

**Amendment No. 1 to the AGREEMENT BETWEEN COUNTY OF LAKE AND  
HILLTOP RECOVERY SERVICES FOR RESIDENTIAL TREATMENT SERVICES  
FOR FISCAL YEAR 2023-24**

**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:

<b>ASAM / Service Level</b>	<b>CPT Code Name</b>	<b>CPT Code</b>
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SERVICES FOR FISCAL YEAR 2023-24**

ASAM Level 1.0	Interactive Complexity	90785
	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
	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 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
	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

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	Telephone Evaluation and Management Service, 21-30 Minutes	99443
	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

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	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	99309
	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

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	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
	Community-Based Wrap-Around Services, per 15 Minutes	H2021

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	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 2.1	Interactive Complexity	90785
	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
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	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885

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	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 Minutes	99443
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	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846
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	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
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	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
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	Home Visit of an Established Patient, 21-35 Minutes	99348
	Home Visit of an Established Patient, 36-50 Minutes	99349
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	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

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	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
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	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
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	Administration of patient-focused health risk assessment instrument. (Note: Applicable to ASAM Level 3.1 Only)	96160
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	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

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

**8. PAYMENT TERMS**

8.5

**Hourly SUD Rates**

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

Section 3, Compensation, is hereby amended to read:

**3. COMPENSATION.** 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.

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**Amendment No. 1 to the AGREEMENT BETWEEN COUNTY OF LAKE  
AND HILLTOP RECOVERY SERVICES FOR CO-OCCURRING  
SERVICES FOR FISCAL YEAR 2023-24**

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

\_\_\_\_\_  
Chair  
Lake County Board of Supervisors  
Date: \_\_\_\_\_

  
\_\_\_\_\_  
Lori Carter-Runyon  
Executive Director  
Date: 07/30/2024

APPROVED AS TO FORM:  
LLOYD GUINTIVANO  
County Counsel

ATTEST:  
SUSAN PARKER  
Clerk to the Board of Supervisors

By:   
\_\_\_\_\_  
Date: 07/30/2024

By: \_\_\_\_\_  
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
Transaction ID:	CBJCHBCAABAAMuUhhleCxJBY8Sh6JCbEk87ewujrQc3A


## "23.24.21.1 Hilltop\_ASAM Level 3.1 and 3.5 AMEND. No 1 FY 23-24" History

 Document created by Aryana Cunningham (Aryana.Cunningham@lakecountyca.gov)

2024-07-30 - 9:36:45 PM GMT- IP address: 208.91.28.66

 Document emailed to lori@hilltoprecovery.com for signature

2024-07-30 - 9:37:18 PM GMT

 Email viewed by lori@hilltoprecovery.com

2024-07-30 - 10:26:19 PM GMT- IP address: 69.147.90.11

 Signer lori@hilltoprecovery.com entered name at signing as Lori Carter-Runyon

2024-07-30 - 10:27:46 PM GMT- IP address: 98.97.32.149

 Document e-signed by Lori Carter-Runyon (lori@hilltoprecovery.com)

Signature Date: 2024-07-30 - 10:27:48 PM GMT - Time Source: server- IP address: 98.97.32.149

 Agreement completed.

2024-07-30 - 10:27:48 PM GMT