

**AMENDMENT NO. 2 TO THE AGREEMENT BETWEEN COUNTY OF LAKE AND  
NATIVE AMERICAN MENTAL HEALTH SERVICES DBA NORTH AMERICAN  
MENTAL HEALTH SERVICES FOR TELEPSYCHIATRY SERVICES  
FOR FISCAL YEAR 2018-19**

This Amendment No. 2 to the Agreement is made and entered into this 28th day of December, 2018 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as "County") and North American Mental Health Services (hereinafter referred to as "Contractor").

**RECITALS**

**WHEREAS**, the parties hereto have entered into an Agreement dated July 1, 2018 under which Contractor will provide telepsychiatry services for County; and

**WHEREAS**, due to an increase in the utilization of telepsychiatry services, the parties desire to amend the Agreement to increase the total compensation payable under the Agreement by \$50,000 for a new contract maximum of \$300,000; and

**WHEREAS**, the parties agree that the rates for Mental Health Medical Director services shall be added to the Payment Terms.

**NOW, THEREFORE**, the parties hereby agree as follows:

**Section 3 – COMPENSATION is hereby amended to read:**

"Contractor has been selected by County to provide the services described hereunder in **Exhibit A "Scope of Services"**, attached hereto, and incorporated herein. Compensation to Contractor shall not exceed **Three Hundred Thousand Dollars (\$300,000)**.

The County shall compensate Contractor for services rendered, in accordance with the provisions set forth in **Exhibit B**, titled "**Fiscal Provisions**" attached hereto and incorporated herein, provided that Contractor is not in default under any provisions of this Agreement."

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**Exhibit A, Section 4 – DESCRIPTION OF SERVICES** is hereby amended to read:

“4.1 Contractor in a competent and professional manner shall provide direct professional behavioral health services to LCBH by means of video-conferencing.

4.2 Contractor shall provide Medication Evaluation/Medication Follow-up for any Lake County Medi-Cal client scheduled for such appointment. Medication Evaluation appointments shall take one to one and half (1-1.5) hours for a child/youth and one (1) hour for an adult. Medication follow-up appointments shall take 30 minutes for either child /youth or adult.

4.3 Contractor shall provide on-site visit for the purpose of providing direct patient care services, and/or consulting or training qualified health care professionals, as mutually agreed upon by the parties.

4.4 Contractor shall enter progress notes remotely in LCBH’s electronic health record.

4.5 Contractor shall send prescriptions or prescription refills to clients local pharmacy by fax or e-prescription. All refills will be managed within 48 hours or less.

4.6 Contractor shall provide a qualified medical doctor who will supervise Lake County Behavioral Health’s Physician Assistant for minimum of four (4) hours per month. This supervision will include the review and approval, of at a minimum, five (5) percent of the Physician Assistant’s clinical documentation and one (1) hour of direct consultation per week.

4.7 Contractor will provide a qualified medical doctor who will review and approve or deny any Treatment Authorization Requests that have been found to not meet medical necessity by the Lake County Behavioral Health’s Compliance Manager.

4.8 Contractor will develop a back-up plan with Lake County Behavioral Health in the event of unforeseen technical difficulties or inclement weather.

4.9 Contractor will be responsible for covering time slots when current NAMHS providers are on vacation/leave.”

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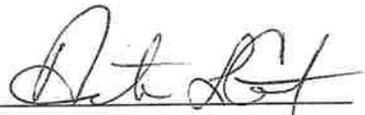
The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

**COUNTY OF LAKE**

By: \_\_\_\_\_  
Chair

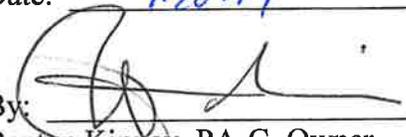
Board of Supervisors  
DATE: \_\_\_\_\_

APPROVED AS TO FORM:  
ANITA L. GRANT  
County Counsel

By:   
Date: 12-28-18  
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**NORTH AMERICAN MENTAL  
HEALTH SERVICES**

By:   
Thomas Andrews, MD, Owner  
Date: 1.20.19

By:   
Benton Kinney, PA-C, Owner  
Date: 1-18-19

ATTEST:  
CAROL J. HUCHINGSON  
Clerk to the Board of Supervisors

By: \_\_\_\_\_  
Date: \_\_\_\_\_

