

AMENDMENT No. 2 to the AGREEMENT BETWEEN COUNTY OF LAKE AND REDWOOD COMMUNITY SERVICES, INC. FOR THE LAKE COUNTY WRAP PROGRAM, FOSTER CARE PROGRAM, AND INTENSIVE SERVICES FOSTER CARE (ISFC) PROGRAM FOR SPECIALTY MENTAL HEALTH SERVICES FOR FISCAL YEARS 2022-23, 2023-24, and 2024-25

This 2nd Amendment to the Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County,” and Redwood Community Services, Inc., hereinafter referred to as “Contractor,” collectively referred to as the “parties.”

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2022 under which Contractor will provide Specialty Mental Health Services including Intensive Services Foster Care; and

WHEREAS, the parties amended this Agreement on June 28, 2023 to include CalAIM service and payment reform requirements described in **Exhibit A**, “Scope of Services,” **Exhibit B**, “Fiscal Provisions,” and **Exhibit C**, “Compliance Provisions,” and

WHEREAS, the parties desire to amend the Agreement again to include the addition of Peer Support Services in Exhibit A, “**Scope of Services**,” item 4.4.

NOW, THEREFORE, based on the forgoing recitals, the parties hereto agree as follows:

Section 4.4 of EXHIBIT A- “Scope of Services” is hereby amended to state as follows:

EXHIBIT A – SCOPE OF SERVICES

4.4 Contractor shall provide the following medically necessary covered specialty mental health services, as defined in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/provgovpart/Documents/Billing-Manual-v-1-1-June-2022.pdf>, or subsequent updates to this billing manual to clients who meet access criteria for receiving specialty mental health services:

Outpatient	Crisis Intervention Service, per 15 Minutes	H2011
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853
	Intensive Care Coordination	T1017
	Intensive Home Based Services	H2017,
	Interactive Complexity	90785
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031

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	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032
	Multiple-Family Group Psychotherapy, 15 Minutes	90849
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885
	Psychosocial Rehabilitation, per 15 Minutes	H2017
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839
	Psychotherapy, 30 Minutes with Patient	90832
	Psychotherapy, 45 Minutes with Patient	90834
	Psychotherapy, 60 Minutes with Patient	90837
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013
	Targeted Case Management, Each 15 Minutes	T1017
	Interdisciplinary Team Meeting (client/family not present)	99368
	Interdisciplinary Team Meeting (client/family present)	99366
Psychiatry Services	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367
	Medication Training and Support, per 15 Minutes	H0034
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215

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	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885
	Telephone Evaluation and Management Service, 11-20 Minutes	99442
	Telephone Evaluation and Management Service, 21-30 Minutes	99443
	Telephone Evaluation and Management Service, 5-10 Minutes	99441
	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.	96372
Therapeutic Behavioral Services	Therapeutic Behavioral Services, per 15 Minutes	H2019
Therapeutic Foster Care	Therapeutic Foster Care	S5145
Peer Support Services	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	H0025
	Crisis Intervention Service, per 15 Minutes	H2011
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031
	Psychosocial Rehabilitation, per 15 Minutes	H2017
	Self-help/peer services per 15 minutes	H0038
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013

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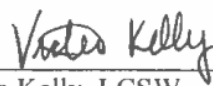
	Targeted Case Management, Each 15 Minutes	T1017
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The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE

REDWOOD COMMUNITY SERVICES,
INC.


Bruno Sabatier (Mar 19, 2024 20:14 PDT)



Chair
 Board of Supervisors
 Date: 03/19/2024

Victoria Kelly, LCSW
 Executive Director
 Date: 3-5-24



APPROVED AS TO FORM:
 LLOYD GUINTIVANO
 County Counsel

ATTEST:
 SUSAN PARKER
 Clerk to the Board of Supervisors

By: 

By: Johanna Delong (Mar 19, 2024 15:33 PDT)

Date: 02/29/2023

Date: 03/19/2024

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