

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**  
**“CalMHSA”**  
**PARTICIPATION AGREEMENT AMENDMENT NO. 1**  
**SEMI-STATEWIDE ENTERPRISE HEALTH RECORD**

This Participation Agreement Amendment No. 1 is a contract by and between the California Mental Health Services Authority (“CalMHSA”) and Nevada County (“Participant”).

**WHEREAS**, CalMHSA and Participant entered into Participation Agreement No. 1575-EHR-2022-NC executed on July 20, 2022; and

**WHEREAS**, CalMHSA and Participant agree to amend the original Participation Agreement to incorporate the additional purchases and corresponding Committed Funding and Contingency Budget modifications as specified below:

**ADDITIONAL PURCHASES:**

This Participation Agreement Amendment No. 1 incorporates additional component purchases totaling **\$25,593.24** in additional committed funding.

Pricing and payment terms for each additional component purchased can be found in Exhibit C-1, below. Funding for the additional components purchased has been shifted from Participant’s Contingency Budget, Exhibit D, below. Please refer to Exhibit C-1 and Exhibit D-1, below, for Participant’s amended Committed Funding and amended Contingency Budget, respectively.

The additional component purchases include:

1. Purchase of a subscription to use the “SMS/Text Notification Reminders”. This item is an annual application subscription, which will be invoiced on a monthly basis, pursuant to EXHIBIT C-1, below.
2. Purchase of professional services to implement the “SMS/Text Notification Reminders”. This fee is a one-time charge to be invoiced upon execution of this Agreement Amendment.

**NOW THEREFORE**, CalMHSA and Participant hereby agree to amend the original Participation Agreement No. 1575-EHR-2022-NC in the following manner:

1. EXHIBIT C-1 – PARTICIPANT-SPECIFIC COMMITTED FUNDING AND PAYMENT TERMS replaces EXHIBIT C in the original Participation Agreement No. 1575-EHR-2022-NC. All references in the Agreement to EXHIBIT C shall be construed to refer to EXHIBIT C-1.

This Participation Agreement Amendment adds **\$25,593.24** in additional committed funding. The revised total maximum amount of committed funding shall not exceed **\$2,009,823**, inclusive of the **\$25,593.24 increase**, for the agreement term as specified in the Participation Agreement No. 1575-EHR-2022-NC;

2. EXHIBIT D-1 – PARTICIPANT CONTINGENCY BUDGET replaces EXHIBIT D in the original Participation Agreement No. 1575-EHR-2022-NC. All references in the Agreement to EXHIBIT D shall be construed to refer to EXHIBIT D-1.

This Participation Agreement Amendment reduces participant's Contingency Budget by **\$25,593.24**. The revised total maximum Participant Contingency Budget shall not exceed **\$272,041**, inclusive of the **\$25,593.24 decrease**, for the agreement term as specified in the Participation Agreement No. 1575-EHR-2022-NC.

**EXHIBIT C-1 – PARTICIPANT-SPECIFIC COMMITTED FUNDING AND PAYMENT TERMS**

**Committed Funding**

1. Exhibit C of Participation Agreement No. 1575-EHR-2022-NC: The table below reflects the Committed Funding included in Exhibit C of the original Participation Agreement No. 1575-EHR-2022-NC, executed on July 20, 2022, for a maximum amount of Participant-Specific Committed Funding not to exceed **\$1,984,230** for the program term, as stated below:

Description	Unit(s)	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 3/18/29
Participant Instance Installation	1	\$ 120,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
System Acquisition Fee	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Development Fee (Customization and Security)	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Discretionary Development Budget	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services Implementation	1	\$ 498,461.54	\$ 41,538.46	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Patient Portal Implementation	1	\$ 2,400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare HIE / MCO Interface via FHIR Implementation	1	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Lab Interface Implementation	1	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Disaster Recovery Implementation	1	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare CalMHSA Package	265	\$ 29,203.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 116,812.00
SmartCare Rx Prescribers Subscription	4	\$ 956.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 3,827.20
SmartCare Patient Portal Subscription	450	\$ 82.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 331.20
SmartCare HIE / MCO Interface via FHIR Subscription	1	\$ 575.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 2,300.00
SmartCare Lab Interface Subscription	1	\$ 488.76	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 1,955.04
Disaster Recovery Subscription	1	\$ 1,590.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 6,360.00
Annual %3 Fee Increase - Subscription	1	\$ 986.89	\$ 5,980.56	\$ 6,159.97	\$ 6,344.77	\$ 6,535.12	\$ 6,731.17	\$ 4,576.31
RAND Evaluation	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Amount by Fiscal Year</b>		<b>\$ 787,887.20</b>	<b>\$ 244,897.18</b>	<b>\$ 203,538.13</b>	<b>\$ 203,722.93</b>	<b>\$ 203,913.28</b>	<b>\$ 204,109.33</b>	<b>\$ 136,161.75</b>
<b>Total Participant-Specific Committed Funds</b>	<b>\$ 1,984,230</b>							

2. Exhibit C-1: The table below reflects the additional purchases and associated **increase of \$25,593.24** in Committed Funding affected by this Participation Agreement Amendment No. 1, and replaces EXHIBIT C in the original Participation Agreement No. 1575-EHR-2022-NC, effective upon execution of this Participation Agreement Amendment. The revised maximum amount of Participant-Specific Committed Funding shall not exceed **\$2,009,823** for the program term, as stated below:

Description	Unit(s)	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 3/18/29
Participant Instance Installation	1	\$ 120,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
System Acquisition Fee	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Development Fee (Customization and Security)	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Discretionary Development Budget	1	\$ 33,380.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services Implementation	1	\$ 498,461.54	\$ 41,538.46	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Patient Portal Implementation	1	\$ 2,400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare HIE / MCO Interface via FHIR Implementation	1	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare Lab Interface Implementation	1	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Disaster Recovery Implementation	1	\$ 6,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SmartCare CalMHSA Package	265	\$ 29,203.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 175,218.00	\$ 116,812.00
SmartCare Rx Prescribers Subscription	4	\$ 956.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 5,740.80	\$ 3,827.20
SmartCare Patient Portal Subscription	450	\$ 82.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 496.80	\$ 331.20
SmartCare HIE / MCO Interface via FHIR Subscription	1	\$ 575.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 3,450.00	\$ 2,300.00
SmartCare Lab Interface Subscription	1	\$ 488.76	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 2,932.56	\$ 1,955.04
Disaster Recovery Subscription	1	\$ 1,590.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 9,540.00	\$ 6,360.00
Annual %3 Fee Increase - Subscription	1	\$ 986.89	\$ 5,980.56	\$ 6,159.97	\$ 6,344.77	\$ 6,535.12	\$ 6,731.17	\$ 4,576.31
RAND Evaluation	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SMS/Text Notification Reminders - Implementation	1	\$ 3,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SMS/Text Notification Reminders - Subscription	1	\$ 592.25	\$ 3,589.04	\$ 3,696.71	\$ 3,807.61	\$ 3,921.84	\$ 4,039.49	\$ 2,746.32
<b>Total Amount by Fiscal Year</b>		\$ 791,679.45	\$ 248,486.21	\$ 207,234.84	\$ 207,530.54	\$ 207,835.11	\$ 208,148.82	\$ 138,908.07
<b>Total Participant-Specific Committed Funds</b>	<b>\$ 2,009,823</b>							

**Committed Funds Payment Terms For Additional Purchases**

The table below describes the additional component purchases incorporated by this Amendment, effective as of the date of execution of this Participation Agreement Amendment No.1. The components listed are in addition to those included in the original Agreement No. 1575-EHR-2022-NC.

<b>Description</b>	<b>Fee Type Description</b>	<b>Payment Term</b>
SMS/Text Notification Reminders Implementation	One-Time Fee associated with the implementation efforts to support SMS/Text Notification Reminders.	The fee for this implementation service shall be due upon execution of this Participation Agreement Amendment.
SMS/Text Notification Reminders - Subscription	SmartCare Notification-SMS/Text sends notification of upcoming appointments with date and time.	The annual subscription amount shall be invoiced on a monthly basis. Monthly payments shall be due upon receipt of invoice.

**EXHIBIT D-1 – PARTICIPANT CONTINGENCY BUDGET**

**Participant Contingency Budget**

1. Exhibit D of Participation Agreement No. 1575-EHR-2022-NC: The table below reflects the Contingency Budget included in Exhibit D of the original Participation Agreement No. 1575-EHR-2022-NC, executed on July 20, 2022, for a maximum Participant Contingency Budget Funding not to exceed **\$297,634** for the program term, as stated below:

<b>Description</b>	<b>7/1/22 - 6/30/23</b>	<b>7/1/23 - 6/30/24</b>	<b>7/1/24 - 6/30/25</b>	<b>7/1/25 - 6/30/26</b>	<b>7/1/26 - 6/30/27</b>	<b>7/1/27 - 6/30/28</b>	<b>7/1/28 - 3/18/29</b>
Subscription Costs for Anticipated User Growth (25 additional SmartCare users per year and 5 additional Prescribers)	\$ 8,503.84	\$ 8,503.84	\$ 8,503.84	\$ 8,503.84	\$ 8,503.84	\$ 8,503.84	\$ 8,503.84
Subscription Costs for Additional Modules	\$ 5,672.06	\$ 5,672.06	\$ 5,672.06	\$ 5,672.06	\$ 5,672.06	\$ 5,672.06	\$ 5,672.06
Discretionary Development Budget for Participant Specific Requirements	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65
Professional Services	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65	\$ 14,171.65
<b>Total Amount by Fiscal Year</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>	<b>\$ 42,519.21</b>
<b>Total Participant Contingency Funds</b>	<b>\$ 297,634</b>						

2. Exhibit D-1: The table below reflects the **reduction of \$25,593.24** to the Contingency Budget affected by this Participation Agreement Amendment No. 1, and replaces EXHIBIT D in the original Participation Agreement No. 1575-EHR-2022-NC, effective upon execution of this Participation Agreement Amendment. The revised maximum Contingency Budget Funding shall not exceed **\$272,041** for the program term, as stated below:

Description	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 3/18/29
Subscription Costs for Anticipated User Growth (25 additional SmartCare users per year and 5 additional Prescribers)	\$ 7,772.61	\$ 7,772.61	\$ 7,772.61	\$ 7,772.61	\$ 7,772.61	\$ 7,772.61	\$ 7,772.61
Subscription Costs for Additional Modules	\$ 5,182.13	\$ 5,182.13	\$ 5,182.13	\$ 5,182.13	\$ 5,182.13	\$ 5,182.13	\$ 5,182.13
Discretionary Development Budget for Participant Specific Requirements	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15
Professional Services	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15	\$ 12,954.15
<b>Total Amount by Fiscal Year</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>	<b>\$ 38,863.03</b>
<b>Total Participant Contingency Funds</b>	<b>\$ 272,041</b>						

All other terms or provisions in the original Agreement No. 1575-EHR-2022-NC, not cited in this Participation Agreement Amendment No. 1, shall remain in full force and effect.

A copy of the original Participation Agreement No. 1575-EHR-2022-NC, on July 20, 2022, shall be attached.

**CalMHSA**

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

Title: Executive Director Date: \_\_\_\_\_

**Participant:**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

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