
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

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., MFT
Title: Executive Director Date: _____

Participant: San Bernardino County

Signed: _____ Name (Printed): Dr. Georgina Yoshioka
Title: Behavioral Health Director Date: _____
Signed: _____ Name (Printed): Dawn Martin
Title: Deputy County Counsel Date: _____

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.

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.