

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Nevada County ("Participant") desires to participate in the Program identified below.
Name of Program: Behavioral Health Quality Improvement Program
2. This Participation Agreement Amendment modifies the terms of Exhibit A, Exhibit B, Exhibit C, Appendix A, and Appendix B as set forth on page on the following pages.
3. All other terms of Participation Agreement No. 1290-BHQIP-2022-NC shall remain in full force and effect.

Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., MFT

Title: Executive Director Date: _____

Participant: NEVADA COUNTY

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

Revised Exhibit A

ADDED SERVICES

CalMHSA is offering the following **Optional Subject Matter Expert (SME) Services** as defined below:

- **Fiscal/Payment Reform**– Individualized and/or Group County support around modeling fiscal impact of Payment Reform, contract support, and other fiscal consultation services as requested.
- **Interoperability** - Guidance on data systems management, BHQIP deliverables, and consulting and/or configuring on coordination and integration of systems operations across county agencies.
- **Data Analytics** – Not otherwise accounted for in fixed Scopes of Work related to BHQIP Deliverables.
- **Ad Hoc Services** - Other service requested by the county at an hourly rate of \$200 may be submitted via a Work Order.

PROFESSIONAL SERVICES	HOURLY RATE
Fiscal/Payment Reform Subject Matter Expert Services	\$200
Interoperability Subject Matter Expert Services	\$200
Data Analytics Subject Matter Expert Services	\$200
Ad Hoc Services	\$200

OPTIONS FOR THE PROCUREMENT OF SERVICES

Flexible Spending Account - Counties may purchase hours **up to** a maximum pre-determined amount, which can be used for any services as identified above. For counties who provided funding via the initial Participation Agreement, funds will be rolled into a single flexible spending account. Over the course of the term of the initial Participation Agreement and this Amendment, if changes to services are required or additional funding needed, those changes can be made via a work order by an authorized county staff. See Appendix A.

Revised Exhibit B

II. Responsibilities

A. Responsibilities of Participant:

1. **Services Post-Contract Execution (Amendment)** - Submit a Work Order form for any additional professional services hourly funding required by the Participant if identified post-contract execution.
2. Provide CalMHSA with a County Staff authorized to utilize the funding amount identified in Exhibit C – Flexible Spending Account over the term of the initial Agreement and this Amendment one via a work order. Please identify your authorized county staff in Appendix B, with the following information:

Name

Title

Phone

Email Address

NOTE: Two people maximum.

3. Provide CalMHSA and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program.
4. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
5. Provide feedback on Program performance.
6. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

V. Fiscal Provisions

- A. Funding required from Participant will not exceed the amount stated in Appendix A.
- B. **Initial Program Funding** – Initial payment was issued to CalMHSA of \$179,420 as previously specified in Exhibit C, of initial Participation Agreement.
- C. **Additional Funds** – This Amendment shall reflect current funds with CalMHSA and added funding, to be provided by the Participant (County), as specified in Exhibit C.
- D. **Payments** - Payments to CalMHSA shall consist of equal quarterly payments commencing thirty days after the execution of this Amendment.
- E. **Funding** – Funding shall be applied to service hours as defined by the Participant via a fully executed Work Order, see Appendix A; however, it is understood the Participants will assess service needs over the course of time and will have the flexibility to procure additional services and add funding via a work order. These changes can only be made by the authorized staff per Section II. Responsibilities, A. Responsibilities of the Participant, Item 2, of this Amendment. If the Participant does not request an adjustment of hours via the submission of Appendix A, the current hourly designations will remain the same as previously stated in the original agreement or most recent amendment.

- F. **Administrative Fee:** The total flexible service funds, as defined in Exhibit C, are inclusive of a 15% administrative fee.
- G. **Refunds** - Any **unused** funds from the initial Participation Agreement, will be fully reimbursed based at the end of the project period as defined in the Exhibit B of the initial Participation Agreement. For service requests via a work order, refunds will be less the administrative fee, equal to 15%.
- H. **Annual Rate Adjustments** – Cost of Living Adjustments (COLA), for to the rates as defined in Exhibit A Added Services, and the initial Participation Agreement, shall be made per annum.

MODIFIED Exhibit C

PM CURRENT HOURS PURCHASED BREAKDOWN*	
TOTAL HOURS PURCHASED	560
TOTAL HOURS INCURRED	20.33
TOTAL HOURS REMAINING	539.67
CLINICAL CURRENT HOURS PURCHASED BREAKDOWN*	
TOTAL HOURS PURCHASED	40
TOTAL HOURS INCURRED	0
TOTAL HOURS REMAINING	40

HOURLY SERVICES FLEXIBLE SPENDING ACCOUNT	
ADDITIONAL SERVICE COSTS	COSTS
TOTAL CURRENT HOURLY COSTS INCURRED* (SPENT)	\$3,557.75
TOTAL CURRENT HOURLY COSTS REMAINING*	\$102,442.25
NEW SERVICE HOUR COSTS**	0
NEW TOTAL FOR FLEXIBLE SPENDING ACCOUNT (TOTAL CURRENT HOURLY COSTS REMAINING* + NEW SERVICE HOUR COSTS)	\$102,442.25

*Inclusive of all current agreement hourly offerings (Project Management and Clinical Hours)

**As defined in Exhibit A.

THIS IS A TEMPLATE FOR FUTURE USE – DO NOT FILL OUT

APPENDIX A- REVISED WORK ORDER FORM			
Participant (County)			
Term		Start Date	End Date
SECTION 1. NEW SERVICE HOURS TO BE UTILIZED			
NEW SERVICES	HOURLY RATE	NEW QUANTITY OF HOURS DESIGNATED	TOTAL COST OF HOURS
Fiscal/Payment Reform	\$200/HR		
Clinical Services	\$200/HR		
Project Management	\$175/HR		
Interoperability	\$200/HR		
Data Analysis	\$200/HR		
Ad Hoc Services	\$200/HR		
TOTAL*			

*Cannot exceed the amount listed in Exhibit C of Agreement #_1290-BHQIP-2022_____.

**Per Fiscal Provision, Section C, Counties may choose to adjust their designation of hours via a Work Order Form.

Appendix A Authorized Signatory:

Signed: _____ Name (Printed): Phebe Bell _____

Title: Behavioral Health Director Date: _____

Appendix A Authorized Signatory (Alternate):

Signed: _____ Name (Printed): Jamie Maxwell _____

Title: Quality Assurance Program Manager Date: _____

APPENDIX B – Authorized Signatories

Please identify the authorized county staff with authority to make service hour requests and add funding as need by Participant.

Appendix A Authorized Signatory:

Name: Phebe Bell

Title: Behavioral Health Director

Phone: (530)470-2784

Email Address: phebe.bell@nevadacountyca.gov

Signature: _____

Date: _____

Appendix A Authorized Signatory (Alternate):

Name: Jamie Maxwell

Title: Quality Assurance Manager

Phone: (530)470-2542

Email Address: jamie.maxwell@nevadacountyca.gov

Signature: _____

Date: _____