

**AMENDMENT NO. 1 TO MENTAL HEALTH SERVICES AGREEMENT A -16946  
BY AND BETWEEN COUNTY OF MONTEREY & ALTOS HEALTH PARTNERS**

**THIS AMENDMENT** No. 1 to Mental Health Services Agreement No. 16946 is made and entered into by and between the **COUNTY OF MONTEREY**, a political subdivision of the State of California (hereinafter referred to as “**COUNTY**”) and **ALTOS HEALTH PARTNERS** (hereinafter referred to as “**CONTRACTOR**” and erroneously referenced in the Agreement as “**ALTOS HEALTH PARTERS CORPORAT DBA ALTOS HEALTH PARTNERS**”).

**WHEREAS**, the **COUNTY** and **CONTRACTOR** have entered into Agreement A-16946 dated April 1, 2024 and;

**WHEREAS**, the **COUNTY** and **CONTRACTOR** wish to amend the Agreement as specified below:

1. Extend the term date of the agreement to August 31, 2025.
2. Add Services and Funding through FYs 2025-26.
3. Correct **CONTRACTOR**'s legal name in the Agreement.

**NOW THEREFORE**, the County and **CONTRACTOR** hereby agree to amend the **AGREEMENT** in the following manner:

1. **EXHIBIT A PROGRAM DESCRIPTION** is replaced by **EXHIBIT A-1 PROGRAM DESCRIPTION**. All references in the Agreement to **EXHIBIT A** shall be construed to refer to **EXHIBIT A-1**.
2. **EXHIBIT B PAYMENT PROVISIONS** is replaced by **EXHIBIT B-1 PAYMENT AND BILLING PROVISIONS**. All references in the Agreement to **EXHIBIT B** shall be construed to refer to **EXHIBIT B-1**.
3. This Amendment No. 1 increases the total maximum liability amount by \$61,875 for a new Agreement amount of \$82,500.
4. “**ALTOS HEALTH PARTERS CORPORAT DBA ALTOS HEALTH PARTNERS**” is replaced by “**ALTOS HEALTH PARTNERS.**” All references to the former shall be construed to refer to the latter.
5. Except as provided herein, all remaining terms, conditions and provisions of the **AGREEMENT** are unchanged and unaffected by this **AMENDMENT** and shall continue in full force and effect as set forth in the **AGREEMENT**.
6. A copy of the **AMENDMENT** shall be attached to the original **AGREEMENT** executed by the County on June 27, 2024.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

CONTRACTOR

By: \_\_\_\_\_  
Elsa M. Jimenez, Director of Health

**ALTOS HEALTH PARTNERS**  
CONTRACTOR's Business Name\*

Date: \_\_\_\_\_

DocuSigned by:  
*Katherine Taylor*  
By: \_\_\_\_\_  
3614F5BEA156420...  
(Signature of Chair, President,  
or Vice-President) \*

Approved as to Form <sup>1</sup>  
By: *Kevin Serrano*  
\_\_\_\_\_  
CF404EA4029E4B5...  
County Counsel

Katherine Taylor, President

\_\_\_\_\_  
Name and Title

Date: 8/19/2024 | 3:15 PM PDT

Date: 8/16/2024 | 6:56 PM PDT

Approved as to Fiscal Provision <sup>2</sup>  
By: *Jennifer Forsyth*  
\_\_\_\_\_  
4E7E657075454AE...  
Auditor/Controller

DocuSigned by:  
*Katherine Taylor*  
By: \_\_\_\_\_  
3614F5BEA156420...  
(Signature of Secretary, Asst. Secretary,  
CFO, Treasurer or Asst. Treasurer)

Date: 8/19/2024 | 3:29 PM PDT

Katherine Taylor, CFO

\_\_\_\_\_  
Name and Title

Approved as to Liability Provisions<sup>3</sup>

By: \_\_\_\_\_  
Risk Management

Date: 8/16/2024 | 6:56 PM PDT

County Board of Supervisors' Agreement Number: A-16946

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

- 1Approval by County Counsel is required
- 2Approval by Auditor-Controller is required
- 3Approval by Risk Management is necessary only if changes are made to Insurance or Indemnification provision

## **EXHIBIT A1: PROGRAM DESCRIPTION**

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### **I. IDENTIFICATION OF PROVIDER**

Altos Health Partners  
525 South Dr., Suite 207  
Mountain View, CA 94040

### **II. PROGRAM DESCRIPTION**

CONTRACTOR will provide Electroconvulsive therapy (ECT) services. ECT is a medical treatment for certain mental health conditions, primarily severe depression, and other psychiatric disorders. It involves the application of brief electrical currents to the brain, which intentionally induces a controlled seizure. ECT is performed under general anesthesia to ensure the patient's comfort and safety. ECT is administered in a series of treatments over several weeks, and the number of sessions can vary depending on the individual's response and treatment goals. ECT has been shown to be effective in cases where other treatments have been unsuccessful or when rapid and significant symptom improvement is required.

### **III. SERVICE PROVISIONS**

#### **A. Certification of Eligibility**

CONTRACTOR will, in cooperation with COUNTY, comply with Section 14705.5 of California Welfare and Institutions Code to obtain a certification of a client's eligibility for SMHS under Medi-Cal.

#### **B. Access to Specialty Mental Health Services**

1. In collaboration with the COUNTY, Contractor will work to ensure that individuals to whom the CONTRACTOR provides SMHS meet access criteria, as per DHCS guidance specified in BHIN 21-073. Specifically, the CONTRACTOR will ensure that the clinical record for each client includes information as a whole indicating that client's presentation and needs are aligned with the criteria applicable to their age at the time of service provision as specified below.
2. For enrolled clients under 21 years of age, CONTRACTOR shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled clients who meet either of the following criteria, (a) or (b) below. If a client under age 21 meets the criteria as described in (a) below, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (b) below.

- a. The client has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.
  - b. The client has at least one of the following:
    - i. A significant impairment,
    - ii. A reasonable probability of significant deterioration in an important area of life functioning,
    - iii. A reasonable probability of not progressing developmentally as appropriate, or
    - iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.
    - v. The client's condition listed above is due to one of the following:
      - a. A diagnosed mental health disorder, according to the criteria in the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and Related Health Problems (ICD).
      - b. A suspected mental health disorder that has not yet been diagnosed.
      - c. Significant trauma placing the client at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
3. For clients 21 years of age or older, CONTRACTOR shall provide covered SMHS for clients who meet both of the following criteria, (a) and (b) below:
- a. The client has one or both of the following:
    - i. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
    - ii. A reasonable probability of significant deterioration in an important area of life functioning.
  - b. The client's condition as described in paragraph (a) is due to either of the following:

- i. A diagnosed mental health disorder, according to the criteria in the current editions of the DSM and ICD.
- ii. A suspected mental disorder that has not yet been diagnosed.

### C. Additional Clarifications

#### 1. Criteria

- a. A clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service listed within Exhibit A of this Agreement can be provided and submitted to the COUNTY for reimbursement under any of the following circumstances:
  - i. The services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process;
  - ii. The service was not included in an individual treatment plan; or
  - iii. The client had a co-occurring substance use disorder.

#### 2. Diagnosis Not a Prerequisite

- a. Per BHIN 21-073, a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a current Centers for Medicare & Medicaid Services (CMS) approved ICD diagnosis code.

### D. Medical Necessity

1. CONTRACTOR will ensure that services provided are medically necessary in compliance with BHIN 21-073 and pursuant to Welfare and Institutions Code section 14184.402(a). Services provided to a client must be medically necessary and clinically appropriate to address the client's presenting condition. Documentation in each client's chart as a whole will demonstrate medical necessity as defined below, based on the client's age at the time of service provision.
2. For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.
3. For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

E. Coordination or Care

1. CONTRACTOR shall ensure that all care, treatment and services provided pursuant to this Agreement are coordinated among all providers who are serving the client, including all other SMHS providers, as well as providers of Non-Specialty Mental Health Services (NSMHS), substance use disorder treatment services, physical health services, dental services, regional center services and all other services as applicable to ensure a client-centered and whole-person approach to services.
2. CONTRACTOR shall ensure that care coordination activities support the monitoring and treatment of comorbid substance use disorder and/or health conditions.
3. CONTRACTOR shall include in care coordination activities efforts to connect, refer and link clients to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
4. CONTRACTOR shall engage in care coordination activities beginning at intake and throughout the treatment and discharge planning processes.
5. To facilitate care coordination, CONTRACTOR will request a HIPAA and California law compliant client authorization to share client information with and among all other providers involved in the client's care, in satisfaction of state and federal privacy laws and regulations.

F. Co-Occurring Treatment and No Wrong Door

1. Per BHIN 22-011, Specialty and Non-Specialty Mental Health Services can be provided concurrently, if those services are clinically appropriate, coordinated, and not duplicative. When a client meets criteria for both NSMHS and SMHS, the client should receive services based on individual clinical need and established therapeutic relationships. Clinically appropriate and covered SMHS can also be provided when the client has a co-occurring mental health condition and substance use disorder.
2. Under this Agreement, CONTRACTOR will ensure that clients receive timely mental health services without delay. Services are reimbursable to CONTRACTOR by COUNTY even when:
  - a. Services are provided prior to determination of a diagnosis, during the assessment or prior to determination of whether SMHS access criteria are met,

even if the assessment ultimately indicates the client does not meet criteria for SMHS.

- b. If CONTRACTOR is serving a client receiving both SMHS and NSMHS, CONTRACTOR holds responsibility for documenting coordination of care and ensuring that services are non-duplicative.

#### **IV. AUTHORIZATION AND DOCUMENTATION PROVISIONS**

##### **A. Services Authorization**

1. CONTRACTOR will collaborate with COUNTY to complete authorization requests in line with COUNTY and DHCS policy.
2. CONTRACTOR shall have in place, and follow, written policies and procedures for completing requests for initial and continuing authorizations of services, as required by COUNTY guidance.
3. CONTRACTOR shall respond to COUNTY in a timely manner when consultation is necessary for COUNTY to make appropriate authorization determinations.
4. COUNTY shall provide CONTRACTOR with written notice of authorization determinations within the timeframes set forth in BHINs 22-016 and 22-017, or any subsequent DHCS notices.
5. CONTRACTOR shall alert COUNTY when an expedited authorization decision (no later than 72 hours) is necessary due to a client's specific needs and circumstances that could seriously jeopardize the client's life or health, or ability to attain, maintain, or regain maximum function.

##### **B. Documentation Requirements**

1. CONTRACTOR will follow all documentation requirements as specified in Article 4.2-4.8 inclusive in compliance with federal, state and COUNTY requirements.
2. All CONTRACTOR documentation shall be accurate, complete, and legible, shall list each date of service, and include the face-to-face time for each service. CONTRACTOR shall document travel and documentation time for each service separately from face-to-face time and provide this information to COUNTY upon request. Services must be identified as provided in-person, by telephone, or by telehealth.

##### **C. Assessment**

1. CONTRACTOR shall ensure that all client medical records include an assessment of each client's need for mental health services.

2. The time period for providers to complete an initial assessment and subsequent assessments for SMHS are up to clinical discretion of COUNTY; however, CONTRACTOR's providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.

D. Treatment and Care Plans

1. CONTRACTOR is not required to complete treatment or care plans for clients under this Agreement, except in the circumstances specified in BHIN 22-019 and additional guidance from DHCS that may follow after execution of this Agreement.

E. Progress Notes

1. CONTRACTOR shall create progress notes for the provision of all SMHS services provided under this Agreement.
2. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description.

F. Telehealth

1. CONTRACTOR may use telehealth, when it deems clinically appropriate, as a mode of delivering behavioral health services in accordance with all applicable COUNTY, state, and federal requirements, including those related to privacy/security, efficiency, and standards of care. Such services will conform to the definitions and meet the requirements included in the Medi-Cal Provider Manual: Telehealth, available in the DHCS Telehealth Resources page at:

<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>.

2. All telehealth equipment and service locations must ensure that client confidentiality is maintained.
3. Licensed providers and staff may provide services via telephone and telehealth as long as the service is within their scope of practice.
4. Medical records for clients served by CONTRACTOR under this Agreement must include documentation of written or verbal consent for telehealth or telephone services if such services are provided by CONTRACTOR. Such consent must be obtained at least once prior to initiating applicable health care services and consent must include all elements as specified in BHIN 22-019.
5. COUNTY may at any time audit CONTRACTOR's telehealth practices, and CONTRACTOR must allow access to all materials needed to adequately monitor CONTRACTOR's adherence to telehealth standards and requirements.



**V. Service Objectives**

- In FYs 2023-26, provide the following estimated ECT Services to eligible clients.

| <b>ALTOS HEALTH PARTNERS OUTPATIENT SERVICES FYs 2023-26</b> |  |                         |
|--|--|-------------------------|
| <b>CPT Code</b>  | <b>Description</b>   | <b>Units of Service</b> |
| <b>90792</b>   | INITIAL EVALUATION FOR ECT -<br>OUTPATIENT                     | 4                       |
|  | (60-120 MIN, with report to referring<br>physician)            |                         |
| <b>90870</b>   | ECT PROCEDURE - INPATIENT or<br>OUTPATIENT                     | 120                     |
| <b>99214</b>   | E&M VISIT LEVEL 4 – OUTPATIENT<br>(for longer monthly clinics) | 56                      |
| <b>90833</b>   | PSYCHOTHERAPY - outpatient – 16-47<br>MIN                      | 28                      |
| <b>INPATIENT SERVICES</b>                                    |  |                         |
| <b>99233</b>   | ECT CLINIC VISIT - INPATIENT                                   | 40                      |
| <b>99233</b>   | CAPACITY CLINIC VISIT - INPATIENT                              | 40                      |

**EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS**

**I. PAYMENT TYPES**

Provisional Rates, Negotiated Rates, and Cash Flow Advances (CFA)

**II. PAYMENT AUTHORIZATION FOR SERVICES**

The COUNTY’S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR’S commitment to provide care and services in accordance with the terms of this Agreement.

**III. PAYMENT RATE**

NEGOTIATED RATE: CONTRACTOR shall be reimbursed the following negotiated rates for services.

CONTRACTOR may exceed units within a program or total contract as long as the annual program not-to-exceed (NTE) or annual maximum County obligation is not exceeded.

The following program services will be paid in arrears, not to exceed the negotiated rates for a total amount not to exceed \$82,500 for FYs 2023-26.

| <b>ALTOS HEALTH PARTNERS OUTPATIENT SERVICES FYs 2023-26</b> |   |              |                         |                 |
|--|---|--------------|-------------------------|-----------------|
| <b>CPT Code</b>  | <b>Description</b>                                  | <b>Rates</b> | <b>Units of Service</b> | <b>Total</b>    |
| <b>90792</b>   | INITIAL EVALUATION FOR ECT -<br>OUTPATIENT          | \$450        | 4                       | \$1,800         |
|  | (60-120 MIN, with report to referring<br>physician) |              |                         |                 |
| <b>90870</b>   | ECT PROCEDURE - INPATIENT or<br>OUTPATIENT          | \$350        | 120                     | \$42,000        |
| <b>99214</b>   | E&M VISIT LEVEL 4 – OUTPATIENT                      | \$200        | 56                      | \$11,200        |
|  | (for longer monthly clinics)                        |              |                         |                 |
| <b>90833</b>   | PSYCHOTHERAPY - outpatient – 16-47<br>MIN           | \$125        | 28                      | \$3,500         |
| <b>Total</b>   |   |              |                         | <b>\$58,500</b> |
| <b>INPATIENT SERVICES</b>                                    |   |              |                         |                 |
| <b>99233</b>   | ECT CLINIC VISIT - INPATIENT                        | \$300        | 40                      | \$12,000        |
| <b>99233</b>   | CAPACITY CLINIC VISIT - INPATIENT                   | \$300        | 40                      | \$12,000        |
| <b>Total</b>   |   |              |                         | <b>\$24,000</b> |
| <b>Total Maximum Liability Amount</b>                        |   |              |                         | <b>\$82,500</b> |

#### IV. PAYMENT CONDITIONS

- A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act (“MHSA”), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY’S Maximum Rate, which is based on the most recent State’s Medi-Cal Behavioral Health Service Fee Schedules established by the State’s Department of Health Care Services. In no case shall payments to CONTRACTOR exceed County’s Maximum Rates. In addition to the rate limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the “Maximum Obligation of County,” as identified in this Exhibit B, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program (“an eligible beneficiary”), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same

geographic area to the extent feasible, which has available funds allocated for that Funded Program.

- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Behavioral Health Invoice Form provided as Exhibit G, to this Agreement, along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30<sup>th</sup>) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

CONTRACTOR shall submit via email a monthly claim using Exhibit F, Behavioral Health Invoice Form in Excel format with electronic signature along with supporting documentation, as may be required by the COUNTY for services rendered to:

[mchdbhfinance@countyofmonterey.gov](mailto:mchdbhfinance@countyofmonterey.gov).

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR.
- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR'S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.

- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR’S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

**V. MAXIMUM OBLIGATION OF COUNTY**

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of \$82,500 for FYs 2023-26 for services rendered under this Agreement.
- B. Maximum Annual Liability:

| Fiscal Year's Liability        | TOTAL AMOUNT |
|--------------------------------|--------------|
| FY 2023-2026                   | \$82,500     |
| Total Maximum Liability Amount | \$82,500     |

- C. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY’S maximum liability under this Agreement.
- D. If for any reason this Agreement is canceled, COUNTY’S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.
- E. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

**VI. BILLING AND PAYMENT LIMITATIONS**

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY’S claims processing information system data, State adjudication of Medi-Cal claims files, contractual limitations of this Agreement, annual cost and MHSR reports, application of various Federal, State,

and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.

- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H and 2 C.F.R. § 230. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

## **VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS**

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.
- B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.
- C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent

fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.

- D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

**VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES**

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in undertaking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal claims or other State required claims data within the thirty (30) calendar daytime frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this

Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.

- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.
- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities subsequently denied or disallowed by Federal, State and/or COUNTY government.
- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section II (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.



K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

**IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST**

A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:

1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Health Care Services guidelines and WIC sections 5709 and 5710.
2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.

B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.

C. CONTRACTOR may retain unanticipated fee for service program revenue, under this Agreement, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement.

D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.

E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.

F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:

1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) showing all such non-reported revenue.
2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.

**X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS**

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.
- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.
- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.

H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.

I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

**XI. AUTHORITY TO ACT FOR THE COUNTY**

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term “Director” in all cases shall mean “Director or his/her designee.”

**(This Space Intentionally Left Blank)**

### EXHIBIT F: Behavioral Health Cost Reimbursement Invoice

|  |   |
|--|---|
| <b>Contractor:</b> Altos Health Partners                                 | <b>Invoice Number:</b> <input style="width: 80%;" type="text"/>                   |
| <b>Address Line 1:</b> 525 South Dr., Suite 207, Mountain View, CA 94040 | <b>County PO No.:</b> <input style="width: 80%;" type="text"/>                    |
| <b>Address Line 2:</b> <input style="width: 95%;" type="text"/>          | <b>Invoice Period:</b> <input style="width: 80%;" type="text"/>                   |
| <b>Tel No.:</b> (650) 988-7626   |   |
| <b>Fax No.:</b> <input style="width: 95%;" type="text"/>                 |   |
| <b>Contract Term:</b> September 1, 2024 - August 31, 2025                | <b>Final Invoice:</b> (Check if Yes) <input style="width: 20%;" type="checkbox"/> |
| <b>BH Division:</b> Behavioral Health                                    | <b>BH Control Number:</b> <input style="width: 80%;" type="text"/>                |
| <b>Funded Program:</b> MHTx Services                                     |   |
| <b>AVATAR Program:</b> <input style="width: 95%;" type="text"/>          |   |

| CPT CODE      | Service Description  | Rate per Unit | Units of Services | UOS Delivered this Period | Total UOS Delivered as of Last Period | UOS Delivered to Date | % Delivered to Date of Contracted UOS | Remaining UOS Deliverables | % of Remaining Deliverables | Total Annual Contract Amount | Dollar Amount Requested this Period | Total Dollars Delivered as of Last Period | Dolar Amount Requested to Date | Dollar Amount Remaining | % Remaining of Total Contract Amount |
|---------------|--|---------------|-------------------|---------------------------|---------------------------------------|-----------------------|---------------------------------------|----------------------------|-----------------------------|------------------------------|-------------------------------------|---|--------------------------------|-------------------------|--------------------------------------|
| 90792         | INITIAL EVALUATION FOR ECT- OUTPATIENT (60-120 MIN., with report to referring physician) | \$ 450.00     | 4                 |                           |                                       |                       | 0.00%                                 | 4                          |                             | \$1,800.00                   | \$0.00                              | \$0.00                                    |                                | 1,800.00                | 100.00%                              |
| 90870         | ECT PROCEDURE- INPATIENT or OUTPATIENT   | \$ 350.00     | 120               |                           |                                       |                       | 0.00%                                 | 120                        |                             | \$42,000.00                  | \$0.00                              | \$0.00                                    |                                | 42,000.00               | 100.00%                              |
| 99214         | E & M VISIT LEVEL 4- OUTPATIENT  | \$ 200.00     | 56                |                           |                                       |                       | 0.00%                                 | 56                         |                             | \$11,200.00                  | \$0.00                              | \$0.00                                    |                                | 11,200.00               | 100.00%                              |
| 90833         | PSYCHO THERAPY - outpatient 16-47 MIN  | \$ 125.00     | 28                |                           |                                       |                       | 0.00%                                 | 7                          |                             | \$3,500.00                   | \$0.00                              | \$0.00                                    |                                | 3,500.00                | 100.00%                              |
| 99233         | ECT CLINIC VISIT - INPATIENT   | \$ 300.00     | 40                |                           |                                       |                       | 0.00%                                 | 10                         |                             | \$12,000.00                  | \$0.00                              | \$0.00                                    |                                | 12,000.00               | 100.00%                              |
| 99233         | CAPACITY CLINIC VISIT - INPATIENT  | \$ 300.00     | 40                |                           |                                       |                       | 0.00%                                 | 40                         |                             | \$12,000.00                  | \$0.00                              | \$0.00                                    |                                | 12,000.00               | 100.00%                              |
| <b>TOTALS</b> |  |               |                   |                           |                                       |                       |                                       |                            |                             | <b>\$82,500.00</b>           | <b>\$0.00</b>                       | <b>0.00</b>                               | <b>82,500.00</b>               | <b>82,500.00</b>        |                                      |

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

|   |   |
|---|---|
| Signature: <input style="width: 95%;" type="text"/> | Date: <input style="width: 80%;" type="text"/>      |
| Title: <input style="width: 95%;" type="text"/>     | Telephone: <input style="width: 80%;" type="text"/> |

|   |   |
|---|---|
| <b>Send to:</b><br><a href="mailto:mchbhfinance@countyofmonteey.gov">mchbhfinance@countyofmonteey.gov</a> | <b>Behavioral Health Authorization for Payment</b>            |
|   | Authorized Signatory <input style="width: 80%;" type="text"/> |
|   | Date <input style="width: 80%;" type="text"/>                 |

AHP Am. 1 to Agreement A-16946