Board Contract: 21-269

FIRST AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

Between

COUNTY OF SANTA BARBARA
DEPARTMENT OF BEHAVIORAL WELLNESS
AND

OLIVE CREST

FOR

MENTAL HEALTH SERVICES

FIRST AMENDMENT TO THE AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT to the Agreement for Services of Independent Contractor, referenced as BC 21-269, by and between the County of Santa Barbara (County), a political subdivision of the state of California, and **Olive Crest** (Contractor), a California nonprofit, wherein Contractor agrees to provide, and County agrees to accept, the services specified herein (First Amended Agreement).

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

WHEREAS, on May 10, 2022, the County Board of Supervisors authorized the County to enter into an Agreement for Services of Independent Contractor, referred to as BC 21-269, for the provision of Short Term Residential Therapeutic Program (STRTP) services, Intensive Home Based Services (IHBS), and Intensive Care Coordination (ICC) services for seriously emotionally disturbed (SED) children and youth (age 12 through 17) who require out-of-home placement for a total Maximum Contract Amount not to exceed $2,000,000 (with the annual amount being $1,000,000) for the period of July 1, 2022 through June 30, 2024 (Agreement); and

WHEREAS, through this First Amended Agreement, the County and Contractor wish to , to implement California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform changes to the Agreement, update the staffing requirements for the Short Term Residential Therapeutic Program (STRTP), update the language in the Statement of Work for the Short Term Residential Therapeutic Program (STRTP) and In-Home Behavioral Services (IHBS) and Intensive Care Coordination (ICC) programs, and decrease Mental Health funding by $225,000 for FY 23-24 for a new total contract maximum amount not to exceed $1,775,000 (inclusive of $1,000,000 for FY 22-23 and $775,000 for FY 23-24) for the period of July 1, 2022 through June 30, 2024

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

I. Delete Section 9.A. of Exhibit A-2 (Statement of Work: MHS – Short Term Residential Therapeutic Program (STRTP) and replace with the following:

9.

A. The Program shall be staffed with ten (10) Full Time Equivalent (FTE) direct care staff as follows (applies to FY 22-23):

1. 0.5 FTE Director Clinical Services;
2. 1.0 FTE Head of Services;
3. 3.0 FTE Clinician;
4. 4.0 FTE Mental Health Worker;
5. 1.0 FTE Care Coordinator; and
6. 0.5 FTE Administrative Support Staff.

II. Delete Section 9.C. of Exhibit A-2 (Statement of Work: MHS – Short Term Residential Therapeutic Program (STRTP) and replace with the following:

C. Graduate Student Interns/Trainees and Interns/Trainees.

Contractor may utilize interns or trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and under direct supervision as specified in Behavioral Wellness Policy and Procedure #8.400, Clinical Supervision of Pre-Licensed Providers.

III. Add Subsection E to Section 9. (Staffing Requirements) of Exhibit A-2 (Statement of Work: MHS – Short Term Residential Therapeutic Program (STRTP)) as follows:

E. The Program shall be staffed with 6.31 Full Time Equivalent (FTE) direct care staff as follows (applies to FY 23-24):

1. 4.0 FTE Rehab Specialists
2. 2.0 FTE LPHA licensed clinicians
3. 0.1 FTE Psych Tech
4. 0.2 FTE Nurse Practitioner
5. 0.01 FTE Psychiatrist

IV. Delete Section 9.E. of Exhibit A-3 (Statement of Work: MHS – Intensive Home-Based Services, Intensive Care Coordination, And Therapeutic Behavioral Services Coordination & Linkage and replace with the following:

E. Graduate Student Interns/Trainees and Interns/Trainees.

Contractor may utilize interns or trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and under direct supervision as specified in Behavioral Wellness Policy and Procedure #8.400, Clinical Supervision of Pre-Licensed Providers.

V. Delete the heading of Exhibit B Financial Provisions - MHS and replace with the following:

EXHIBIT B – Fiscal Year 22-23

FINANCIAL PROVISIONS- MHS

Effective July 1, 2022 – June 30, 2023

VI. Delete Section II (Maximum Contract Amount) of Exhibit B (Financial Provisions – MHS) and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **$1,775,000**, inclusive of $1,000,000 for Fiscal Year 22-23 and $775,000 for Fiscal Year 23-24 in Mental Health Services funding, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1(s)-MHS and subject to the provisions in Section I (Payment for Services). 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.

VII. Add a new Exhibit B Financial Provisions - MHS for FY 23-24 as follows:

EXHIBIT B – Fiscal Year 23-24

FINANCIAL PROVISIONS- MHS

Effective July 1, 2023 – June 30, 2024

(Applicable to programs described in Exhibits A2-A3)

With attached *Exhibit B-1* MHS (Schedule of Rates and Contract Maximum) and *Exhibit B-3* (Entity Rates and Codes by Service Type).

This Agreement provides for reimbursement for services up to the Maximum Contract Amount, reflected in Section II below and Exhibit B-1-MHS. For Medi-Cal and all other services provided under this Agreement, Contractor shall comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code (WIC) §§ 14705-14711, and other applicable Federal, State and local laws, regulations, rules, manuals, policies, guidelines and directives.

I. PAYMENT FOR SERVICES.

A. Performance of Services.

1. Medi-Cal Programs. For Medi-Cal specialty mental health programs, the County reimburses all eligible providers on a fee-for-service basis pursuant to a fee schedule. Eligible providers claim reimbursement for services using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. Exhibit B-3 MHS contains a rate for each Eligible Practitioner or Service Type and the relevant CPT®/HCPCS code.

2. Non-Medi-Cal Programs. For Non-Medi-Cal programs and costs, Contractor shall be compensated on a cost reimbursement basis, subject to the limitations described in this Agreement and all exhibits hereto, for deliverables as established in the Exhibit B(s) based on satisfactory performance of the services described in Exhibit A(s).

B. Medi-Cal Billable Services. The services provided by Contractor as described in Exhibit A(s) that are covered by the Medi-Cal program will be paid based on the satisfactory performance of services and the fee schedule(s) as incorporated in Exhibit B-1 MHS of this Agreement.

C. Non-Medi-Cal Billable Services. County recognizes that some of the services provided by Contractor's Program(s), described in the Exhibit A(s), may not be reimbursable by Medi-Cal or may be delivered to ineligible clients. Such services may be reimbursed by other County, State, and Federal funds to the extent specified in Exhibit B-1-MHS and pursuant to Section I.E (Funding Sources) of this Exhibit B MHS. Funds for these services are included within the Maximum Contract Amount.

Specialty mental health services delivered to Non-Medi-Cal clients will be reimbursed at the same fee-for-service rates in the Exhibit B-3 MHS as for Medi-Cal clients, subject to

the maximum amount specified in the Exhibit B-1 MHS. Due to the timing of claiming, payment for Non-Medi-Cal client services will not occur until fiscal year end after all claims have been submitted to DHCS and the ineligible claims are identifiable.

When the entire program is not billable to Medi-Cal (i.e. Non-Medi-Cal Program), reimbursement will be on cost reimbursement basis subject to other limitations as established in Exhibit A(s) and B(s).

D. Limitations on Use of Funds Received Pursuant to this Agreement. Contractor shall use the funds provided by County exclusively for the purposes of performing the services described in Exhibit A(s) to this Agreement. For Contractor Programs that are funded with Federal funds other than fee-for-service Medi-Cal, expenses shall comply with the requirements established in OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and all other applicable regulations. Violation of this provision or use of County funds for purposes other than those described in the Exhibit A(s) shall constitute a material breach of this Agreement.

E. Funding Sources. The Behavioral Wellness Director or designee may reallocate between funding sources with discretion, 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 this Agreement.

F. Beneficiary Liability for Payment.

1. Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments. (Cal. Code Regs., tit. 9, § 1810.365 (a).)
2. Contractor shall not hold beneficiaries liable for debts in the event that County becomes insolvent; for costs of covered services for which the State does not pay County; for costs of covered services for which the State or County does not pay to Contractor; for costs of covered services provided under a contract, referral or other arrangement rather than from the County; or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary. (42 C.F.R. § 438.106 and Cal. Code Regs. tit 9, § 1810.365(c).)
3. Contractor shall not bill beneficiaries, for covered services, any amount greater than would be owed if the Contractor provided the services directly. (42 C.F.R. § 483.106(c).)

G. DHCS assumes no responsibility for the payment to Contractor for services used in the performance of this Agreement. County accepts sole responsibility for the payment of Contractors in the performance of this Agreement per the terms of this Agreement.

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **$1,775,000** in Mental Health funding, inclusive of $1,000,000 for FY 22-23 and $775,000 for FY 23-24, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1(s)–MHS and subject to the provisions in Section I (Payment for Services). 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.

III. OPERATING BUDGET AND FEE FOR SERVICE RATES

A. Fee-For-Service Rates. For Medi-Cal services, County agrees to reimburse Contractor at a Negotiated Fee-For-Service rate (the "Negotiated Fee") during the term of this Agreement as specified in the Exhibit B-3 MHS. Specialty mental health services provided to Non-Medi-Cal clients will be paid at the same rates, subject to the maximum amount specified in the Exhibit B-1 MHS.

B. Operating Budget. For Non Medi-Cal Programs, Contractor shall provide County with an Operating Budget in a format acceptable to, or provided by County, based on costs of net revenues as described in this Exhibit B-MHS, Section VI (Accounting for Revenues). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. County may disallow any expenses in excess of the adopted operating budget. Contractor shall request, in advance, approval from County for any budgetary changes. Indirect costs are limited to 15% of direct costs for each program and must be allocated in accordance with a cost allocation plan that adheres to OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

IV. CLIENT FLEXIBLE SUPPORT FUNDS.

For Medi-Cal FSP programs, Contractor will receive a funding allocation to provide clients with flexible support for costs including but not limited to housing, items necessary for daily living, and therapeutical support. Contractor shall abide by requirements in the Behavioral Wellness Policy and Procedure for client flexible support costs. Documentation must be kept on file to support costs and financial statements should be submitted monthly in accordance with Exhibit B MHS, Section VIII.B below.

V. QUALITY ASSURANCE (QA) / UTILIZATION MANAGEMENT (UM) INCENTIVE PAYMENT.

A. If designated in the Exhibit B-1 MHS, County will provide Contractor with an incentive payment at fiscal year-end should the following deliverables be achieved. The incentive payment will be equal to 4% of total approved Medi-Cal claims (2% Quality Assurance and 2% Utilization Management) and will be payable upon proof of completion of deliverables and conclusion of regular Medi-Cal claiming for the fiscal period. The incentive payment will not be applied to unclaimed and/or denied services. Documentation must be maintained to substantiate the completion of the deliverables.

1. QA deliverables include:

    i. Contractor shall hire or designate existing staff to implement quality assurance type activities. The designated QA staff member shall be communicated to the County.

    ii. Contractor shall provide a monthly report to QCM consisting of documentation reviews performed, associated findings, and corrective action. The QA reports shall be received by County no later than 30 calendar days following the end of the month being reported.

iii. Contractor QA staff shall attend bi-monthly County Quality Improvement Committee (QIC) meetings. Attendance is to be monitored via sign-in sheets.

2. UM deliverables include:

i. Contractor shall hire or utilize existing staff to implement utilization management type activities. The designated UM staff member shall be communicated to the County.

ii. Contractor shall implement procedures to monitor productivity including the submission of monthly reports on productivity for each direct service staff member (direct billed hours to total paid hours). Total paid hours is equal to 2,080 per full time equivalent (FTE) position and should be adjusted for part time employment. Reports will be due within 30 calendar days following the end of the reporting month.

iii. Contractor shall provide a monthly report to QCM consisting of documentation reviews performed, associated findings, and corrective action. The QA reports shall be received by County no later than 25 days following the end of the month being reported.

3. The Behavioral Wellness Director or designee may reallocate between the contract allocations on the Exhibit B-1 MHS at his/her discretion to increase or decrease the incentive payment. Reallocation of the contract allocations does not alter the Maximum Contract Amount and does not require an amendment to this Agreement.

VI. ACCOUNTING FOR REVENUES.

A. Accounting for Revenues. Contractor shall comply with all County, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) Sections 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP), (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. For Non-Medi-Cal programs, grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget.

B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by Contractor only for the delivery of service units specified in the Exhibit A(s) to this Agreement.

VII. REALLOCATION OF PROGRAM FUNDING.

Funding is limited by program to the amount specified in Exhibit B-1-MHS. Contractor cannot move funding between programs without explicit approval by Behavioral Wellness Director or designee. Contractor shall make a written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate

funds as outlined in Exhibit B-1-MHS between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Behavioral Wellness Director's or designee decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor. The Behavioral Wellness Director or designee also reserves the right to reallocate between programs in the year end settlement and will notify Contractor of any reallocation during the settlement process.

VIII. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS.

A. Submission of Claims and Invoices.

1. Submission of Claims for Medi-Cal Services. Services are to be entered into SmartCare based on timeframes prescribed in the Behavioral Wellness Clinical Documentation Manual. Late service data and claims may only be submitted in accordance with State and federal regulations. Behavioral Wellness shall provide to Contractor a report that: i) summarizes the Medi-Cal services approved to be claimed for the month, multiplied by the negotiated fee in effect at the time of service, ii) states the amount owed by County, and iii) includes the Agreement number.

   Contractor agrees that it shall be solely liable and responsible for all data and information submitted to the County and submitted by the County to the State on behalf of Contractor.

   If any services in the monthly Medi-Cal claim for the Contractor are denied by DHCS then these will be deducted from the subsequent monthly claim at the same value for which they were originally claimed.

2. Submission of Claims for Non Medi-Cal Programs. Contractor shall submit a written invoice within 15 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VIII.A.1 (Submission of Claims for Medi-Cal Services) of this Exhibit B MHS. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.

3. The Program Contract Maximums specified in Exhibit B-1-MHS and this Exhibit B MHS is intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall Contractor cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide services during the entire term of the Agreement may be considered a breach of contract and subject to the Termination provisions specified in the Agreement.

   The Behavioral Wellness Director or designee shall review the monthly claim(s) and invoices to confirm accuracy of the data submitted. County shall make payment for

approved Medi-Cal claims within thirty (30) calendar days of the generation of said claim(s) by County subject to the contractual limitations set forth in this Agreement and all exhibits hereto. Non-Medi-Cal programs will be paid within 30 days of the receipt of a complete invoice and all requested supporting documentation.

B. Monthly Financial Statements. For Non-Medi-Cal programs and costs, within 15 calendar days of the end of the month in which services are delivered, Contractor shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for Contractor's programs described in the Exhibit A(s).

C. Withholding of Payment for Non-submission of Service Data and Other Information. If any required service data, invoice, financial statement or report is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and correct data and such data has been reviewed and approved by Behavioral Wellness Director or designee. Behavioral Wellness Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.

D. Withholding of Payment for Unsatisfactory Clinical Documentation. Behavioral Wellness Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards. County may also deny payment for services that are provided without a current client service plan when applicable authorities require a plan to be in place.

E. Claims Submission Restrictions.

1. 12-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within 12 months from the month of service to avoid denial for late billing.

2. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

F. Claims Certification and Program Integrity. Contractor shall certify that all services entered by Contractor into County's EHR for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.

B. Overpayments. If the Contractor discovers an overpayment, Contractor must notify the County in writing of the reason for the overpayment. Any overpayments of contractual amounts must be returned via direct payment within 30 calendar days to the County after the date on which the overpayment was identified. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within the required timeframe.

IX. REPORTS.

A. Audited Financial Reports. Contractor is required to obtain an annual financial statement audit and submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.

B. Single Audit Report. If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

X. AUDITS AND AUDIT APPEALS.

A. Audit by Responsible Auditing Party. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with State and Federal law including but not limited to WIC Section 14170 et seq., authorized representatives from the County, State or Federal governments (Responsible Auditing Party) may conduct an audit or site review of Contractor regarding the mental health services/activities provided under this Agreement.

B. Settlement. Settlement of the audit findings will be conducted according to the Responsible Auditing Party's procedures in place. In the case of a State Medi-Cal audit, the State and County will perform a post-audit Medi-Cal settlement that is based on State audit findings. Such settlement will take place when the State initiates its settlement action which customarily is after the issuance of the audit report by the State and before the State's audit appeal process. However, if the Responsible Auditing Party stays its collection of any amounts due or payable because of the audit findings, County will also stay its settlement of the same amounts due or payable until the Responsible Auditing Party initiates its settlement action with County. If an audit adjustment is appealed then the County may, at its own discretion, notify Contractor but stay collection of amounts due until resolution of the State administrative appeals process.

C. Invoice for Amounts Due. County shall issue an invoice to Contractor for any amount due to the County after the Responsible Auditing Party issues an audit report. The amount on the County invoice is due by Contractor to County thirty (30) calendar days from the date of the invoice.

D. Appeal. Contractor may appeal any such audit findings in accordance with the audit appeal process established by the Responsible Auditing Party performing the audit.

VIII. Delete Exhibit B-1 – MHS: Schedule of Rates and Contract Maximum and replace it with the following:

EXHIBIT B-1- MHS -Fiscal Year 22-23
SCHEDULE OF RATES AND CONTRACT MAXIMUM
Effective July 1, 2022 – June 30, 2023
(Applicable to programs described in Exhibit A-2 & A-3)

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

CONTRACTOR NAME: Olive Crest

FISCAL YEAR: 2022-2023

Contracted Services(1)	Service Type	Mode	Service Description (1)	Unit of Service	Service Function Code	County Max Rate 22-23 (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	$ 2.69
			Intensive Care Coordination	Minutes	07	$ 2.69
			Collateral	Minutes	10	$ 3.47
			*MHS- Assessment	Minutes	30	$ 3.47
			MHS - Plan Development	Minutes	31	$ 3.47
			*MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	$ 3.47
			MHS - Rehab (Individual, Group)	Minutes	41, 51	$ 3.47
			MHS - IHBS	Minutes	57	$ 3.47
			MHS - TBS	Minutes	58	$ 3.47
			Medication Eval/Management-Psychiatrist	Minutes	60	$ 6.42
			Medication Support and Training	Minutes	61, 62	$ 6.42
			Crisis Intervention	Minutes	70	$ 5.17

	PROGRAM					
	Short Term Residential Therapeutic Program (STRTP) FY 22-23					TOTAL
GROSS COST:	$ 1,000,000					$1,000,000
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						$ -
CONTRIBUTIONS						$ -
OTHER (LIST):						$ -
TOTAL CONTRACTOR REVENUES	$ -					
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE	**$ 1,000,000**					**$ 1,000,000**

ESTIMATED SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	$ 950,000	$ -				$ 950,000
NON-MEDI-CAL						$ -
SUBSIDY	$ 50,000	$ -				$ 50,000
OTHER (LIST):						$ -
TOTAL (SOURCES OF FUNDING)	**$ 1,000,000**	**$** DocuSigned by: -		**$** -	**$** -	**$ 1,000,000**

CONTRACTOR SIGNATURE: Donald Verleur — DocuSigned by: 0C991377AF9A400...

FISCAL SERVICES SIGNATURE: Christie Boyer — DocuSigned by: 96D40AB0C0AD408...

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) 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. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

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

(4) Director or designee may remove or increase the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waivered Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waivered Mental Health clinician. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the Intern/Trainee.

IX. Add a new Exhibit B-1 – MHS: Schedule of Rates and Contract Maximum as follows:

EXHIBIT B-1- MHS – Fiscal Year 23-24
SCHEDULE OF RATES AND CONTRACT MAXIMUM
Effective July 1, 2023 – June 30, 2024
(Applicable to programs described in Exhibit A-2 & A-3)

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

CONTRACTOR NAME: Olive Crest

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 Hours	Medi-Cal Contract Allocation
Medi-Cal Billable Services	Outpatient Services Fee-For-Service	Prescriber	Psychiatrist/ Contracted Psychiatrist	0.01	$609.99	7	$4,270
			Physicians Assistant	0.00	$324.60	0	$0
			Nurse Practitioner (& Cert Nurse Spec.)	0.20	$359.09	146	$52,428
		Non-Prescriber	Registered Nurse	0.00	$293.23	0	$0
			Licensed Vocational Nurse	0.00	$161.51	0	$0
			Licensed Psychiatric Technician	0.10	$137.99	70	$9,659
		Behavioral Health Provider	Psychologist/ Pre-licensed Psychologist	0.00	$290.10	0	$0
			LPHA / Assoc. LPHA	2.00	$197.58	1,398	$276,218
			Certified Peer Recovery Specialist	0.00	$156.81	0	$0
			Rehabilitation Specialists & Other Qualified Providers	4.00	$148.97	2,796	$416,519
				6.31		**4,417**	**$759,094**

Contracted Service	Service Type	Reimbursement Method	Non-Medi-Cal Contract Allocation
Non-Medi-Cal Billable Services	Outpatient Non-Medi-Cal Services (1)	Fee-For Service	$15,906
			$15,906

Total Contract Maximum **$775,000**

Contract Maximum by Program & Estimated Funding Sources							
	PROGRAM(S)						Total
Funding Sources (2)	Short-Term Residential Therapeutic Program						
Medi-Cal Patient Revenue (3)	$ 759,094						$ 759,094
Realignment Non-Medi-Cal Services	$ 15,906						$ 15,906
TOTAL CONTRACT PAYABLE FY 23-	**$ 775,000**	$ -	$ -	$ -	$ -	$ -	**$ 775,000**

CONTRACTOR SIGNATURE: DocuSigned by: Donald Verleur 0C991377AF9A400...

FISCAL SERVICES SIGNATURE: DocuSigned by: Christie Boyer 96D40AB0C0AD408...

(1) 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.

(2) 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.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental Funds and SB 163.

X. Delete Exhibit B-2 – Entity Budget by Program and replace it with the following:

EXHIBIT B-2 – Fiscal Year 22-23
CONTRACTOR BUDGET BY PROGRAM
Effective July 1, 2022 – June 30, 2023

AGENCY NAME: Olive Crest

COUNTY FISCAL YEAR: 2022-2023

LINE #	COLUMN #	1	2	3
		I. REVENUE SOURCES:	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	STRTP
1		Contributions	$ -	
2		Foundations/Trusts	$ -	
3		Miscellaneous Revenue	$ -	
4		Behavioral Wellness Funding	$ 1,000,000	$ 1,000,000
5		Other Government Funding	$ -	
6		Total Other Revenue	$ 1,000,000	$ 1,000,000
		II. Client and Third Party Revenues:		
7		Client Fees	-	
8		SSI	-	
9		Total Client and Third Party Revenues	$ -	$ -
10		GROSS PROGRAM REVENUE BUDGET	$ 1,000,000	$ 1,000,000
		III. DIRECT COSTS	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	STRTP
		III.A. Salaries and Benefits Object Level		
11		Salaries (Complete Staffing Schedule)	$ 626,000	$ 626,000
12		Employee Benefits	$ 82,790	$ 82,790
13		Payroll Taxes	$ 53,210	$ 53,210
14		Salaries and Benefits Subtotal	$ 762,000	$ 762,000
		III.B Services and Supplies Object Level		
15		Psychiatry	$ 60,000	$ 60,000
16		Office/program supplies	$ 12,000	$ 12,000
17		Insurance	$ 8,000	$ 8,000
18		Program expense (training, minor equipment)	$ 12,000	$ 12,000
19		Recruitment	$ 3,500	$ 3,500
20		Mileage	$ 17,500	$ 17,500
21		Dues and subscriptions	$ 7,000	$ 7,000
22		Services and Supplies Subtotal	$ 120,000	$ 120,000
23		III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	$ -	$ -
			$ -	
24		SUBTOTAL DIRECT COSTS	$ 882,000	$ 882,000
		IV. INDIRECT COSTS		
25		Administrative Indirect Costs (Reimbursement limited to 15%)	$ 118,000	$ 118,000
26		GROSS DIRECT AND INDIRECT COSTS	$ 1,000,000	$ 1,000,000

XI. Add a new Exhibit B-3 – Entity Rates and Codes by Service Type as follows:

EXHIBIT B-3 – Fiscal Year 23-24
ENTITY RATES AND CODES BY SERVICE TYPE
Effective July 1, 2023 – June 30, 2024

Prescriber Fees

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/ Contracted Psychiatrist	Physicians Assistant	Nurse Practitioner (& Nurse Specialist)
90785	Interactive Complexity	Supplemental Service Codes	Occurrence	$8.00	$8.00	$8.00
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment Codes	15	$152.50	$81.15	$89.77
90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Assessment Codes	15	$152.50	$81.15	$89.77
90832	Psychotherapy, 30 Minutes with Patient	Therapy Codes	27	$274.50	$146.07	$161.59
90833	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Therapy Codes	27	$274.50	$146.07	$161.59
90834	Psychotherapy, 45 Minutes with Patient	Therapy Codes	45	$457.49	$243.45	$269.32
90836	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Therapy Codes	45	$457.49	$243.45	$269.32
90837	Psychotherapy, 60 Minutes with Patient	Therapy Codes	60	$609.99	$324.60	$359.09
90838	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Therapy Codes	60	$609.99	$324.60	$359.09
90839	Psychotherapy for Crisis, First 30-74 Minutes 84	Crisis Intervention Codes	52	$528.66	$281.32	$311.22
90840	Psychotherapy for Crisis, Each Additional 30 Minutes	Crisis Intervention Codes	30	$305.00	$162.30	$179.55
90845	Psychoanalysis, 15 Minutes	Therapy Codes	15	$152.50	$81.15	$89.77
90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Therapy Codes	50	$508.33	$270.50	$299.25
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Therapy Codes	15	$152.50	$81.15	$89.77
90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	Therapy Codes	15	$152.50	$81.15	$89.77
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 Codes	15	$152.50	$81.15	$89.77
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15	$152.50	$81.15	$89.77
96161	Caregiver Assessment Administration of Care- Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15	$152.50	$81.15	$89.77
96365	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Medication Support Codes	46	$467.66	$248.86	$275.31
96366	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Medication Support Codes	45	$457.49	$243.45	$269.32
96367	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Medication Support Codes	31	$315.16	$167.71	$185.53
96368	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
96369	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Medication Support Codes	38	$386.33	$205.58	$227.43
96370	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369	Medication Support Codes	45	$457.49	$243.45	$269.32
96371	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
96372	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Medication Support Codes	15	$152.50	$81.15	$89.77
96373	Therapeutic, Prophylactic, or Diagnostic Injection; Intra- Arterial, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
96374	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
96375	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
96376	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77

96377	Application of On- body Injector for Timed Subcutaneous Injection, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment Codes	8		$43.28	$47.88
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment Codes	16		$86.56	$95.76
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment Codes	26		$140.66	$155.61
99202	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Medication Support Codes	22	$223.66	$119.02	$131.67
99203	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Medication Support Codes	37	$376.16	$200.17	$221.44
99204	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Medication Support Codes	52	$528.66	$281.32	$311.22
99205	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Medication Support Codes	67	$681.16	$362.47	$400.99
99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Medication Support Codes	25	$254.16	$135.25	$149.62
99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Medication Support Codes	35	$355.83	$189.35	$209.47
99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Medication Support Codes	47	$477.83	$254.27	$281.29
99242	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity. 21- 34 Minutes	Therapy Codes	25	$254.16	$135.25	$149.62
99243	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity. 35-49 Minutes	Therapy Codes	35	$355.83	$189.35	$209.47
99244	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity. 50-70 Minutes	Therapy Codes	47	$477.83	$254.27	$281.29
99245	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity. 71-90 Minutes	Therapy Codes	62	$630.32	$335.42	$371.06
99252	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity. 30- 49 Minutes	Therapy Codes	40	$406.66	$216.40	$239.40
99253	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Moderate Severity. 50-69 Minutes	Therapy Codes	52	$528.66	$281.32	$311.22
99254	Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Moderate to High Severity. 70-90 Minutes	Therapy Codes	70	$711.66	$378.70	$418.94
99255	Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity. 91-130 Minutes	Therapy Codes	87	$884.49	$470.67	$520.69
99341	Home Visit of a New Patient, 15-25 Minutes	Medication Support Codes	22	$223.66	$119.02	$131.67
99342	Home Visit of a New Patient, 26-35 Minutes	Medication Support Codes	45	$457.49	$243.45	$269.32
99344	Home Visit of a New Patient, 51-65 Minutes	Medication Support Codes	67	$681.16	$362.47	$400.99
99345	Home Visit of a New Patient, 66-80 Minutes	Medication Support Codes	82	$833.65	$443.62	$490.76
99347	Home Visit of an Established Patient, 10-20 Minutes	Medication Support Codes	25	$254.16	$135.25	$149.62
99348	Home Visit of an Established Patient, 21-35 Minutes	Medication Support Codes	35	$355.83	$189.35	$209.47
99349	Home Visit of an Established Patient, 36-50 Minutes	Medication Support Codes	50	$508.33	$270.50	$299.25
99350	Home Visit of an Established Patient, 51-70 Minutes	Medication Support Codes	67	$681.16	$362.47	$400.99
99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Plan Development Codes	60		$324.60	$359.09
99367	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	Plan Development Codes	60	$609.99		
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	Plan Development Codes	60		$324.60	$359.09
99441	Telephone Evaluation and Management Service, 5-10 Minutes	Assessment Codes	8	$81.33	$43.28	$47.88
99442	Telephone Evaluation and Management Service, 11-20 Minutes	Assessment Codes	16	$162.66	$86.56	$95.76
99443	Telephone Evaluation and Management Service, 21-30 Minutes	Assessment Codes	26	$264.33	$140.66	$155.61
99451	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Referral Codes	17	$172.83		
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes	Plan Development Codes	60	$609.99	$324.60	$359.09
G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
H0031	Mental Health Assessment by Non- Physician, 15 Minutes	Assessment Codes	15		$81.15	$89.77
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15		$81.15	$89.77
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
H0034	Medication Training and Support, per 15 Minutes	Medication Support Codes	15	$152.50	$81.15	$89.77
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15	$152.50	$81.15	$89.77
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15	$152.50	$81.15	$89.77
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15	$152.50	$81.15	$89.77
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15	$152.50	$81.15	$89.77
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15	$152.50	$81.15	$89.77
T1001	Nursing Assessment/Evaluation, 15 Minutes	Assessment Codes	15			$89.77
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15	$152.50	$81.15	$89.77
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15	$152.50	$81.15	$89.77

Provider type	Tax1	Tax2	Tax3	Tax4	Tax5	Tax6	Tax7	Tax8	Tax9	Tax10
Physician (including Psychiatrist)	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	2098	2086	2087	2088		
Nurse Practitioner	363L									
Certified Nurse Specialist	3645									
Physicians Assistant	363A									

Non-Prescriber Fees

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate	RN	LVN	Pharmacist	Licensed Psychiatric Technician
90785	Interactive Complexity	Supplemental Service Codes	Occurrence	$8.00	$8.00	$8.00	$8.00
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15			$90.95	
96110	Developmental Screening, 15 Minutes	Assessment Codes	15	$73.31			
96116	Neurobehavioral Status Exam, First Hour	Assessment Codes	60	$293.23			
96121	Neurobehavioral Status Exam, Each Additional Hour	Assessment Codes	60	$293.23			
96127	Brief Emotional/Behavioral Assessment, 15 Minutes	Assessment Codes	15	$73.31			
96138	Psychological or Neuropsychological Test Administration by Technician, First 30 Minutes	Assessment Codes	30				$69.00
96139	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Assessment Codes	30				$69.00
96161	Caregiver Assessment Administratio n of Care- Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15	$73.31	$40.38	$90.95	
96365	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes	Medication Support Codes	46	$224.81			
96366	Intravenous Infusion, for Therapy, Prophylaxis, Each Additional 30-60 Minutes past 96365	Medication Support Codes	45	$219.93			
96367	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Additional Sequential Infusion, 1-60 Minutes after 96365	Medication Support Codes	31	$151.50			
96368	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis; Concurrent Infusion, 15 Minutes	Medication Support Codes	15	$73.31			
96369	Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes	Medication Support Codes	38	$185.72			
96370	Subcutaneous Infusion for Therapy or Prophylaxis, Each Additional 30-60 Minutes after 96369	Medication Support Codes	45	$219.93			
96371	Subcutaneous Infusion for Therapy or Prophylaxis, Additional Pump Set-Up, 15 Minutes	Medication Support Codes	15	$73.31			
96372	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Medication Support Codes	15	$73.31			
96373	Therapeutic, Prophylactic, or Diagnostic Injection; Intra- Arterial, 15 Minutes	Medication Support Codes	15	$73.31			
96374	Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	Medication Support Codes	15	$73.31			
96375	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	Medication Support Codes	15	$73.31			
96376	Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided In a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes	Medication Support Codes	15	$73.31			
96377	Application of On- body Injector for Timed Subcutaneous Injection, 15 Minutes	Medication Support Codes	15	$73.31			
99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Plan Development Codes	60	$293.23		$363.80	
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	Plan Development Codes	60	$293.23		$363.80	
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes	Plan Development Codes	60	$293.23	$161.51	$363.80	$137.99
99605	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with New Patient with Assessment and Intervention, 15 Minutes	Medication Support Codes	15			$90.95	
99606	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with Established Patient with Assessment and Intervention, 15 Minutes	Medication Support Codes	15			$90.95	
99607	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to- Face with Patient with Assessment and Intervention, each Additional 15 Minutes beyond 99605 or 99606.	Medication Support Codes	15			$90.95	
H0031	Mental Health Assessment by Non- Physician, 15 Minutes	Assessment Codes	15	$73.31	$40.38	$90.95	$34.50
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15	$73.31	$40.38	$90.95	$34.50
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15	$73.31	$40.38	$90.95	$34.50
H0034	Medication Training and Support, per 15 Minutes	Medication Support Codes	15	$73.31	$40.38	$90.95	$34.50
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15	$73.31	$40.38	$90.95	$34.50
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15	$73.31	$40.38	$90.95	$34.50
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15	$73.31	$40.38	$90.95	$34.50
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15	$73.31	$40.38	$90.95	$34.50
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15	$73.31	$40.38	$90.95	$34.50
T1001	Nursing Assessment/Evaluation, 15 Minutes	Assessment Codes	15	$73.31	$40.38		$34.50
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15	$73.31	$40.38	$90.95	$34.50
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15	$73.31	$40.38	$90.95	$34.50

Provider type	Tax1	Tax2	Tax3
Pharmacist	1835		
RN	163W	3675	376G
LVN	164W	164X	
Licensed Psychiatric Technician	106S	167G	3747

Behavioral Health Provider Fees

Code	Code Description	Code Type	Time Associated with Code (Mins) for Purposes of Rate	Psychologist/ Pre-licensed Psychologist	LPHA & LCSW	MHRS & Other Designated	Peer Recovery Specialist
90785	Interactive Complexity	Supplemental Service Codes	Occurrence	$8.00	$8.00	$8.00	$8.00
90791	Psychiatric Diagnostic Evaluation, 15 Minutes	Assessment Codes	15	$72.52	$49.40		
90832	Psychotherapy, 30 Minutes with Patient	Therapy Codes	27	$130.54	$88.91		
90834	Psychotherapy, 45 Minutes with Patient	Therapy Codes	45	$217.57	$148.19		
90837	Psychotherapy, 60 Minutes with Patient	Therapy Codes	60	$290.10	$197.58		
90839	Psychotherapy for Crisis, First 30-74 Minutes 84	Crisis Intervention Codes	52	$251.42	$171.24		
90840	Psychotherapy for Crisis, Each Additional 30 Minutes	Crisis Intervention Codes	30	$145.05	$98.79		
90845	Psychoanalysis, 15 Minutes	Therapy Codes	15	$72.52	$49.40		
90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Therapy Codes	50	$241.75	$164.65		
90849	Multiple-Family Group Psychotherapy, 15 Minutes	Therapy Codes	15	$72.52	$49.40		
90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	Therapy Codes	15	$72.52	$49.40		
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 Codes	15	$72.52	$49.40		
90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Supplemental Service Codes	15	$72.52	$49.40		
96105	Assessment of Aphasia, per Hour	Assessment Codes	60	$290.10			
96110	Developmental Screening, 15 Minutes	Assessment Codes	15	$72.52	$49.40		
96112	Developmental Testing, First Hour	Assessment Codes	60	$290.10			
96113	Developmental Testing, Each Additional 30 Minutes	Assessment Codes	30	$145.05			
96116	Neurobehavioral Status Exam, First Hour	Assessment Codes	60	$290.10	$197.58		
96121	Neurobehavioral Status Exam, Each Additional Hour	Assessment Codes	60	$290.10	$197.58		
96125	Standardized Cognitive Performance Testing, per Hour	Assessment Codes	60	$290.10			
96127	Brief Emotional/Behavioral Assessment, 15 Minutes	Assessment Codes	15	$72.52	$49.40		
96130	Psychological Testing Evaluation, First Hour	Assessment Codes	60	$290.10			
96131	Psychological Testing Evaluation, Each Additional Hour	Assessment Codes	60	$290.10			
96132	Neuropsychological Testing Evaluation, First Hour	Assessment Codes	60	$290.10			
96133	Neuropsychological Testing Evaluation, Each Additional Hour	Assessment Codes	60	$290.10			
96136	Psychological or Neuropsychological Test Administration, First 30 Minutes	Assessment Codes	30	$145.05			
96137	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	Assessment Codes	30	$145.05			
96146	Psychological or Neuropsychological Test Administration, 15 Minutes	Assessment Codes	15	$72.52			
96161	Caregiver Assessment Administratio n of Care- Giver Focused Risk Assessment, 15 Minutes	Supplemental Service Codes	15	$72.52	$49.40		
98966	Telephone Assessment and Management Service, 5-10 Minutes	Assessment Codes	8	$38.68	$26.34		
98967	Telephone Assessment and Management Service, 11-20 Minutes	Assessment Codes	16	$77.36	$52.69		
98968	Telephone Assessment and Management Service, 21-30 Minutes	Assessment Codes	26	$125.71	$85.62		
99366	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Plan Development Codes	60	$290.10	$197.58		
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	Plan Development Codes	60	$290.10	$197.58		
99484	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes	Plan Development Codes	60	$290.10	$197.58		
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Peer Support Services Codes	15				$39.20
H0031	Mental Health Assessment by Non- Physician, 15 Minutes	Assessment Codes	15	$72.52	$49.40	$37.24	$39.20
H0032	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Plan Development Codes	15	$72.52	$49.40	$37.24	$39.20
H0033	Oral Medication Administration, Direct Observation, 15 Minutes	Medication Support Codes	15	$72.52	$49.40	$37.24	$39.20
H0038	Self-help/peer services per 15 minutes	Peer Support Services Codes	15				$39.20
H2000	Comprehensive Multidisciplinary Evaluation, 15 Minutes	Assessment Codes	15	$72.52	$49.40	$37.24	$39.20
H2011	Crisis Intervention Service, per 15 Minutes	Crisis Intervention Codes	15	$72.52	$49.40	$37.24	$39.20
H2017	Psychosocial Rehabilitation, per 15 Minutes	Rehabilitation Codes	15	$72.52	$49.40	$37.24	$39.20
H2019	Therapeutic Behavioral Services, per 15 Minutes	Therapeutic Behavioral Services	15	$72.52	$49.40	$37.24	$39.20
H2021	Community-Based Wrap-Around Services, per 15 Minutes 129	Rehabilitation Codes	15	$72.52	$49.40	$37.24	$39.20
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Supplemental Service Codes	15	$72.52	$49.40	$37.24	$39.20
T1017	Targeted Case Management, Each 15 Minutes	Referral Codes	15	$72.52	$49.40	$37.24	$39.20

Provider type	Tax1	Tax2	Tax3	Tax4	Tax6	Tax7	Tax8	Tax9
Psychologist/ Pre-licensed Psychologist	102L	103G	103T					
LPHA	1012	101Y	102X	103K	1714	222Q	225C	2256
LCSW	106E	1041						
Peer Recovery Specialist	175T							
Mental Health Rehab Specialist	146D	146L	146M	146N	174H	1837		
	2217	224Y	224Z	2254	225A	2260	2263	
	246Y	246Z	2470	274K	376K	3902	4053	
Other Qualified Providers - Other Designated MH staff that bill medical	171R	172V	3726	373H	376J			

XII. 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 Agreement. The terms and provisions of the Agreement, except as expressly modified and superseded by this First Amended 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.

XIII. 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 the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Olive Crest.**

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

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date: 8-29-23

ATTEST:
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: 8-29-23

CONTRACTOR:
OLIVE CREST

By: DocuSigned by: Donald Verleur 0C991377AF9A400...
Authorized Representative

Name: Donald Verleur

Title: Chief Executive Officer

Date: 8/18/2023

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

By: DocuSigned by: Bo Bae 48A252DEFFD3466...
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:
BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:
ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By: DocuSigned by: Antonette Navarro 2095C5A16FE1474...
Director

APPROVED AS TO FORM:
GREG MILLIGAN, ARM
RISK MANAGER

By: DocuSigned by: Gregory Milligan 05F555F00209400...
Risk Manager

SIGNATURE PAGE

First Amendment to the Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Olive Crest.**

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

COUNTY OF SANTA BARBARA:

By: _____
DAS WILLIAMS, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:
MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:
OLIVE CREST

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:
RACHEL VAN MULLEM
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:
BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: DocuSigned by: A99ED5BD71D04FB... _____
Deputy

RECOMMENDED FOR APPROVAL:
ANTONETTE NAVARRO, LMFT
DIRECTOR, DEPARTMENT OF
BEHAVIORAL WELLNESS

By: _____
Director

APPROVED AS TO FORM:
GREG MILLIGAN, ARM
RISK MANAGER

By: _____
Risk Manager