

PICR-Fresno-PA-A1-2024
Prior Agreement No: 1109-PICR-2022-FC
Program Name: Psychiatric Inpatient Concurrent Review
August 13, 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 upon execution by and between Fresno County ("Participant") and the California Mental Health Services Authority ("CalMHSA").
2. This Amendment 1 modifies the terms of the initial Participation Agreement No. 1109-PICR-2022-FC ("Agreement") to extend the term of the Program for 6 months, 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 **\$1,365,000** during the term of the agreement.
4. All other provisions in the initial Agreement No. 1109-PICR-2022-FC, not cited in this Amendment 1, shall remain in full force and effect.
5. The initial term of the Program beginning May 23, 2022 to December 31, 2024 is extended for 6 months through to June 30, 2025.
6. Authorized Signatures:

CalMHSA

Signed by:  Name (Printed): Dr. Amie Miller, Psy.D., MFT
 Signed: _____ Date: 12/6/2024
 Title: Executive Director

Participant: Fresno County

Signed:  Name (Printed): Nathan Magsig
 Signed: _____ Date: December 3, 2024
 Title: Chairman of the Board of Supervisors of the County of Fresno

ATTEST:
 BERNICE E. SEIDEL
 Clerk of the Board of Supervisors
 County of Fresno, State of California
 By  Deputy

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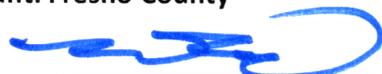
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Title: Executive Director Date: _____

Participant: Fresno County

Signed:  _____ Name (Printed): Nathan Magsig
Title: Chairman of the Board of Supervisors of the County of Fresno Date: December 3, 2024

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California
By  Deputy

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 23, 2022 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 initial payment in the amount \$76,518.40 due by Participant to CalMHSA within 30 days of execution of the initial Agreement has been applied toward the first invoice. Any remaining funds has been rolled over as credit toward the next invoice.
 2. The fees payable by Participant under this Agreement are set forth in Exhibit C. Table A "Service Fee".
 3. Participant will be invoiced monthly by CalMHSA, and Participant will issue payment amount within thirty (30) days of invoicing.
 4. Each monthly invoice is determined by Participant's actual utilization.
 5. 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
05.23.2022 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
05.23.2022 to 12.31.2024	\$1,100,000
01.01.2025 to 06.30.2025	\$265,000
Program Funding Not to Exceed (“NTE”) 05.23.2022 through 06.30.2025	\$1,365,000

Notes:

1. The updated NTE amount is calculated based on county’s highest annual utilization from the last two fiscal years and an added overage allowance to take into account annual increases in utilization during the term of this Agreement.
2. The above budget assigns additional funds for the Program increasing the Program Funding NTE amount to \$1,365,000 during the term of the Agreement.
3. Any unspent funds shall be rolled over to the next applicable period.

Fund/Subclass: 0001/10000
Organization: 5630/2666
Account/Program 7295/0