



RESOLUTION No. 24-187

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING EXECUTION OF AMENDMENT 1 WITH STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES FOR THE PROVISION OF COMPREHENSIVE SPECIALTY MENTAL HEALTH SERVICES, TO ADJUST EXHIBIT B TO INCLUDE REVISED RATES UNDER WHILE MAINTAINING THE CURRENT MAXIMUM AMOUNT OF \$1,811,316 FOR FISCAL YEAR 2023/24 (RES 23-537)

WHEREAS, on July 11, 2023, per Resolution 23-537, the Nevada County Board of Supervisors approved execution of the Professional Services Contract with Stanford Youth Solutions DBA Stanford Sierra Youth & Families provides Comprehensive Specialty Mental Health Services, primarily targeted to serve pre- and post-adoptive and guardianship children and their families; and

WHEREAS, this contract provides for a comprehensive, integrated approach for services that promotes child development and improves outcomes for the successful integration into an adoptive family or guardianship situation as well as encourages family preservation and family reunification when appropriate; and

WHEREAS, the parties desire to amend their Agreement to revise payment rates and amend Exhibit "B" Schedule of Charges and Payments to reflect the increase in the rates.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Amendment 1 to the Professional Services Contract by and between the County of Nevada and Stanford Youth Solutions pertaining to the provision of Comprehensive Specialty Mental Health Services, revising payment rates under the current maximum amount of \$1,811,316 for the current term of July 1, 2023, through June 30, 2024, be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be authorized to execute the amendment on behalf of the County of Nevada.

Funds to be disbursed from accounts: 1512-40104-493-1000 / 521520; 1589-40104-493-1000 / 521520; 1589-40104-493-1000 / 521525

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 14th day of May 2024, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout, Susan Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

Recuse: None.

ATTEST:

TINE MATHIASSEN
Chief Deputy Clerk of the Board of Supervisors

By: 


Hardy Bullock, Chair

**AMENDMENT #1 TO THE CONTRACT WITH
Stanford Youth Solutions DBA Stanford Sierra Youth &
Families (Res 23-537)**

THIS AMENDMENT is executed this 14th day of May 2024, by and between STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES, hereinafter referred to as "Contractor" and COUNTY OF NEVADA, hereinafter referred to as "County." Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on July 11, 2023 per RES 23-537; and

WHEREAS, the Contractor operates Comprehensive Specialty Mental Health Services primarily targeted to serve pre- and post-adoptive and guardianship children and families; and

WHEREAS, the parties desire to amend their Agreement to amend Exhibit "B" Schedule of Charges and Payments to reflect the increase in the rates.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of July 1, 2023.
2. That the Schedule of Charges and Payments, Exhibit "B" is amended to the revised Exhibit "B" attached hereto and incorporated herein.
3. 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:

By: HLB
Hardy Bullock
Chair of the Board of Supervisors

ATTEST:

By: Tine Mathiasen
Clerk of the Board
Tine Mathiasen

CONTRACTOR:

By: Laura Heintz
Laura Heintz
CEO
Stanford Youth Solutions

EXHIBIT B
SCHEDULE OF CHARGES AND PAYMENTS

Subject to the satisfactory performance of services required of Contractor pursuant to this contract, and to the terms and conditions as set forth, the County shall pay Contractor a maximum amount not to exceed \$1,811,316 for the term of this contract. The maximum obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses.

Projected Summary of Compensation:

Program	Contract Maximum
Outpatient SMHS Services	\$ 1,737,295
Client Supports	\$ 14,500
Front-Loaded Incentives	\$ 59,521
Total	\$ 1,811,316

Direct Service Staff By Discipline	Hourly Rate	Average Productivity
Psychiatrist/ Contracted Psychiatrist	\$ 812.26	45%
Nurse Practitioner	\$ 507.83	40%
RN	\$ 414.81	40%
Certified Nurse Specialist	\$ 507.83	40%
LVN	\$ 217.91	40%
Licensed Psychiatric Technician	\$ 208.75	40%
Psychologist/Pre-licensed Psychologist	\$ 424.70	40%
LPHA/Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 274.84	40%
Mental Health Rehab Specialist	\$ 214	35%
Peer Recovery Specialist	\$ 217.11	35%
Other Qualified Providers - Other Designated MH Staff that Bill Medical	\$ 206.78	40%

FINANCIAL TERMS

1. CLAIMING

- A. Contractor shall enter claims data into the County's billing and transactional database system within the timeframes established by County. Contractor shall use Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.
- B. Claims shall be complete and accurate and must include all required information regarding the claimed services.

- C. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all eligible Medi-Cal services and correcting denied services for resubmission in a timely manner as needed.

2. INVOICING

- A. Contractor shall invoice County for services monthly, in arrears, in the format directed by County. Invoices shall be based on claims entered into the County's billing and transactional database system for the prior month.
- B. Invoices shall be provided to County after the close of the month in which services were rendered. Following receipt and provisional approval of a monthly invoice, County shall make payment within 30 days.
- C. Monthly payments for claimed services shall be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the service rates in Exhibit B-2
- D. County's payments to Contractor for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth in Article 5, Section 6 of Exhibit D.
- E. Contractor shall submit invoices, and reports to:

Nevada County Behavioral Health Department

Attn: Fiscal Staff

500 Crown Point Circle, Suite 120

Grass Valley, CA 95945

4. ADDITIONAL FINANCIAL REQUIREMENTS

- A. County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.
- B. Contractor must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States Department of Health and Human Services may specify.
- C. Contractor agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.
- D. Federal Financial Participation is not available for any amount furnished to an Excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

5. CONTRACTOR PROHIBITED FROM REDIRECTION OF CONTRACTED FUNDS

- A. Contractor may not redirect or transfer funds from one funded program to another funded program under which Contractor provides services pursuant to this Agreement except through mutual agreement.
- B. Contractor may not charge services delivered to an eligible client under one funded program to another funded program unless the client is also eligible for services under the second funded program.
- C. Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.
- D. Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the Director. The Director is responsible for providing the audit report to the County Auditor.
- E. Contractor must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

Payment Reform/EHR Transition Incentive Payments

Upon completion of the following activities, contractor may submit an invoice for the amount associated, which will be processed and paid per the process outlined in this Exhibit. If Contractor does not submit the required documentation for the individual activity, no incentive payment will be made.

Activity 1: By July 31, submit an attestation or other documentation showing that 80% of all direct-service staff have logged in to Streamline Electronic Health Record and completed all required training. \$19,840

Activity 2: By August 31, submit documentation demonstrating use of a productivity report that tracks billable time for direct service staff. \$19,840

Activity 3: By September 30, submit a budget-actual report of expenses and revenues for the month of July. \$19,841

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

Records to be Maintained:

Contractor shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. Contractor shall contractually require that all of Contractor's Subcontractors performing work called for under this contract also keep and maintain such records, whether kept by Contractor or any Subcontractor, shall be made available to County or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by County, its authorized representative, or officials of the State of California. All fiscal records shall be maintained for five years or until all Audits and Appeals are completed, whichever is later.

Non-Profit Supplemental Audit Provisions:

(i) Contractor shall have on file with the County at all times their most recent reviewed or audited financial statements including the review or opinion letter issued by an independent Certified Public Accountant. The financial statement package is due to the County within one hundred eighty (180) days of the end of the Contractor's fiscal year. Contractor may request in writing an extension of due date for good cause – at its discretion, County shall provide written approval or denial of request.

(ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$750,000 or more in Federal awards during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in the "Notification" section of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.

EXHIBIT "B-2"
SCHEDULE OF SPECIALTY MENTAL HEALTH SERVICE RATES
STANFORD YOUTH SOLUTIONS D/B/A STANFORD SIERRA YOUTH & FAMILIES

Provider & Bundled Service Rate Report

Full List of Rates by CPT Code and Discipline. Actual billable CPT codes may be limited based on Nevada County Electronic Health Record/Billing and Transactional Database capabilities. The final list of billable codes will be provided to Contractor by Nevada County Behavioral Health.

Outpatient:

Clinical Nurse Specialist	Crisis Intervention Service, per 15 Minutes	I12011	\$507.83
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$507.83
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$507.83
	Intensive Care Coordination	T1017	\$507.83
	Intensive Home Based Services	H2017,	\$507.83
	Interactive Complexity	90785	\$507.83
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$507.83
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$507.83
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$507.83
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$507.83
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$507.83
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$507.83
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$507.83
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$507.83
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$507.83
	Psychotherapy, 30 Minutes with Patient	90832	\$507.83
	Psychotherapy, 45 Minutes with Patient	90834	\$507.83
	Psychotherapy, 60 Minutes with Patient	90837	\$507.83
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$507.83
	Targeted Case Management, Each 15 Minutes	T1017	\$507.83
	Interdisciplinary Team Meeting (client/family not present)	99368	\$507.83
	Interdisciplinary Team Meeting (client/family present)	99366	\$507.83

Licensed Psychiatric Technician	Crisis Intervention Service, per 15 Minutes	H2011	\$208.75
	Intensive Care Coordination	T1017	\$208.75
	Intensive Home Based Services	H2017,	\$208.75
	Interactive Complexity	90785	\$208.75
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$208.75
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$208.75
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$208.75
	Targeted Case Management, Each 15 Minutes	T1017	\$208.75
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	Crisis Intervention Service, per 15 Minutes	H2011	\$274.84
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$274.84
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$274.84
	Intensive Care Coordination	T1017	\$274.84
	Intensive Home Based Services	H2017,	\$274.84
	Interactive Complexity	90785	\$274.84
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$274.84
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$274.84
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$274.84
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$274.84
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$274.84
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$274.84
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$274.84
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$274.84
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$274.84
	Psychotherapy, 30 Minutes with Patient	90832	\$274.84
	Psychotherapy, 45 Minutes with Patient	90834	\$274.84
	Psychotherapy, 60 Minutes with Patient	90837	\$274.84
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$274.84
	Targeted Case Management, Each 15 Minutes	T1017	\$274.84

	Interdisciplinary Team Meeting (client/family not present)	99368	\$274.84
	Interdisciplinary Team Meeting (client/family present)	99366	\$274.84
LVN	Crisis Intervention Service, per 15 Minutes	H2011	\$217.91
	Intensive Care Coordination	T1017	\$217.91
	Intensive Home Based Services	H2017,	\$217.91
	Interactive Complexity	90785	\$217.91
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$217.91
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$217.91
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$217.91
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$217.91
	Targeted Case Management, Each 15 Minutes	T1017	\$217.91
Mental Health Rehab Specialist	Crisis Intervention Service, per 15 Minutes	H2011	\$214.00
	Intensive Care Coordination	T1017	\$214.00
	Intensive Home Based Services	H2017,	\$214.00
	Interactive Complexity	90785	\$214.00
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$214.00
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$214.00
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$214.00
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$214.00
	Targeted Case Management, Each 15 Minutes	T1017	\$214.00
Nurse Practitioner	Crisis Intervention Service, per 15 Minutes	H2011	\$507.83
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$507.83
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$507.83
	Intensive Care Coordination	T1017	\$507.83
	Intensive Home Based Services	H2017,	\$507.83
	Interactive Complexity	90785	\$507.83
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$507.83
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$507.83
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$507.83

	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$507.83
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$507.83
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$507.83
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$507.83
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$507.83
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$507.83
	Psychotherapy, 30 Minutes with Patient	90832	\$507.83
	Psychotherapy, 45 Minutes with Patient	90834	\$507.83
	Psychotherapy, 60 Minutes with Patient	90837	\$507.83
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$507.83
	Targeted Case Management, Each 15 Minutes	T1017	\$507.83
	Interdisciplinary Team Meeting (client/family not present)	99368	\$507.83
	Interdisciplinary Team Meeting (client/family present)	99366	\$507.83
Other Qualified Providers - Other Designated MH staff that bill medical	Crisis Intervention Service, per 15 Minutes	H2011	\$206.78
	Intensive Care Coordination	T1017	\$206.78
	Intensive Home Based Services	H2017,	\$206.78
	Interactive Complexity	90785	\$206.78
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$206.78
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$206.78
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$206.78
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$206.78
	Targeted Case Management, Each 15 Minutes	T1017	\$206.78
Peer Recovery Specialist	Crisis Intervention Service, per 15 Minutes	H2011	\$217.11
	Intensive Care Coordination	T1017	\$217.11
	Intensive Home Based Services	H2017,	\$217.11
	Interactive Complexity	90785	\$217.11
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$217.11
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$217.11
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$217.11
	Targeted Case Management, Each 15 Minutes	T1017	\$217.11

Physicians Assistant	Crisis Intervention Service, per 15 Minutes	H2011	\$458.01	
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$458.01	
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$458.01	
	Intensive Care Coordination	T1017	\$458.01	
	Intensive Home Based Services	H2017,	\$458.01	
	Interactive Complexity	90785	\$458.01	
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$458.01	
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$458.01	
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$458.01	
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$458.01	
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$458.01	
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$458.01	
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$458.01	
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$458.01	
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$458.01	
	Psychotherapy, 30 Minutes with Patient	90832	\$458.01	
	Psychotherapy, 45 Minutes with Patient	90834	\$458.01	
	Psychotherapy, 60 Minutes with Patient	90837	\$458.01	
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$458.01	
	Targeted Case Management, Each 15 Minutes	T1017	\$458.01	
	Interdisciplinary Team Meeting (client/family not present)	99368	\$458.01	
	Interdisciplinary Team Meeting (client/family present)	99366	\$458.01	
	Psychiatrist	Crisis Intervention Service, per 15 Minutes	H2011	\$812.26
		Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$812.26
		Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$812.26
		Intensive Care Coordination	T1017	\$812.26
		Intensive Home Based Services	H2017,	\$812.26
Interactive Complexity		90785	\$812.26	

	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$812.26
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$812.26
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$812.26
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$812.26
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$812.26
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$812.26
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$812.26
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$812.26
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$812.26
	Psychotherapy, 30 Minutes with Patient	90832	\$812.26
	Psychotherapy, 45 Minutes with Patient	90834	\$812.26
	Psychotherapy, 60 Minutes with Patient	90837	\$812.26
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$812.26
	Targeted Case Management, Each 15 Minutes	T1017	\$812.26
	Interdisciplinary Team Meeting (client/family not present)	99368	\$812.26
	Interdisciplinary Team Meeting (client/family present)	99366	\$812.26
Psychologist/Pre-licensed Psychologist	Crisis Intervention Service, per 15 Minutes	H2011	\$424.70
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$424.70
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$424.70
	Intensive Care Coordination	T1017	\$424.70
	Intensive Home Based Services	H2017,	\$424.70
	Interactive Complexity	90785	\$424.70
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$424.70
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$424.70
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$424.70
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$424.70
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$424.70

	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$424.70
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$424.70
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$424.70
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$424.70
	Psychotherapy, 30 Minutes with Patient	90832	\$424.70
	Psychotherapy, 45 Minutes with Patient	90834	\$424.70
	Psychotherapy, 60 Minutes with Patient	90837	\$424.70
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$424.70
	Targeted Case Management, Each 15 Minutes	T1017	\$424.70
	Interdisciplinary Team Meeting (client/family not present)	99368	\$424.70
	Interdisciplinary Team Meeting (client/family present)	99366	\$424.70
RN	Crisis Intervention Service, per 15 Minutes	H2011	\$414.81
	Intensive Care Coordination	T1017	\$414.81
	Intensive Home Based Services	H2017,	\$414.81
	Interactive Complexity	90785	\$414.81
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$414.81
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$414.81
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$414.81
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$414.81
	Targeted Case Management, Each 15 Minutes	T1017	\$414.81
	Interdisciplinary Team Meeting (client/family not present)	99368	\$414.81
	Interdisciplinary Team Meeting (client/family present)	99366	\$414.81
Psychiatry Services:			
Clinical Nurse Specialist	Medication Training and Support, per 15 Minutes	H0034	\$507.83
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$507.83
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$507.83
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$507.83

	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$507.83
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$507.83
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$507.83
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$507.83
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$507.83
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$507.83
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$507.83
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$507.83
	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$507.83
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$507.83
Licensed Psychiatric Technician	Medication Training and Support, per 15 Minutes	H0034	\$208.75
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$208.75
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$274.84
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$274.84
LVN	Medication Training and Support, per 15 Minutes	H0034	\$217.91

	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$217.91
Mental Health Rehab Specialist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$214.00
Nurse Practitioner	Medication Training and Support, per 15 Minutes	H0034	\$507.83
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$507.83
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$507.83
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$507.83
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$507.83
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$507.83
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$507.83
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$507.83
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$507.83
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$507.83
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$507.83
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$507.83
	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$507.83
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$507.83

Other Qualified Providers - Other Designated MH staff that bill medical	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$206.78
Peer Recovery Specialist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$217.11
Physicians Assistant	Medication Training and Support, per 15 Minutes	H0034	\$458.01
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$458.01
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$458.01
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$458.01
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$458.01
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$458.01
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$458.01
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$458.01
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$458.01
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$458.01
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$458.01
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$458.01
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$458.01
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$458.01
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$458.01
	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$458.01
Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$458.01	

Psychiatrist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$812.26
	Medication Training and Support, per 15 Minutes	H0034	\$812.26
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$812.26
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$812.26
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$812.26
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$812.26
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$812.26
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$812.26
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$812.26
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$812.26
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$812.26
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$812.26
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$812.26
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$812.26
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$812.26
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$812.26
	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$812.26
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$812.26
Psychologist/Pre-licensed Psychologist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$424.70

	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$424.70
RN	Medication Training and Support, per 15 Minutes	H0034	\$414.81
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$414.81
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$414.81

Attachment "A"

NEVADA COUNTY BEHAVIORAL HEALTH

STABILIZATION FUNDING REQUEST FORM

Person Making Request: Name: _____

Agency: _____

Date of Request: _____

COUNTY VENDOR I.D. NO. _____

Payment To: _____

Name: _____ Phone: _____

Address: _____ FAX: _____

DESCRIPTION OF SERVICES COVERED BY PAYMENT:

Date Funds are Needed by Participant: _____

Program (check one): ___ FACT Children's ___ FACT Adult ___ MHSA Children's ___ MHSA Adult

Payment For: (Participant(s) Name) _____

Payment Totals: \$ _____

Payment Method Credit Card \$ _____

Check/Warrant \$ _____

Other Payment form \$ _____

GRAND TOTAL: \$ _____

PURCHASE APPROVED BY

Executive Director Signature _____ Date: _____

For Accounting Use Only _____

Org Code

Project Code Number

EXHIBIT C