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 ma 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**

	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**
	Interdiciplinary Team Meeting (client/family not present)	**99368**
	Interdiciplinary 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**

	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**

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

COUNTY OF LAKE

_____
Chair
Board of Supervisors
Date: _____

REDWOOD COMMUNITY SERVICES, INC.

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

APPROVED AS TO FORM:
LLOYD GUINTIVANO
County Counsel
By: _____
Date: 02/29/2023

ATTEST:
SUSAN PARKER
Clerk to the Board of Supervisors
By: _____
Date: _____

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