

**Amendment No. 1 to the AGREEMENT BETWEEN COUNTY OF LAKE
AND HILLTOP RECOVERY SERVICES FOR ASAM LEVEL 1.0, 2.1, 3.1
& 3.5 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 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 October 23, 2024, and;

WHEREAS, utilization of services provided by Contractor exceeded projections and:

WHEREAS, the parties now desire to amend the compensation to increase the compensation by Three Hundred Thousand dollars (\$300,000.00) for a total compensation max of One Million Nine Hundred Sixty Three Thousand Two Hundred dollars (\$1,963,200.00) and;

WHEREAS, the parties now desire to amend the Agreement to incorporate CPT codes for the billing of Peer Support Specialist services;

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

Section 3, “COMPENSATION” is hereby amended to state as follows:

3. **COMPENSATION**. PAYMENT FOR SERVICES BY COUNTY, 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 One Million, Nine Hundred and Sixty-Three Thousand, and Two Hundred Dollars. (\$1,963,200.00).**

Exhibit A, Section 5, “DESCRIPTION OF SERVICES” is hereby amended to state as follows:

5. **DESCRIPTION OF SERVICES**. Contractor shall provide continuum of care including, Residential 3.5 and 3.1 and Intensive and Outpatient levels of care 2.1 & 1.0

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 address "**RESIDENTIAL 14715 E. HIGHWAY 20 & 14725 CATHOLIC CHURCH RD CLEARLAKE OAKS CA. OUTPATIENT PROGRAM 6316 E. HWY 20 LUCERNE, CA 95458.**

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

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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 Level	CPT Code Name	CPT Code
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	90885

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	Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	
	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
	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

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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 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 Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308
	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

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	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
	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

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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
	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
	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
	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

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	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
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	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
	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

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	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
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	Telephone Assessment and Management Service, 11-20 Minutes	98967
	Telephone Assessment and Management Service, 21-30 Minutes	98968
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	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, 51-70 Minutes	99350
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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

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	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
	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

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	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
	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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	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. (Note: Applicable to ASAM Level 3.1 Only)	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
	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
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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
	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	
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	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
	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408
	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409
	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495
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	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
	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

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	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
Peer Support Services	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	H0025
	Self-help/peer services, per 15 minutes	H0038

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

COUNTY OF LAKE

Chair
Board of Supervisors
Date: _____

Hilltop Recovery Services



Lori Carter-Runyon (Apr 10, 2025 15:50 PDT)
Lori Carter-Runyon
Executive Director
Date: _____

APPROVED AS TO FORM:
LLOYD GUINTIVANO
County Counsel

ATTEST:
SUSAN PARKER
Clerk to the Board of Supervisors

By:  _____
Digitally signed by Lloyd C. Guintivano
DN: cn=Lloyd C. Guintivano, e=US,
ou=County of Lake, ou=Office of the County
Counsel,
email=Lloyd.Guintivano@lakecountycal.gov
Date: 2025.04.10 12:57:53 -0700

By: _____

Date: April 10, 2025

Date: _____








24.25.34.1 Hilltop Residential ODF AMEND No. 1 FY 2024-25

Final Audit Report

2025-04-10

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