

**AMENDMENT #1 TO THE AGREEMENT WITH THE
AGEIS TREATMENT CENTERS LLC (RES 20-216)**

THIS AMENDMENT is executed this _____ by and between AGEIS TREATMENT CENTERS LLC, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County”. Said Amendment will amend the prior contract between the parties entitled Professional Services Agreement, executed on August 28, 2020 per Resolution 20-216; and

WHEREAS, Contractor provides Narcotic Treatment Program and Medication Assisted Treatment services to Nevada County beneficiaries with an identified Substance Use Disorder; and

WHEREAS, the parties desire to amend their Agreement to increase the contract amount from \$399,750 to \$ 545,000 (an increase of \$145,250) and revise Exhibit “B” Schedule of Changes and Payments to reflect the increase in the maximum contract price and rates.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of March 1, 2021.
2. That the maximum Agreement price shall be increased from \$ 399,750 to \$545,000 (an increase of \$145,250).
3. That Exhibit “B”, “Schedule of Charges and Payments”, shall be revised to the amended Exhibit “B” as attached hereto and incorporated herein.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

CONTRACTOR:

By: _____
Dan Miller
Chair of the Board of Supervisors
County of Nevada

By: _____
Aegis Treatment Centers, LLC
7246 Remmet Avenue
Canoga Park, California 91303

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
AEGIS TREATMENT CENTERS, LLC.

Subject to the satisfactory performance of services required of Contractor pursuant to this Contract, and the terms and conditions set forth, the maximum obligation of this Agreement shall not exceed \$545,000 for the contract term. The payment obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses. Only services for Nevada County Medi-Cal beneficiaries who maintain residency in Nevada County shall be billed through this Agreement.

Rates:

Urinalysis (UA) testing: \$15 for each specimen collection. Requires prior approval from County Program Manager or designee.

Medi-Cal Rates for Services: (*)

Non-Perinatal

NTP Methadone: \$14.20 per daily dose

NTP Individual Counseling: \$16.65 per 10-minute increment

NTP Group Counseling: \$3.80 per 10-minute increment

NTP Buprenorphine-Generic: \$31.03 per daily dose

Perinatal

NTP Methadone: \$15.29 per daily dose

NTP Individual Counseling: \$23.84 per 10-minute increment

NTP Group Counseling: \$6.09 per 10-minute increment

NTP Buprenorphine-Generic: \$36.33 per daily dose

(*) Rates in effect at the time this Agreement were developed, subject to periodic revision by Medi-Cal.

BILLING AND PAYMENT

To expedite payment, Contractor shall reference on their invoice the County Purchase Order or Resolution Number, which has been assigned to their approved contract. Contractor shall submit to County, for services rendered in the prior month, and in accordance with the reimbursement rate, a statement of services rendered to County and costs incurred that includes documentation to support all expenses claimed by the 20th of each month. County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payment of approved billing shall be made within thirty (30) days of receipt of a complete, correct and approved billing. Payments shall be made in the amount of the total Contractor’s claim minus amount of denied services that are not Drug Medi-Cal eligible. County shall not be responsible for reimbursement of invoices submitted by Contractor that do not meet State and/or Federal submission

timeliness requirements. Contractor shall prepare, in the form and manner required by County and the State Department of Health Care Services, a financial statement and a cost report verifying the total number of service units actually provided and covering the costs that are actually incurred in the provision of services under this Contract no later than 60 days following the termination or expiration of this Contract, whichever comes first.

Contractor shall submit quarterly fiscal reports, including detailed list of costs for the prior quarter and cumulatively during the contract period.

Contractor shall submit invoices to:

Nevada County Behavioral Health Department
Attn: Fiscal Staff
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945