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 Hilltop Recovery Services hereinafter referred to as "Contractor," collectively referred to as the "parties."

RECITALS

WHEREAS, the County entered into an Agreement with Contractor effective July 1, 2023, and;

WHEREAS, utilization of services provided by Contractor exceeded projections and did not include all levels of service provided; and

WHEREAS, the parties now desire to amend the Agreement to add ASAM Levels 1.0 and 2.1 services to the Agreement and increase the total compensation payable under the Agreement by \$14,203.77 for a new contract maximum of \$561,703.77 and must amend item three, "Compensation," to reflect this change; and

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

Section 5 of EXHIBIT A – "Scope of Services" is hereby amended to state as follows:

- **5. DESCRIPTION OF SERVICES.** Contractor shall provide outpatient ASAM Level 1.0 and 2.1 services as well as residential substance use disorder treatment services at ASAM levels 3.1 and 3.5 for both perinatal and non-perinatal populations.
- 5.1 These services shall be provided pursuant to the laws and regulations of the State of California governing such programs. These services shall be provided at Contractor's facility, hereinafter called "Facility", and located at the following addresses "6300 E. Highway 20, Lucerne, CA 95458," "14715 E. Highway 20, Clearlake Oaks, CA 95423," "14725 Catholic Church Road, Clearlake Oaks, CA 95423," "14715 E. Highway 20, Clearlake Oaks, CA 95423," "14725 Catholic Church Road, Clearlake Oaks, CA 95423."
- 5.2 Contractor shall have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the Contractor offers services to non-Medi-Cal beneficiaries.
- 5.3 Contractor shall provide the following medically necessary covered SUD services, as defined in the Drug Medi-Cal Billing Manual available in the DHCS County Claims Customer Services Library page at https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx, or subsequent updates to this billing manual, to clients who meet access criteria for receiving SUD services. Contractor shall observe and comply with all lockout and non-reimbursable service rules, as outlined in the Drug Medi-Cal Billing Manual. Current Procedural Terminology (CPT) Codes for use by Contractor:

ASAM / Service	CPT Code Name	CPT
Level		Code

ASAM Level 1.0	Interactive Complexity	90785
	Medical Team Conference with Interdisciplinary Team of	99368
	Health Care Professionals, Participation by Non- Physician.	
	Patient and/or Family Not Present. 30 Minutes or More	
	Medical Team Conference with Interdisciplinary Team of	99367
	Health Care Professionals, Participation by Physician.	
	Patient and/or Family not Present. 30 Minutes or More	
	Medication Training and Support, per 15 Minutes	H0034
	Multiple-Family Group Psychotherapy, 15 Minutes	90849
	Office or Other Outpatient Visit of a New patient, 30-44	99203
	Minutes	
	Office or Other Outpatient Visit of a New Patient, 45-59	99204
	Minutes	
	Office or Other Outpatient Visit of a New Patient, 60-74	99205
	Minutes	
	Office or Other Outpatient Visit of an Established Patient,	99212
	10-19 Minutes	
	Office or Other Outpatient Visit of an Established Patient,	99213
	20-29 Minutes	
	Office or Other Outpatient Visit of an Established Patient,	99214
	30-39 Minutes	
	Office or Other Outpatient Visit of an Established Patient,	99215
	40-54 Minutes	
	Office or Other Outpatient Visit of New Patient, 15-29	99202
	Minutes	
	Oral Medication Administration, Direct Observation, 15	H0033
	Minutes	G2212
	Prolonged Office or Other Outpatient Evaluation and	G2212
	Management Service(s) beyond the Maximum Time; Each	
	Additional 15 Minutes	00702
	Psychiatric Diagnostic Evaluation with Medical Services, 15	90792
	Minutes Productive Discounting Free leaving 15 Minutes	00701
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791
	Psychiatric Evaluation of Hospital Records, Other	90885
	Psychiatric Reports, Psychometric and/or Projective Tests,	
	and Other Accumulated Data for Medical Diagnostic	
	Purposes, 15 Minutes	06121
	Psychological Testing Evaluation, Each Additional Hour	96131
	Psychological Testing Evaluation, First Hour	96130
	Psychosocial Rehabilitation, per 15 Minutes	H2017
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013
	Targeted Case Management, Each 15 Minutes	T1017
	Telephone Evaluation and Management Service, 11-20 Minutes	99442

Telephone Evaluation and Management Service, 21-30	99443
Minutes	
Telephone Evaluation and Management Service, 5-10 Minutes	99441
Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846
Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847
Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865
Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887
Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889
Administration of patient-focused health risk assessment instrument.	96160
Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170
Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171
Telephone Assessment and Management Service, 5-10 Minutes	98966
Telephone Assessment and Management Service, 11-20 Minutes	98967
Telephone Assessment and Management Service, 21-30 Minutes	98968
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40-60 Minutes	99306
Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding	99308

SERVICES FOR FISCAL TEAR 2023-24	
Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New	99309
Problem, 20-29 Minutes	00210
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310
Domiciliary or Rest Home Visit of a New Patient, 15-25 Minutes	99324
Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325
Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326
Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327
Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328
Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334
Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335
Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336
Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337
Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339
Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340
Home Visit of a New Patient, 15-25 Minutes	99341
Home Visit of a New Patient, 26-35 Minutes	99342
Home Visit of a New Patient, 36-50 Minutes	99343
Home Visit of a New Patient, 51-65 Minutes	99344
Home Visit of a New Patient, 66-80 Minutes	99345
Home Visit of an Established Patient, 10-20 Minutes	99347
Home Visit of an Established Patient, 21-35 Minutes	99348
Home Visit of an Established Patient, 36-50 Minutes	99349
Home Visit of an Established Patient, 51-70 Minutes	99350
Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408

SERVICES FOR FISCAL TEAR 2023-24	
Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409
Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	99451
Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495
Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496
Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396
Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397
Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011
Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001
Alcohol and/or drug screening. Laboratory analysis	H0003
Behavioral health counseling and therapy, 15 minutes.	H0004
Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005
Alcohol and/or drug services; crisis intervention (outpatient),	H0007
Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048
Alcohol and/or drug screening	H0049
Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050
Prenatal Care, at risk assessment.	H1000
Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011
Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014
Comprehensive community support services, per 15 minutes	H2015
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	Psychoeducational Service, per 15 minutes	H2027
	Alcohol and/or other drug treatment program, Per Hour	H2035
	Except with modifiers 59, XE, XP, or XU. Modifiers have to	
	be on the target or excluded service.	
	Alcohol and/or substance abuse services, family/couple	T1006
	counseling	
	Alcohol and/or substance abuse services, treatment plan	T1007
	development and/or modification.	
ASAM Level 2.1	Interactive Complexity	90785
	Medical Team Conference with Interdisciplinary Team of	99368
	Health Care Professionals, Participation by Non- Physician.	
	Patient and/or Family Not Present. 30 Minutes or More	
	Medical Team Conference with Interdisciplinary Team of	99367
	Health Care Professionals, Participation by Physician.	
	Patient and/or Family not Present. 30 Minutes or More	
	Medication Training and Support, per 15 Minutes	H0034
	Multiple-Family Group Psychotherapy, 15 Minutes	90849
	Office or Other Outpatient Visit of a New patient, 30-44	99203
	Minutes	77203
	Office or Other Outpatient Visit of a New Patient, 45- 59	99204
	Minutes	77204
	Office or Other Outpatient Visit of a New Patient, 60-74	99205
	Minutes	77203
	Office or Other Outpatient Visit of an Established Patient,	99212
	10-19 Minutes	99212
	Office or Other Outpatient Visit of an Established Patient,	99213
	20-29 Minutes	99213
	Office or Other Outpatient Visit of an Established Patient,	99214
	30-39 Minutes	77214
	Office or Other Outpatient Visit of an Established Patient,	99215
	40-54 Minutes	99213
	Office or Other Outpatient Visit of New Patient, 15-29	99202
	Minutes	99202
	Oral Medication Administration, Direct Observation, 15	H0033
	Minutes	110033
	Prolonged Office or Other Outpatient Evaluation and	G2212
	Management Service(s) beyond the Maximum Time; Each	UZZIZ
	Additional 15 Minutes	
		90792
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90194
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Population of Hospital Records, Other Psychiatric Psychometric and/or Projective Tests	90885
	Psychiatric Reports, Psychometric and/or Projective Tests,	
	and Other Accumulated Data for Medical Diagnostic	
	Purposes, 15 Minutes	

SERVICES FOR FISCAL TEAR 2023-24	
Psychological Testing Evaluation, Each Additional Hour	96131
Psychological Testing Evaluation, First Hour	96130
Psychosocial Rehabilitation, per 15 Minutes	H2017
Sign Language or Oral Interpretive Services, 15 Minutes	T1013
Targeted Case Management, Each 15 Minutes	T1017
Telephone Evaluation and Management Service, 11-20	99442
Minutes	77-12
Telephone Evaluation and Management Service, 21-30	99443
Minutes Telephone Evaluation and Management Service, 5-10	99441
Minutes Family Psychotherapy (Without the Patient Present), 26-50	90846
Family Psychotherapy (Conjoint psychotherapy with Patient Present) 26 50 minutes	90847
Present), 26-50 minutes Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865
Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887
Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889
Administration of patient-focused health risk assessment instrument.	96160
Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170
Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171
Telephone Assessment and Management Service, 5-10 Minutes	98966
Telephone Assessment and Management Service, 11-20 Minutes	98967
Telephone Assessment and Management Service, 21-30 Minutes	98968
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16-29 Minutes	99304
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305

Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40-60 Minutes Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13-19 Minutes Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes Domiciliary or Rest Home Visit of a New Patient, 15-25 Minutes Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes Domiciliary or Rest Home Visit of an Established Patient, 136-50 Minutes Domiciliary or Rest Home Visit of an Established Patient, 11-35 Minutes Domiciliary or Rest Home Visit of an Established Patient, 11-37 Minutes Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes Home Visit of a New Patient, 15-65 Minutes Home Visit of a New Patient, 36-50 Minutes Home Visit of a New Patient, 51-65 Minutes Home Visit of a New Patient, 51-65 Minutes Home Visit of a New Patient, 51-6	DERIVICED FORTIS CITE TENTRE 2020 21	00206
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	Home Visit of a New Patient, 66-80 Minutes	99345
Home Visit of an Established Patient, 10-20 Minutes 99347		

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Нс	ome Visit of an Established Patient, 21-35 Minutes	99348
Нс	ome Visit of an Established Patient, 36-50 Minutes	99349
	ome Visit of an Established Patient, 51-70 Minutes	99350
	cohol and/or substance (other than tobacco) abuse	99408
	ructural screening (e.g., AUDIT, DAST), and brief	
	tervention (SBI) services. 15-30 minutes.	
	cohol and/or substance (other than tobacco) abuse	99409
	ructural screening (e.g., AUDIT, DAST), and brief	
	tervention (SBI) services. Greater than 30 minutes.	
	ter-Professional Telephone/Internet/ Electronic Health	99451
	ecord Assessment Provided by a Consultative Physician,	
	15 Minutes	
	ransitional Care Management Services: Communication	99495
	irect contact, telephone, electronic) within 14 calendar	
	VS.	
Tra	ansitional Care Management Services: Communication	99496
	irect contact, telephone, electronic) within 7 calendar	
	ys.	
	cohol and/or substance (other than tobacco) abuse	G0396
	ructured assessment. 15-30 Minutes. (Note: Use codes	
G2	2011, G0396, and G0397 to determine the ASAM	
	riteria).	
Ale	cohol and/or substance (other than tobacco) abuse	G0397
str	ructured assessment. 30+ Minutes. (Note: Use codes	
G2	2011, G0396, and G0397 to determine the ASAM	
Cr	riteria).	
Ale	cohol and/or substance (other than tobacco) abuse	G2011
str	ructured assessment 5 -14 Min. (Note: Use codes G2011,	
GO	0396, and G0397 to determine the ASAM Criteria).	
Ale	cohol and/or drug assessment. (Note: Use this code for	H0001
scr	reening to determine the appropriate delivery system for	
ber	neficiaries seeking services)	
Ale	cohol and/or drug screening. Laboratory analysis	H0003
Be	chavioral health counseling and therapy, 15 minutes.	H0004
	cohol and/or drug services; group counseling by a	H0005
	nician, 15 minutes.	
	cohol and/or drug services; crisis intervention	H0007
	utpatient),	
	cohol and/or other drug testing. (Note: Use this code to	H0048
	bmit claims for point of care tests)	
	cohol and/or drug screening	H0049
	cohol and/or Drug Services, brief intervention, 15 minutes	H0050
	dode must be used to submit claims for Contingency	
	anagement Services)	
	enatal Care, at risk assessment.	H1000

	SERVICES FOR FISCAL TEAR 2023-24	
	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011
	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014
	Comprehensive community support services, per 15 minutes	H2015
	Community-Based Wrap-Around Services, per 15 Minutes	H2021
	Psychoeducational Service, per 15 minutes	H2027
	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035
	Alcohol and/or substance abuse services, family/couple counseling	T1006
	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007
ASAM Level 3.1, 3.3, 3.5 (Non- Perinatal and Perinatal)	Interactive Complexity	90785
Tomacary	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368
	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
	Multiple-Family Group Psychotherapy, 15 Minutes	90849
	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

	EKTICES FOR FISCHE TEHR 2023-24	
M	rolonged Office or Other Outpatient Evaluation and Ianagement Service(s) beyond the Maximum Time; Each dditional 15 Minutes	G2212
Ps	sychiatric Diagnostic Evaluation with Medical Services, 15 linutes	90792
Ps	sychiatric Diagnostic Evaluation, 15 Minutes	90791
Ps Ps an	sychiatric Evaluation of Hospital Records, Other sychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic arposes, 15 Minutes	90885
Ps	sychological Testing Evaluation, Each Additional Hour	96131
Ps	sychological Testing Evaluation, First Hour	96130
Ps	sychosocial Rehabilitation, per 15 Minutes	H2017
Si	gn Language or Oral Interpretive Services, 15 Minutes	T1013
Ta	argeted Case Management, Each 15 Minutes	T1017
m	amily Psychotherapy (Without the Patient Present), 26-50 inutes	90846
Pr	amily Psychotherapy (Conjoint psychotherapy with Patient resent), 26-50 minutes	90847
	acrosynthesis for Psychiatric Diagnostic and Therapeutic urposes, 15 Minutes	90865
pu	nvironmental intervention for medical management arposes on a psychiatric patient's behalf with agencies, apployers, or institutions.	90882
In Ot	terpretation or Explanation of Results of Psychiatric or ther Medical Procedures to Family or Other Responsible ersons, 15 Minutes	90887
Pr tre pu	reparation of report of patient's psychiatric status, history, eatment, or progress (other than for legal or consultative urpose) for other individuals, agencies, or insurance urries.	90889
	dministration of patient-focused health risk assessment strument. (Note: Applicable to ASAM Level 3.1 Only)	96160
	ealth behavior intervention, family (without the patient resent), face-to-face. 16-30 minutes	96170
	ealth behavior intervention, family (without the patient resent), face-to-face. Each additional 15 minutes.	96171
M	itial Nursing Facility Care per Day, for the Evaluation and Ianagement of a Patient. Usually, the Problem(s) requiring dmission are of Low Severity, 16- 29 Minutes	99304
In M	itial Nursing Facility Care per Day, for the Evaluation and Ianagement of a Patient. Usually, the Problem(s) Requiring dmission are of Moderate Severity, 30-39 Minutes	99305

	TCES FOR FISCAL TEAR 2023-24	
Manag	Nursing Facility Care per Day, for the Evaluation and ement of a Patient. Usually, the Problem(s) Requiring sion are of High Severity, 40- 60 Minutes	99306
Subseq Evalua	uent Nursing Facility Care per Day for the tion and Management of a Patient. Usually, the is Stable, Recovering or Improving, 1-12 Minutes	99307
Initial I Manag Inadeq	Nursing Facility Care per Day, for the Evaluation and ement of a Patient. Usually, the Patient is Responding uately to Therapy or Has Developed a Minor ication, 13-19 Minutes	99308
Manag Develo	Nursing Facility Care per Day, for the Evaluation and ement of a Patient. Usually, the Patient has ped a Significant Complication or a Significant New m, 20-29 Minutes	99309
Initial Manag May H	Nursing Facility Care per Day, for the Evaluation and ement of a Patient. The Patient May Be Unstable or ave Developed a Significant New Problem Requiring iate Physician Attention, 30-40 Minutes	99310
structu	ol and/or substance (other than tobacco) abuse ral screening (e.g., AUDIT, DAST), and brief ntion (SBI) services. 15-30 minutes.	99408
structu	ol and/or substance (other than tobacco) abuse ral screening (e.g., AUDIT, DAST), and brief ntion (SBI) services. Greater than 30 minutes.	99409
Transit	ional Care Management Services: Communication contact, telephone, electronic) within 14 calendar	99495
Transit	ional Care Management Services: Communication contact, telephone, electronic) within 7 calendar	99496
Alcoho structu	ol and/or substance (other than tobacco) abuse red assessment. 15-30 Minutes. (Note: Use codes , G0396, and G0397 to determine the ASAM a).	G0396
structu	ol and/or substance (other than tobacco) abuse red assessment. 30+ Minutes. (Note: Use codes G0396, and G0397 to determine the ASAM a).	G0397
structu	ol and/or substance (other than tobacco) abuse red assessment 5 -14 Min. (Note: Use codes G2011, , and G0397 to determine the ASAM Criteria).	G2011
screeni benefic	ol and/or drug assessment. (Note: Use this code for ng to determine the appropriate delivery system for ciaries seeking services)	H0001
Alcoho	ol and/or drug screening. Laboratory analysis	H0003
Behavi	oral health counseling and therapy, 15 minutes.	H0004

	5	
	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005
	Alcohol and/or drug services; crisis intervention (outpatient),	H0007
	Behavioral Health; Long Term Residential	H0019
	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048
	Alcohol and/or drug screening	H0049
	Prenatal Care, at risk assessment.	H1000
	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011
	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014
	Comprehensive community support services, per 15 minutes	H2015
	Community-Based Wrap-Around Services, per 15 Minutes	H2021
	Psychoeducational Service, per 15 minutes	H2027
	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035
	Alcohol and/or substance abuse services, family/couple counseling	T1006
	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007
Clinician Consultation	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician.	99368
Consultation	Patient and/or Family Not Present. 30 Minutes or More	
	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367
	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	99451

Section 8 of EXHIBIT B – "Fiscal Provisions" is hereby amended to state as follows:

8. PAYMENT TERMS

8.5

Hourly SUD Rates

Hourry SCD Rates	Lake Pass-
D	
Provider Type	Through
Physicians Assistant	\$625.41
Nurse Practitioner	\$693.43
RN	\$566.41
Pharmacist	\$667.49
MD (typically in SUD system of	
care)	\$1,394.46
Psychologist/Pre-licensed	
Psychologist	\$560.80
LPHA (MFT LCSW LPCC)/	
Intern or Waivered LPHA	
(MFT LCSW LPCC)	\$362.91
Alcohol and Drug Counselor	\$301.03
Peer Recovery Specialist	\$286.69

Section 3, Compensation, is hereby amended to read:

3. <u>COMPENSATION</u>. Contractor has been selected by County to provide the services described hereunder in Exhibit A, titled, "Scope of Services." Compensation to Contractor shall not exceed Five Hundred, Sixty-One Thousand, Seven Hundred and Three Dollars and Seventy-Seven Cents (\$561,703.77)

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. Compensation to Contractor is contingent upon appropriation of federal, state and county funds.

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

COUNTY OF LAKE	HILLTOP RECOVERY SERVICES
	Fy 14 1 (1)
Chair	Lori Carter-Runyon
Lake County Board of Supervisors	Executive Director
Date:	Date: <u>07/30/2024</u>
APPROVED AS TO FORM: LLOYD GUINTIVANO County Counsel	ATTEST: SUSAN PARKER Clerk to the Board of Supervisors
Ву:	Ву:
Date: 07/30/2024	Date:

23.24.21.1 Hilltop_ASAM Level 3.1 and 3.5 AMEND. No 1 FY 23-24

Final Audit Report 2024-07-30

Created: 2024-07-30

By: Aryana Cunningham (Aryana.Cunningham@lakecountyca.gov)

Status: Signed

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"23.24.21.1 Hilltop_ASAM Level 3.1 and 3.5 AMEND. No 1 FY 2 3-24" History

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