



Contract Number

22-361 A-3

SAP Number

4400019390

Department of Behavioral Health

Department Contract Representative	Amanda Figueroa
Telephone Number	(909) 388-0859
Contractor	Telecare Corporation
Contractor Representative	Bryceton Danico
Telephone Number	(562) 544-0791
Contract Term	July 1, 2022 through June 30, 2027
Original Contract Amount	\$14,800,000
Amendment Amount	\$ 2,000,000
Total Contract Amount	\$16,800,000
Cost Center	9204332200
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

San Bernardino County (County) and Telecare Corporation (Contractor) hereby agree to amend Contract No. 22-361 as follows:

- I. ARTICLE I. Definition of Terminology, paragraph K is hereby added to read as follows:
 - K. Behavioral Health Services Act (BHSA) – Proposition 1 Behavioral Health Services Act (BHSA): The BHSA, passed in 2024, replaces the Mental Health Services Act (MHSA) of 2004. The MHSA imposed a one percent (1%) tax on personal income over one million dollars (\$1,000,000) to serve individuals with serious mental illness (SMI) and individuals that may be at risk of developing serious mental health conditions. The BHSA reforms funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.
- II. ARTICLE IV. Performance, paragraph F, is hereby amended to read as follows:
 - F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs and/or Behavioral Health Services Act (BHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA/BHSA Component Plan and most recent update.

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.

1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
2. Contractor shall provide information by entering or uploading required data into:
 - a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.
 - c. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
 - d. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.
 - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:
 - a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.

- b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
- 5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
- 6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
- 7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.
- 8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

III. ARTICLE V. Funding and Budgetary Restrictions, paragraphs I and J are hereby amended as follows:

- I. The contract amendment amount of \$2,000,000 shall increase the total contract amount from \$14,800,000 to \$16,800,000, allocated as \$1,000,000 for FY 2025-26 and \$1,000,000 for FY 2026-27.
- J. This amendment hereby removes Schedule A and B for FY 2026-27. All previously approved schedules remain in effect. Contractor shall adhere to the CalAIM budget worksheets for FY 2026-27, which will be submitted to, and approved by the Director of DBH or designee.

IV. ARTICLE VI. Provisional Payment is amended to read as follows:

VI. Combined Cost Reimbursement and Fee for Service Provisional Payment

Cost Reimbursement Provision:

- A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.
- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, audits, as such payments, are subject to future County, State and/or Federal adjustments.

- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
 2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 3. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.
 4. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 5. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. 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. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. 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. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 2024-25, 2025-26, 2026-27), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Monthly payments for Short-Doyle Medi-Cal (SD/MC) billable mode of services, mode 5, 10 and/or 15, will be based on actual units of service reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system, and non-billable mode of services, mode 45 and 60, 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] for Crisis Residential Treatment Services shall not exceed Contracted amount or County's Maximum Obligation. (The current Crisis Residential Treatment Services Budget Schedule is set forth in Attachment IV attached hereto.) The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs. All approved provisional rates will be superseded by actual cost per unit rate.
1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].
- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.

- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.
- I. Contractor shall maximize the Federal Financial Participation reimbursement by claiming all possible SD/MC Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. 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.
- M. 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.
- N. 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.
- O. 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).
- P. 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.
- Q. 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.
- R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis fifteen percent (15%) 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 costs instead of estimated costs.

S. Prohibited Payments

1. County shall make no payment to Contractor other than payment for services covered under this Contract.
2. 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)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. 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.
 - b. 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).
 - c. 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.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.

T. 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.

Fee-For-Service (FFS) Provision:

- U. Monthly payments for SD/MC billable mode of services, mode 5, 10 and/or 15, 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 of this agreement, and non-billable mode of service, mode 45 and 60, 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] for Crisis Residential Treatment Services shall not exceed Contracted amount or County's Maximum Obligation.
- V. 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 SD/MC billable mode of services, mode 5, 10 and/or 15, to ensure provider payments are made at a minimum of 1/12th of the maximum allocations for the Medi-Cal billable services.

- W. 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.
- X. 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.
- Y. 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.
- Z. As this contract may be funded in whole or in part with Mental/Behavioral Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing Mental/Behavioral Health Services Act 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 Mental/Behavioral Health Services Act. Contractor will be required to reimburse funds to the County.
- AA. 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).
- BB. 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.
- CC. The FFS 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 24-Hour and Specialty Services, or designee. Any modification must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract.
- DD. 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.
- V. ARTICLE XIX. Licensing, Certification and Accreditation, paragraph H.3.a is hereby amended to read as follows:
- a. S&I List can be accessed at <https://data.chhs.ca.gov/dataset/provider-suspended-and-ineligible-list-s-i-list>.
- VI. ARTICLE VIII. Annual Cost Report Settlement is hereby amended to read as follows:
RESERVED
- VII. Attachment IV - Crisis Residential Treatment Services Budget Schedule is hereby added as attached.
- VIII. All other terms, conditions and covenants in the basic agreement 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 Amendment.

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, Chair, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
 Clerk of the Board of Supervisors
 of San Bernardino County

By _____
Deputy

Telecare Corporation

(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name Dawan Utecht
(Print or type name of person signing contract)

Title SVP/Chief Development Officer
(Print or Type)

Dated: _____

Address 1080 Marina Village Pkwy, Suite 100
Alameda, CA 94501

Approved as to Legal Form
 ► _____
 Dawn Martin, Deputy County Counsel
 Date _____

Reviewed by Contract Compliance
 ► _____
 Michael Shin, Contracts Manager
 Date _____

Presented to BOS for Signature
 ► _____
 Joshua Dugas, Acting Director
 Date _____

Crisis Residential Treatment Services Budget Schedule



SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
 CRISIS RESIDENTIAL TREATMENT SERVICES
 BUDGET SCHEDULE

Provider Please fill in all yellow spaces, as applicable

CONTRACTOR NAME:				PREPARED BY:			
SERVICE MONTH/YEAR:				TITLE:			
FACILITY ADDRESS:				DATE:			
Provider Number (36xx):							
FUNDING SOURCE		Medi-Cal	BHSA	EPSDT	TOTAL		
		80.00%	15.00%	5.00%			
Crisis Residential Treatment (CRT)							
Funding Percentage		80.00%	15.00%	5.00%	100%		
Cost of Services		\$0	\$0	\$0	\$ 0		
Units (Bed Days)		0	0	0	0		
		0.00%	0.00%	0.00%			
Medication Support Services (MSS)							
Cost of Services		\$0.00	\$0.00	\$0.00	\$ 0.00		
Units (15 minute increment)		0	0	0	0		
		0.00%	0.00%	0.00%			
Targeted Case Management (TCM)							
Cost of Services		\$0.00	\$0.00	\$0.00	\$ 0.00		
Units (15 minute increment)		0	0	0	0		
		0.00%	100.00%	0.00%			
Outreach and Education (Mode 45)							
Cost of Services			\$20,000.00		\$ 20,000		
SUMMARY OF ALL SERVICES							
Total Cost of Services		\$0	\$20,000	\$0	\$ 20,000		
Total Units of Service (Mode 5)		0	0	0	0		
Total Units of Service (Mode 15)		0	0	0	0		
* Round Costs to nearest dollar							
Agency Certification							
I certify under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts, and that the expenditures claimed are in support of program services that are to be provided under the contract and are properly documented in the agency's financial records.							
Prepared By:				Title:			
Preparer's Email:				Phone:			
Printed Name of Authorizer:				Title:			
Authorizing Signature:				Date:			
Signer's Email:				Phone:			
FOR COUNTY USE ONLY - DBH PSAS							
Comments:							
NET AMOUNT TO BE PAID TO PROVIDER				Total:			
Printed Name and Signature of DBH PSAS Approver:				Date:			
Submit Claim Form to: FiscalProviderPay@dbh.sbcounty.gov							

Revision date: 2/13/26



SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
CRISIS RESIDENTIAL TREATMENT SERVICES

Provider Please fill in all yellow spaces, as applicable

CONTRACTOR NAME:		PREPARED BY:	
SERVICE MONTH/YEAR:		TITLE:	
FACILITY ADDRESS:		DATE:	
Provider Number (36xx):			
OUTREACH ALLOCATION	\$20,000.00		

Service/Discipline	Residential Services Rate (Per Day)	Outpatient Services Rate (Per Unit)	Residential Units of Service (Bed Days)	Total Cost (Residential)	Outpatient Units of Service	Total Cost (Outpatient Services)
H0018 (Crisis Residential Treatment)	N/A	\$ 652.86		\$ -		
99202 (Office/Other Visit - New Pt. 15-29)						
Licensed Physician		\$ 437.92			\$ -	
Nurse Practitioner		\$ 217.77			\$ -	
99203 (Office/Other Visit - New Pt. 30-44)						
Licensed Physician		\$ 736.50			\$ -	
Nurse Practitioner		\$ 366.25			\$ -	
99204 (Office/Other Visit - New Pt. 45-59)						
Licensed Physician		\$ 1,035.09			\$ -	
Nurse Practitioner		\$ 514.73			\$ -	
99205 (Office/Other Visit - New Pt. 60-104)						
Licensed Physician		\$ 1,333.67			\$ -	
Nurse Practitioner		\$ 663.21			\$ -	
99212 (Office/Other Visit - Est. Pt. 10-19)						
Licensed Physician		\$ 298.58			\$ -	
Nurse Practitioner		\$ 148.48			\$ -	
99213 (Office/Other Visit - Est. Pt. 20-29)						
Licensed Physician		\$ 497.64			\$ -	
Nurse Practitioner		\$ 247.47			\$ -	
99214 (Office/Other Visit - Est. Pt. 30-39)						
Licensed Physician		\$ 696.69			\$ -	
Nurse Practitioner		\$ 346.45			\$ -	
99215 (Office/Other Visit - Est. Pt. 40-49)						
Licensed Physician		\$ 935.56			\$ -	
Nurse Practitioner		\$ 465.24			\$ -	
T1017 (Targeted Case Management)						
AOD Counselor		\$ 64.46			\$ -	
Licensed Physician		\$ 298.58			\$ -	
Nurse Practitioner		\$ 148.48			\$ -	
Licensed Psychiatric Technician		\$ 54.62			\$ -	
Licensed Vocational Nurse		\$ 63.71			\$ -	
MFT / LCSW / LPCC		\$ 77.71			\$ -	
Other Qualified Practitioner		\$ 58.47			\$ -	
Peer Support Specialist		\$ 61.39			\$ -	
Physician Assistant		\$ 133.91			\$ -	
Psychologist		\$ 120.08			\$ -	
Registered Nurse		\$ 121.28			\$ -	