

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



Contract Number
23-190 A-1

SAP Number
N/A

Department of Behavioral Health

Department Contract Representative	Jared Briseno
Telephone Number	909-388-0873
 Contractor	 California Mental Health Services Authority (CalMHSA)
Contractor Representative	Anna Allard
Telephone Number	209-843-4447
Contract Term	March 14, 2023 through June 30, 2025
Original Contract Amount	\$2,313,184
Amendment Amount	(\$240,954)
Total Contract Amount	\$2,072,230
Cost Center	9203101000
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Amendment No. 1 to Participation Agreement No. 23-190 (State Agreement No. 1121-PICR-2022-SJC) with the California Mental Health Services Authority for Psychiatric Inpatient Concurrent Review, changing the payment schedules, decreasing the amount of the contract by \$240,954 from \$2,313,184 to not to exceed \$2,072,230, and extending the term by six months for the total contract period of March 14, 2023 through June 30, 2025.

FOR COUNTY USE ONLY

Approved by Legal Form

Dawn Martin

Dawn Martin, County Counsel

1/10/2025

Date

Reviewed for Contract Compliance

Michael Shin

Michael Shin, Contracts Manager

1/10/2025

Date

Reviewed and Approved by Department

Georgina Yoshioka

Georgina Yoshioka, Director

1/10/2025

Date

PICR-SAN BERNARDINO-PA-A1-2024
Program Name: Psychiatric Inpatient Concurrent Review
October 15, 2024

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT NO.1
FOR PSYCHIATRIC INPATIENT CONCURRENT REVIEW ("PICR")
COVER SHEET

1. This Participation Agreement Amendment No. 1 ("Amendment 1") shall become effective on January 1, 2025, or upon execution by and between San Bernardino County ("Participant") and the California Mental Health Services Authority ("CalMHSA").
2. This Amendment 1 modifies the terms of the initial Participation Agreement No.1121-PICR-2022-SJC ("Agreement") to extend the term of the Program for 6 months, terminating on June 30, 2025, change the payment schedule and increase the program funding on the terms and conditions set forth under "Modifications to the Agreement", attached hereto and incorporated herein by this reference.
3. The maximum amount payable under the Agreement shall not exceed **\$2,072,230** during the term of the agreement.
4. All other provisions in the initial Agreement No. 1121-PICR-2022-SJC, not cited in this Amendment 1, shall remain in full force and effect.
5. Amended Term of the Program: March 14, 2023 through June 30, 2025.
6. Authorized Signatures:

CalMHSA

DocuSigned by:

Signed: Amie Miller Name (Printed): Dr. Amie Miller, Psy.D., MFT
82E9EEF8B7CC44B
Title: Executive Director Date: 1/30/2025

Participant: San Bernardino County

Signed: Dr. Georgina Yoshioka Name (Printed): Dr. Georgina Yoshioka
7BF6B77EFA67402...
Title: Behavioral Health Director Date: 1/29/2025

Signed by:
Signed: Dawn Martin Name (Printed): Dawn Martin
8FD744A7697047B...
Title: Deputy County Counsel Date: 1/16/2025

Modifications to the Agreement

The Agreement is hereby modified as described herein below effective upon execution of this Amendment 1:

1. **Exhibit B - Duration, Term, and Amendment.** Article III (Duration, Term, and Amendment) Paragraph A under Exhibit B of the Agreement is hereby modified to read as follows:
 - A. The term of the Program covers the period from March 14, 2023 through June 30, 2025.
2. **Exhibit B - Fiscal Provisions.** Article V (Fiscal Provisions) Paragraphs A and B under Exhibit B of the Agreement are hereby modified to read as follows:
 - A. Funding amount shall not exceed the NTE amount stated in Exhibit C, Table B during the term of this Agreement.
 - B. **Payment Terms**
 1. The fees payable by Participant under this Agreement are set forth in Exhibit C, Table A "Service Fee".
 2. Participant will be invoiced monthly by CalMHSA, and Participant will issue payment amount within thirty (30) days of invoicing.
 3. Each monthly invoice is determined by Participant's actual utilization and each invoice will be accompanied by backup documentation to support the claim.
 4. A Participant's actual utilization fee shall accrue from the actual utilization commencement date of Participant. The Participant shall not be invoiced until the client is discharged and a fully processed Treatment Authorization Request ("TAR") is completed.
3. **Exhibit C** is hereby modified and replaced in its entirety by Exhibit C – Modified County Specific Funding, attached to this Amendment 1 and fully incorporated within the Agreement.

PICR-SAN BERNARDINO-PA-A1-2024
 Program Name: Psychiatric Inpatient Concurrent Review
 October 15, 2024

EXHIBIT C – MODIFIED COUNTY SPECIFIC FUNDING

Table A. Service Fee

Participant agrees to pay the following Service Fee for each review and authorization conducted on behalf of Participant:

Applicable period	Service Fee Per Review
03.14.2023 to 06.30.2025	\$89.60

Notes:

1. Service Fee refers to the cost to review and authorize each claim and is inclusive of all costs and fees. Participant will be invoiced at the end of each month based on Participants' actual utilization of the services according to the rate set forth in Table A above for each review and authorization completed.

Table B. Modified Program Funding

Maximum program funding under this Agreement shall not exceed the NTE amount set forth below for all the stated services during the term of the Agreement:

Applicable period	Amount
Program Funding Not to Exceed ("NTE") 03.14.2023 through 06.30.2025	\$2,072,230

Notes:

1. The above budget assigns additional funds for the Program increasing the Program Funding NTE amount to \$2,072,230 during the term of the Program.



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Behavioral Health

Contact Name: Jared Briseno Telephone: 909-388-0873

Agreement No.: 23-190 Amendment No.: 1 Date of Board Item 1/28/25 Board Item No.: 21

Name of Contract Entity/Project Name: Participation Agreement for Psychiatric Inpatient Concurrent Review Services

Explanation of request/Special Instructions:

Authorize the Director of the Department of Behavioral Health, as the County Mental Health Plan Director, to sign and submit Amendment No. 1 to the Participation Agreement for Psychiatric Inpatient Concurrent Review services.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Dawn Martin	Date Sent: 2/28/25
Reviewing County Counsel Use Only	Review Date <u>3/4/25</u>  Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>3/13/25</u>  Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item <u>Amendment executed on</u> <u>1/29/25</u>