

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

22-473 A-5

SAP Number

4400019710 – Total Contract

4400025547 – CFS Aggregate

Department of Behavioral Health

Department Contract Representative	<u>Nathaniel Rodriguez</u>
Telephone Number	<u>(909) 388-0861</u>
Contractor	<u>Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services</u>
Contractor Representative	<u>Tina K. Hughes</u>
Telephone Number	<u>(909) 932-1069</u>
Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Original Contract Amount	<u>\$6,857,480</u>
Amendment Amount	<u>\$0.00</u>
Total Contract Amount	<u>\$6,857,480</u>
Total Aggregate Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Total Aggregate Amount – For Clients referred by CFS	<u>\$4,000,000</u>
Cost Center	<u>1018611000</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5:

San Bernardino County (County) and Inland Valley Drug and Alcohol Recovery Services dba Inland Valley Recovery Services (Contractor) hereby agree to amend Contract No. 22-473 as follows:

- I. ARTICLE IV PERFORMANCE, paragraph D is hereby amended to read as follows:
 - D. Data Collection and Performance Outcome Requirements

Contractor shall maintain compliance with all applicable federal, state, and county laws, regulations, policies, and guidance, including but not limited to requirements issued by DBH and DHCS, including Behavioral Health Services Act (BHSA) requirements. Such requirements may

be issued in draft or final form and may be updated or modified during the term of this Agreement. Contractor shall implement applicable changes within timeframes established by DBH.

Contractor shall comply with all requests regarding local, State and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

II. ARTICLE V FUNDING, paragraph K and L are hereby amended to read as follows:

- K. The maximum financial obligation under this contract shall not exceed \$6,857,480 for the contract term.

Separately, the contract amendment amount of \$800,000 shall increase the total additional aggregate funding amount from \$3,200,000 to \$4,000,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family Services for fiscal years 2022-23, 2023-24, 2024-25, 2025-26, and 2026-27.

- L. This amendment hereby adds Schedule A for FY 2026-27. All previously approved schedules remain in effect.

III. ARTICLE VII PROVISIONAL PAYMENT, Paragraphs A through R are deleted in their entirety and replaced with the following:

- A. Monthly payments for Substance Use Disorder & Recovery Services providing billable outpatient Drug Medi-Cal Organized Delivery System (DMC-ODS) services will be based on actual units of service reported on Charge Data Invoices claimed to and reimbursed by the State, and services deemed by the State to be DBH responsibility at the rates specified on the referenced agreed upon **FFS reimbursement rates** for this agreement, and non-billable outpatient DMC-ODS services will be based on cost reimbursement, provided that the total of all payments to Contractor [and all other contract providers if applicable for an aggregate] shall not exceed Contracted amount or County's Maximum Obligation. (The current CalAIM Payment Reform Rate Schedule is set forth in Exhibit I attached hereto.)
- B. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period.
1. For the period of January 1, 2026 through May 31, 2026, DBH will reconcile monthly payments for billable outpatient DMC-ODS services to ensure provider payments are made at a minimum of 1/12th of the maximum allocations for the billable outpatient DMC-ODS services.
- C. The Parties acknowledge that each party is solely responsible for any tax obligations it may incur as a result of the payment or receipt of the Settlement Amount, as applicable.
- D. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall

promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

- E. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- F. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.
- G. Contractor agrees that no part of any Federal funds provided under this Contract 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 <http://www.opm.gov/> (U.S. Office of Personnel Management).
- H. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- I. The Fee-For-Service reimbursement rates are established by DBH for San Bernardino County. DBH will take into consideration requests for changes to Contract funding as applicable and appropriate. All requests for changes must be submitted in writing by Contractor to the DBH Deputy Director of SUDRS, or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.
- J. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.
- K. Contractor may contact DBH Quality Management directly with questions pertaining to appropriate and compliant documentation via telephone at (909) 386-8227, or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov so that DBH QM may respond or direct questions to a designee for response.
- L. Contractor shall adhere to the County's Travel Management Policy (8-02 and 08-02SP1) when travel is pursuant to this Contract and for which reimbursement is sought from the County. In addition, Contractor is encouraged to utilize local transportation services, including but not limited to, the Ontario International Airport.
- M. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.

- N. As applicable, for Federal Funded Program, Contactor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.

- O. Prohibited Payments

County shall make no payment to Contractor other than payment for services covered under this Contract.

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)].

In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:

- i. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - ii. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
 - iii. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - iv. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.
- P. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

IV. ARTICLE IX COST REPORT SETTLEMENT is hereby deleted.

V. ARTICLE XXII LICENSING, CERTIFICATION AND ACCREDITATION, paragraph F.4 are hereby amended to read as follows:

F.4 Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is "excluded" or "suspended" from any federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**ATTACHMENT II**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

VI. ARTICLE XXV LAWS AND REGULATIONS, paragraph F.2.b.ii and F.2.c.i are hereby amended to read as follows:

F.2.b.ii Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH's Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

F.2.c.i Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code prior to implementation to the following DBH Program for review and approval:

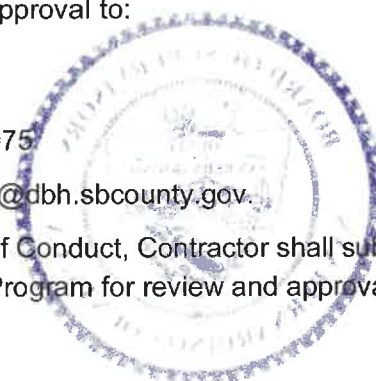
DBH Office of Compliance
550 Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0075

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

VII. **ATTACHMENTS:**

SCHEDULE A Planning Estimates FY 2026-27 are hereby added.

EXHIBIT I CalAIM Payment Reform Rate Schedule is hereby added.



VIII. All other terms, conditions and covenants in Contract 22-473 remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, San Bernardino County and Contractor have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: APR 21 2026
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *[Signature]*
Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County
Deputy



Inland Valley Drug and Alcohol Recovery Services
dba Inland Valley Recovery Services
(Print or type name of corporation, company, contractor, etc.)

By ► *Tina K. Hughes*
(Authorized signature - sign in blue ink)

Name Tina K. Hughes
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 3/31/2026

Address 1260 E. Arrow Hwy, Building E
Upland, CA 91786

FOR COUNTY USE ONLY

Approved as to Legal Form
► *Charles Phan*
Charles Phan, Supervising Deputy County Counsel
Date 3/31/2026

Reviewed for Contract Compliance
► *Michael Shin*
Michael Shin, Administrative Manager
Date 3/31/2026

Reviewed/Approved by Department
► *Joshua Dugas*
Joshua Dugas, Acting Director
Date 3/31/2026

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Substance Use Disorder and Recovery Services - Outpatient Contract
SCHEDULE A - Proposed Budget**

BUDGET PERIOD: July 1, 2025 - June 30, 2027

Contractor Name: Inland Valley Drug and Alcohol Recovery Services
 Facility Address: 1076 Santo Antonio Dr. Suite B-D
Cotton, CA 92324
 Provider Number: 36DN
 Maximum Annual Obligation: \$ 403,756

Prepared by: Laurie Figueroa
 Title: Director of Finance
 Date Prepared: 1/27/2026

FUNDING SOURCE	Medi-Cal	Block Grant	Youth	AB109	CFB	CalWORKs	TOTAL
Level of Care							
Outpatient Drug Free (ODF)	\$ 260,986	\$ 26,999			\$ 15,992		\$ 303,977
Intensive Outpatient Treatment (IOT)	\$ 26,999	\$ 3,222			\$ 1,667		\$ 34,167
Stand Alone Services							
Medication for Addiction Treatment (MAT)	\$ 23,140	\$ 2,572			\$ 3,214		\$ 28,926
Care Coordination	\$ 29,236	\$ 3,248			\$ 1,273		\$ 33,757
Peer Support Services							\$ -
Recovery Services							\$ -
SUMMARY OF ALL SERVICES							
TOTAL COST OF SERVICES	\$ 342,360	\$ 36,040	\$ -	\$ -	\$ 23,356	\$ -	\$ 401,756

* Round Costs to nearest dollar

APPROVED BY:	PRINTED NAME	DATE
<u>Laurie Figueroa</u> <small>PROVIDER AUTHORIZED SIGNATURE</small>	<u>Laurie Figueroa</u>	<u>02/03/26</u>
<u>Natalie Sanders</u> <small>DEPT PROVIDER SUPPORT AUTHORIZED SIGNATURE</small>	<u>Natalie Sanders</u>	<u>02/03/26</u>
<u>Metra Jaber</u> <small>DEPT PROVIDER SUPPORT AUTHORIZED SIGNATURE</small>	<u>Metra Jaber</u>	<u>02/04/26</u>

Federal Fund Include:	CFDA Title	CFDA No.	Grant Item	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Treatment Block Grant		93.959	6AEG	SAMHSA	State DHCS
Medi-Cal Assistance Program		93.778	DMO-ODR	DHHS	State DHCS

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Substance Use Disorder and Recovery Services - Outpatient Contract
SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2026- June 30, 2027

Contractor Name:	<u>Inland Valley Drug and Alcohol Recovery Service</u>	Prepared by: <u>Laurie Figueroa</u>
Facility Address:	<u>1874 Business Center Drive</u>	Title: <u>Director of Finance</u>
	<u>San Bernardino, CA 92408</u>	Date Prepared: <u>1/27/2026</u>
Provider Number:	<u>3680</u>	
Maximum Annual Obligation:	<u>\$ 259,512</u>	

FUNDING SOURCE	Medi-Cal	Block Grant	Youth	AB109	CFS	CaWORKs	TOTAL
Level of Care							
Outpatient Drug Free (ODF)	\$ 59,610	\$ 17,498			\$ 3,906	\$ 3,906	\$ 84,918
Intensive Outpatient Treatment (IOT)	\$ 89,414	\$ 28,246			\$ 5,858	\$ 5,858	\$ 127,376
Stand Alone Services							
Medications for Addiction Treatment (MAT)	\$ 20,506	\$ 5,142			\$ 1,607	\$ 1,607	\$ 28,924
Care Coordination	\$ 8,044	\$ 2,010			\$ 803	\$ 803	\$ 11,660
Peer Support Services							\$ -
Recovery Services	\$ 4,022	\$ 1,005			\$ 803	\$ 803	\$ 6,834
SUMMARY OF ALL SERVICES							
Total Cost of Services	\$ 181,658	\$ 51,902	\$ -	\$ -	\$ 12,976	\$ 12,976	\$ 259,512

* Round Costs to nearest dollar

APPROVED BY:		
<u>Laurie Figueroa</u>	<u>Laurie Figueroa</u>	02/03/26
<small>PROVIDER AUTHORIZED SIGNATURE</small>	<small>PRINTED NAME</small>	<small>DATE</small>
<u>Natalie Sanders</u>	<u>Natalie Sanders</u>	02/03/26
<small>DBP PROVIDER SUPPORT AUTHORIZED SIGNATURE</small>	<small>PRINTED NAME</small>	<small>DATE</small>
<u>Metra Jaber</u>	<u>Metra Jaber</u>	02/04/26
<small>DBP PROVIDER SUPPORT AUTHORIZED SIGNATURE</small>	<small>PRINTED NAME</small>	<small>DATE</small>

Federal funds include:				
CFDA Title	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Treatment Block Grant	53.559	CAEG	SAMHSA	State DHCG
Medi-Cal Assistance Program	53.778	DAC-ODS	DHRC	State DHCG

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
Substance Use Disorder and Recovery Services - Outpatient Contract
SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2026- June 30, 2027

Contractor Name: <u>Inland Valley Drug and Alcohol Recovery Services</u>	Prepared by: <u>Laurie Figueroa</u>
Facility Address: <u>929 N. D Street</u>	Title: <u>Director of Finance</u>
<u>San Bernardino, CA 92410</u>	Date Prepared: <u>1/27/2026</u>
Provider Number: <u>5519</u>	
Maximum Annual Obligation: <u>\$ 664,349</u>	

FUNDING SOURCE	Medi-Cal	Block Grant	Youth	AB109	CF&	CatWORKs	TOTAL
Level of Care							
Outpatient Drug Free (ODF)	\$ 388,612	\$ 59,473	\$ 23,171		\$ 53,926		\$ 525,183
Intensive Outpatient Treatment (IOT)	\$ 43,179	\$ 6,608	\$ 2,575		\$ 3,952		\$ 56,314
Stand Alone Services							
Medications for Addiction Treatment (MAT)	\$ 23,140	\$ 2,572	\$ 4,000		\$ 6,426		\$ 36,138
Care Coordination	\$ 29,236	\$ 3,248	\$ 6,000		\$ 6,185		\$ 44,670
Peer Support Services							\$ -
Recovery Services							\$ -
SUMMARY OF ALL SERVICES							
Total Cost of Services	\$ 484,187	\$ 71,901	\$ 35,745	\$ -	\$ 72,556	\$ -	\$ 664,349

* Round Costs to nearest dollar

<p>APPROVED BY:</p> <p><u>Laurie Figueroa</u> PROVIDER AUTHORIZED SIGNATURE</p> <p><u>Natalie Sanders</u> DEPARTMENT SUPPORT AUTHORIZED SIGNATURE</p> <p><u>Metra Taberi</u> DEPT. PROVIDER AUTHORIZED SIGNATURE</p>	<p><u>Laurie Figueroa</u> PRINTED NAME</p> <p><u>Natalie Sanders</u> PRINTED NAME</p> <p><u>Natalie Sanders</u> PRINTED NAME</p>	<p><u>02/03/26</u> DATE</p> <p><u>02/03/26</u> DATE</p> <p><u>02/04/26</u> DATE</p>
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Federal Funds Include:	CFDA No.	Award Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Treatment Block Grant	93.959	SABG	SAMHSA	State DHCS
Medi-Cal Assistance Program	93.778	DMC-ODG	DHHS	State DHCS

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 Substance Use Disorder and Recovery Services - Outpatient Contract
 SCHEDULE A - Proposed Budget

BUDGET PERIOD: July 1, 2026- June 30, 2027

Contractor Name: Inland Valley Drug and Alcohol Recovery Services Prepared by: Laurie Figueroa
 Facility Address: 934 N. Mountain Ave Suite A-D Title: Director of Finance
Upland, CA 91786 Date Prepared: 1/27/2026
 Provider Number: 36AC
 Maximum Annual Obligation: \$ 420,614

FUNDING SOURCE	Medi-Cal	Block Grant	Youth	AB109	CFs	CalWORKs	TOTAL
Level of Care							
Outpatient Drug Free (ODF)	\$ 230,885	\$ 15,721			\$ 29,522		\$ 276,128
Intensive Outpatient Treatment (IOT)	\$ 57,721	\$ 3,930			\$ 7,381		\$ 69,032
Stand Alone Services							
Medications for Addiction Treatment (MAT)	\$ 23,140	\$ 2,572			\$ 6,428		\$ 32,140
Care Coordination	\$ 38,894	\$ 4,100			\$ 2,320		\$ 43,314
Peer Support Services							\$ -
Recovery Services							\$ -
SUMMARY OF ALL SERVICES							
Total Cost of Services	\$ 348,640	\$ 26,323	\$ -	\$ -	\$ 45,651	\$ -	\$ 420,614

* Round Costs to nearest dollar

APPROVED BY:			
<u>Laurie Figueroa</u>	<u>Laurie Figueroa</u>		<u>02/03/26</u>
PROVIDER AUTHORIZED SIGNATURE	PRINTED NAME		DATE
<u>Natalie Sanders</u>	<u>Natalie Sanders</u>		<u>02/03/26</u>
DBH PROVIDER SUPPORT AUTHORIZED SIGNATURE	PRINTED NAME		DATE
<u>Metra Jaber</u>	<u>Metra Jaber</u>		<u>02/03/26</u>
DBH PROVIDER SUPPORT AUTHORIZED SIGNATURE	PRINTED NAME		DATE

Federal Trade Incentive:	CFDA No.	Assist Name	Federal Agency	Pass-through Agency
Substance Abuse Prevention & Treatment Block Grant	93.859	SABG	SAMHSA	State DHCS
Medi-Cal Assistance Program	93.778	DMC-ODE	DHS-C	State DHCS

CalAIM PAYMENT REFORM RATE SCHEDULE

San Bernardino County Department of Behavioral Health
 CalAIM Payment Reform Rate Schedule
 Effective January 1, 2026

Individual		
	<i>Percentage of DHCS Rate:</i>	
	70%	75%
	Hourly Payment Rate	
DHCS Equivalent	Contracted Program Category 1	Contracted Program Category 2
Certified AOD Counselor	\$ 257.82	\$ 276.24
Mental Health Rehabilitation Specialist	\$ 233.86	\$ 250.56
Other Qualified Practitioner	\$ 233.86	\$ 250.56
Peer Support Specialists	\$ 245.55	\$ 263.09
Community Health Worker	\$ 239.70	\$ 256.82
LCSW (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
MFT/LPCC (Licensed, Waivered or Registered)	\$ 310.83	\$ 333.03
Licensed Psychiatric Technician	\$ 218.48	\$ 234.08
Psychologist (Licensed or Waivered)	\$ 480.32	\$ 514.63
Licensed Vocational Nurse	\$ 254.85	\$ 273.05
Medical Assistant	\$ 175.19	\$ 187.70
Licensed Physician	\$ 1,194.33	\$ 1,279.64
Nurse Practitioner	\$ 593.92	\$ 636.34
Occupational Therapist	\$ 413.76	\$ 443.32
Physician Assistant	\$ 535.65	\$ 573.92
Registered Nurse	\$ 485.12	\$ 519.77

	<i>Percentage of DHCS Rate:</i>	
	70%	
Service Description	Per Occurrence Payment Rate	
Interactive Complexity	13.22	
Interpretive Services	22.32	

Contracted Program Category 1
All other Specialty Mental Health Services
All Substance Use Disorder & Recovery Services providing outpatient DMC-ODS

Contracted Program Category 2
All Full Service Partnerships
Therapeutic Behavioral Services
Children's Residential Intensive Services