care, a trisk assessment.   Care Coordination   15	96160		Care Coordination	15
Physician, Patient and/or Family Not Present, 30 Minutes or More  1500 Prenatal Care, a fisk assessment. Care Coordination 15  151017 Targeted Case Management, Each 15 Minutes 15  151017 Targeted Case Management Services: Communication (direct contact, telephone, electronic) within 7 care Coordination 15  1550846 Earnity Presyncherapy (Without the Patient Present), 26-50 minutes 15  150846 Family Psychotherapy (Without the Patient Present), 26-50 minutes 15  150846 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes 15  150846 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes 15  150846 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes 15  150847 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes 15  150848 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes 16  150849 Multiple-Family Group Psychotherapy, 15 Minutes 16  16005 Alcohol and/or drug services; group counseling 15  16005 Alcohol and/or drug services, prior intervention, 15 minutes (Code must be used to submit claims for 15  16006 Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for 16  16007 Alcohol and/or substance abuse services, family/couple counseling 15  16008 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, 16  16009 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, 16  16009 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, 16  16009 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, 16  16009 Behavioral Health Prevention Education service, 15  16009 Behavioral Health Prevention Education service, 15  16009 Behavioral Health Prevention Education service, 15  16009 Behavioral Health Prevention Educati		Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-		
Transitional Care Management, Each 15 Minutes Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days. Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days. Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days. Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days. Transitional Care Management Services: Discharge Services 15 possess and the patient Present), 26-50 minutes Family Psychotherapy (Without the Patient Present), 26-50 minutes Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes Family Psychotherapy (Transpy) 38 possess and Multiple-Family Group Psychotherapy, 15 Minutes Family Psychotherapy (Transpy) 15 provided and/or drug services; group counseling by a clinician, 15 minutes. Family Therapy 15 provided and/or drug services; group counseling 15 provided and/or drug services; group counseling 15 provided and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services) Contingency Management Services (Per Support Service) Transitional Alcohol and/or substance abuse services, family(couple counseling) Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, affiled, and/or behavior.  Peer Support Service  Self-help/peer services, per 15 minutes Peer Support Service 15 provided Services (Peer Support Service) To Comprehensive community support services, per 15 minutes Recovery Services 15 provided Services (Peer Support Service) The Service on the target or excluded service.  Houst 15 provided Services (Peer Support Services) To Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes Supplemental Service To Health behavior intervention, family (without the patient present), face				
Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.  15 calendar days.  16 Alcohol and/or substance abuse services, treatment plan development and/or modification.  17 Discharge Services.  18 Family Psychotherapy (Without the Patient Present), 26-50 minutes.  18 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes.  18 Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes.  18 Family Presenty.  19 Alcohol and/or drug services; group counseling by a clinician, 15 minutes.  19 Alcohol and/or drug services; group counseling by a clinician, 15 minutes.  19 Alcohol and/or Drug Services; group counseling by a clinician, 15 minutes.  19 Alcohol and/or Drug Services, brief intervention, 15 minutes.  19 Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services).  19 Alcohol and/or Statance abuse services, family/couple counseling.  19 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.  19 Behavioral Health Prevention Education services, per 15 minutes.  19 Peer Support Service attitude, and/or behavior.  19 Self-help/peer services, per 15 minutes.  19 Peer Support Service attitude, and/or behavior.  19 Peer Support Service attit		Prenatal Care, at risk assessment.		
calendar days.    Calendar days.   Discharge Services   15	T1017		Care Coordination	15
Alcohol and/or substance abuse services, treatment plan development and/or modification.   Discharge Services   15			Discharge Services	
Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes   Family Therapy   38	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15
Multiple-Family Group Psychotherapy, 15 Minutes  Alcohol and/or drug services; group counseling by a clinician, 15 minutes.  Group Counseling 15  Alcohol and/or drug services; group counseling by a clinician, 15 minutes.  House Behavioral health counseling and therapy, 15 minutes.  Alcohol and/or Drug Services, biref intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)  Alcohol and/or substance abuse services, family/couple counseling  Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, affective, and/or behavior.  Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, affective, and/or behavior.  Self-help/peer services, per 15 minutes  Comprehensive community support services, per 15 minutes  Recovery Services  15  Recovery Services  Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  Recovery Services  Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  Recovery Services  Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  Recovery Services  Alcohol and/or drug services, crisis intervention (outpatient),  Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other  Responsible Persons, 15 Minutes  William Supplemental Service  15  161013  Sign Language or Oral Interpretive Services, 15 Minutes  Supplemental Service  15  15  162014  Skills training and development, per 15 minutes, (Use this code to submit claims for Patient Education  Treatment Planning  15				
Ho005   Alcohol and/or drug services; group counseling by a clinician, 15 minutes.   Group Counseling   15   Ho004   Behavioral health counseling and therapy, 15 minutes.   Individual Counseling   15   Ho050   Contingency Management Services   Individual Counseling   15   Ho050   Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for   Individual Counseling   15   Ho050   Alcohol and/or substance abuse services, family/couple counseling   Individual Counseli				
Behavioral health counseling and therapy, 15 minutes.   Individual Counseling   15		Multiple-Family Group Psychotherapy, 15 Minutes		
Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services), 15 minutes (Code must be used to submit claims for Contingency Management Services, family/couple counseling Individual Counselin				
Contingency Management Services)  100 Alcohol and/or substance abuse services, family/couple counseling  100 Alcohol and/or substance abuse services, family/couple counseling  100 Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.  100 Self-help/peer services, per 15 minutes  100 Comprehensive community support services, per 15 minutes  100 Recovery Services  100 Recovery Services  100 Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  100 Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers  100 Alcohol and/or dup services; crisis intervention (outpatient),  101 Self Health Peravior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.  101 Supplemental Service  102 Supplemental Service  103 Supplemental Service  104 Self Health Dehavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.  103 Supplemental Service  104 Self Heal		Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for		
Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.   15				5200
attitude, and/or behavior.  15  16  17  18  18  18  18  18  18  18  18  18				
15   15   15   15   15   15   15   15		attitude, and/or behavior.		
Psychosocial Rehabilitation, per 15 Minutes   Recovery Services   15				
Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers Recovery Services have to be on the target or excluded service.  Alcohol and/or dup services; crisis intervention (outpatient), SUD Crisis Interventio 15  Constant Responsible Persons, 15 Minutes Supplemental Service 15  Health behavior intervention, family (without the patient present), face-to-face, 16-30 minutes Supplemental Service 15  Constant Responsible Persons, 15 Minutes 15  Constant Responsible Persons, 15 Min				
Alcohol and/or drug services; crisis intervention (outpatient),   SUD Crisis Interventio   15		Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers		
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes   15	10007		SUD Crisis Intervention	15
Responsible Persons, 15 Minutes  18170   Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes  18171   Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.  18181   Sign Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181   Stain Language or Oral Interpretive Services, 15 Minutes  18181		Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other		
Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.  Supplemental Service 15 Treatment Planning 15			0	
F1013 Sign Language or Oral Interpretive Services, 15 Minutes Supplemental Service 15 Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Treatment Planning 15				
Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Treatment Planning				
	12014			15

<sup>(1)</sup> 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.

H2027 Psychoeducational Service, per 15 minutes

Community-Based Wrap-Around Services, per 15 Minutes

H2021

15

Treatment Planning

# XII. Delete Exhibit B-3 ADP, Entity Rates and Codes by Service Type, Outpatient Medical Prescriber, in its entirety and replace it with the following:

## EXHIBIT B-3 ADP ENTITY RATES AND CODES BY SERVICE TYPE OUTPATIENT MEDICAL PRESCRIBER SERVICES

	EXHIBIT BJ ADP DEPARTMENT OF BEHAWORAL WELLNESS								
	SCHEDULE OF CODES Outpatient Medical Prescriber Services								
NED VALUE	Provider type	Taxonomy Codes							
		202C, 202D, 202K, 204C, 204D, 204E, 204F, 204R, 207K, 207L, 207N, 207P,							
Physician (including Psychiatrist)  2070, 2078, 2075, 2071, 2070, 2070, 2070, 2070, 2070, 2070, 2077, 2078, 2081, 2082, 2083, 2084, 2085, 2086,									
						Nurse F	Practitioner	363L	
						Physici	an's Assistant	363A	
- COLUMN			Time						
			Associate						
Code	Code Descritption	Code Type	with Cod (Mins) fo Purpose of Rate						
90785	Interactive Complexity	Supplemental Services	Occurrence						
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment	15						
90792 90865	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes  Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	Assessment Assessment	15 15						
90885	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and	Assessment	15						
98966	Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes 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 Office or Other Outpatient Visit of a New patient, 30-44 Minutes	Assessment Assessment	22 37						
99203	Office or Other Outpatient Visit of a New Patient, 30- 44 Minutes 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 Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Assessment Assessment	25 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 99443	Telephone Evaluation and Management Service, 11-20 Minutes Telephone Evaluation and Management Service, 21-30 Minutes	Assessment Assessment	16 26						
30396	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes	Assessment	23						
30397	G2011, G0396, and G0397 to determine the ASAM Criteria). 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						
90882	Alcohol and/or drug screening  Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	Assessment 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 carries.	Care Coordination	15						
96160 99367	Administration of patient-focused health risk assessment instrument.  Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician.	Care Coordination Care Coordination	15 60						
99368	Patient and/or Family not Present. 30 Minutes or More  Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-	Care Coordination	60						
99451	Physician. Patient and/or Family Not Present. 30 Minutes or More inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician,	Care Coordination	17						
11000	5-15 Minutes Prenatal Care, at risk assessment	Care Coordination	15						
Γ1017	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						
	Alcohol and/or substance abuse services, treatment plan development and/or modification.	Discharge Services	15						
90846 90847	Family Psychotherapy (Without the Patient Present), 26-50 minutes  Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	Family Therapy Family Therapy	38						
0849	Multiple-Family Group Psychotherapy, 15 Minutes	Family Therapy	15						
	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	Group Counseling	15						
9408	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						
9409	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						
10004	Behavioral health counseling and therapy, 15 minutes.	Individual Counseling	15						
10050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	Individual Counseling	15						
	Alcohol and/or substance abuse services, family/couple counseling Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each	Individual Counseling	15						
52212	Additional 15 Minutes	Medication Services	15						
	Oral Medication Administration, Direct Observation, 15 Minutes Medication Training and Support, per 15 Minutes	Medication Services Medication Services	15 15						
8000	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	Recovery Services	15						
	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	Recovery Services	15						
	Comprehensive community support services, per 15 minutes Psychosocial Rehabilitation, per 15 Minutes	Recovery Services Recovery Services	15						
2025	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to	Recovery Services	60						
10007	be on the target or excluded service. Alcohol and/or drug services; crisis intervention (outpatient),	SUD Crisis Intervention	15						
10007	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Services	15						
6170	Health behavior intervention, family (patient not present), face-to-face. 16-30 Min. Health behavior intervention, family (patient not present), face-to-face. Each add'i.15 Min.	Supplemental Services Supplemental Services	30 15						
	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Services	15						
	Skills training and development, per 15 minutes. (Patient Education Services).	Treatment Planning	15						
2021	Community-Based Wrap-Around Services, per 15 Minutes Psychoeducational Service, per 15 minutes	Treatment Planning Treatment Planning	15						

XIII.

Effectiveness. The terms and provisions set forth in this First Amendment shall modify and supersede all inconsistent terms and provisions set forth in the Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by the First Amendment to the Agreement, are 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.

XIV.

**Execution of Counterparts.** This First Amendment 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.

This section intentionally left blank.

Signature Page Follows.

#### SIGNATURE PAGE

First Amendment to the Agreement for Services of Independent Contractor between the County of Santa Barbara and Sanctuary Centers of Santa Barbara, Inc.

**IN WITNESS WHEREOF,** the parties have executed this First Amendment to be effective as of the date executed by COUNTY.

the date execu	ited by COUNTY.		
		COUNT	Y OF SANTA BARBARA:
	•	By:	LAURA CAPPS, CHAIR
			BOARD OF SUPERVISORS
		Date:	6-3-25
ATTEST:		CONT	RACTOR:
	'ASATO, XECUTIVE OFFICER THE BOARD	Sanctu	ary Centers of Santa Barbara, Inc.
By: She	la Cla Guerra Deputy Clerk	By:	Signed by:  Authorized Representative
Date:	6-3-25	Name:	Barry Schoer
		Title:	President/CEO
		Date:	5/22/2025
APPROVE	D AS TO FORM:	APPRO FORM	OVED AS TO ACCOUNTING
	AN MULLEM		M. SCHAFFER, CPA
COUNTY C	OUNSEL	AUDIT	OR-CONTROLLER
	Signed by:		Signed by:
By:	Bo Bal	By:	C. Edi Tun
	Deputy County Counsel		Deputy
RECOMME	ENDED FOR APPROVAL:	APP	ROVED AS TO FORM:
	E NAVARRO, LMFT, DIRECTOR		G MILLIGAN, ARM
DEPARTME	INT OF BEHAVIORALWELLNESS	RISK	MANAGER
	DocuSigned by:		Signed by:
By:	antonette "Toni" Navarro	By:	Greg Milligan
•	Director	_	Risk Manager