

**AMENDMENT NO. 1
TO STANDARD AGREEMENT A-15808
BY AND BETWEEN
THE COUNTY OF MONTEREY AND
LOCUMTENENS.COM, LLC**

This **AMENDMENT NO. 1** is made to AGREEMENT A-15808 by and between the **County of Monterey**, a political subdivision of the State of California, hereinafter referred to as “COUNTY,” and **LocumTenens.com, LLC** hereinafter referred to as “CONTRACTOR.”

WHEREAS, the COUNTY entered into AGREEMENT A-15808 with CONTRACTOR in the amount of \$5,000,000 for the term of July 1, 2022 to June 30, 2025 to refer Locum Tenens Psychiatric Service Providers for the provision of mental health treatment services to adults and children with psychiatric impairments and disabilities;

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT A-15808 to increase the total amount payable by COUNTY to CONTRACTOR by \$2,000,000, for a revised total Maximum County Obligation of \$7,000,000, for the same term of July 1, 2022 to June 30, 2025.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT as follows:

1. Introduction. CONTRACTOR’s name in the Agreement “LocumTenens.com” is hereby amended and corrected to be “LocumTenens.com, LLC”. LocumTenens.com, LLC, will continue to be referred to as “CONTRACTOR.”
2. EXHIBIT A: “Scope of Services/ Payment Provisions” shall be amended by replacing it with EXHIBIT A-1 “Scope of Services/ Amended Payment Provisions,” attached to this Amendment No. 1. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-1.
3. Except as provided herein, all remaining terms, conditions, and provision of the AGREEMENT are unchanged and unaffected by this AMENDMENT NO. 1 and shall continue in full force and effect as set forth in the AGREEMENT.
4. This AMENDMENT NO. 1 shall be effective February 1, 2025, upon the signing of COUNTY.
5. A copy of this AMENDMENT NO. 1 shall be attached to the original AGREEMENT executed by the COUNTY on May 24, 2022.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 1 to Agreement A-15814 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head

Date: _____

Approved as to Form ¹

By: _____
DocuSigned by:
Kevin Serrano
CF464EA4829E4B5...

Date: 3/27/2025 | 1:36 PM PDT
County Counsel

Approved as to Fiscal Provisions²

By: _____
DocuSigned by:
Patricia Ruiz
E79EF64E57454F6...

Date: 3/28/2025 | 7:40 AM PDT
Auditor-Controller

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

LocumTenens.com, LLC
Contractor's Business Name*

By: _____
Signed by:
Zach Richardson
DECCE45D05D47C...

(Signature of Chair, President, or
Vice-President)*
Zach Richardson Vice President

Date: 3/24/2025 | 10:34 AM PDT
Name and Title

By: _____
Signed by:
Leslie Kurtz
91717F04DC46466...

(Signature of Secretary, Asst. Secretary,
CFO, Treasurer or Asst. Treasurer)*

Leslie Kurtz CFO
Name and Title

Date: 3/25/2025 | 7:47 PM PDT

*INSTRUCTIONS: If CONTRACTOR is a corporation, including non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two (2) specified officers per California Corporations Code Section 313. If CONTRACTOR is a Limited Liability Corporation (LLC), the full legal name of the LLC shall be set forth above together with the signatures of two (2) managers. If CONTRACTOR is a partnership, the full legal 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 or Amendment to said Agreement.

¹ Approval by County Counsel is required.

² Approval by Auditor-Controller is required

³ Approval by Risk Management is necessary only if changes are made in Sections 8 or 9

EXHIBIT A-1
SCOPE OF SERVICES/PAYMENT PROVISIONS

I. IDENTIFICATION OF CONTRACTOR

LocumTenens.com, LLC
2575 Northwinds Pkwy
Alpharetta, GA 30009
800-562-8663

II. SCOPE OF SERVICES

1. WHEREAS, CONTRACTOR shall refer a locum tenens psychiatrist who shall provide community mental health services in accordance with the requirements of the Bronzan-McCorquodale Act (California Welfare and Institutions Code § 5600, *et seq.*), Part 2.5 of Division 5 of the California Welfare & Institutions Code, Titles 9 and 22 of the California Code of Regulations, Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 160 and Part 164 as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations; California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 *et seq.*; Lanterman-Petris-Short Act [Welfare and Institutions Code Section 5000 *et seq.*]; California Code of Regulations, Confidential Nature of Records; Welfare and Institutions Code section 14100.2 and 42 Code of Federal Regulations section 431.300 *et seq.*; where applicable.

2. Subject to the terms and conditions of this Agreement, CONTRACTOR agrees to refer locum tenens to COUNTY in the following specialty:

Physician

- Psychiatry

III. SERVICES/OBJECTIVES BY CONTRACTOR

1. CONTRACTOR shall search, screen, and pre-qualify potential Provider (hereinafter referred to as "Provider") meeting job specifications provided by COUNTY.
2. CONTRACTOR shall fully inform COUNTY of Provider's qualifications and provide a copy of an up-to-date Curriculum Vitae to COUNTY for review, at all times for Physicians who are Board Certified or Board Eligible.
3. CONTRACTOR shall process a Disciplinary Action report from the Federation of State Medical Boards for each Provider presented. COUNTY will be notified of any discrepancies or disciplinary actions against presented

physician(s) at presentation, and as CONTRACTOR becomes aware of any issues during the course of COUNTY work.

4. CONTRACTOR shall provide to COUNTY current copies of provider specific credentialing information as follows:
 - a) Professional Liability Insurance
 - b) California Medical License
 - c) National Provider Identifier (NPI)
 - d) Drug Enforcement Administration (DEA)
 - e) American Board of Medical Specialty Certification Certificate (if applicable)
 - f) ECFMG (if applicable)
 - g) Driver's License
5. CONTRACTOR shall verify the Provider's Tuberculosis test and send updated results to COUNTY, within one (1) year of exam, at all times.
6. CONTRACTOR shall provide to COUNTY three (3) written references and two (2) facility verifications (current, within a two-year time frame) for the Provider at the time physician is referred to COUNTY, at all times.
7. CONTRACTOR shall conduct preliminary Provider's reference checks (including background checks) and State of California medical license verification and provide the results of all checks and verifications to COUNTY, upon COUNTY request.
8. CONTRACTOR shall process a full American Medical Association (AMA) Credentials Verification Report for each Provider presented to verify physician Curriculum Vitae (CV), upon COUNTY request.
9. CONTRACTOR shall refer only Providers eligible to be a "Participating Physician" in the Medicare and Medi-Cal Program in order to permit the COUNTY to bill for Contracted Services.
10. CONTRACTOR shall notify the COUNTY immediately upon the occurrence of any event or circumstance as CONTRACTOR becomes aware of the event or circumstance, which may affect the completion of the provider's assignment.
11. If provider fails to start assignment at COUNTY as agreed to/or terminates assignment early, CONTRACTOR will make best efforts as expeditiously as possible to recruit for a replacement candidate, subsequent to the approval of the COUNTY at no additional charge.

IV. SERVICES/OBJECTIVES BY COUNTY

1. COUNTY shall provide CONTRACTOR an accurate practice description, upon CONTRACTOR request.
2. COUNTY shall provide CONTRACTOR background information regarding the work site, hospital and/or the community (which ever is applicable), upon CONTRACTOR request.
3. COUNTY shall be responsible for credential verification and privileging of hired applicants, at all times.
4. COUNTY shall specify to CONTRACTOR specialty need and whether it is for inpatient care; outpatient care; and whether assignment includes supervision and oversight of Resident Physicians.
5. COUNTY shall have the right to immediately terminate this agreement if provider, in the judgement of the COUNTY, is not participating satisfactorily or refuses to follow the COUNTY's administrative policies, procedures, rules and regulations, including but not limited to inappropriate behavior, dress and/or hygiene. COUNTY shall immediately notify the provider and the CONTRACTOR by telephone or in person. The provider and representative(s) of the CONTRACTOR may meet the COUNTY to determine whether the provider will be reinstated in the assignment at the COUNTY, and if so, upon terms and conditions determined by COUNTY to be appropriate.

V. SERVICES BY CONTRACTOR REFERRED PROVIDER (LOCUM TENENS)

1. CONTRACTOR referred Provider shall perform his or her professional medical duties in accordance with: (a) applicable Federal, State and County laws, rules and regulations, and policies; (b) all rules and regulations generally applicable to physicians practicing medicine in the State of California; (c) applicable requirements of third-party payor programs; and (d) County and Health Department policies and procedures.
2. CONTRACTOR referred Provider shall agree to be a "Participating Physician" in the Medicare and Medi-Cal Program in order to permit the COUNTY to bill for Contracted Services.
3. CONTRACTOR referred Provider shall assure that the medications, procedures and laboratory testing ordered for each patient, is not only medically necessary for diagnosis and/or treatment, but also compliant to the specifications of the program.
4. CONTRACTOR referred Provider agrees to complete any billing and credentialing paperwork prior to, during the duration of, and after rendering service to the COUNTY.

5. CONTRACTOR referred Provider shall possess some experience/knowledge of working techniques of an electronic health records program system.
6. CONTRACTOR referred Provider shall adhere to the COUNTY's Confidentiality Policies. CONTRACTOR referred Provider shall be considered members of COUNTY's "workforce," as that term is defined by the HIPPA regulations at 45 C.F.R. § 160.103, and shall be subject to COUNTY's policies respecting confidentiality of medical information (as defined in Section II, Paragraph 1.). If the CONTRACTOR suspects a breach of any of these policies, CONTRACTOR must notify the COUNTY Privacy Officer immediately. Notwithstanding any provision of this Agreement to the contrary, in the event of a breach of this Section, the County of Monterey shall have the right to seek direct damages to the CONTRACTOR.
7. CONTRACTOR referred Provider shall not discuss, transmit, or narrate in any form any individually identifiable patient information, medical or otherwise, obtained in the course of these services except as a necessary part of the services.

VI. GENERAL PROVISIONS

In order to ensure compliance with HIPAA, the following provisions of this Agreement shall not be subject to amendment by any means during the term of this Agreement or any extensions: Section II, Paragraph 1, Section V, Paragraph 1, 6, and 7. This Agreement may otherwise be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall take effect, it shall be reduced to writing and signed by the parties.

EXHIBIT A – PART 2

Amended Payment Provisions

I. PAYMENT PROVISIONS

A. PAYMENT TYPE

Negotiated Rate (NR) with rate established in contract. It is mutually understood and agreed by both parties that CONTRACTOR shall be compensated under the Agreement in accordance with Exhibit A - Part 2 rate sheet attached hereto.

B. PAYMENT CONDITIONS

1. In order to receive any payment under this Agreement, CONTRACTOR shall submit claims in such form as may be required by the COUNTY. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the COUNTY no later than the 30th day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services. Invoices shall be billed directly to the ordering Bureau of Health Department (i.e. Behavioral Health or Clinic Services).
2. If CONTRACTOR fails to submit claims for services provided under the term of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
3. 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 Auditor shall pay the claim in the amount certified by the COUNTY.
4. 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 20 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.
5. Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive reimbursement for travel, lodging, or meal expenses.

II. MAXIMUM LIABILITY

Subject to the limitation set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$7,000,000** for services authorized pursuant to this Exhibit.

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2022 to June 30, 2025	\$7,000,000
MAXIMUM COUNTY OBLIGATION	\$7,000,000

July 1, 2022 thru June 30, 2023											
EXHIBIT A, Part 2: Payment Provisions		COVERAGE			CALL				HOLIDAY	OTHER	
LocumTenens.com	Locum	All Inclusive Daily Rate	Daily Hourly Rate	Overtime/ Premium Rate	Weekday Consults	Weeknight Call	Weekend Call (24 hours)	Weekend Call (day or night shift)	Holiday Premium	Admin Fee	Reassignment (Permanent Placement) Fee
Tenens Psychiatry Specialty											
Psychiatry Inpatient		\$2,272.00	\$284.00	\$296.00	\$643.00	\$668.00	\$1,170.00	\$979.00	\$1,170.00	\$50.00	\$34,000
Psychiatry Outpatient		\$2,272.00	\$284.00	\$296.00	N/A	N/A	N/A	N/A	\$1,170.00	\$50.00	\$34,000
Psychiatry Child & Adolescent Outpatient		\$2,448.00	\$306.00	\$317.00	N/A	N/A	N/A	N/A	\$1,170.00	\$50.00	\$34,000
*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.											
DEFINITIONS:											
All Inclusive Rate:		Charged daily and defined as an 8-hour work day.									
Overtime/Premium Hourly Rate:		Hourly overtime/premium rate after a 40-hour week.									
Weekday Consult		Charged daily to have PROVIDER on-call for Consults. This is an all inclusive rate and defined as an 8 hour work day.									
Weeknight On-Call		Charged nightly to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-call.									
Weekend On-Call:		Charged by 24-hour period to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-call.									
Weekend On-Call (day or night shift):		Charged by day or night shift to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact.									
Holidays (upon pre-approval):		A rate of one-half of the Daily Rate will be charged as a premium for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, or any holiday that is recognized by the COUNTY if PROVIDER remains in the assignment community, whether or not services are actually provided on those days. If PROVIDER is required to be on-call, COUNTY will pay the full Daily Rate for PROVIDER for each holiday. If PROVIDER has any patient contact or is required to report to COUNTY's facility on one of these holidays, COUNTY will pay the full Daily Rate for PROVIDER plus the Holiday Premium, which includes up to 4 hours of professional services. COUNTY will be charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these holidays.									
Administrative Services (Admin Fee):		The administrative service fee is applicable for each calendar day the PROVIDER delivers services through either patient contact or call availability and includes, but is not limited to, the following services: maintenance of medical malpractice insurance policy, referencing, verifying licensure, forwarding COUNTY's verification forms to third parties and continuous follow-up to ensure completed forms are returned to COUNTY in a timely manner, and coordinating travel itineraries.									
Reassignment (Permanent Placement) Fee:		COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions of Exhibit A for the reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such PROVIDER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY.									

July 1, 2023 thru June 30, 2024											
EXHIBIT A, Part 2: Payment Provisions		COVERAGE			CALL				HOLIDAY	OTHER	
LocumTenens.com Tenens Psychiatry Specialty	Locum	All Inclusive Daily Rate	Daily Hourly Rate	Overtime/ Premium Rate	Weekday Consults	Weeknight Call	Weekend Call (24 hours)	Weekend Call (day or night shift)	Holiday Premium	Admin Fee	Reassignment (Permanent Placement) Fee
Psychiatry Inpatient		\$2,334.00	\$293.00	\$304.00	\$662.00	\$689.00	\$1,205.00	\$1,008.00	\$1,205.00	\$52.00	\$34,000
Psychiatry Outpatient		\$2,344.00	\$293.00	\$304.00	N/A	N/A	N/A	N/A	\$1,205.00	\$52.00	\$34,000
Psychiatry Child & Adolescent Outpatient		\$2,520.00	\$315.00	\$327.00	N/A	N/A	N/A	N/A	\$1,205.00	\$52.00	\$34,000
*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.											
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Psychiatry Inpatient		\$2,416.00	\$302.00	\$314.00	\$682.00	\$709.00	\$1,241.00	\$1,038.00	\$1,241.00	\$54.00	\$34,000
Psychiatry Outpatient		\$2,416.00	\$302.00	\$314.00	N/A	N/A	N/A	N/A	\$1,241.00	\$54.00	\$34,000
Psychiatry Child & Adolescent Outpatient		\$2,600.00	\$325.00	\$337.00	N/A	N/A	N/A	N/A	\$1,241.00	\$54.00	\$34,000
*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.											
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