

**Amendment No. 1 to the AGREEMENT BETWEEN COUNTY OF LAKE
AND COMMUNITY BEHAVIORAL HEALTH FOR SUBSTANCE USE
DISORDER MEDICATION ASSISTED TREATMENT SERVICES FOR
FISCAL YEAR 2024-25**

This Amendment No. 1 to the Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County,” and Community Behavioral Health, hereinafter referred to as “Contractor,” collectively referred to as the “parties.”

RECITALS

WHEREAS, the County entered into an Agreement with Contractor effective August 1, 2024; and

WHEREAS, the parties desire to amend the Agreement to add the addition of a Licensed Vocational Nurse, with no change to the contract max, and must amend Exhibit B “Fiscal Provisions,” to reflect this change.

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

Section 8.1 of EXHIBIT B – “Fiscal Provisions” is hereby amended to state as follows:

8.1 Rates

New addition of Licensed Vocational Nurse has been added September 1st, 2024, and shall receive payments at the start of the addition.

Provider Type	Rate
Physician’s Assistant or Nurse Practitioner	\$625.41/hour
MD or DO	\$1,394.46/hour
Medical Assistant	\$204.54/hour
LPHA (LMFT or LCSW)	\$362.91/hour
Unspecified Support Staff	\$39.67/hour
Registered Nurse	\$566.41/hour
Licensed Vocational Nurse	\$297.55/hour

*Travel expenses connected to on-site services including mileage, flights, hotels and drive time will be billed to LCBHS

*Commute time will not be billed additionally if built into schedule

* Every 4 hours of service will result in an additional 30 minutes of billable time for bridged care.

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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

COMMUNITY BEHAVIORAL HEALTH

Chair, Board of Supervisors

Date: _____



Ornella Addonizio (Oct 10, 2024 17:53 PDT)

Ornella Addonizio, MD

Date: 10/10/2024

APPROVED AS TO FORM:

LLOYD GUINTIVANO

County Counsel

By:  _____

Date: October 8, 2024

ATTEST:

SUSAN PARKER

Clerk to the Board of Supervisors

By: _____

Date: _____

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24.25.28.1 Community Behavioral Health AMEND No. 1

Final Audit Report

2024-10-11

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