

Contract No. 0129

Standard Services Contract

26H0129

PARTIES	This Standard Services Contract ("Contract") is entered into between the following Parties: The COUNTY OF SANTA CRUZ through the HEALTH SERVICES AGENCY- Behavioral Health P.O. Box 962, Santa Cruz, CA 95061-0962 Hereinafter called COUNTY.		Name: Encompass Community Services Address: 380 Encinal St., Suite 200 Santa Cruz, CA 95060 Hereinafter called CONTRACTOR.
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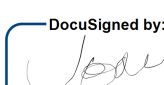

SUBJ.	Subject of Contract: Various outpatient, residential and housing support services to mental health adult and youth clients.		
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RECITALS	WHEREAS, CONTRACTOR possesses certain skills, experience, education and competency to perform the special services required by this Contract and COUNTY desires to engage CONTRACTOR for such special services upon the terms provided; and WHEREAS, pursuant to the provisions of California Government Code, Section 31000, the BOARD OF SUPERVISORS of COUNTY is authorized to enter into a contract for such services; and WHEREAS, to the extent applicable, this Contract is intended to memorialize and ratify any and all acts which may already have been consummated pursuant to the terms and conditions of this Contract; NOW, THEREFORE, the parties hereto do mutually agree to the terms as set forth in the following Exhibits. Should a conflict arise between the language in any of the Exhibits, the order of precedence is as follows: Exhibit X, C, D, H, B, A, F.		
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EXHIBITS	<u>ATTACHED</u>	<u>EXHIBIT</u>	<u>TITLE</u> (CHECK BOX IF ATTACHED)
	<input checked="" type="checkbox"/>	A	Scope of Services
	<input checked="" type="checkbox"/>	B	Budget, Fiscal and Payment Provisions
	<input checked="" type="checkbox"/>	B1	Mental Health Additional Payment, Budget, and Fiscal Provisions
	<input type="checkbox"/>	B2	Substance Use Disorder Services Additional Payment, Budget, and Fiscal Provisions
	<input checked="" type="checkbox"/>	C	Standard County / Agency Provisions
	<input checked="" type="checkbox"/>	D	Standard (Division) Provisions
	<input checked="" type="checkbox"/>	F	Medi-Cal Administrative Activities
	<input type="checkbox"/>	H ₁	HIPAA Business Services Addendum - County as Business Associate
	<input checked="" type="checkbox"/>	H ₂	HIPAA Business Services Addendum - County as Covered Entity
	<input type="checkbox"/>	X	Revisions to Exhibits; Additional Terms and Provisions

TERM	The term of this Contract is from 7/1/2025 through 6/30/2026 <input checked="" type="checkbox"/> This Contract is included in the COUNTY's Continuing Agreements List. (CHECK BOX IF APPLICABLE)		
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TOTAL	Rate Contract - See Exhibit B		
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SIGNATURES	COUNTY DocuSigned by:  AB27637A50DA44A Director of Health Services or Designee HEALTH SERVICES AGENCY Date: 9/29/2025	CONTRACTOR Signed by:  3A4D2A472199407... Shellee Stopera, CEO Date: 9/29/2025
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APPROVALS	Approved as to Form: DocuSigned by:  F0F6FD189D7848E Office of the County Counsel Date: 9/26/2025	Approved as to Insurances: Signed by:  E4EADC5BA53B4DB Risk Management Date: 9/29/2025
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DBT	Clerk of the Board	Contractor	Auditor-Controller-Treasurer-Tax Collector	Health Services Agency
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COUNTY OF SANTA CRUZ

EXHIBIT A – Scope of Services

Part 01

Legal Entity: Encompass Community Services
Provider Nos.: 4408, 4424, 4436, 44AW, 44DB, 44CP, 44C9
Provider Telephone: (831) 469-1700
Program: **Integrated Behavioral Health, Adult Services, and Health & Housing**
including El Dorado Center, Casa Pacific, Housing Support Team
Program Address: 380 Encinal Street, Suite 200, Santa Cruz, CA 95060
Program Telephone: (831) 469-1700

CONTRACTOR agrees to and will exercise special skill to accomplish the following results:

1. **Program Intent:** CONTRACTOR provides a coordinated continuum of services to address the needs of adults in the Santa Cruz community with psychiatric disabilities, who may also have co-occurring substance use disorders. CONTRACTOR's counselors and clinicians work with clients to become more knowledgeable about their disabilities and to make informed choices about housing, vocational/educational engagement, physical and psychological health, social relationships, and supportive services.
2. **Description of Client Population:** CONTRACTOR's programs serve adults, eighteen (18) years and older, with serious mental illness or co-occurring disorders. Many of these individuals are medically vulnerable and experiencing homelessness.
3. **Homeless Outreach and Housing Support**
 - a. **Housing Support:** Provides case management and support to tenants of CONTRACTOR's Housing to facilitate a stable living environment, to assist them in developing a support system, to improve skills needed to maintain housing, and to connect with community resources for employment, education, medical needs, and community involvement.
 - i. Housing Support staff will facilitate monthly meetings at all sites to build community, assist with problem-solving household issues, and facilitate social activities. Staff are available to meet with tenants in the community for support, and to assist them in connecting to the larger community by attending community events, joining clubs, etc. A representative of the team will meet weekly with the Housing Support partners, COUNTY, Front St. Housing, and Community Connection, to share resources and problem solve difficult housing situations.

- ii. The Adult Needs and Strengths Assessment (ANSA) is the primary standardized assessment tool utilized in Adult Specialty Mental Health. CONTRACTOR shall conduct an ANSA for clients in their care for all clients open to housing services who are solely case managed by CONTRACTOR. Clients enrolled with COUNTY specialty teams will have the ANSA conducted by COUNTY staff.
- b. Medi-Cal Administrative Activities (MAA): In addition to the services described above, CONTRACTOR service provision may include, but not be limited to, some or all the following Medi-Cal Administrative Activities:
 - i. Medi-Cal Outreach,
 - ii. Facilitating Medi-Cal Application,
 - iii. Medi-Cal Non-Emergency,
 - iv. Non-Medical Transportation,
 - v. Program Planning and Policy Development,
 - vi. MAA Coordination and Claims Administration Intake/Benefit Assistance.

4. Adult Residential Services

- a. Residential Admission Criteria: Admissions into CONTRACTOR's residential continuum of care are determined by CONTRACTOR's program manager/designee in collaboration with COUNTY designee and in accordance with Community Care Licensing requirements and initial authorization and medical necessity requirements outlined in [BHIN 22-016](#) regarding authorization of Specialty Mental Health Services (SMHS).
 - i. CONTRACTOR's intake coordinator will complete COUNTY's pre-authorization form prior to admission and submit to COUNTY.
 - ii. In the absence of collaboration between COUNTY and CONTRACTOR for admission, CONTRACTOR shall request admission treatment authorization on the next business day after admission, which will be reviewed and admission approved by COUNTY if the services are medically necessary.
 - iii. Initial authorization for Crisis Residential Treatment Services (CRTS) shall be between 10 and 14 days.
 - iv. Initial authorization for Adult Residential Treatment Services (ARTS) shall be between 30 and 45 days.
 - v. Referrals shall not be denied without consultation between COUNTY and CONTRACTOR. A client may be denied entry into the program for any of the following:
 - 1. The client's need for services does not meet medical necessity criteria for the level of residential treatment requested.
 - 2. The client requires more care and supervision than is provided by the facility per Community Care Licensing regulations.

3. The client's behavior poses a safety risk to other clients or staff.
 4. The client refuses to sign the program admission agreement or otherwise indicates refusal to adhere to the program's policies and procedures, house rules, and activities.
 5. The client has an active communicable disease.
 6. The client has a restricted medical condition and does not have a current care plan.
 7. The client is unable to safely self-manage their medical condition(s).
- vi. If consensus regarding client admission is unattained, either party may escalate the placement resolution to CONTRACTOR executive management and COUNTY management.
- b. Housing Council: All residential mental health programs will participate in and be represented in Housing Council meetings weekly.
- c. Daily Census: Daily census reports will be provided to COUNTY Access Services Manager or designee for bed management and occupancy oversight. The Daily census report will accompany invoices sent to COUNTY.
- d. Concurrent Review: All programs within the residential continuum of care will participate in concurrent review *after the initial authorization* as outlined in [BHIN 22-016](#) regarding authorization of Specialty Mental Health Services (SMHS), incorporated into this Contract by reference.
- i. On-going medically necessary CRTS and ARTS services will be authorized by COUNTY, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.
 - ii. Continued authorization for CRTS will not exceed a total stay of thirty (30) calendar days unless the reason for length of stay beyond thirty (30) calendar days is documented in the client's electronic health record and is required to ensure successful completion of treatment. Under no circumstances may the length of stay for CRTS exceed three (3) months.
 - iii. Continued authorization for ARTS will not exceed a total length of stay of ninety (90) calendar days unless required to ensure successful completion of treatment. Under no circumstances may the length of stay for ARTS exceed one-hundred twenty (120) calendar days.
 - iv. Decisions to approve, modify, or deny provider requests for authorization concurrent with the provision of SMHS to clients shall be communicated to the client's treating provider within 24 hours of the decision and care shall not be discontinued until the client's treating provider has been notified of COUNTY's decision and a

care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the client.

- v. If COUNTY denies, modifies or does not authorize the request for authorization, COUNTY must notify the client, in writing, of the adverse benefit determination. In cases where COUNTY determines that care should be terminated (no longer authorized) or reduced, COUNTY must notify the client, in writing, of the adverse benefit determination prior to discontinuing services.

5. El Dorado Center Residential (EDC) is licensed and certified as a 24-hour adult crisis residential program and adult residential social rehabilitation program for adults and older adults. Its primary purpose is to provide an alternative to, or diversion from, acute psychiatric hospitalization with a treatment focus on crisis management. The program may additionally service as a step down from crisis residential, acting as a social rehabilitation program to support clients who no longer meet medical necessity for crisis residential programming in transitioning into the community. The program provides intensive programming to assist individuals to develop or resume a level of functioning that allows them to live in community-based settings.

- a. **Length of Stay:** EDC has a length of stay of less than thirty (30) calendar days (Title 9 CCR Section 541(f)). The length of stay shall be in accordance with the client's assessed needs, but not to exceed thirty (30) calendar days, unless circumstances required a longer length of stay to ensure successful completion of treatment and appropriate referral reasons (Title 9 CCR Section 531(a)). Under no circumstances shall the length of stay exceed three (3) months (Title 9 CCR Section 531(a)).
- b. **Staffing:** CONTRACTOR's staffing will include at least two (2) staff members to be on duty twenty-four (24) hours per day, seven (7) days per week; there shall be a staffing ratio of at least one (1) full-time equivalent direct service staff for each 1.6 clients served (Title 9 CCR Section 531(a)). Staff characteristics and qualifications must meet requirements outlined in [Title 9 CCR Section 532.6](#). An LPHA will be available to support with assessment, diagnosis mental status exam (MSE) and counselor oversight.
- c. Clients participate in a minimum of two (2) groups/activities daily focused on mental illness and substance use disorder recovery, psychoeducation regarding healthy habits and nutrition, development of coping skills and interests to strengthen and/or develop support systems. Clients will receive individual counseling at a minimum three (3) times per week for a minimum of thirty (30) minutes per session. Clients will also be provided with opportunities to participate in CONTRACTOR-facilitated activities that link them to the community at large.

- d. Crisis assessment and intervention services are provided by CONTRACTOR.
 - e. COUNTY will provide psychiatric medication services to assist with stabilizing individuals and work collaboratively with CONTRACTOR's program staff.
 - f. A regular clinical meeting regarding clients receiving services at CONTRACTOR's facility will take place a minimum of once per week that includes EDC program staff, COUNTY Acute Services Program Manager or designee, and outpatient providers to determine medical necessity for continued stay.
 - g. Physical health services will be provided by CONTRACTOR's PCP, who is responsible for licensing and program requirements related to Physician Certification forms, prescription for physical health issues and monitoring of health care conditions. CONTRACTOR will provide nursing for oversight of Primary Care needs and linkage to PCPs.
 - h. CONTRACTOR staff will deliver evidence-based practices such as Feedback Informed Treatment, Dialectical Behavioral Therapy, Motivational Interviewing, Seeking Safety and Cognitive Based Therapy.
 - i. EDC will accept direct referrals from Telecare Crisis Stabilization Program, CREST or County of Santa Cruz Public Guardian, and the COUNTY's Mobile Crisis Teams. All other referrals are accepted with the approval of the COUNTY Acute Services Program Manager or designee or Director of Adult Mental Health Services or designee.
 - j. CONTRACTOR will develop discharge plans focused on ensuring continued mental health care in coordination with the client and other providers. Discharge plans will include upcoming mental health appointments, strategies for continued care and referrals for support addressing identified needs including substance use disorders, housing and health.
6. Casa Pacific is licensed and certified as a 24-hour adult residential social rehabilitation program for 12 adults and older adults with a co-occurring mental health and substance use disorder. The goal is to empower individuals to develop the skills and confidence needed to live more independently, whether that means finding employment, managing their finances, or participating in social activities.
- a. This program will utilize services in collaboration with other community-based organizations to provide programming to assist residents in maintaining recovery and stability, and in developing support networks and skills necessary for successful community living. CONTRACTOR will ensure referral and linkage to participants in need of healthcare, substance use treatment or support, housing and housing navigation services, employment or financial services, and recreation and social activities.

- b. Referrals are made through Housing Council and are monitored by the COUNTY Acute Services Program Manager or designee.
 - c. Expected length of stay is up to ninety (90) days and additional days require consultation between COUNTY Acute Services Manager and CONTRACTOR.
 - d. CONTRACTOR will develop discharge plans focused on ensuring continued mental health care in coordination with the client and other providers. Discharge plans will include upcoming mental health appointments encouragement for continued participation in healthcare, substance use treatment or support, housing and housing navigation services, employment or financial services, and recreation and social activities.
7. CONTRACTOR and COUNTY will mutually agree on the need to make residential beds in both the COUNTY’s Mental Health Programs and Substance Use Services Residential Programs available to meet current and future anticipated demand for services. CONTRACTOR and COUNTY have a commitment to ensure that any available bed is maximized for direct client care and will continue to work together during the fiscal year to improve access to these beds to the maximum number of beds licensed for each facility, within the rates covered under this Contract in Exhibit B.

Program	# of beds (Full Capacity)	Services
El Dorado Center	16 Beds	Physical health services, crisis de-escalation, crisis assessment and intervention, group therapy, case management services, coordination of psychiatric care, discharge planning and care coordination with COUNTY or outside providers.
Casa Pacific	12 Beds	Co-occurring mental health and SUD services, coordination of psychiatric and case management services with COUNTY.

8. System Intent

a. Quality Assurance Program:

- i. All CONTRACTOR’s programs providing Medi-Cal billable services will attend all CONTRACTOR-required COUNTY Quality Improvement meetings.

- ii. Any Quality Improvement denials resulting in loss of revenues to COUNTY, due to CONTRACTOR action or inaction will be the fiscal responsibility of CONTRACTOR.
 - iii. El Dorado Center and Casa Pacific will remain in compliance with standards set by Community Care Licensing and the State Department of Health Care Services.
 - iv. CONTRACTOR will participate in a concurrent review process with COUNTY for all admissions to El Dorado Center and Casa Pacific.
- b. CONTRACTOR and COUNTY mutually agree that the productivity levels for staff in each outpatient program area are based on the expectation of a 60% productivity level for a full-time position as detailed in Network Adequacy Standards from the Department of Healthcare Services, incorporated into this Contract by reference. CONTRACTOR will adjust these productivity targets for FY 25/26 based on available time for each direct service staff with average vacation days, sick time, and holidays factored into the productivity targets.
- c. COUNTY and CONTRACTOR agree to meet on a quarterly schedule, following the submission of the quarterly report, no less than three (3) times per year, to review productivity and performance targets specific to the terms and conditions of this Contract.

9. REPORTING

- a. CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1 and Attachment A-2.

- End of Exhibit A, Part 01 -

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COUNTY OF SANTA CRUZ

EXHIBIT A – Scope of Services

Part 02 A

Provider: Encompass Community Services
Provider No.: 44BS, 44CC
Programs: **Integrated Behavioral Health/Youth & Family, Youth Services Mental Health**

Program Code/ Name: EN-YSYES, Encompass - Child Youth Services North
 EN-YSALT, Encompass - Child Youth Svcs South OP
 EN-YSTBS, Encompass-Child TBS (EN-YSTBS)

Program Addresses: 380 Encinal Street, Suite 200, Santa Cruz, CA 95060
225 Westridge, Watsonville, CA, 95076

Program Telephone: Encinal Street and Westridge, (831) 429-8350

CONTRACTOR agrees to and will exercise special skill to accomplish the following results:

1. Primary Task:

CONTRACTOR will provide strength-based, family-centered, integrated, accessible, culturally and linguistically appropriate behavioral health services to Santa Cruz County children/youth and their families/caregivers in order to promote health and resilience. A System of Care (SOC) approach provides targeted behavioral health services in conjunction with interagency partners and contract providers.

Guiding Principles:

- A. Provide trauma-informed, strength-based, and family-centered services.
- B. Provide culturally and linguistically appropriate services.
- C. Strengthen family involvement.
- D. Ensure treatment planning guided by the Child and Family Teaming process.
- E. Use evaluation to improve benefits of behavioral health services and to shape policy.
- F. Coordinate service delivery.
- G. Maintain youth in their homes whenever possible.
- H. Maintain youth in school and benefiting from their education.
- I. Utilize Pathways to Well-being Core Practice Model/Integrated Core Practice Model (ICPM).
- J. Provide greater access to services by utilizing individualized, field-based services in homes, schools, and the community when clinically indicated, possible, and appropriate.

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- K. Maintain youth in the least restrictive, clinically appropriate setting, and within the Santa Cruz community when out of home treatment is required.
- L. Prevent youth from entering the Juvenile Justice system and reduce recidivism for those youth who are already involved.
- M. Promote reunification, permanency, and stability for youth in Foster Care.
- N. Reduce the need for residential treatment and hospital placements.

2. Program Description and Services:

CONTRACTOR will provide the full array of out-patient Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) to Medi-Cal eligible youth and their families to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning. CONTRACTOR will provide the following:

- A. Intake: CONTRACTOR shall use the Department of Health Care Services (DHCS) approved Screening and Transition Tools to screen clients coming into services and transition them to the appropriate level of care. Youth who receive a score of five (5) or below on the Screening Tool will be referred to the Managed Care Plan (MCP). For youth scoring a six (6) or higher on the Screening Tool, CONTRACTOR will provide a centralized intake process to ensure that the assessment begins within ten (10) business days of request for services. If no CONTRACTOR staff can accommodate the youth, CONTRACTOR's staff shall immediately forward the referral to COUNTY's Children's Behavioral Health Access team. Youth accepted for treatment shall fall in the moderate to severe acuity range.
- B. Assessment: CONTRACTOR shall complete an initial comprehensive psychosocial assessment, an Intensive Support Services (ISS) screening, a Pediatric Symptom Checklist (PSC-35), and the Child and Adolescent Needs and Strengths (CANS) at the beginning of treatment. Re-assessment using the CANS and PSC-35 shall be conducted every six (6) months and at the end of treatment. These tools may be used more frequently if the needs of the youth become more acute. The comprehensive psychosocial assessment and ISS screening shall be updated as clinically indicated.
- C. Treatment Planning: Treatment planning provided by CONTRACTOR will be based upon maintaining a Problem List of current clinical issues in the client chart. Problem Lists may incorporate risks and needs identified in the CANS and will be developed in collaboration with the youth and their family/caregivers. Problem Lists should reflect clinical progress and be updated as treatment needs change. CONTRACTOR shall develop and maintain Care Plans for youth accessing Targeted Case Management (TCM) and Intensive Care Coordination (ICC).
- D. Psychotherapy: Individual, family, and group therapy provided by CONTRACTOR's Licensed Practitioner of Healing Arts (LPHA) and informed by evidence-based methods to reduce the identified presenting issues. The youth shall be served in the context of their family/caregivers when clinically appropriate to ensure sustained results.
- E. Mental Health Rehabilitation: Individual, family and group Rehabilitation services provided by CONTRACTOR will support the development of strength-based coping strategies for managing and reducing behavioral health symptoms. Activities include, but are not limited to, those aimed at improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills; obtaining support resources; and/or obtaining medication education.

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- F. Targeted Case Management (TCM): TCM are services provided by CONTRACTOR that will assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. TCM service activities may include, but are not limited to communication, coordination, and referral; monitoring service delivery to ensure access to services and the service delivery system; and monitoring of the client's progress, placement services, and plan development.
- G. Intensive Service Support: CONTRACTOR will provide the following services:
- a. Intensive Care Coordination (ICC): ICC is an intensive form of case management for youth with higher clinical acuity and/or complex treatment needs that involve multiple agencies. ICC facilitates the assessment of, care planning for, and coordination of services identified by the Child and Family Team (CFT). During the Assessment period or at any time at which clinical presentation substantially changes, all youth will be evaluated to determine if they meet the criteria for ICC services. CONTRACTOR shall maintain documentation and tracking of ICC eligibility utilizing COUNTY approved forms. ICC services will be guided by the Problem List and the ICC Care Plan process/treatment planning.
 - b. Intensive Home-Based Services (IHBS): IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at: helping the youth build skills for successful functioning in the home and community, as well as improving the family and their support system's ability to help the youth successfully function in the home and in the community.
 - i. IHBS require preauthorization by a COUNTY designee and reauthorized at six (6) month intervals. Requests for IHBS services shall be submitted to COUNTY on approved forms verifying eligibility for the services and a detailing of the nature of the behaviors to be addressed. CONTRACTOR shall track the utilization of IHBS services and report to COUNTY as requested
 - c. Therapeutic Behavioral Services (TBS): TBS are intensive, one-to-one, short-term, behavioral treatment interventions targeted to prevent placement of youth at higher levels of care or to transition to lower levels of care. TBS are provided in conjunction with other mental health services.

Preauthorization is required for TBS services. The TBS Referral Form signed by the COUNTY's TBS Coordinator shall authorize the initial thirty (30) calendar days of TBS. Reauthorization of TBS by COUNTY is required every subsequent ninety (90) calendar days from the date of the original Treatment Plan in the form of a new Treatment Plan. TBS Treatment Plans will identify goals, objectives, and behavioral intervention strategies aligned with the level of acuity and psychiatric diagnosis. Treatment plans will be developed in conjunction with LPHA providing SMHS. The LPHA will sign all treatment plans and send TBS Referral Form to COUNTY for reauthorization if continued services are desired and appropriate. If TBS services are authorized beyond one (1) year, re-assessment for TBS shall be updated annually. CONTRACTOR must receive prior written authorization from COUNTY to exceed twenty (20) hours of TBS per week.

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CONTRACTOR shall complete an initial TBS assessment within ten (10) business days of being opened for TBS services. Functional Analysis of Behavior will be incorporated into the youth's TBS assessment. Since the program is not a "gate" to services, COUNTY clinician for the youth will be responsible for completion of the Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS) tool.

- H. Crisis Intervention: Crisis Intervention provided by CONTRACTOR is an immediate emergency response that is intended to help youth exhibiting acute psychiatric symptoms which, if untreated, present an imminent threat to the youth or others. These services last less than 24 hours. Examples of Crisis Intervention include services to youth experiencing acute psychological distress, acute suicidal ideation, or inability to care for themselves due to a mental disorder. Service activities may include, but are not limited to assessment, and therapy to address the immediate crisis. Crisis Intervention activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community.

3. Description of Client Population:

- A. CONTRACTOR shall serve Medi-Cal eligible youth, aged 3-20, who meet DHCS Specialty Mental Health Service Access criteria. CONTRACTOR shall provide culturally and linguistically appropriate services to address the needs of the youth and their families.
- B. ICC is provided for youth who are involved with two or more systems and is used to facilitate communication and planning across systems. IHBS are provided to correct or ameliorate mental health conditions that interfere with a youth's functioning and are aimed at helping the youth build skills necessary for successful functioning in the home and community, and improving family's ability to help the youth successfully function in the home and community. In addition, clients must meet requirement defined in CBH Intensive Support Service Eligibility (ISSE) form.
- C. TBS are provided for stabilization and prevention of placement at Short-Term Residential Therapeutic Programs (STRTP), high level group homes or hospitalization, or for those youth who are stepping down from a higher level of care. COUNTY shall pre-approve all TBS provided under this Contract.

To qualify for TBS youth must be Medi-Cal eligible, under twenty-one (21) years old and receiving other SMHS and meet at least one the following criteria:

- a. Live in a STRTP facility for youth with very serious emotional problems. These were formerly referred to as group homes called Rate Classification Level (RCL) 12, 13, or 14 group homes;
- b. Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (MHRC) that has been designated as an institution for mental diseases (IMD);
- c. Are at risk of having to live in a STRTP, a mental health hospital or an MHRC that has been designated as an IMD;

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- d. Have been hospitalized within the last two (2) years for emergency mental health problems;
- e. Have previously received TBS; or
- f. Potentially meet one of the above criteria within thirty (30) calendar days.

4. Staffing:

CONTRACTOR shall ensure sufficient direct services staff qualify as LPHA or waived clinicians to provide the full range of SMHS.

CONTRACTOR shall report staffing vacancies within five (5) business days to COUNTY’s Children’s Behavioral Health via email at HSAKidsAccess@santacruzcountyca.gov

5. Service Measurements:

The goals in the Outpatient Children’s Mental Health Services program are to provide the full array of EPSDT Specialty Mental Health Services to Medi-Cal youth and their families in order to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning. CONTRACTOR agrees to incorporate within the EPSDT program the following deliverables:

<u>Inputs</u>	<u>Outputs</u>	<u>Outcomes</u>
<ul style="list-style-type: none"> 1. 100% of youth served will be Medi-Cal beneficiaries. 2. 300 unduplicated youth and their families will be served. 	<ul style="list-style-type: none"> 1. All clients will be administered the Child and Adolescent Needs and Strengths (CANS) tool at intake, every six (6) months, and at the end of treatment. 2. A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six (6) months, and at the end of treatment. 3. CONTRACTOR will conduct an annual client satisfaction survey. 	<ul style="list-style-type: none"> 1. 65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two or three.

Refer to reporting guidance in Attachment A-1 - Performance Outcome Reports and Due Dates and Attachment A-2 - Other Reports and Due Dates.

Mental Health Services Act (MHSA) Reporting Requirements:

- 1. MHSA reports of unduplicated clients are due: November 1, 2025, February 1, 2026, May 1, 2026, and August 1, 2026.

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2. Report sent to: SCCBH@santacruzcountyca.gov

Other Reporting:

CONTRACTOR will report outcome results to COUNTY on an annual basis drawn from data stored in the Electronic Health Record, in a format approved by COUNTY. Annual report shall be due to COUNTY by August 1, 2026. Reports shall be sent to:

SCCBH@santacruzcountyca.gov

COUNTY and CONTRACTOR agree to meet at minimum twice annually to review productivity and performance targets specific to the terms and conditions of this Contract.

6. **Quality Improvement Program:**

CONTRACTOR shall be considered a Children's Behavioral Health "gate" to services, thereby being responsible for all related Managed Care requirements (e.g., 10-day initial appointment, Notice of Actions, brochures, etc.). CONTRACTOR's staff shall participate in COUNTY's interagency collaborative efforts and are part of the Quality Improvement (QI) plan under the Medi-Cal Rehabilitative Option.

CONTRACTOR's staff shall be assessed through the Quality Improvement Committee's guidelines as well as through COUNTY's Children's Behavioral Health evaluation component. Attendance at scheduled COUNTY's Children's Behavioral Health Utilization Review (UR) meetings is required. In addition, participation in the COUNTY's performance outcome measurement system (e.g., administration of CANS, etc.) shall be required.

7. **Fair Hearing Conference:**

Complaints and/or grievances brought by clients participating in CONTRACTOR's services may go through up to four (4) levels of review. If the complaint cannot be satisfactorily resolved at one level, the grievance proceeds to subsequent levels. These are: (1) Program Manager; (2) Service Area Leader; (3) Chief Executive Officer; (4) External Systems (e.g., Legal).

8. **Fee Schedule:**

All program clients shall have EPSDT Medi-Cal.

9. **Reporting**

CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1 and Attachment A-2.

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COUNTY OF SANTA CRUZ

EXHIBIT A – Scope of Services

Part 03 A

Provider: Encompass Community Services
Provider No.: 44DM
Program: **Health and Housing, Transition Age Youth (TAY) Program**
Program Name/Code: Encompass – Child TAY ILSP, EN-ANXTAY Youth Advocacy Program
Program Address: 380 Encinal Street, Suite 200, Santa Cruz, CA 95060
Program Telephone: (831) 459-0444

CONTRACTOR agrees to and will exercise special skill to accomplish the following results:

1. Primary Task:

CONTRACTOR will provide strength-based, family-centered, integrated, accessible, culturally and linguistically appropriate behavioral health services to Santa Cruz County children/youth and their families/caregivers in order to promote health and resilience. A System of Care (SOC) approach provides targeted behavioral health services in conjunction with interagency partners and contract providers.

Guiding Principles:

- A. Provide trauma-informed, strength-based, and family-centered services.
- B. Provide culturally and linguistically appropriate services.
- C. Strengthen family involvement.
- D. Ensure treatment planning guided by the Child and Family Teaming process.
- E. Use evaluation to improve benefits of behavioral health services and to shape policy.
- F. Coordinate service delivery.
- G. Maintain youth in their homes whenever possible.
- H. Maintain youth in school and benefiting from their education.
- I. Utilize Pathways to Well-being Core Practice Model/Integrated Core Practice Model (ICPM).
- J. Provide greater access to services by utilizing individualized, field-based services in homes, schools, and the community when clinically indicated, possible, and appropriate.
- K. Maintain youth in the least restrictive, clinically appropriate setting, and within the Santa Cruz community when out of home treatment is required.
- L. Prevent youth from entering the Juvenile Justice system and reduce recidivism for those youth who are already involved.
- M. Promote reunification, permanency, and stability for youth in Foster Care.
- N. Reduce the need for residential treatment and hospital placements.

Contractor: Encompass Community Services**Contract No:** 0129**2. Description of Services:**

The TAY Program provides the full array of outpatient Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) to Medi-Cal eligible youth and their families to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning.

- A. Intake: CONTRACTOR shall use a screening tool to make an initial determination of the level of acuity for each youth referred. The centralized intake process shall begin immediately to ensure that the assessment begins within ten (10) business days of referral. If a referral is made and CONTRACTOR is at capacity, a first attempt shall be made to serve the youth through another youth behavioral health program operated by CONTRACTOR. If no CONTRACTOR staff can accommodate the youth, CONTRACTOR's staff shall immediately forward the referral to COUNTY's Children's Behavioral Health Access team. Youth accepted for treatment shall fall in the moderate to severe acuity range.
- B. Assessment: CONTRACTOR shall complete an initial comprehensive psychosocial assessment, an Intensive Support Services (ISS) screening, a Pediatric Symptom Checklist (PSC-35), and the Child and Adolescent Needs and Strengths (CANS) at the beginning of treatment. Re-assessment using the CANS and PSC-35 shall be conducted every six (6) months and at the end of treatment. These tools may be used more frequently if the needs of the youth become more acute. The comprehensive psychosocial assessment and ISS screening shall be updated as clinically indicated.
- C. Treatment Planning: Treatment planning provided by CONTRACTOR will be based upon maintaining a Problem List of current clinical issues in the client chart. Problem Lists may incorporate risks and needs identified in the CANS and will be developed in collaboration with the youth and their family/caregivers. Problem Lists should reflect clinical progress and be updated as treatment needs change. CONTRACTOR shall develop and maintain Care Plans for youth accessing Targeted Case Management (TCM) and Intensive Care Coordination (ICC).
- D. Psychotherapy: Individual, family, and group therapy provided by CONTRACTOR's Licensed Practitioner of Healing Arts (LPHA) and informed by evidence-based methods to reduce the identified presenting issues. The youth shall be served in the context of their family/caregivers when clinically appropriate to ensure sustained results.
- E. Mental Health Rehabilitation: Individual, family and group Rehabilitation services provided by CONTRACTOR will support the development of strength-based coping strategies for managing and reducing behavioral health symptoms. Activities include, but are not limited to, those aimed at improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
- F. Targeted Case Management (TCM): TCM are services provided by CONTRACTOR that will assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. TCM service activities may include, but are not limited to communication, coordination, and referral; monitoring service delivery to ensure access to services and the service delivery system; and monitoring of the client's progress, placement services, and plan development.

Contractor: Encompass Community Services**Contract No:** 0129**G. Intensive Service Support:** CONTRACTOR will provide the following services:

- a. Intensive Care Coordination (ICC): ICC is an intensive form of case management for youth with higher clinical acuity and/or complex treatment needs that involve multiple agencies. ICC facilitates the assessment of, care planning for, and coordination of services identified by the Child and Family Team (CFT). During the Assessment period or at any time at which clinical presentation substantially changes, all youth will be evaluated to determine if they meet the criteria for ICC services. CONTRACTOR shall maintain documentation and tracking of ICC eligibility utilizing COUNTY approved forms. ICC services will be guided by the Problem List and the ICC Care Plan process/treatment planning.
- b. Intensive Home-Based Services (IHBS): IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at: helping the youth build skills for successful functioning in the home and community, as well as improving the family and their support system's ability to help the youth successfully function in the home and in the community.

IHBS require preauthorization by a COUNTY designee and reauthorized at six (6) month intervals. Requests for IHBS services shall be submitted to COUNTY on approved forms verifying eligibility for the services and a detailing of the nature of the behaviors to be addressed. CONTRACTOR shall track the utilization of IHBS services and report to COUNTY as requested.

- H. Crisis Intervention: Crisis Intervention provided by CONTRACTOR is an immediate emergency response that is intended to help youth exhibiting acute psychiatric symptoms which, if untreated, present an imminent threat to the youth or others. These services last less than 24 hours. Examples of Crisis Intervention include services to youth experiencing acute psychological distress, acute suicidal ideation, or inability to care for themselves due to a mental disorder. Service activities may include, but are not limited to assessment, and therapy to address the immediate crisis. Crisis Intervention activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community.

3. Description of Client Population:

The TAY Program serves current and former foster and probation placement youth, ages fifteen to twenty-one (15-21) who meet Department of Health Care Services (DHCS) Specialty Mental Health Service (SMHS) Access criteria. CONTRACTOR shall provide culturally and linguistically appropriate services to address the needs of the youth and their families.

Contractor: Encompass Community Services

Contract No: 0129

4. Staffing:

CONTRACTOR shall ensure sufficient direct services staff qualify as LPHA or waived clinicians to provide the full range of SMHS.

CONTRACTOR shall report staffing vacancies within five (5) business days to COUNTY’s Children’s Behavioral Health via email at HSAKidsAccess@santacruzcountyca.gov

5. Service Measurements:

The goals in the TAY program are to provide the full array of EPSDT Specialty Mental Health Services to Medi-Cal youth and their families in order to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning. CONTRACTOR agrees to incorporate within the EPSDT program the following deliverables:

<u>Inputs</u>	<u>Outputs</u>	<u>Outcomes</u>
<ol style="list-style-type: none"> 1. 100% of youth served will be Medi-Cal beneficiaries. 2. 15 unduplicated youth and their families will be served. 	<ol style="list-style-type: none"> 1. All clients will be administered the Child and Adolescent Needs and Strengths (CANS) tool at intake, every six (6) months, and at the end of treatment. 2. A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six (6) months, and at the end of treatment. 3. CONTRACTOR will conduct an annual client satisfaction survey. 	<ol style="list-style-type: none"> 1. 65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two or three.

Refer to reporting guidance in Attachment A-1 - Performance Outcome Reports and Due Dates and Attachment A-2 - Other Reports and Due Dates.

Mental Health Services Act (MHSA) Reporting Requirements:

1. MHSA reports of unduplicated clients are due: November 1, 2025, February 1, 2026, May 1, 2026, and August 1, 2026.
2. Report sent to: SCCBH@santacruzcountyca.gov

Other Reporting:

CONTRACTOR will report outcome results to COUNTY on an annual basis drawn from data stored in the Electronic Health Record, in a format approved by COUNTY. Annual report shall be due to COUNTY by August 1, 2026. Reports shall be sent to: <mailto:SCCBH@santacruzcountyca.gov>

Contractor: Encompass Community Services**Contract No:** 0129

COUNTY and CONTRACTOR agree to meet at minimum twice annually to review productivity and performance targets specific to the terms and conditions of this Contract.

6. Quality Improvement Program:

CONTRACTOR shall be considered a Children's Behavioral Health "gate" to services, thereby being responsible for all related Managed Care requirements (e.g., 10-day initial appointment, Notice of Actions, brochures, etc.). CONTRACTOR's staff shall participate in the COUNTY's interagency collaborative efforts and are part of the Quality Improvement (QI) plan under the Medi-Cal Rehabilitative Option.

CONTRACTOR's staff shall be assessed through the Quality Improvement Committee's guidelines as well as through COUNTY's Children's Behavioral Health evaluation component. Attendance at scheduled COUNTY's Children's Behavioral Health Utilization Review (UR) meetings is required. In addition, participation in the COUNTY's performance outcome measurement system (e.g., administration of CANS, etc.) shall be required.

7. Fair Hearing Conference:

Complaints and/or grievances brought by clients participating in CONTRACTOR services may go through up to four (4) levels of review. If the complaint cannot be satisfactorily resolved at one level, the grievance proceeds to subsequent levels. These are: (1) Program Manager; (2) Service Area Leader; (3) Chief Executive Officer; (4) External Systems (e.g., Legal).

8. Fee Schedule:

All program clients shall have EPSDT Medi-Cal.

9. Reporting

CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1 and Attachment A-2.

Contractor: Encompass Community Services**Contract No:** 0129**Part 03 B**

Provider: Encompass Community Services
Provider No.: 44CH
Program: **Integrated Behavioral Health/Youth & Families, Families Together Program**
Program Code/Name: Encompass – Child CFD Families Together, EN-FTN
Program Address: 9057 Soquel Drive C, Suite A, Aptos, CA 95003
Program Telephone: (831) 662-1303

1. Primary Task:

CONTRACTOR will provide strength-based, family-centered, integrated, accessible, culturally and linguistically appropriate behavioral health services to Santa Cruz County children/youth and their families/caregivers in order to promote health and resilience. A System of Care (SOC) approach provides targeted behavioral health services in conjunction with interagency partners and contract providers.

Guiding Principles:

- A. Provide trauma-informed, strength-based, and family-centered services.
- B. Provide culturally and linguistically appropriate services.
- C. Strengthen family involvement.
- D. Ensure treatment planning guided by the Child and Family Teaming process.
- E. Use evaluation to improve benefits of behavioral health services and to shape policy.
- F. Coordinate service delivery.
- G. Maintain youth in their homes whenever possible.
- H. Maintain youth in school and benefiting from their education.
- I. Utilize Pathways to Well-being Core Practice Model/Integrated Core Practice Model (ICPM).
- J. Provide greater access to services by utilizing individualized, field-based services in homes, schools, and the community when clinically indicated, possible, and appropriate.
- K. Maintain youth in the least restrictive, clinically appropriate setting, and within the Santa Cruz community when out of home treatment is required.
- L. Prevent youth from entering the Juvenile Justice system and reduce recidivism for those youth who are already involved.
- M. Promote reunification, permanency, and stability for youth in Foster Care.
- N. Reduce the need for residential treatment and hospital placements.

2. Program Description and Services:

The Families Together program provides the full array of outpatient Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) to Medi-Cal eligible youth and their families to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning.

Contractor: Encompass Community Services**Contract No:** 0129

Families Together is intended to intervene earlier in the lives of children and their families who may be at risk of involvement with the child welfare system. Through the provision of mental health services and other family supports, the program promotes child and family safety, helps young children meet appropriate developmental milestones, and assists families to become more stable and thrive.

- A. Intake: CONTRACTOR shall use a screening tool to make an initial determination of the level of acuity for each youth referred. The centralized intake process shall begin immediately to ensure that the assessment begins within ten (10) business days of referral. If no CONTRACTOR staff can accommodate the youth, CONTRACTOR's staff shall immediately forward the referral to COUNTY's Children's Behavioral Health Access team. Youth accepted for treatment shall fall in the moderate to severe acuity range.
- B. Assessment: CONTRACTOR shall complete an initial comprehensive psychosocial assessment, an Intensive Support Services (ISS) screening, a Pediatric Symptom Checklist (PSC-35), and the Child and Adolescent Needs and Strengths (CANS) at the beginning of treatment. Re-assessment using the CANS and PSC-35 shall be conducted every six (6) months and at the end of treatment. These tools may be used more frequently if the needs of the youth become more acute. The comprehensive psychosocial assessment and ISS screening shall be updated as clinically indicated.
- C. Treatment Planning: Treatment planning provided by CONTRACTOR will be based upon maintaining a Problem List of current clinical issues in the client chart. Problem Lists may incorporate risks and needs identified in the CANS and will be developed in collaboration with the youth and their family/caregivers. Problem Lists should reflect clinical progress and be updated as treatment needs change. CONTRACTOR shall develop and maintain Care Plans for youth accessing Targeted Case Management (TCM) and Intensive Care Coordination (ICC).
- D. Psychotherapy: Individual, family, and group therapy provided by CONTRACTOR's Licensed Practitioner of Healing Arts (LPHA) and informed by evidence-based methods to reduce the identified presenting issues. The youth shall be served in the context of their family/caregivers when clinically appropriate to ensure sustained results.
- E. Mental Health Rehabilitation: Individual, family and group Rehabilitation services provided by CONTRACTOR will support the development of strength-based coping strategies for managing and reducing behavioral health symptoms. Activities include, but are not limited to, those aimed at improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
- F. Targeted Case Management (TCM): TCM are services provided by CONTRACTOR that will assist clients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. TCM service activities may include, but are not limited to communication, coordination, and referral; monitoring service delivery to ensure access to services and the service delivery system; and monitoring of the client's progress, placement services, and plan development.
- G. Intensive Service Support: CONTRACTOR will provide the following services:
 - a. Intensive Care Coordination (ICC): ICC is an intensive form of case management for youth with higher clinical acuity and/or complex treatment needs that involve multiple

Contractor: Encompass Community Services**Contract No:** 0129

agencies. ICC facilitates the assessment of, care planning for, and coordination of services identified by the Child and Family Team (CFT). During the Assessment period or at any time at which clinical presentation substantially changes, all youth will be evaluated to determine if they meet the criteria for ICC services.

CONTRACTOR shall maintain documentation and tracking of ICC eligibility utilizing COUNTY approved forms. ICC services will be guided by the Problem List and the ICC Care Plan process/treatment planning.

- b. Intensive Home-Based Services (IHBS): IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at: helping the youth build skills for successful functioning in the home and community, as well as improving the family and their support system's ability to help the youth successfully function in the home and in the community.

IHBS require preauthorization by a COUNTY designee and reauthorized at six (6) month intervals. Requests for IHBS services shall be submitted to COUNTY on approved forms verifying eligibility for the services and a detailing of the nature of the behaviors to be addressed. CONTRACTOR shall track the utilization of IHBS services and report to COUNTY as requested.

- H. Crisis Intervention: Crisis Intervention provided by CONTRACTOR is an immediate emergency response that is intended to help youth exhibiting acute psychiatric symptoms which, if untreated, present an imminent threat to the youth or others. These services last less than 24 hours. Examples of Crisis Intervention include services to youth experiencing acute psychological distress, acute suicidal ideation, or inability to care for themselves due to a mental disorder. Service activities may include, but are not limited to assessment, and therapy to address the immediate crisis. Crisis Intervention activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community.

3. Description of Client Population:

Families designated "assessed-out" and "investigated and closed" by COUNTY's Child Welfare Services (CWS); Santa Cruz County Human Services Department (HSD); HSD Family and Children's Services (FCS) system are referred for voluntary participation in the Families Together Program. Children who meet medical necessity and families consenting to services shall be admitted to the mental health component of the program. The target population for the "0-5 Pathway" is children birth to five (5) years old. Older children may be served if they reside in the same household as a child between 0-5 years old. The target population for the "6-17 Pathway" is children six (6) to seventeen (17) years old.

Families are referred through HSD unless there are openings and no HSD referrals on the waitlist, in which case families may be received from other community organizations.

2. Staffing:

CONTRACTOR shall ensure sufficient direct services staff qualify as LPHA or waived clinicians to provide the full range of SMHS.

Contractor: Encompass Community Services

Contract No: 0129

CONTRACTOR shall report staffing vacancies within five (5) business days to COUNTY’s Children’s Behavioral Health via email at HSAKidsAccess@santacruzcountyca.gov

5. Service Measurements:

The goals in the Families Together program are to provide the full array of EPSDT Specialty Mental Health Services to Medi-Cal youth and their families in order to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning.

CONTRACTOR agrees to incorporate within the EPSDT program the following deliverables:

<u>Inputs</u>	<u>Outputs</u>	<u>Outcomes</u>
<ol style="list-style-type: none"> 1. 100% of youth served will be Medi-Cal beneficiaries. 2. 35 unduplicated youth and their families will be served. 	<ol style="list-style-type: none"> 1. All clients will be administered the Child and Adolescent Needs and Strengths (CANS) tool at intake, every six (6) months, and at the end of treatment. 2. A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six (6) months, and at the end of treatment. 3. CONTRACTOR will conduct an annual client satisfaction survey. 	<ol style="list-style-type: none"> 1. 65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two or three.

Refer to reporting guidance in Attachment A-1 - Performance Outcome Reports and Due Dates and Attachment A-2 - Other Reports and Due Dates.

Mental Health Services Act (MHSA) Reporting Requirements:

1. MHSA reports of unduplicated clients are due: November 1, 2025, February 1, 2026, May 1, 2026, and August 1, 2026.
2. Report sent to: SCCBH@santacruzcountyca.gov

Other Reporting:

CONTRACTOR will report outcome results to COUNTY on an annual basis drawn from data stored in the Electronic Health Record, in a format approved by COUNTY. Annual report shall be due to COUNTY by August 1, 2026. Reports shall be sent to: <mailto:SCCBH@santacruzcountyca.gov>

COUNTY and CONTRACTOR agree to meet at minimum twice annually to review productivity and performance targets specific to the terms and conditions of this Contract.

Contractor: Encompass Community Services**Contract No:** 0129**7. Quality Improvement Program:**

CONTRACTOR shall be considered a Children's Behavioral Health "gate" to services, thereby being responsible for all related Managed Care requirements (e.g., 10-day initial appointment, Notice of Actions, brochures, etc.). CONTRACTOR's staff shall participate in the COUNTY's interagency collaborative efforts and are part of the Quality Improvement (QI) plan under the Medi-Cal Rehabilitative Option.

CONTRACTOR's staff shall be assessed through the Quality Improvement Committee's guidelines as well as through COUNTY's Children's Behavioral Health evaluation component. Attendance at scheduled COUNTY's Children's Behavioral Health Utilization Review (UR) meetings is required. In addition, participation in the COUNTY's performance outcome measurement system (e.g., administration of CANS, etc.) shall be required.

7. Fair Hearing Conference:

Complaints and/or grievances brought by clients participating in CONTRACTOR services may go through up to four (4) levels of review. If the complaint cannot be satisfactorily resolved at one level, the grievance proceeds to subsequent levels. These are: (1) Program Manager; (2) Service Area Leader; (3) Chief Executive Officer; (4) External Systems (e.g., Legal).

8. Fee Schedule:

All program clients shall have EPSDT Medi-Cal.

9. Reporting

CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1 and Attachment A-2.

Contractor: Encompass Community Services

Contract No: 0129

Part 03 C

Provider: Encompass Community Services
 Provider No: 44D5
 Program: **Wraparound**
 Program Code: Encompass – Child FUERTE Probation, EN-FUERTE
 Program Addresses: 2714 Freedom Blvd., Watsonville, CA 95076
 Program Telephone: (831) 226-3919

1. Primary Task:

CONTRACTOR will provide strength-based, family-centered, integrated, accessible, culturally and linguistically appropriate behavioral health services to Santa Cruz County children/youth and their families/caregivers in order to promote health and resilience. A System of Care (SOC) approach provides targeted behavioral health services in conjunction with interagency partners and contract providers.

Guiding Principles:

- A. Provide trauma-informed, strength-based, and family-centered services.
- B. Provide culturally and linguistically appropriate services.
- C. Strengthen family involvement.
- D. Ensure treatment planning guided by the Child and Family Teaming process.
- E. Use evaluation to improve benefits of behavioral health services and to shape policy.
- F. Coordinate service delivery.
- G. Maintain youth in their homes whenever possible.
- H. Maintain youth in school and benefiting from their education.
- I. Utilize Pathways to Well-being Core Practice Model/Integrated Core Practice Model (ICPM).
- J. Provide greater access to services by utilizing individualized, field-based services in homes, schools, and the community when clinically indicated, possible, and appropriate.
- K. Maintain youth in the least restrictive, clinically appropriate setting, and within the Santa Cruz community when out of home treatment is required.
- L. Prevent youth from entering the Juvenile Justice system and reduce recidivism for those youth who are already involved.
- M. Promote reunification, permanency, and stability for youth in Foster Care.
- N. Reduce the need for residential treatment and hospital placements.

2. Program Description and Services:

CONTRACTOR will provide a Wraparound program that provides the full array of outpatient Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Specialty Mental Health Services (SMHS) to Medi-Cal eligible youth and their families to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning.

The Wraparound program, through the utilization of evidence-based practices (EBP), seeks to preserve and strengthen the home environment while increasing youth and families' capacity to successfully function in the community. This work is aimed at maintaining youth in

Contractor: Encompass Community Services**Contract No:** 0129

their communities while engaging family and natural supports in the youth's intensive therapeutic services. Youth and families are linked to appropriate supports to enhance self-reliance and community-connections. Through a trauma-informed, needs-driven, family-centered planning process that takes place in a team setting, the program creates interventions that reflect and build on youth and family strengths. Utilizing EBP key principles, the overall goals of the Wraparound program are to: 1) reduce recidivism rates and criminal involvement among juvenile offenders with behavioral health needs, 2) increase caregivers' capacities and skills to care for and address the needs of their juvenile justice-involved children, and 3) strengthen capacity and linkages between systems to provide sustainable and enhanced services to mentally ill juvenile offenders.

- A. Intake: CONTRACTOR shall use a screening tool to make an initial determination of the level of acuity for each youth referred. The centralized intake process shall begin immediately to ensure that the assessment begins within ten (10) business days of referral. If a referral is made and CONTRACTOR is at capacity, a first attempt shall be made to serve the youth through another youth behavioral health program operated by CONTRACTOR. If no CONTRACTOR staff can accommodate the youth, CONTRACTOR's staff shall immediately forward the referral to COUNTY's Children's Behavioral Health Access team. Youth accepted for treatment shall fall in the moderate to severe acuity range.
- B. Assessment: CONTRACTOR shall complete an initial comprehensive psychosocial assessment, an Intensive Support Services (ISS) screening, a Pediatric Symptom Checklist (PSC-35), and the Child and Adolescent Needs and Strengths (CANS) at the beginning of treatment. Re-assessment using the CANS and PSC-35 shall be conducted every six (6) months and at the end of treatment. These tools may be used more frequently if the needs of the youth become more acute. The comprehensive psychosocial assessment and ISS screening shall be updated as clinically indicated.
- C. Treatment Planning: Treatment planning provided by CONTRACTOR will be based upon maintaining a Problem List of current clinical issues in the client chart. Problem Lists may incorporate risks and needs identified in the CANS and will be developed in collaboration with the youth and their family/caregivers. Problem Lists should reflect clinical progress and be updated as treatment needs change. CONTRACTOR shall develop and maintain Care Plans for youth accessing Targeted Case Management (TCM) and Intensive Care Coordination (ICC).
- D. Psychotherapy: Individual, family, and group therapy provided by CONTRACTOR's Licensed Practitioner of Healing Arts (LPHA) and informed by evidence-based methods to reduce the identified presenting issues. The youth shall be served in the context of their family/caregivers when clinically appropriate to ensure sustained results.
- E. Mental Health Rehabilitation: Individual, family and group Rehabilitation services provided by CONTRACTOR will support the development of strength-based coping strategies for managing and reducing behavioral health symptoms. Activities include, but are not limited to, those aimed at improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming, and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
- F. Targeted Case Management (TCM): TCM are services provided by CONTRACTOR that will assist clients in accessing needed medical, educational, social, prevocational,

Contractor: Encompass Community Services**Contract No:** 0129

vocational, rehabilitative, or other community services. TCM service activities may include, but are not limited to communication, coordination, and referral; monitoring service delivery to ensure access to services and the service delivery system; and monitoring of the client's progress, placement services, and plan development.

G. Intensive Service Support: CONTRACTOR will provide the following services:

- a. Intensive Care Coordination (ICC): ICC is an intensive form of case management for youth with higher clinical acuity and/or complex treatment needs that involve multiple agencies. ICC facilitates the assessment of, care planning for, and coordination of services identified by the Child and Family Team (CFT). During the Assessment period or at any time at which clinical presentation substantially changes, all youth will be evaluated to determine if they meet the criteria for ICC services. CONTRACTOR shall maintain documentation and tracking of ICC eligibility utilizing COUNTY approved forms. ICC services will be guided by the Problem List and the ICC Care Plan process/treatment planning.
- b. Intensive Home-Based Services (IHBS): IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at: helping the youth build skills for successful functioning in the home and community, as well as improving the family and their support system's ability to help the youth successfully function in the home and in the community.

IHBS require preauthorization by a COUNTY designee and reauthorized at six (6) month intervals. Requests for IHBS services shall be submitted to COUNTY on approved forms verifying eligibility for the services and a detailing of the nature of the behaviors to be addressed. CONTRACTOR shall track the utilization of IHBS services and report to COUNTY as requested.

- H. Crisis Intervention: Crisis Intervention provided by CONTRACTOR is an immediate emergency response that is intended to help youth exhibiting acute psychiatric symptoms which, if untreated, present an imminent threat to the youth or others. These services last less than 24 hours. Examples of Crisis Intervention include services to youth experiencing acute psychological distress, acute suicidal ideation, or inability to care for themselves due to a mental disorder. Service activities may include, but are not limited to assessment, and therapy to address the immediate crisis. Crisis Intervention activities are usually face-to-face or by telephone with the client or significant support persons and may be provided in the office or in the community.

3. Description of Client Population:

All youth participating in this program shall be referred from the County of Santa Cruz Juvenile Probation Department (Probation). Youth typically participate in the program for six to nine (6-9) months. The degree of intensity will vary in number of visits per week depending on assessment of each youth's unique needs. Cases will be discussed in weekly collaborative meetings between staff of CONTRACTOR and Probation (EBP: Responsivity Principle). The Wraparound services aim to identify, build on, and enhance the capabilities,

Contractor: Encompass Community Services

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knowledge, skills, and assets of the youth and family. Additionally, services provided will adhere to the Wraparound model and address family dysfunction and unaddressed juvenile mental illness as predictors for reoffending among youth (EBP: Need Principle).

The primary target population is youth (ages 12-20) with moderate to severe emotional, behavioral, and/or mental health challenges at risk for (or currently in) out-of-home, institutional, or restrictive placements. These youth and their families are involved in multiple systems; as a result, the Wraparound model is an effective way to collaboratively engage all relevant providers/supports in the client's treatment.

Criteria are based on validated assessments (MAYSI-2, CANS, JAIS) and a youth must meet requirements A, B, and C below to be referred to Wraparound:

- A. Is under the supervision of Probation
- B. Has a family, relative, legal guardian, or other significant person in their life who is open to participating in a strength-based, family centered therapeutic process
- C. Meets medical necessity due to moderately- to severely-impaired functioning as a result of a mental health condition, as defined by the experience of a disturbance in one or more of the following areas: school, community relations, emotional functioning, peer relations, and family relations.

Services are culturally sensitive to the needs of Latino youth, a large subpopulation in the County of Santa Cruz's juvenile justice system (EBP: Risk Principle). Focus group data identify language and long working hours of farm working families as barriers to services for a portion of Latinos. Youth and their families are provided in-home services throughout Santa Cruz County during non-traditional hours so that they can fully participate in treatment (EBT: Dosage Principle).

4. Staffing

CONTRACTOR shall ensure sufficient direct services staff qualify as LPHA or waived clinicians to provide the full range of SMHS.

CONTRACTOR shall report staffing vacancies within five (5) business days to COUNTY's Children's Behavioral Health via email at HSAKidsAccess@santacruzcountyca.gov

6. Service Measurements:

The goals in the Wraparound program are to provide the full array of EPSDT Specialty Mental Health Services to Medi-Cal youth and their families in order to achieve emotional well-being, manage symptoms, become more resilient, and improve overall functioning. CONTRACTOR agrees to incorporate within the EPSDT program the following deliverables:

<u>Inputs</u>	<u>Outputs</u>	<u>Outcomes</u>
1. 100% of youth served will be Medi-Cal beneficiaries. 2. 12-15 unduplicated youth and their families will be served.	1. All clients will be administered the Child and Adolescent Needs and Strengths (CANS) tool at intake, every six (6) months,	1. 65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two or three.

Contractor: Encompass Community Services

Contract No: 0129

<u>Inputs</u>	<u>Outputs</u>	<u>Outcomes</u>
	<p>and at the end of treatment.</p> <p>2. A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six (6) months, and at the end of treatment.</p> <p>3. CONTRACTOR will conduct an annual client satisfaction survey.</p>	

Refer to reporting guidance in Attachment A-1 - Performance Outcome Reports and Due Dates and Attachment A-2 - Other Reports and Due Dates.

Mental Health Services Act (MHSA) Reporting Requirements:

1. MHSA reports of unduplicated clients are due: November 1, 2025, February 1, 2026, May 1, 2026, and August 1, 2026.
2. Report sent to: SCCBH@santacruzcountyca.gov

Other Reporting:

CONTRACTOR will report outcome results to COUNTY on an annual basis drawn from data stored in the Electronic Health Record, in a format approved by COUNTY. Annual report shall be due to COUNTY by August 1, 2026. Reports shall be sent to: <mailto:SCCBH@santacruzcountyca.gov>

COUNTY and CONTRACTOR agree to meet at minimum twice annually to review productivity and performance targets specific to the terms and conditions of this Contract.

8. Quality Improvement Program:

CONTRACTOR shall be considered a Children’s Behavioral Health “gate” to services, thereby being responsible for all related Managed Care requirements (e.g., 10-day initial appointment, Notice of Actions, brochures, etc.). CONTRACTOR’s staff shall participate in the COUNTY’s interagency collaborative efforts and are part of the Quality Improvement (QI) plan under the Medi-Cal Rehabilitative Option.

CONTRACTOR’s staff shall be assessed through the Quality Improvement Committee’s guidelines as well as through COUNTY’s Children’s Behavioral Health evaluation component. Attendance at scheduled COUNTY’s Children’s Behavioral Health Utilization Review (UR) meetings is required. In addition, participation in the COUNTY’s performance outcome measurement system (e.g., administration of CANS, etc.) shall be required.

7. Fair Hearing Conference:

Contractor: Encompass Community Services

Contract No: 0129

Complaints and/or grievances brought by clients participating in CONTRACTOR services may go through up to four (4) levels of review. If the complaint cannot be satisfactorily resolved at one level, the grievance proceeds to subsequent levels. These are: (1) Program Manager; (2) Service Area Leader; (3) Chief Executive Officer; (4) External Systems (e.g., Legal).

8. Fee Schedule:

All program clients shall have EPSDT Medi-Cal.

9. Reporting

CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1 and Attachment A-2.

- END OF EXHIBIT A, PART 03 -

**COUNTY OF SANTA CRUZ
ATTACHMENT A-1 - Performance Outcome Reports and Due Dates**

CONTRACTOR shall provide the following report to the COUNTY by email with Subject Line: "Contractor Name Contract Number Reporting Period" at SCCBH@santacruzcounty.us on the schedule and in the format provided below.

		Reporting Frequency	Quarterly				
		Reporting Months	July-Sept	Oct-Dec	Jan-March	April-June	Annual
		Deadline:	1-Nov	1-Feb	1-May	1-Aug	1-Aug
		Date Submitted:					
Area of Focus		Target	Q1	Q2	Q3	Q4	Annual
1. Integrated Behavioral Health, Adult Services, and Health & Housing							
1.1 Housing Support Team							
Access	< 5% of the residents in supported housing will be terminated.	<5%					
Outcomes	< 5% of the residents in supported housing will experience a psychiatric hospitalization	<5%					
Outcomes	Average length of stay for tenants in supported housing on June 30 will be greater than three (3) years	3					
Satisfaction	Overall satisfaction with agree or strongly agree of at least 3.5 on a 5.0 scale (Client satisfaction survey).	3.5-5.0					
Productivity	Number of Medi-Cal billable services.	>0					
1.2 El Dorado Center							
Outcomes	<20% of admissions will return to higher levels of care.	20%					
Outcomes	Residents with a planned discharge will score > 3.5 on the Satisfaction Survey (include number of surveys completed)	3.5					
Care Coordination	75% of residents with an identified co-occurring SUD will be linked to SUD services at discharge	75%					
Census	Number of referrals, Referral outcome, LOS, insurance, 5150 data, transfers.						
1.3 Casa Pacific							
Outcomes	<12% of admissions will return to higher levels of care.	12%					
Engagement	60% stay > fifteen (15) days	60%					
Care Coordination	60% of residents with a planned discharge will be referred to the appropriate level of care, including SUD services, at discharge.	60%					
Outcomes	Residents with a planned discharge will score > 3.5 on the Satisfaction Survey (include number of surveys completed).	3.5					
Census	Number of referrals, Referral outcome, LOS, insurance, 5150 data, transfers.	0					
2.A Integrated Behavioral Health/Youth & Family, Youth Services Mental Health							
Input	100% of youth served will be Medi-Cal beneficiaries.	100%					
Input	Three hundred (300) unduplicated youth and their families will be served.	300					
Output	All clients will be administered the Child and Adolescent Needs and Strengths (CANS) tool at intake, every six (6) months, and at the end of treatment.	100%					
Output	A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six (6) months, and at the end of treatment.	100%					
Output	CONTRACTOR will conduct an annual client satisfaction survey.	Yes; Number submitted					
Outcome	65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two (2) or three (3).	65%					

**COUNTY OF SANTA CRUZ
ATTACHMENT A-1 - Performance Outcome Reports and Due Dates**

CONTRACTOR shall provide the following report to the COUNTY by email with Subject Line: "Contractor Name Contract Number Reporting Period" at SCCBH@santacruzcounty.us on the schedule and in the format provided below.

		Reporting Frequency	Quarterly				
		Reporting Months	July-Sept	Oct-Dec	Jan-March	April-June	Annual
		Deadline:	1-Nov	1-Feb	1-May	1-Aug	1-Aug
		Date Submitted:					
Area of Focus	Target	Q1	Q2	Q3	Q4	Annual	
3.A. Health and Housing, Transition Age Youth Program							
Input	100% of clients served will be Medi-Cal beneficiaries	100%					
Input	Fifteen (15) unduplicated clients will be served.	33					
Output	All clients will be administered the Child and Adolescent Needs and Strength tool (CANS) at intake, every six (6) months, and at the end of treatment.	100%					
Output	A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six-months, and at the end of treatment.	100%					
Output	CONTRACTOR will conduct an annual client satisfaction survey.	Yes; Number submitted					
Outcome	65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two (2) or three (3).	65%					
3.B. Integrated Behavioral Health/Youth & Families, Families Together Program							
Input	100% of youth served through the mental health component of the program will be Medi-Cal beneficiaries.	100%					
Input	Thirty-five (35) families will be provided services through EPSDT	35					
Output	All clients will be administered the Child and Adolescent Needs and Strength tool (CANS) at intake, every six (6) months, and at the end of treatment	100%					
Output	A parent or guardian will be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six-months, and at the end of treatment.	100%					
Output	CONTRACTOR will conduct an annual client satisfaction survey.	Yes; Number submitted					
Outcome	65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two (2) or three (3).	65%					
3.C. Wraparound							
Input	100% of youth served through the mental health component of the program will be Medi-Cal beneficiaries	100%					
Input	Twelve to fifteen (12-15) youth will be provided services through Wraparound including EBP therapeutic services and transitional support.	30-50					
Output	All clients will be administered the Child and Adolescent Needs and Strength tool (CANS) at intake, every six (6) months, and at the end of treatment	100%					
Output	A parent or caregiver be administered the Pediatric Symptom Checklist 35 (PSC-35) at intake, every six-months, and at the end of treatment	100%					
Output	CONTRACTOR will conduct an annual client satisfaction survey.	Yes; Number submitted					
Outcome	65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two (2) or three (3)	65%					

Contractor: Encompass

Contract No. 129

**COUNTY OF SANTA CRUZ
ATTACHMENT A-2 - Other Reports and Due Dates**

CONTRACTOR shall provide the following report to the COUNTY by email with Subject Line: "Contractor Name Contract Number Reporting Period" at SCCBH@santacruzcounty.us on the schedule and in the format provided below.

Reporting Frequency	Annual
Reporting Months	July 2025-June 2026
Deadline:	1-Aug
Date Submitted:	

Exhibit & Section(s)	Report (description)	Target	Annual
Exhibit A:	CONTRACTOR will report outcome results to COUNTY on an annual basis drawn from data stored in the Electronic Health Record, in a format approved by COUNTY. Annual report shall be due to COUNTY by August 1, 2025. Reports shall be sent to: SCCBH@santacruzcountyca.gov	65% of clients, on an annual basis, will reduce their severity scores on three (3) or more CANS items with an original score of two or three.	

Contractor: Encompass Community Services

Contract No: 0129

COUNTY OF SANTA CRUZ

EXHIBIT B – Budget, Fiscal and Payment Provisions

1. Compensation

- A.** In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR based on negotiated rates. This compensation includes any and all reimbursements due to CONTRACTOR for duties performed pursuant to this Contract as requested by COUNTY including without limitation reimbursement for materials needed to perform these services.
- B.** CONTRACTOR shall observe and comply with all lockout and non-reimbursable service rules as outlined in the current Department of Health Care Services (DHCS) Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Medi-Cal Billing Manual and Service Tables, incorporated into this Contract by reference, including meeting the minimum duration requirements.
- C.** COUNTY will pay CONTRACTOR for COUNTY approved menu of codes for direct services provided in accordance with the rate schedule for COUNTY approved clients/services at 70% of the DHCS Mental Health (MH)/Substance Use Disorder (SUD) Services published rates for the County of Santa Cruz, incorporated into this Contract by reference.
- D.** Fee For Service (FFS) Rates, as determined by California Department of Health Care Services (DHCS), for FY2025-2026 are included in Attachment B-1. DHCS makes periodic updates to the FFS rate schedule. Should such rate updates occur during the term of this Contract, COUNTY’s FFS rates will be updated. The Parties agree to adjust the FY2025-2026 rates in Attachment B-1 as set by DHCS, as soon as administratively possible, following notification from DHCS. The adjusted rates will commence concurrently with the effective date of adjustments by DHCS. Any FFS rate adjustment will not require a Contract amendment. DHCS Current FFS Rates can be found at the following web address:

For internal use only. Revisions may be made to address account code changes and/or typographical errors.									
Suffix	01	02	03						
GL Key	363210	363119	363117						
GL Object	62367	62367	62367						
JL Key									
GL Object									
Total Amount	N/A	N/A	N/A						

Contractor: Encompass Community Services

Contract No: 0129

<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>

- a. CONTRACTOR is responsible to know the unit definitions of each service code, applicable billing codes and corresponding duration.
 - b. CONTRACTOR should meet the minimum requirements as defined by DHCS for reimbursement.
- E. Room and Board Rates:** COUNTY will pay CONTRACTOR for direct services as follows for COUNTY approved clients/services:
- a. Room and Board
 - i. El Dorado Crisis Residential \$75.00/day
 - ii. Casa Pacific Social Rehabilitation \$75.00/day
- F. Supplemental Supporting Payments for Casa Pacific:**
- a. CONTRACTOR will invoice COUNTY for a total supplemental payment of Three Hundred Fifty Thousand Dollars (\$350,000). This supplemental payment will be paid out equally each month throughout the year (1/12 each month) and will not be offset with CONTRACTOR earned amounts for services rendered.
- G.** The budget grid at the end of this Exhibit provides additional detail on funding sources, estimated Units of Service (UOS), and other estimated figures.

2. Payment Terms

- A. CONTRACTOR will invoice in the format and in the manner required by COUNTY. Invoices at a minimum will include the following: invoice date, invoice number, remit to address including vendor name, contract number, date(s) of service (if applicable), description of services rendered, and total due. COUNTY will pay CONTRACTOR within thirty (30) calendar days of receipt of an invoice approved by COUNTY.
- B. Prior to submitting an invoice for payment by the COUNTY Auditor-Controller, the COUNTY Contract Administrator shall review and certify the quantity of units of service delivered and invoiced by CONTRACTOR.
- C. CONTRACTOR will certify each claim/invoice submitted to COUNTY by including the following statement on each claim/invoice and signed by the

Contractor: Encompass Community Services**Contract No:** 0129

CONTRACTOR officer: "The claimant, under penalty of perjury, states: That this claim/invoice and the items as therein set out are true and correct, that no part thereof has been heretofore paid, that the amount therein is justly due, and the claim/invoice is presented within one year after the last item thereof has accrued."

- D. Remit all invoices to: MHInvoices@santacruzcountyca.gov
- E. In no event will COUNTY be required to pay for services which are covered by funding received by CONTRACTOR from other governmental agencies or outside funding sources such as private insurance companies, private payors, grants, etc.
- F. Rate based services will be invoiced in arrears and paid based on units of service (UOS) provided up to the negotiated rate noted above and will submit back-up documentation including units of service summary reports from the Electronic Health Records (EHR) treatment and services rendered. Service activities must meet the requirements of Federal Financial Participation (FFP), Realignment Early and Periodic Screening Diagnostic and Treatment (EPSDT), County General Funds (CGF), Realignment, Mental Health Services Act Community Services and Support (MHSA-CSS), and Human Services Department (HSD) funding, as applicable.
- G. Invoices lacking supporting EHR back-up may be denied, partially paid, and/or result in a delay of payment.

3. Additional Payment, Budget and Fiscal Provisions

- A. Other financial provisions of this Contract are stated in Exhibit B1, which is attached hereto and incorporated into this Contract by this reference.
- B. Per Exhibit B1, Section 3.B.1.b., CONTRACTOR shall not receive reimbursement for any units of service delivered to indigent clients.

4. Budget Control

Budget modification(s) may be requested in writing by CONTRACTOR to COUNTY and are subject to prior review and written approval by COUNTY. Any change to the compensation total, if applicable, shall require a contract amendment and may be subject to COUNTY Board of Supervisor approval.

5. Required Reports and Payments

Contractor: Encompass Community Services

Contract No: 0129

CONTRACTOR will submit all required reports identified in this Contract including but not limited to Performance Measures/Outcomes and/or other Grant related reports. Failure to submit any of the required reports will result in withholding of payment of up to 5% of Contract maximum amount. Withheld payments will be transmitted to CONTRACTOR upon compliance with reporting requirements.

LEGAL ENTITY: #00440 Encompass Community Services
 GL Key/GL Object: 363210/62367

FISCAL YEAR: 2025/2026
CONTRACT # 0129-01
 DATE: 7/1/2025
ORIGINAL

SANTA CRUZ COUNTY
 COMMUNITY MENTAL HEALTH
 SERVICE AGREEMENT BUDGET
 EXHIBIT B

COMPONENT Program Code Program Description	CONTRACT TOTAL	El Dorado Ctr		Casa Pacific		OP MHS	
		EN-EDCRES El Dorado Crisis Residential Tx	EN-CAP Casa Pacific Adult Residential Tx	EN-EDCRES Adult El Dorado Room & Board	EN-CAP Casa Pacific Room & Board	EN-SH Adult Supported Housing LPHA	
PROVIDER NO.		44AW	44DB	44AW	44DB	44CP	
MODE		05	05	05	05	15	
SERVICE FUNCTION		65	65	65	65	01-70	
CONTRACTOR'S GROSS COSTS	4,535,609	2,434,579	1,092,044	394,200	298,950	315,836	
REVENUES							
GRANTS							
PATIENT FEES							
PATIENT INSURANCE							
OTHER - PPP							
TOTAL REVENUES							
NET CONTRACT AMOUNT	4,535,609	2,434,579	1,092,044	394,200	298,950	315,836	
FUNDING SOURCES							
MEDI-CAL FFP	1,921,230	1,217,290	546,022			157,918	
MHSA CSS	2,076,156	1,073,266	546,022		298,950	157,918	
FEDERAL GRANT - BLOCK/PATH							
CGF (Community Programs)	124,798	124,798					
REALIGNMENT	19,225	19,225					
OTHER - MEASURE K (24/25 ONLY)	394,200			394,200			
OTHER - MAA							
OTHER - CITY OF SC FUNDS							
TOTAL FUNDING SOURCES	4,535,609	2,434,579	1,092,044	394,200	298,950	315,836	
REIMBURSEMENT TYPE		FFS RATE	FFS RATE	RATE	RATE	FFS RATE	
CONTRACT UNITS OF SERVICE		5,256	3,986	5,256	3,986	4,339	
CONTRACT MEDI-CAL UNITS		5,256	3,986	0	0	4,339	
CONTRACT MEDI-CAL %		100.0%	100.0%			100.0%	
CONTRACT INDIGENT UNITS		0	0			0	
CONTRACT MAXIMUM INDIGENT UNITS							
CONTRACT MINIMUM MAA (DOW) MINUTES (11 months)							

LEGAL ENTITY: #00440 Encompass Community Services
 PROGRAM NAME: Court Ward
 GL Key/GL Object: 363119/62637

FISCAL YEAR: 2025/2026
CONTRACT #: 26H0129-02
 DATE: 07/01/25
ORIGINAL

SANTA CRUZ COUNTY
 COMMUNITY MENTAL HEALTH
 SERVICE AGREEMENT BUDGET
 EXHIBIT B

	CONTRACT TOTAL							
PROGRAM COMPONENT	YS No., So. Co & ISS (TBS)							
PROVIDER #	44BS, 44CC, 4424							
FACILITY	EN-YSYES, EN-YSALT, EN-YSTBS							
PROGRAM NAME	Child Youth Services North OP, Child							
MODE	15							
SERVICE FUNCTION	01-70, '58							
	Licensed Practitioner of the Healing Arts (LPHA) (LCSW, ASW, LMFT, AMFT, LPCC & APCC)		Mental Health Resource Specialist					
PRACTIONER / PROGRAM TYPE	LPHA		MHRS					
PRACTIONER AVATAR CODE								
CONTRACTOR'S GROSS COST	1,928,249	1,645,636	282,613					
REVENUES								
GRANTS								
PATIENT FEES								
PATIENT INSURANCE								
OTHER - PPP								
TOTAL REVENUES								
NET CONTRACT AMOUNT	1,928,249	1,645,636	282,613					
FUNDING SOURCES								
MEDI-CAL / HF FFP	964,125	822,818	141,307					
REALIGNMENT/EPSDT	413,049	328,130	84,919					
REALIGNMENT	2,054		2,054					
OTHER - PROBATION EPSDT MATCH	10,000	7,407	2,593					
OTHER - COE EPSDT MATCH								
OTHER - CITY OF SANTA CRUZ								
MHSA CSS	538,416	487,281	51,135					
CGF (COMMUNITY PROGRAMS)	605		605					
TOTAL FUNDING SOURCES	1,928,249	1,645,636	282,613					
REIMBURSEMENT TYPE		FFS Rate	FFS Rate					
CONTRACT UNITS OF SERVICE		22,608	5,160					
CONTRACT MEDI-CAL UNITS		22,608	5,160					
CONTRACT MEDI-CAL %		100%	100%					
CONTRACT INDIGENT UNITS								
CONTRACT INDIGENT %		0%	0%					
CONTRACT MAX INDIGENT UNITS								

LEGAL ENTITY: #00440 Encompass Community Services
 PROGRAM NAME: Court Dependents
 GL KEY/GL OBJECT: 363117/62367

FISCAL YEAR: 2025/2026
CONTRACT #: 26H0129-03
 DATE: 07/01/25
ORIGINAL

SANTA CRUZ COUNTY
 COMMUNITY MENTAL HEALTH
 SERVICE AGREEMENT BUDGET
 EXHIBIT B

CONTRACT
TOTAL

PROGRAM COMPONENT
 PROVIDER #
 PROGRAM CODE

PROGRAM NAME
 MODE
 SERVICE FUNCTION

PRACTITIONER / PROGRAM TYPE
 PRACTITIONER AVATAR CODE
 CONTRACTOR'S GROSS COST

TAY	FAMILIES TOGETHER		Fuerte			
44DM	44CH		44D5			
EN-ANXTAY	EN-FTN		EN-FUERTE			
Child TAY ILSP	Child CFD Fam Together North		Child Fuerte			
15	15		15			
01-70	01-70		01-70			
Licensed Practitioner of the Healing Arts (LPHA) (LCSW, ASW, LMFT, AMFT, LPCC & APCC)	Mental Health Resource Specialist	Licensed Practitioner of the Healing Arts (LPHA) (LCSW, ASW, LMFT, AMFT, LPCC & APCC)	Mental Health Resource Specialist	Licensed Practitioner of the Healing Arts (LPHA) (LCSW, ASW, LMFT, AMFT, LPCC & APCC)	Mental Health Resource Specialist	
LPHA	MHRS	LPHA	MHRS	LPHA	MHRS	
519,145	5,678	197,172	103,944	0	48,041	164,310

REVENUES

GRANTS
 PATIENT FEES
 PATIENT INSURANCE
 OTHER

TOTAL REVENUES

NET CONTRACT AMOUNT

0						
0						
0						
0	0	0	0		0	
0	-	-	-		-	
519,145	5,678	197,172	103,944	0	48,041	164,310

FUNDING SOURCES

MEDI-CAL FFP
 REALIGNMENT, EPSDT SGF
 REALIGNMENT
 OTHER - FIRST FIVE
 OTHER - HSD COST APPLIED
 OTHER - PROBATION COST APPLD
 OTHER - TRUST FUND (SB900)
 MHSA CSS
 SB163
 CGF (COMMUNITY PROGRAMS)

259,573	2,839	98,586	51,972	0	24,021	82,155
45,959	0	25,868	20,091	0	0	0
0	0	0	0	0	0	0
17,469	0	0	17,469	0	0	0
32,729	0	32,729	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
26,084	1,145	24,919	0	0	0	20
137,331	1,694	15,070	14,412	0	24,020	82,135
0	0	0	0	0	0	0
519,145	5,678	197,172	103,944	0	48,041	164,310

TOTAL FUNDING SOURCES

CONTRACT COST PER UNIT*

REIMBURSEMENT TYPE

70%	72.79	54.77	72.79	54.77	72.79	54.77
	FFS Rate	FFS Rate	FFS Rate	FFS Rate	FFS Rate	FFS Rate

CONTRACT UNITS OF SERVICE

CONTRACT MEDI-CAL UNITS
 CONTRACT MEDI-CAL %
 CONTRACT INDIGENT UNITS
 CONTRACT INDIGENT %
 CONTRACT MAX INDIGENT UNITS

78	3,600	1,428	0	660	3,000	
78	3,600	1,428	-	660	3,000	
100%	100%	100%	100%	100%	100%	
-	-	-	-	-	-	
0%	0%	0%	0%	0%	0%	
-	-	-	-	-	-	

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Certified AOD Counselor	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	19.17	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	19.17	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Certified AOD Counselor	\$345.01	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	86.25	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90792	60	N/A	Assessment	Psychiatric diagnostic evaluation with medical services, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	400.39	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90833	30	N/A	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90833	30	22	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	400.39	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	599.07	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90836	45	N/A	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90836	45	22	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	599.07	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	797.76	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90838	60	N/A	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90838	60	22	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	797.76	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	397.38	07/01/25	06/30/26

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ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	662.29	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	247.26	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	147.18	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90865	90	N/A	Medication Support	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview), 90 minutes	N/A	1,192.13	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90867	60	N/A	Therapy	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management (Report only once per course of treatment), 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90868	15	N/A	Therapy	Subsequent delivery and management of TMS, per session, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90869	45	N/A	Therapy	TMS treatment subsequent motor threshold re-determination with delivery and management, 45 minutes	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90870	20	N/A	Therapy	Electroconvulsive therapy (includes necessary monitoring), 20 minutes	N/A	264.92	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	662.29	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96105	60	N/A	Assessment	Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report), per hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	794.75	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96130	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96131	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96132	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96133	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96136	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96137	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96146	60	N/A	Assessment	Psychological Neuropsychological Test (Automated) Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only; Via electronic platform & formulates an electronic result. Interpretation and report, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	198.69	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	176.61	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	609.31	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	410.62	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	503.34	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	198.69	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	132.46	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	105.97	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	211.93	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	344.39	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99202	22	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	291.41	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99203	37	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	490.10	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99204	52	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99205	67	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99212	15	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99213	25	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99214	35	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99215	47	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99221	47	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99222	65	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	860.98	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99223	82	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	1,086.16	07/01/25	06/30/26

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44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99231	30	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99232	42	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	556.33	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99233	57	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99234	57	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99235	77	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	N/A	1,019.93	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99236	92	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	N/A	1,218.62	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99238	30	N/A	Discharge	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99239	60	N/A	Discharge	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99242	25	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99243	35	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99244	47	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99245	62	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	821.24	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99252	40	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	529.83	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99253	52	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99254	70	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	927.21	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99255	87	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	N/A	1,152.39	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99304	30	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99305	42	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	556.33	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99306	57	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99307	15	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99308	25	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26

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44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99309	37	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	490.10	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99310	52	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99341	22	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	291.41	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99342	45	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99344	67	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99345	82	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	1,086.16	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99347	25	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99348	35	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99349	50	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	662.29	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99350	67	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26

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44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99415	60	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99416	30	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99417	15	N/A	Therapy	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99418	15	N/A	Therapy	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99441	8	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N/A	105.97	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99442	16	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	N/A	211.93	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99443	26	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	N/A	344.39	07/01/25	06/30/26

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44	Santa Cruz	Clinical Nurse Specialist	\$794.75	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0316	15	N/A	Therapy	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	132.46	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	198.69	07/01/25	06/30/26

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44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T1001	15	N/A	Assessment	Nursing assessment/ evaluation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	201.70	07/01/25	06/30/26
44	Santa Cruz	Clinical Nurse Specialist	\$794.75	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Community Health Worker	\$320.76	98960	30	N/A	Community Health Worker	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient(may include caregiver/family) each 30 minutes; individual patient	N/A	160.38	07/01/25	06/30/26
44	Santa Cruz	Community Health Worker	\$320.76	98961	30	N/A	Community Health Worker	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient(may include caregiver/family) each 30 minutes; 2-4 patients	N/A	160.38	07/01/25	06/30/26
44	Santa Cruz	Community Health Worker	\$320.76	98962	30	N/A	Community Health Worker	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient(may include caregiver/family) each 30 minutes; 5-8 patients	N/A	160.38	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	207.97	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	210.98	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	314.97	07/01/25	06/30/26

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44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	418.95	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	207.97	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	346.62	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	129.40	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	77.03	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	346.62	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	103.99	07/01/25	06/30/26

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ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	92.43	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	23.11	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	69.32	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	55.46	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	110.92	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	180.24	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	69.32	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	23.11	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	23.11	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx)

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	107.00	07/01/25	06/30/26
44	Santa Cruz	LCSW (Licensed, Waivered or Registered)	\$415.94	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90792	60	N/A	Assessment	Psychiatric diagnostic evaluation with medical services, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	802.12	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90833	30	N/A	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90833	30	22	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	802.12	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	1,201.67	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90836	45	N/A	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90836	45	22	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	1,201.67	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	1,601.22	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90838	60	N/A	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90838	60	22	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	1,601.22	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	1,331.84	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	497.22	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	295.96	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90865	90	N/A	Medication Support	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview), 90 minutes	N/A	2,397.32	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90867	60	N/A	Therapy	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management (Report only once per course of treatment), 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90868	15	N/A	Therapy	Subsequent delivery and management of TMS, per session, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90869	45	N/A	Therapy	TMS treatment subsequent motor threshold re-determination with delivery and management, 45 minutes	N/A	1,198.66	07/01/25	06/30/26

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44	Santa Cruz	Licensed Physician	\$1,598.21	90870	20	N/A	Therapy	Electroconvulsive therapy (includes necessary monitoring), 20 minutes	N/A	532.74	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	1,331.84	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96105	60	N/A	Assessment	Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report), per hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96130	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	1,598.21	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	96131	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96132	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96133	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96136	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96137	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96146	60	N/A	Assessment	Psychological Neuropsychological Test (Automated) Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only; Via electronic platform & formulates an electronic result. Interpretation and report, 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	355.16	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	88.79	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	1,225.29	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	825.74	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes	N/A	1,012.20	07/01/25	06/30/26
								(For infusions of 15 minutes or less, use 96372)				
44	Santa Cruz	Licensed Physician	\$1,598.21	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	612.65	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	266.37	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99202	22	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	586.01	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99203	37	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	985.56	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99204	52	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	1,385.12	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99205	67	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	1,784.67	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99212	15	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99213	25	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	665.92	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99214	35	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	932.29	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	99215	47	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	1,251.93	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99221	47	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	1,251.93	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99222	65	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	1,731.39	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99223	82	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	2,184.22	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99231	30	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99232	42	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	1,118.75	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99233	57	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	1,518.30	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99234	57	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	1,518.30	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99235	77	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	N/A	2,051.04	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99236	92	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	N/A	2,450.59	07/01/25	06/30/26

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44	Santa Cruz	Licensed Physician	\$1,598.21	99238	30	N/A	Discharge	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99239	60	N/A	Discharge	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99242	25	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	665.92	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99243	35	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	932.29	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99244	47	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	1,251.93	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99245	62	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	1,651.48	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99252	40	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	1,065.47	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99253	52	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	1,385.12	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99254	70	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	1,864.58	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99255	87	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	N/A	2,317.40	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99304	30	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	799.11	07/01/25	06/30/26

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44	Santa Cruz	Licensed Physician	\$1,598.21	99305	42	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	1,118.75	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99306	57	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	1,518.30	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99307	15	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99308	25	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	665.92	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99309	37	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	985.56	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99310	52	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	1,385.12	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99341	22	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	586.01	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99342	45	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	1,198.66	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99344	67	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	1,784.67	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99345	82	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	2,184.22	07/01/25	06/30/26

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ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	99347	25	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	665.92	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99348	35	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	932.29	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99349	50	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	1,331.84	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99350	67	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	1,784.67	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99367	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99415	60	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99416	30	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	N/A	799.11	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99417	15	N/A	Therapy	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99418	15	N/A	Therapy	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99441	8	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N/A	213.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99442	16	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	N/A	426.19	07/01/25	06/30/26

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Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	99443	26	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	N/A	692.56	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99451	18	N/A	Referral & Linkage	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time (5-30 minutes)	N/A	479.46	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	1,598.21	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0316	15	N/A	Therapy	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	612.65	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	612.65	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	1,198.66	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Physician	\$1,598.21	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	266.37	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	88.79	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	88.79	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	88.79	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	402.56	07/01/25	06/30/26
44	Santa Cruz	Licensed Physician	\$1,598.21	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	399.55	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96138	30	N/A	Assessment	Psychological or Neuropsychological (2 or more) Tests Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; In person (Administration) & Scoring, first 30 minutes	N/A	146.18	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96139	30	N/A	Assessment	Psychological or Neuropsychological (2 or more) Tests Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; In person (Administration) & Scoring, each additional 30 minutes	N/A	146.18	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	292.36	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	64.97	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	16.24	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	224.14	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	219.27	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	151.05	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	185.16	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	219.27	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	73.09	07/01/25	06/30/26

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44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	112.07	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	219.27	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	48.73	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	292.36	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	292.36	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	112.07	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	112.07	07/01/25	06/30/26

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44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	219.27	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	48.73	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	16.24	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	16.24	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	T1001	15	N/A	Assessment	Nursing assessment/ evaluation, 15 minutes	N/A	73.09	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Licensed Psychiatric Technician	\$292.36	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	73.09	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Vocational Nurse	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	341.03	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	75.78	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	18.95	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	261.46	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	255.77	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	176.20	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	215.99	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	255.77	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	85.26	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	130.73	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	255.77	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	56.84	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	341.03	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	341.03	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	130.73	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	85.26	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	130.73	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	255.77	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	56.84	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	18.95	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	18.95	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	T1001	15	N/A	Assessment	Nursing assessment/ evaluation, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Licensed Vocational Nurse	\$341.03	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	85.26	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	234.43	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	234.43	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	58.61	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Medical Assistant	\$234.43	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes	N/A	148.47	07/01/25	06/30/26
								(For infusions of 15 minutes or less, use 96372)				
44	Santa Cruz	Medical Assistant	\$234.43	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	175.82	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	234.43	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	234.43	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	234.43	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	13.02	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	13.02	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Medical Assistant	\$234.43	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	58.61	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	78.24	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	17.39	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	17.39	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Mental Health Rehabilitation Specialist	\$312.94	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	207.97	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	210.98	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	314.97	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	418.95	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	415.94	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	207.97	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	346.62	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	129.40	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	77.03	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	346.62	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	92.43	07/01/25	06/30/26

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ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	23.11	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	311.96	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	69.32	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	55.46	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	110.92	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	180.24	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	415.94	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	159.44	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	311.96	07/01/25	06/30/26

CaAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	69.32	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	23.11	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	23.11	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	107.00	07/01/25	06/30/26
44	Santa Cruz	MFT/LPCC (Licensed, Waivered or Registered)	\$415.94	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	103.99	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90792	60	N/A	Assessment	Psychiatric diagnostic evaluation with medical services, 60 minutes	N/A	794.75	07/01/25	06/30/26

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44	Santa Cruz	Nurse Practitioner	\$794.75	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	400.39	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90833	30	N/A	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90833	30	22	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	400.39	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	599.07	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90836	45	N/A	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90836	45	22	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	599.07	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	797.76	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90838	60	N/A	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90838	60	22	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	797.76	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	662.29	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	247.26	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	147.18	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90865	90	N/A	Medication Support	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview), 90 minutes	N/A	1,192.13	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90867	60	N/A	Therapy	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management (Report only once per course of treatment), 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90868	15	N/A	Therapy	Subsequent delivery and management of TMS, per session, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90869	45	N/A	Therapy	TMS treatment subsequent motor threshold re-determination with delivery and management, 45 minutes	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90870	20	N/A	Therapy	Electroconvulsive therapy (includes necessary monitoring), 20 minutes	N/A	264.92	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	662.29	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	96105	60	N/A	Assessment	Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report), per hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96130	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96131	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	794.75	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	96132	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96133	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96136	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96137	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96146	60	N/A	Assessment	Psychological Neuropsychological Test (Automated) Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only: Via electronic platform & formulates an electronic result. Interpretation and report, 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	176.61	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	198.69	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	609.31	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	410.62	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	503.34	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	132.46	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	105.97	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	211.93	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	344.39	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99202	22	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	291.41	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99203	37	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	490.10	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99204	52	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99205	67	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26

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44	Santa Cruz	Nurse Practitioner	\$794.75	99212	15	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99213	25	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99214	35	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99215	47	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99221	47	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99222	65	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	860.98	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99223	82	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	1,086.16	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99231	30	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99232	42	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	556.33	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99233	57	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26

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44	Santa Cruz	Nurse Practitioner	\$794.75	99234	57	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99235	77	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	N/A	1,019.93	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99236	92	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	N/A	1,218.62	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99238	30	N/A	Discharge	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99239	60	N/A	Discharge	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99242	25	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99243	35	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99244	47	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	622.55	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99245	62	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	821.24	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99252	40	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	529.83	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99253	52	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26

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44	Santa Cruz	Nurse Practitioner	\$794.75	99254	70	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	927.21	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99255	87	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	N/A	1,152.39	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99304	30	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	397.38	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99305	42	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	556.33	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99306	57	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	755.01	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99307	15	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99308	25	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99309	37	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	490.10	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99310	52	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	688.78	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99341	22	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	291.41	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	99342	45	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99344	67	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99345	82	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	1,086.16	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99347	25	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	331.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99348	35	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	463.60	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99349	50	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	662.29	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99350	67	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	887.47	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99415	60	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99416	30	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	N/A	397.38	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	99417	15	N/A	Therapy	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99418	15	N/A	Therapy	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99441	8	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N/A	105.97	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99442	16	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	N/A	211.93	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99443	26	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	N/A	344.39	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0316	15	N/A	Therapy	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	794.75	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Nurse Practitioner	\$794.75	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	304.65	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	596.06	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	132.46	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T1001	15	N/A	Assessment	Nursing assessment/ evaluation, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	198.69	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	44.15	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	201.70	07/01/25	06/30/26
44	Santa Cruz	Nurse Practitioner	\$794.75	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	198.69	07/01/25	06/30/26

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44	Santa Cruz	Occupational Therapist	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	461.40	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	276.84	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	123.04	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	138.42	07/01/25	06/30/26

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44	Santa Cruz	Occupational Therapist	\$553.68	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	30.76	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	212.24	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	415.26	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	92.28	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	553.68	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	212.24	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	212.24	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Occupational Therapist	\$553.68	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	415.26	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	92.28	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	30.76	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Occupational Therapist	\$553.68	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	138.42	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	17.39	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	78.24	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	17.39	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Other Qualified Practitioner	\$312.94	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	78.24	07/01/25	06/30/26
44	Santa Cruz	Peer Support Specialists	\$328.58	H0025	15	N/A	Peer Support	Behavior health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) [Peer Support group session], 15 minutes	N/A	18.25	07/01/25	06/30/26
44	Santa Cruz	Peer Support Specialists	\$328.58	H0038	15	N/A	Peer Support	Self-help/peer services (individual) 15 minutes	N/A	82.15	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90792	60	N/A	Assessment	Psychiatric diagnostic evaluation with medical services, 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	361.41	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90833	30	N/A	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90833	30	22	Therapy	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	N/A	361.41	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	540.60	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90836	45	N/A	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90836	45	22	Therapy	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	N/A	540.60	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	719.80	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90838	60	N/A	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90838	60	22	Therapy	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	N/A	719.80	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	716.79	07/01/25	06/30/26

CalAIM Rate Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26

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Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	597.33	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	223.00	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	132.74	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90865	90	N/A	Medication Support	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview), 90 minutes	N/A	1,075.19	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90867	60	N/A	Therapy	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management (Report only once per course of treatment), 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90868	15	N/A	Therapy	Subsequent delivery and management of TMS, per session, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90869	45	N/A	Therapy	TMS treatment subsequent motor threshold re-determination with delivery and management, 45 minutes	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90870	20	N/A	Therapy	Electroconvulsive therapy (includes necessary monitoring), 20 minutes	N/A	238.93	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	597.33	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96105	60	N/A	Assessment	Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report), per hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	716.79	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96130	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96131	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96132	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96133	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96136	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96137	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96146	60	N/A	Assessment	Psychological Neuropsychological Test (Automated) Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only; Via electronic platform & formulates an electronic result. Interpretation and report, 60 minutes	N/A	716.79	07/01/25	06/30/26

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44	Santa Cruz	Physician Assistant	\$716.79	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	159.29	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	39.82	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	549.54	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	370.34	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	453.97	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	179.20	07/01/25	06/30/26

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44	Santa Cruz	Physician Assistant	\$716.79	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	274.77	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	119.47	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	95.57	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	191.14	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	310.61	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99202	22	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	262.82	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99203	37	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	442.02	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99204	52	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	621.22	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99205	67	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	800.42	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99212	15	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99213	25	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	298.66	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99214	35	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	418.13	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99215	47	N/A	Medication Support	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	561.49	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99221	47	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	561.49	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99222	65	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	776.52	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99223	82	N/A	Therapy	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	979.61	07/01/25	06/30/26

CaAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

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Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99231	30	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99232	42	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	501.75	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99233	57	N/A	Therapy	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	680.95	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99234	57	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	680.95	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99235	77	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	N/A	919.88	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99236	92	N/A	Assessment	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	N/A	1,099.08	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99238	30	N/A	Discharge	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99239	60	N/A	Discharge	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99242	25	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	298.66	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99243	35	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	418.13	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99244	47	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	561.49	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99245	62	N/A	Therapy	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	740.68	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99252	40	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	477.86	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99253	52	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	621.22	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99254	70	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	836.26	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99255	87	N/A	Therapy	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	N/A	1,039.35	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99304	30	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99305	42	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	501.75	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99306	57	N/A	Therapy	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	680.95	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99307	15	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99308	25	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	298.66	07/01/25	06/30/26

CaAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99309	37	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	442.02	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99310	52	N/A	Therapy	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	621.22	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99341	22	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	262.82	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99342	45	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99344	67	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	800.42	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99345	82	N/A	Medication Support	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	979.61	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99347	25	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	298.66	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99348	35	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	418.13	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99349	50	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	597.33	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99350	67	N/A	Medication Support	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	800.42	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99415	60	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99416	30	N/A	Therapy	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	N/A	358.40	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99417	15	N/A	Therapy	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99418	15	N/A	Therapy	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99441	8	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N/A	95.57	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99442	16	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	N/A	191.14	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	99443	26	N/A	Assessment	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	N/A	310.61	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0316	15	N/A	Therapy	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	716.79	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	274.77	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	274.77	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	537.59	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	119.47	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	179.20	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Physician Assistant	\$716.79	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	39.82	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	39.82	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	39.82	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	182.21	07/01/25	06/30/26
44	Santa Cruz	Physician Assistant	\$716.79	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	179.20	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90791	60	N/A	Assessment	Psychiatric diagnostic evaluation, 60 minutes	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90832	30	N/A	Therapy	Psychotherapy, 30 minutes with patient	N/A	321.38	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90832	30	22	Therapy	Psychotherapy, 30 minutes with patient	N/A	324.39	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90834	45	N/A	Therapy	Psychotherapy, 45 minutes with patient	N/A	482.06	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90834	45	22	Therapy	Psychotherapy, 45 minutes with patient	N/A	485.07	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90837	60	N/A	Therapy	Psychotherapy, 60 minutes with patient	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90837	60	22	Therapy	Psychotherapy, 60 minutes with patient	N/A	645.76	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90839	60	N/A	Crisis	Psychotherapy for crisis; first hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90840	30	N/A	Crisis	Psychotherapy for crisis; each additional 30 minutes	N/A	321.38	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90845	45	N/A	Therapy	Psychoanalysis, 45 minutes	N/A	482.06	07/01/25	06/30/26

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ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90847	50	N/A	Therapy	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes	N/A	535.63	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90849	84	N/A	Therapy	Multiple-family group psychotherapy, 84 minutes	N/A	199.97	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90853	50	N/A	Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes	N/A	119.03	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90880	60	N/A	Therapy	Hypnotherapy, 60 minutes	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90885	60	N/A	Assessment	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 minutes	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	535.63	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96105	60	N/A	Assessment	Assessment of Aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report), per hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96112	60	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, first hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96113	30	N/A	Assessment	Developmental Testing Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes	N/A	321.38	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96125	60	N/A	Assessment	Standardized Cognitive Performance Testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	642.75	07/01/25	06/30/26

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SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96130	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96131	60	N/A	Assessment	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96132	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96133	60	N/A	Assessment	Neuropsychological Testing Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, each additional hour	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96136	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	N/A	321.38	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96137	30	N/A	Assessment	Psychological or Neuropsychological Testing Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	N/A	321.38	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96146	60	N/A	Assessment	Psychological Neuropsychological Test (Automated) Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only; Via electronic platform & formulates an electronic result. Interpretation and report, 60 minutes	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	642.75	07/01/25	06/30/26

CalAIM Rate Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26

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SMHS Outpatient Rates

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	142.83	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	35.71	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	246.39	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	482.06	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	107.13	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	98966	8	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	N/A	85.70	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	98967	16	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	N/A	171.40	07/01/25	06/30/26

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County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	98968	26	N/A	Assessment	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	N/A	278.53	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	642.75	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	246.39	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	246.39	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	482.06	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx)

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44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H0036	15	N/A	Functional Family Therapy	A family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems with a flexibly structured and culturally responsive practice.	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	35.71	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	T2021	15	N/A	Therapy	Therapy substitute, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	T2021	15	HQ	Therapy	Therapy substitute, 15 minutes	N/A	35.71	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	T2021	15	22	Therapy	Therapy substitute, 15 minutes	N/A	163.70	07/01/25	06/30/26
44	Santa Cruz	Psychologist (Licensed or Waivered)	\$642.75	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	160.69	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Nurse	\$649.17	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	540.98	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96110	60	N/A	Assessment	Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument), 60 minutes	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96116	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96121	60	N/A	Assessment	Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96127	60	N/A	Assessment	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation per standardized instrument, 60 minutes	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	144.26	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	36.07	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96365	46	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	N/A	497.70	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96366	45	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, each additional hour	N/A	486.88	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96367	31	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, additional sequential infusion of a new drug/ substance, up to 1 hour	N/A	335.40	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Nurse	\$649.17	96368	15	N/A	Medication Support	Intravenous infusion, for therapy, prophylaxis, or diagnosis, concurrent infusion, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96369	38	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, initial, including pump set-up and establishment of subcutaneous infusion site(s), 16-60 minutes (For infusions of 15 minutes or less, use 96372)	N/A	411.14	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96370	45	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s), each additional hour	N/A	486.88	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96371	15	N/A	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s), 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96372	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1 - 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96373	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96374	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96375	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96376	15	N/A	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	96377	15	N/A	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	248.85	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	486.88	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	108.20	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	649.17	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Nurse	\$649.17	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	649.17	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	248.85	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	248.85	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	486.88	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	108.20	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	162.29	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Nurse	\$649.17	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	36.07	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	36.07	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs),15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	T1001	15	N/A	Assessment	Nursing assessment/ evaluation, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Nurse	\$649.17	T2024	15	N/A	Assessment	Assessment substitute, 15 minutes	N/A	162.29	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	N/A	90785	Occurrence	N/A	Supplemental	Interactive complexity. This code is claimed in addition to the code for the primary procedure. There is no assigned time for this code.	N/A	18.89	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	90887	50	N/A	Supplemental	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient, 50 minutes	N/A	637.52	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	96161	15	N/A	Supplemental	Caregiver Assessment Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	96202	60	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	765.02	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	96202	60	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	170.00	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	96203	15	N/A	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	96203	15	HQ	Collateral	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes	N/A	42.50	07/01/25	06/30/26

CalAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Pharmacist	\$765.02	97550	23	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	N/A	293.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	97551	15	N/A	Collateral	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	97552	45	N/A	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	573.77	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	97552	45	HQ	Collateral	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers. Need to clarify time.	N/A	127.50	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99366	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	N/A	765.02	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99368	60	N/A	Treatment Planning	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	N/A	765.02	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99484	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	765.02	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99605	15	N/A	Medication Support	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99606	15	N/A	Medication Support	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	99607	15	N/A	Medication Support	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes	N/A	191.26	07/01/25	06/30/26

CaAIM Rate [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS Outpatient Rates

Effective 7/1/2025 Revised 3/14/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-Outpatient-Rates-25-26.xlsx>

County Code	County Name	Provider Type	Hourly Rate	Procedure Code	Time Base	Modifier	Type of Service	Service Description	Place of Service	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
44	Santa Cruz	Registered Pharmacist	\$765.02	G0323	60	N/A	Treatment Planning	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.	N/A	765.02	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0539	23	N/A	Collateral	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	N/A	293.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0540	15	N/A	Collateral	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0541	23	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	N/A	293.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0542	15	N/A	Collateral	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0543	45	N/A	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	573.77	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	G0543	45	HQ	Collateral	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	N/A	127.50	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H0031	15	N/A	Assessment	Mental health assessment by nonphysician, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H0032	15	N/A	Treatment Planning	Mental health service plan development by non-physicians, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H0033	15	N/A	Medication Support	Medication administration, direct observation, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H0034	15	N/A	Medication Support	Medication training and support, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H0034	15	HQ	Medication Support	Medication training and support, 15 minutes	N/A	42.50	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2000	15	N/A	Assessment	Comprehensive multidisciplinary evaluation, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2011	15	N/A	Crisis	Crisis intervention service, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2017	15	N/A	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2017	15	HQ	Rehabilitation	Psychosocial rehabilitation, 15 minutes	N/A	42.50	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2019	15	N/A	Therapeutic Behavioral Services	Therapeutic behavioral services, 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	H2021	15	N/A	Rehabilitation	Community-based wrap-around services (coordination with other programs), 15 minutes	N/A	191.26	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	N/A	T1013	15	N/A	Supplemental	Sign language or oral interpretive services, 15 minutes	N/A	31.88	07/01/25	06/30/26
44	Santa Cruz	Registered Pharmacist	\$765.02	T1017	15	N/A	Referral & Linkage	Targeted case management, 15 minutes	N/A	191.26	07/01/25	06/30/26

CalAIM Rate homepage [Fiscal-Year-2025-26-Medi-Cal-Behavioral-Health-Fee-Schedules-FY25-26](#)

ATTACHMENT B-1

SMHS 24 Hour Services

Effective 7/1/2025

Source as of 4/3/2025: <https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SMHS-24-Hour-Services-25-26.xlsx>

County Code	County Name	Procedure Code	Code Description	Service Type	Rate	Time Base	Fiscal Year Start	Fiscal Year End
44	Santa Cruz	H0019	Adult Residential	24 Hour Service	\$ 391.39	24 Hour	7/1/2025	6/30/2026
44	Santa Cruz	H0018	Crisis Residential	24 Hour Service	\$ 661.72	24 Hour	7/1/2025	6/30/2026
44	Santa Cruz	H2013	Psychiatric Health Facility	24 Hour Service	\$ 1,279.86	24 Hour	7/1/2025	6/30/2026

COUNTY OF SANTA CRUZ

EXHIBIT B1 - ADDITIONAL PAYMENT, BUDGET, AND FISCAL PROVISIONS (MENTAL HEALTH SERVICES)

1. DEFINITIONS

- A. Net Contract Amount: Negotiated Contract maximum amount COUNTY may reimburse CONTRACTOR.
- B. Budget Grid: Service Contract Budget pages of Exhibit B to this Contract.
- C. Contract Cost Per Unit: Negotiated/established cost per unit of service as stated on the "CONTRACT COST PER UNIT" line on the Budget Grid.
- D. Reimbursement Type: Reimbursement mechanism negotiated with CONTRACTOR and identified on "Reimbursement Type" line on Budget Grid as either:
 - 1. **COST**, in which CONTRACTOR is reimbursed based on actual program costs,
 - 2. **FEE FOR SERVICE (FFS) RATE**, in which CONTRACTOR is reimbursed based on the contracted established cost per unit rate for Med-Cal services,
or
 - 3. **RATE**, in which CONTRACTOR is reimbursed based on the contracted negotiated rate for non-Medi-Cal services.
- E. Indigent Units of Service: Indigent Units are defined as units of service that are delivered to clients who are not eligible for Medi-Cal programs or have no other insurance coverage.

2. ACCOUNTS RECEIVABLE

In the event that CONTRACTOR or COUNTY terminates this Contract, COUNTY shall retain its interest in the accounts receivable which were a result of CONTRACTOR's Bronzan-McCorquodale eligible service and/or conducting business under this Contract. The accounts receivable shall either be assigned to COUNTY or shall be used to offset any amounts that may be due to CONTRACTOR resulting from such termination with said determination to be made by COUNTY in the exercise of its reasonable judgment.

CONTRACTOR shall submit audited financial reports specific to this Contract on an annual basis. The audit shall be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards (42 Code of Federal Regulations (CFR) 438.3(m)).

3. PAYMENTS

- A. Form, Certification and Timeliness: CONTRACTOR shall certify each claim/invoice submitted to COUNTY by including the following statement on each claim/invoice and signed by CONTRACTOR's officer: "The claimant, under penalty of perjury, states: That this claim/invoice and the items as therein set out are true

and correct, that no part thereof has been heretofore paid, that the amount therein is justly due, and the claim is presented within one year after the last item thereof has accrued.”

COUNTY agrees to pay CONTRACTOR in a timely manner, no later than thirty (30) calendar days following the receipt and acceptance of the claim by COUNTY. If COUNTY does not accept CONTRACTOR’s claim as correct or valid, COUNTY will provide notice to CONTRACTOR within one (1) business day of such determination.

B. Payment in Arrears:

1. Actual Costs in Arrears: CONTRACTOR’s monthly claim in arrears for reimbursement from COUNTY shall be itemized as follows: (1) all of CONTRACTOR’s actual and allowable costs resulting from services/activities and/or funding for the particular claim month for cost reimbursement services, and/or (2) units of service provided for the particular claim month for FFS RATE and/or RATE based services.
 - a. Total Contract Units of Service, Contract Medi-Cal Units, Contract Indigent Units and Contract Maximum Indigent Units shall be negotiated for each program component identified on the Budget Grid of Exhibit B with Reimbursement Type of FFS RATE and/or RATE.
 - b. Contract Maximum Indigent Units: Contract Indigent Units are defined as units of service that are delivered to clients who are not enrolled in the Medi-Cal programs or have no other insurance coverage. CONTRACTOR shall not receive reimbursement for any units of service delivered to indigent clients in excess of the number of units of service specified in Contract Maximum Indigent Units by program component.
2. Fixed Payments in Arrears for COST Reimbursement Type Services: When monthly fixed payments in arrears are requested by CONTRACTOR for COST reimbursement type services, CONTRACTOR will invoice COUNTY in arrears a fixed amount up to 1/12th of the Contract Maximum for those services, and are subject to adjustment per review of actual costs and/or units of service provided as set forth below in Section C.3 “Performance Review Limitations.” FFS RATE and RATE reimbursement type services are not eligible for Fixed Payments in Arrears.
3. Amounts: The Budget Grid of Exhibit B of this Contract will specify the type of payment modality for each type of service (program component) delivered by CONTRACTOR. Each program component shall be identified on the Budget Grid as Reimbursement Type COST, FFS RATE or RATE. For COST reimbursement, CONTRACTOR’s monthly claim in arrears shall be limited in amount to allowable costs. For RATE reimbursement type, CONTRACTOR’s monthly claim in arrears shall be limited in amount to allowable units of service

delivered at the Contract Cost Per Unit rate specified on the Budget Grid of Exhibit B.

4. Contracts on the COUNTY's Continuing Contracts List (CAL) identified as CAL Section II and/or III: For the forthcoming fiscal year for the period covering July through August, COUNTY agrees to reimburse CONTRACTOR's claims for this period in an amount not to exceed 2/12th of the prior year Contract amount or 2/12th of the proposed new year Contract amount, whichever is less or up to 3/12th with consultation and documented approval of the department's County Administrative Office Analyst and the Auditor-Controller management of the lesser prior year or new year Contract amount. The proposed new year amount shall not exceed the value shown in the COUNTY's CAL as approved by the COUNTY's Board of Supervisors during the final day of budget hearings, typically at the end of June. Upon execution of a renewed Contract for the forthcoming year, COUNTY will provide reimbursement in arrears commensurate with allowable costs and units of service delivered and shall include, if appropriate, adjustment for each of the months of July and August (and September, if applicable).

C. Advance Payment for COST Reimbursement Type Services:

1. Conditions: When a Non-profit, community-based organization granted tax-exempt status under Internal Revenue Code Section 501 requires payment advances for COST reimbursement type services, CONTRACTOR assures COUNTY that an advance is necessary in order to maintain program integrity. Evidence of such shall be retained in the department files. CONTRACTOR will not use advances to provide working capital for non-County programs. When possible, advances will be deposited in interest-bearing accounts, with said interest being used to reduce program costs. FFS RATE and RATE reimbursement type services are not eligible for Advance Payment.
2. Amounts: When advances for COST reimbursement type services are requested by CONTRACTOR under this Contract, COUNTY agrees to provide CONTRACTOR with a one-time advance for the forthcoming fiscal year in an amount equal to 2/12th of the new year total Contract amount or 2/12th of the prior year total Contract amount, whichever is less. The proposed new year amount shall not exceed the value shown in the COUNTY's CAL as approved by the COUNTY's Board of Supervisors during the final day of budget hearings, typically at the end of June. The objective of the advance for COST reimbursement type services is to provide working capital for local non-profits for the provision of COST reimbursement type services contracted. Upon execution of a renewed Contract for the forthcoming year, CONTRACTOR will invoice in arrears for actual COST reimbursement type services provided starting with the month of July. Reconciliation of actual costs and/or units of service provided against the advance payment will start at the latest with the service month of April forward and will be subject to payment adjustment. Invoices for the months of April, May, and June may be reduced for

CONTRACTOR to repay COUNTY any unearned amount of the Advance payment.

3. Performance Review Limitations:

- a. Overview: If COUNTY makes advance payments or fixed payments to CONTRACTOR for services under terms of this Contract, COUNTY will review CONTRACTOR's performance progress with the intent to reduce payments in proportion to the value of services falling behind Contract expectations. COUNTY shall review CONTRACTOR's progress on an "as needed" basis but not less than twice each fiscal year, typically in February and again in April.
- b. Defined Performance Expectations: The Budget Grid of Exhibit B of this Contract will specify the type of payment modality for each type of service (program component) delivered by CONTRACTOR. Each program component shall be identified on the Budget Grid as Reimbursement Type COST, FFS RATE, or RATE. For performance review purposes, the following percentages of completion are expected for each program component under the following Reimbursement Types:
 1. COST incur a minimum of 90% of budgeted expenditures; and
 2. FFS RATE/RATE provide a minimum of 95% of budgeted total units of service
- c. Method: COUNTY performance reviews shall compare the Net Contract Amount value of (a) fiscal year-to-date total units of service provided by CONTRACTOR and/or fiscal year-to-date costs incurred by CONTRACTOR, to (b) prorated budget data. Year-to-date units shall be based on data entered into the COUNTY's management information system, and year-to-date costs shall be based on CONTRACTOR expenditure reports. Prorated budget data shall be based upon the Budget Grid for corresponding year-to-date period of time applied by expected percentages of completion as identified in paragraph 3.b. of this Section. COUNTY's review will compare CONTRACTOR's performance prorated budget for each program component. If the Net Contract Amount value of performance measured in aggregate for each Budget Grid is at or above the prorated budget including estimated Budget Transfer amounts agreed upon in writing between CONTRACTOR and COUNTY, then COUNTY will make full payment on the next monthly claim submitted by CONTRACTOR and, as applicable, restore previous reductions. If the Net Contract Amount value of performance measured in aggregate for each Budget Grid is below the prorated budget, COUNTY will reduce the next monthly claim submitted by CONTRACTOR. This reduction shall be equal to the dollar value of the performance shortage through the end of the month for which the claim is being evaluated, and, if applicable, include adjustment from previous review

reductions. Unreconciled units of service will be addressed in subsequent invoices, subsequent reviews, and year-end reconciliation.

D. Coordination of Benefits

COUNTY billing department handles billing for all Specialty Mental Health Services and manages Coordination of Benefits for clients with coverage from multiple payors. As the Payor of Last Resort for all Medi-Cal clients, COUNTY will reimburse CONTRACTOR only up to the Medi-Cal allowable rate for any given service net of any reimbursement received from any other payors.

CONTRACTOR is responsible for collecting all benefits eligibility information from clients served and providing this information to COUNTY's Billing Department/Patient Accounting at 1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066.

E. Time-Based Healthcare Services and Lock-Out Codes

1. **Time-Based Healthcare Services** The healthcare services provided under this Contract are governed by the Current Procedural Terminology (CPT) codes, which are structured based on time-based increments where applicable. For services that require time-based reporting, the total duration of the service, as documented by the provider, will be used to determine the appropriate CPT code and reimbursement rate. These services will be reported using the applicable CPT time-based codes as defined by the American Medical Association (AMA) and consistent with the guidelines outlined in the CPT manual. Time-based services are to be documented with precision, indicating the duration of the service based on QI instructions and guidelines found on COUNTY's website (<https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AvatarResources/CalAIM.aspx>), along with any specific details that justify the time spent.
2. **Lock-Out Codes** In situations where a "lock-out" code applies, the following rules shall govern the application of such codes:
 - a. A lock-out code is a restriction that prevents the billing of certain CPT codes in combination with other services due to overlapping time periods, duplicate procedures, or conflicting services, as defined by DHCS information the service tables on the MedCCC website (<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>).
 - b. The lock-out codes and their applicable restrictions are determined based on the AMA's CPT guidelines, the payer's policies, and any other relevant rules governing time-based healthcare services.

4. PROVIDER OVERPAYMENT

CONTRACTOR agrees to ensure Program Integrity and will comply with 42 CFR Section 438.608 related to return of overpayments, and related to issues of potential fraud, waste, or abuse. CONTRACTOR agrees to ensure Program Integrity (Fraud Waste and Abuse protection) by reimbursing COUNTY for all audit exceptions and disallowances, which are determined by the COUNTY'S Director of Behavioral Health or their designee to be the responsibility of CONTRACTOR from either: 1) State audits (Fiscal & Quality Assurance); 2) COUNTY Quality Improvement Committee/Utilization Review (UR) denials; or 3) CONTRACTOR internal audit practices.

Reimbursement shall be made within thirty (30) calendar days of the disallowance, unless CONTRACTOR chooses to appeal pursuant to State Medi-Cal procedures, or unless COUNTY defers payment until year-end reconciliation. When the outcome of appeal is determined, final due amount shall be made to COUNTY within thirty (30) calendar days.

5. MENTAL HEALTH SERVICES ACT (MHSA) COMPLIANCE

CONTRACTOR will comply with all MHSA laws, rules, and regulations established by the State Department of Health Care Services (DHCS) including but not limited to reporting requirements.

6. REQUIRED REPORTS AND PAYMENTS

CONTRACTOR will submit all required reports identified in this Contract including but not limited to Performance Measures/Outcomes Reports and MHSA reports. Failure to submit any of the required reports will result in withholding of payment of up to 5% of Contract maximum amount. Withheld payments will be transmitted to CONTRACTOR upon compliance with reporting requirements.

7. QUALITY IMPROVEMENT REVIEW AND DISALLOWANCES

As referenced in Exhibit D, Section 5 "QUALITY IMPROVEMENT PARTICIPATION," CONTRACTOR will participate in the Quality Improvement Program. With regard to any quality review of consumer records and services that are determined to be disallowed, COUNTY will issue a notice of intent to disallow claims payments and recoup denied claims as follows:

A. Notice of intent to disallow claims payments:

1. At any time during the effective dates of this Contract, COUNTY may issue CONTRACTOR a written notice of intent to disallow claims payments associated with the delivery of services based on CONTRACTOR'S failure to comply with documentation requirements specified in State and Federal regulations.
 - a. The failure to comply with these requirements shall be based on quality assurance reviews conducted by COUNTY.

- b. Before issuing a notice of disallowance, COUNTY shall provide CONTRACTOR an opportunity to rectify the disallowed documentation, within seven (7) business days of receiving the notice of disallowance, if permissible under State and Federal regulations.
2. A notice of intent to disallow claims payments is the result of a quality assurance audit on the documentation provided by CONTRACTOR for the provision of clinical services.
 - a. The purpose of the notice is to notify CONTRACTOR as early as practicable during the Contract period that the claims payment is considered unallowable under the Contract terms and to provide for timely resolution of any resulting disagreement.
 - b. In the event of disagreement, CONTRACTOR may submit to COUNTY a written response substantiating why the claims payment should be allowed.

(1) Any such response shall be answered by withdrawal of the notice or by COUNTY making a written decision within ten (10) calendar days.
3. At a minimum, the notice of disallowed claims payments shall:
 - a. Describe the specific claims payments to be disallowed, including estimated dollar value by claim and applicable time periods, and state the reasons for the intended disallowance;
 - b. State the notice effective date and the date by which written response must be received;
 - c. List the recipients of copies of the notice; and
 - d. Request CONTRACTOR acknowledge receipt of the notice.

B. Recoupment of denied claims:

1. On a quarterly basis, during the months of October, January, April and July, CONTRACTOR's invoice to COUNTY shall reflect a credit for the disallowed claims payment amount.
2. Recoupment for disallowed claims payments shall be based on the current contracted rates between COUNTY and CONTRACTOR in effect for the Contract period.
3. COUNTY shall not reimburse CONTRACTOR for any final disallowed claims payments in the final year-end reconciliation for the fiscal year.

- a. All disallowed claims payments will be excluded from the year-end reconciliation.

8. YEAR-END RECONCILIATION

A. Overview: During the term of this Contract and thereafter, COUNTY and CONTRACTOR agree to settle dollar amounts earned by CONTRACTOR for the program components specified on the Budget Grid of Exhibit B of this Contract up to the Contract maximum amount. Phases of reconciliation are listed below in chronological order.

B. COUNTY Performance Review: The first reconciliation payment adjustment is performed by COUNTY, as applicable, on an “as needed” basis but not less than twice each fiscal year and is intended to reduce payment for units of service and/or costs that are less than the contracted amounts shown on the Budget Grid. Section 3.C.3 Performance Review Limitations describes in detail the procedure followed by COUNTY.

Timeline: Typically occurs, at minimum, once in February when six (6) months of data are available, and once in April when nine (9) months of data are available.

C. COUNTY Year-End Reconciliation: At the subsequent time when all the COUNTY's outstanding claims for payment from Short-Doyle/Medi-Cal are paid to COUNTY by the State, approximately six (6) to twelve (12) months following the close of the fiscal year, a year-end reconciliation will be administered by COUNTY. DHCS may, prior to completing payment to COUNTY of all outstanding COUNTY's claims, allow or disallow additional units previously submitted by COUNTY on behalf of the CONTRACTOR's Legal Entity. COUNTY may choose to appeal the DHCS disallowance(s) and therefore reserves the right to defer reconciliation with CONTRACTOR until resolution of the appeal. Upon completion of year-end reconciliation, CONTRACTOR shall submit a claim for any amounts due from COUNTY, or CONTRACTOR shall submit a check to COUNTY reimbursing COUNTY for any unearned amount.

Timeline: No later than six (6) to twelve (12) months following the close of the COUNTY's fiscal year.

F. CONTRACTOR Appeal Rights: If CONTRACTOR disagrees with an audit finding made against it pursuant to Exhibit C, Section 14, CONTRACTOR may appeal that decision to the Behavioral Health Services Director or their designee for a review of the disputed finding. CONTRACTOR may further appeal the decision of the Behavioral Health Services Director to the Health Services Agency Director who shall have final authority to determine CONTRACTOR's responsibility related to an audit finding. CONTRACTOR shall file their appeal within thirty (30) calendar days from the date of notification of the audit findings.

9. RECONCILIATION LIMITATIONS

- A. Overview:** The Budget Grid of Exhibit B of this Contract will specify the type of payment modality for each type of service delivered by CONTRACTOR. Service modalities (program components) shall be identified on the Budget Grid as Reimbursement Type COST, FFS RATE or RATE. Each of these reimbursement types uniquely affects the reconciliation amount for services provided within each program component.
- B. COST Reimbursement Type:**
For each program component identified as COST reimbursement type, CONTRACTOR shall be reimbursed for the actual costs expended by CONTRACTOR for services delivered, up to the Net Contract Amount for that program component, unless otherwise limited by other provisions in this Exhibit.
- C. FFS RATE Reimbursement Type:**
Allowable Units of Service for reconciliation shall be defined as the number of units entered into the COUNTY's management information system that are not denied through any process including COUNTY UR, State of California or Federal audit or disallowment.
- G. RATE Reimbursement Type:** Allowable Units of Service for reconciliation shall be defined as number of units not denied through any other process, including COUNTY UR, State of California, or Federal audit or disallowment.

10. ADDITIONAL BUDGET CONTROLS

- A. Funds Not Allowed to Transfer:** Unless otherwise specifically allowed in Exhibit B, grants and pass through funds are not allowed to be transferred between Program Components and are thereby "locked down" and excluded from the Net Contract Amount when applying a transfer provision.
Furthermore, excluding FFS programs, positions funded at a level equal to or greater than 75% of the total position (e.g., one full-time equivalent) cost are prohibited to work in another program or bill other revenue sources for more than the balance of the total costs of the position without prior approval from COUNTY.
- B. Funds with Transfer Limitations:** MHSA funds may only be transferred to other MHSA funded program components with prior written approval from COUNTY.
- C. Contract Amendment:** If the Contract maximum compensation is reached for any given program budget, COUNTY and CONTRACTOR will discuss whether to increase the Contract maximum compensation, transfer funds between program, or reduce services.

COUNTY OF SANTA CRUZ

EXHIBIT C – STANDARD COUNTY / AGENCY PROVISIONS

1. **TERMINATION.**

- A. **Termination for Cause.** COUNTY may, in its sole discretion, immediately terminate this Contract if CONTRACTOR fails to adequately perform the services required hereunder, fails to comply with the terms or conditions set forth herein, or violates any local, state or federal law, regulation or standard applicable to its performance hereunder.
- B. **Termination Without Cause.** COUNTY may terminate this Contract without cause upon at least thirty (30) calendar days advance written notice which states the effective date of the termination. Such termination is without penalty to or further obligation of COUNTY.
- C. **Termination Due To Cessation Of Funding.** COUNTY shall have the right to terminate this Contract without prior notice to CONTRACTOR in the event that State or Federal funding for this Contract ceases prior to the ordinary term of the Contract.
- D. **Compensation Upon Termination.** In the event this Contract is terminated, CONTRACTOR shall be entitled to compensation for uncompensated services provided pursuant to the terms and conditions set forth herein through and including the effective date of such termination. However, this provision shall not limit or reduce any damages owed to COUNTY due to a breach of this Contract by CONTRACTOR.

2. **INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS.** To the fullest extent permitted by applicable law, CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 2 and 3 shall include, without limitation, its officers, agents, employees, and volunteers) from and against:

- A. Any and all claims, demands, losses, damages, defense costs, expenses (including attorneys' fees and costs), fines, penalties, and liabilities of any kind or nature which COUNTY, CONTRACTOR, or any third party may sustain as a result of, arising out of, or in any manner connected with CONTRACTOR's performance or failure to comply with or perform under the terms of this Contract, excepting any liability arising out of the sole negligence of COUNTY. Such indemnification includes any damage to the person(s), or property(ies) of CONTRACTOR and third persons.

- B.** Any and all federal, state, and local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR's officers, employees, and agents engaged in the performance of this Contract (including without limitation unemployment insurance, social security, and payroll tax withholding).

COUNTY may conduct or participate in its own defense without affecting CONTRACTOR's obligation to indemnify and hold harmless or defend COUNTY.

Acceptance of the insurance required by this Contract shall not relieve CONTRACTOR from liability under this provision. This provision shall apply to all claims for damages related to CONTRACTOR's performance hereunder, regardless of whether any insurance is applicable or not. The insurance policy limits set forth herein shall not act as a limitation upon the amount of indemnification or defense to be provided hereunder.

- 3. INSURANCE.** Unless waived in Exhibit X, Paragraph 1 of this Contract, or modified in Exhibit X, Paragraph 2 of this Contract, CONTRACTOR, at its sole cost and expense, and for the full term of this Contract (and any extensions thereof), shall obtain and maintain, at minimum, all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage and non-contributory as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be considered in excess of CONTRACTOR's insurance coverage and shall not contribute to it.

If CONTRACTOR normally carries insurance in an amount greater than the minimum amount required by COUNTY for this Contract, that greater amount shall become the minimum required amount of insurance for purposes of this Contract. Therefore, CONTRACTOR hereby acknowledges and agrees that any and all insurance carried by it shall be deemed liability coverage for any and all actions it performs in connection with this Contract. Insurance is to be obtained from insurers reasonably acceptable to COUNTY.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Contract, CONTRACTOR shall obtain and maintain Contractor's Protective Liability insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Contract.

A. TYPES OF INSURANCE AND MINIMUM LIMITS

1. Workers' Compensation Insurance in the minimum statutory required coverage amounts.
2. Automobile Liability Insurance for each of CONTRACTOR's vehicles used in the performance of this Contract, including owned, non-owned (e.g.,

owned by CONTRACTOR's employees), leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage.

3. Comprehensive or Commercial General Liability Insurance coverage at least as broad as the most recent ISO Form CG 00 01 with a minimum limit of \$2,000,000 per occurrence, and \$2,000,000 in the aggregate, including coverage for: (a) products and completed operations, (b) bodily and personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.
4. Professional Liability Insurance in the minimum amount of \$1,000,000 combined single limit.
5. Cyber liability insurance with limits of not less than \$1,000,000 per occurrence, and \$2,000,000 in the aggregate. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of CONTRACTOR. "Cyber Risks" include but are not limited to (1) security breach; (2) data breach; (3) system failure; (4) data recovery; (5) failure to timely disclose data breach or security breach; (6) failure to comply with privacy policy; (7) business interruption; (8) cyber extortion; (9) invasion of privacy violations, including release of private information; (10) information theft; (11) release of private information; (12) payment card liabilities and costs; (13) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (14) damage to or destruction or alteration of electronic information; (15) extortion related to CONTRACTOR's obligations under this Contract regarding electronic information, including personal information; (16) fraudulent instruction; (17) funds transfer fraud; (18) telephone fraud; (19) network security; (20) data breach response costs, including security breach response costs; (21) regulatory fines and penalties related to CONTRACTOR's obligations under this Contract regarding electronic information, including personal information; and (22) credit monitoring expenses.

B. OTHER INSURANCE PROVISIONS

1. If any insurance coverage required in this Contract is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees that the retroactive date thereof shall be no later than the first effective date of Contract as written on the signature page of this Contract, and that it shall maintain the required coverage for a period of three (3) years after the expiration of this Contract (hereinafter "post Contract coverage") and any extensions thereof. CONTRACTOR may maintain the required post Contract coverage by renewal or purchase of prior acts or tail coverage.

This provision is contingent upon post Contract coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Contract. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Contract in order to purchase prior acts or tail coverage for post Contract coverage shall be deemed reasonable.

2. All policies of Comprehensive or Commercial General Liability Insurance shall be endorsed to cover the County of Santa Cruz, its officers, officials, employees, agents and volunteers as additional insureds with respect to liability arising out of the work or operations and activities performed by or on behalf of CONTRACTOR including materials, parts, or equipment furnished in connection with such work or operations. Endorsements shall be at least as broad as ISO Form CG 20 10 11 85, or both CG 20 10 10 01 and CG 20 37 10 01, covering both ongoing operations and products and completed operations.
3. All required policies shall be endorsed to contain the following clause: *“This insurance shall not be canceled until after thirty (30) calendar days’ prior written notice (ten (10) calendar days for nonpayment of premium) has been given to:*

**County of Santa Cruz
Health Services Agency
Attn: HSA Fiscal - Claims
1080 Emeline Avenue
Santa Cruz, CA 95060**

Should CONTRACTOR fail to obtain such an endorsement to any policy required hereunder, CONTRACTOR shall be responsible to provide at least thirty (30) calendar days’ notice (ten (10) calendar days for nonpayment of premium) of cancellation of such policy to COUNTY as a material term of this Contract.

4. CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Contract with Certificates of Insurance and endorsements for all required coverages. However, failure to obtain the required documents prior to the work beginning shall not waive CONTRACTOR’s obligation to provide them. All Certificates of Insurance and endorsements shall be delivered or sent to:

**County of Santa Cruz
Health Services Agency
Attn: HSA Fiscal - Claims
1080 Emeline Avenue
Santa Cruz, CA 95060**

5. CONTRACTOR hereby grants to COUNTY a waiver of any right of subrogation which any insurer of said CONTRACTOR may acquire against COUNTY by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not COUNTY has received a waiver of subrogation endorsement from the insurer.

4. EQUAL EMPLOYMENT OPPORTUNITY. During and in relation to the performance of this Contract, CONTRACTOR agrees as follows:

A. CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, physical, or mental disability, medical condition (including cancer-related and genetic characteristics), marital status, sexual orientation, age (over 18), veteran status, gender, gender identity, gender expression, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

B. If this Contract provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:

1. CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, national origin, ancestry, physical, or mental disability, medical condition (including cancer-related and genetic characteristics), marital status, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. In addition, CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned

Business Enterprises in CONTRACTOR's solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY General Services Purchasing Division.

2. In the event of CONTRACTOR's non-compliance with the non-discrimination clauses of this Contract or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with COUNTY.
3. CONTRACTOR shall cause the foregoing provisions of this Subparagraph 4B to be inserted in all subcontracts for any work covered under this Contract by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to agreements or subcontracts for standard commercial supplies or raw materials.

5. **INDEPENDENT CONTRACTOR STATUS.** CONTRACTOR and COUNTY agree that in performing its obligations under this Contract, CONTRACTOR, including its officers, agents, employees, and volunteers, is at all times acting and performing as an independent contractor, in an independent capacity, and not as an officer, agent, servant, employee, joint venturer, partner, or associate of COUNTY.

Because of its status as an independent contractor, CONTRACTOR has no right to employment rights or benefits available to COUNTY employees. CONTRACTOR is solely responsible for providing to its own employees all employee benefits required by law. CONTRACTOR shall save COUNTY harmless from all matters relating to the payment of CONTRACTOR's employees, including all payroll related taxes. COUNTY has no right to control, supervise, or direct the manner or method of CONTRACTOR's performance under this Contract, but COUNTY may verify that CONTRACTOR is performing according to the terms of this Contract.

6. **NONASSIGNMENT.** CONTRACTOR shall not assign this Contract without the prior written consent of COUNTY.
7. **ACKNOWLEDGMENT.** CONTRACTOR shall acknowledge in all reports and literature that the Santa Cruz County Board of Supervisors has provided funding to CONTRACTOR.
8. **INSPECTIONS, AUDITS, AND PUBLIC RECORDS.**

- A. **Inspection of Documents.** CONTRACTOR shall make available to COUNTY, and COUNTY may examine at any time during business hours and as often as COUNTY deems reasonably necessary, all of CONTRACTOR's records and data with respect to the matters covered by this Contract, excluding attorney-client privileged communications. CONTRACTOR shall, upon request by

COUNTY, permit COUNTY to audit and inspect all of such records and data to ensure CONTRACTOR's compliance with the terms of this Contract.

- B. Retention and Audit of Records.** CONTRACTOR shall retain records pertinent to this Contract for a period of not less than ten (10) years after final payment under this Contract or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller-Treasurer-Tax Collector, the Auditor General of the State of California, or the designee of either, for a period of ten (10) years after final payment under this Contract.
- C. Public Records.** COUNTY is not limited in any manner with respect to its public disclosure of this Contract or any record or data that CONTRACTOR may provide to COUNTY. COUNTY's public disclosure of this Contract or any record or data that CONTRACTOR may provide to COUNTY may include but is not limited to the following:
1. COUNTY may voluntarily, or upon request by any member of the public or governmental agency, disclose this Contract to the public or such governmental agency.
 2. COUNTY may voluntarily, or upon request by any member of the public or governmental agency, disclose to the public or such governmental agency any record or data that CONTRACTOR may provide to COUNTY, unless such disclosure is prohibited by court order.
 3. This Contract, and any record or data that CONTRACTOR may provide to COUNTY, is subject to public disclosure as a public record under the California Public Records Act (California Government Code, Title 1, Division 10, beginning with section 7920.000) ("CPRA").
 4. This Contract, and any record or data that CONTRACTOR may provide to COUNTY, is subject to public disclosure as information concerning the conduct of the people's business of the State of California under Article 1, section 3, subdivision (b) of the California Constitution.
 5. Any marking of confidentiality or restricted access upon or otherwise made with respect to any record or data that CONTRACTOR may provide to COUNTY shall be disregarded and have no effect on COUNTY's right or duty to disclose to the public or governmental agency any such record or data.
- D. Public Records Act Requests.** CONTRACTOR shall cooperate with COUNTY with respect to any COUNTY demand for requested records.

1. If COUNTY receives a written or oral request under the CPRA to publicly disclose any record that is in CONTRACTOR's possession or control, and which COUNTY has a right, under any provision of this Contract or applicable law, to possess or control, then COUNTY may demand, in writing, that CONTRACTOR deliver to COUNTY, for purposes of public disclosure, the requested records that may be in the possession or control of CONTRACTOR. Within five (5) COUNTY business days after COUNTY's demand, CONTRACTOR shall (a) deliver to COUNTY all of the requested records that are in CONTRACTOR's possession or control, together with a written statement that CONTRACTOR, after conducting a diligent search, has produced all requested records that are in CONTRACTOR's possession or control, or (b) provide to COUNTY a written statement that CONTRACTOR, after conducting a diligent search, does not possess or control any of the requested records.
 2. If CONTRACTOR wishes to assert that any specific record or data is exempt from disclosure under the CPRA or other applicable law, it must deliver the record or data to COUNTY and assert the exemption by citation to specific legal authority within the written statement that it provides to COUNTY under this section. CONTRACTOR's assertion of any exemption from disclosure is not binding on COUNTY, but COUNTY will give at least ten (10) calendar days' advance written notice to CONTRACTOR before disclosing any record subject to CONTRACTOR's assertion of exemption from disclosure.
 3. CONTRACTOR shall indemnify COUNTY for any court-ordered award of costs or attorney's fees under the CPRA that results from CONTRACTOR's delay, claim of exemption, failure to produce any such records, or failure to cooperate with COUNTY with respect to any COUNTY demand for any such records.
 4. This provision shall not prohibit CONTRACTOR from seeking a protective order to prevent the disclosure of records CONTRACTOR has deemed or marked as confidential or restricted or proprietary.
9. **PRESENTATION OF CLAIMS.** Presentation and processing of any or all claims arising out of or related to this Contract shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
10. **LIVING WAGE.** If initialed by COUNTY in Exhibit X, Paragraph 3, then this Contract is subject to the provisions of Santa Cruz County Code Chapter 2.122, which requires payment of a living wage to covered employees (per County Code Chapter 2.122.050, non-profit contractors are exempt from the living wage rate requirement of this chapter, but are not exempt from, and must adhere to, the "non-wage" related requirements of County Code Chapter 2.122.100, 2.122.130, and

2.122.140, as well as all other applicable portions of County Code Chapter 2.122). Non-compliance with these Living Wage provisions during the term of this Contract will be considered a material breach, and may result in termination of this Contract and/or pursuit of other legal or administrative remedies.

CONTRACTOR agrees to comply with Santa Cruz County Code section 2.122.140, if applicable.

11. **NON-BINDING UNTIL APPROVED.** Regardless of whether this Contract has been signed by all parties, if the total compensation identified in this Contract is greater than \$200,000, this Contract is not binding on any party until this Contract has been approved by the Santa Cruz County Board of Supervisors.

12. **REPRESENTATIONS & WARRANTIES AND FINANCIAL REPORTING FOR 501(c)(3) NONPROFIT AGENCIES.**

A. The following representations and warranties are only applicable to 501(c)(3) nonprofit agencies:

1. CONTRACTOR warrants and certifies itself as a nonprofit organization with a 501(c)(3) status in good standing. CONTRACTOR agrees it will continue to operate as a recognized 501(c)(3) organization and in good standing for the duration of this Contract and that failure to do so shall be a material breach of this Contract.

B. Within one hundred eighty (180) calendar days of the end of each of CONTRACTOR's fiscal years occurring during the term of this Contract, CONTRACTOR shall provide the Contract Administrator with two copies of Financial Statements relating to the entirety of CONTRACTOR's operations. Financial Statements normally include: (1) a Statement of Financial Position or Balance Sheet; (2) a Statement of Activities or Statement of Revenues and Expenses; (3) a Cash Flow Statement; and (4) a Statement of Functional Expenses. The Contract Administrator will forward one copy of the financial statements to the County Auditor-Controller-Treasurer-Tax Collector.

1. For the purposes of this Paragraph, "CONTRACTOR's fiscal year" shall be that period CONTRACTOR utilizes for its annual budget cycle.

2. The Contract Administrator with concurrence of the County Auditor-Controller-Treasurer-Tax Collector may agree to extend the deadline for the Financial Statements required by this Paragraph.

3. In the sole discretion of COUNTY, the requirements of this Paragraph may be exempted where the Contract Administrator and the County Auditor-Controller-Treasurer-Tax Collector ascertain that such reporting is not essential, and does certify to its inapplicability by initialing in Exhibit X, Paragraph 4.

C. CONTRACTOR shall make a good faith effort to provide the Contract Administrator with timely notice of any event or circumstance that materially impairs CONTRACTOR's financial position or substantially interferes with CONTRACTOR's ability to offer the services it has agreed to provide as set forth in this Contract. The Contract Administrator shall notify the Auditor-Controller-Treasurer-Tax Collector of any impairment upon being notified by CONTRACTOR.

D. For audit authority of the Auditor-Controller-Treasurer-Tax Collector refer to the Paragraph on "Retention and Audit of Records."

13. **DISALLOWANCE AND RESPONSIBILITY FOR AUDIT EXCEPTIONS.**

CONTRACTOR is responsible for knowledge of, and compliance with, all County, State, and Federal regulations applicable to expenditure of funds under the terms of this Contract. In the event CONTRACTOR claims and receives payment from COUNTY which is later disallowed based on an audit performed by COUNTY, the State of California or the United States government, CONTRACTOR shall promptly refund the disallowed amount to COUNTY on request, or at COUNTY's sole option, COUNTY may offset the amount disallowed from any payment due or to become due to CONTRACTOR under this Contract. CONTRACTOR also agrees to assume all responsibility for receiving, replying to, and complying with any audit exceptions by the County, State, or Federal audit agency.

14. **POLITICAL ACTIVITIES PROHIBITED.**

CONTRACTOR agrees to comply with all provisions of the Hatch Act (Title 5 USC, Sections 1501-1508). This includes but is not limited to the provision that none of the funds, provided directly or indirectly, under this Contract shall be used for any political activities or to further the election or defeat of any candidate for public office or measure before the electorate.

15. **LOBBYING.**

None of the funds provided under this Contract shall be used for publicity or propaganda purposes designed to support or defeat any legislation pending before State or Federal legislatures or the Board of Supervisors of the COUNTY to an extent other than allowed under applicable federal tax regulations for tax exempt corporations pursuant to 26 USC Section 501(h) and 26 CFR Section 1.501(h)-1 to 1.501(h)-3.

16. **CONFORMANCE TO REGULATIONS.**

CONTRACTOR shall perform duties under this Contract in conformance with applicable Federal, State, and local rules and regulations, including applicable facility and professional licensure and/or certification laws. CONTRACTOR shall conform to all provisions of the False Claims Acts including but not limited to 31 USC, Chapter 37, Sections 3729-3733 of the Federal False Claims Act, and Government Code Sections 12650-12656 (State False Claims Act).

17. RESPONSIBILITY FOR INVENTORY ITEMS.

- A.** Equipment, materials, supplies, or property of any kind purchased from funds advanced or reimbursed under the terms of this Contract having a useful life of three years or greater and a value in excess of three hundred dollars (\$300) is defined as an inventory item. All such items not fully consumed in the work described herein shall be the property of COUNTY at the termination of this Contract unless COUNTY, at its sole discretion, makes an alternate disposition. CONTRACTOR shall, at the request of COUNTY, submit an inventory of said items purchased under the terms of this Contract, and for items received on a loan or leased basis from COUNTY; such inventory will not be required more frequently than annually. CONTRACTOR shall provide a final inventory to COUNTY's Administrator within ten (10) calendar days of the termination of this Contract. Final disposition of all inventory items shall be in accordance with written instructions provided by COUNTY.
- B.** Inventory items in CONTRACTOR's possession shall only be used in connection with the program funded under this Contract, and shall not be loaned to the public at large. CONTRACTOR is strictly liable for repairing or replacing any inventory item which is lost and/or damaged while in its possession. CONTRACTOR is responsible for the proper maintenance of all inventory items. CONTRACTOR will return all inventory items to COUNTY in the same condition that it received them except for damage due to normal wear and tear.

18. NONDISCRIMINATION IN SERVICES.

- A.** By signing this Contract, CONTRACTOR certifies under the laws of the State of California that CONTRACTOR and its subcontractors shall not unlawfully discriminate in the provision of services because of race, color, creed, religion, national origin, ancestry, physical, or mental disability, medical condition (including cancer-related and genetic characteristics), marital status, sexual orientation, age (over 18), veteran status, gender, gender identity, gender expression, pregnancy, or any other non-merit factor as provided by state and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12101); Title 45, CFR, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq.); Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135; and Chapter 6 of Division 4 of Title 9 of the CCR, commencing with Section 10800.
- B.** For the purpose of this Contract, discrimination on the basis of race, color, creed, religion, national origin, ancestry, physical, or mental disability, medical condition (including cancer-related and genetic characteristics), marital status, sexual orientation, age (over 18), veteran status, gender, gender identity, gender expression, pregnancy, or any other non-merit factor includes, but is

not limited to, the following: denying an otherwise eligible individual any service or providing a benefit which is different, or is provided in a different manner or at a different time, from that provided to others under this Contract; subjecting any otherwise eligible individual to segregation or separate treatment in any matter related to the receipt of any service; restricting an otherwise eligible individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating any individual differently from others in determining whether such individual satisfied any admission, enrollment, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit.

- C. CONTRACTOR shall, on a cycle of at least every three (3) years, assess, monitor, and document each subcontractor's compliance with the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 to ensure that recipients/beneficiaries and intended recipients/beneficiaries of services are provided services without regard to physical or mental disability. CONTRACTOR shall also monitor to ensure that beneficiaries and intended beneficiaries of service are provided services without regard to race, color, religion, national origin, ancestry, physical, or mental disability, medical condition (including cancer-related and genetic characteristics), marital status, sexual orientation, age (over 18), veteran status, gender, gender identity, gender expression, pregnancy, or any other non-merit factor.

CONTRACTOR shall include nondiscrimination and compliance provisions in all subcontracts. CONTRACTOR shall establish written procedures under which service participants are informed of their rights including their right to file a complaint alleging discrimination or a violation of their civil rights. Participants in programs funded hereunder shall be provided a copy of their rights that shall include the right of appeal and the right to be free from sexual harassment and sexual contact by members of the treatment, recovery, advisory, or consultant staff.

- D. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

19. **CONFIDENTIALITY OF RECORDS.** CONTRACTOR agrees that all information and records obtained in the course of providing services to COUNTY shall be subject to confidentiality and disclosure provisions of applicable Federal and State statutes and regulations adopted pursuant thereto. CONTRACTOR agrees that it has a duty and responsibility to make available to COUNTY Administrator or their designated representatives, including the Auditor-Controller-Treasurer-Tax Collector of the COUNTY, the contents of records pertaining to COUNTY which are maintained in connection with the performance of CONTRACTOR's duties and responsibilities under this Contract, subject to the provisions of the heretofore mentioned Federal and State statutes and regulations. COUNTY acknowledges

its duties and responsibilities regarding such records under such statutes and regulations.

20. **MONITORING.** CONTRACTOR agrees that COUNTY shall have the right to monitor the services provided under this Contract. Monitoring shall be conducted according to standards and guidelines as set forth by Federal, State, and COUNTY requirements. CONTRACTOR agrees to provide COUNTY's Administrator, or their designee, with access to all applicable files and records as may be necessary to monitor the services according to the standards or guidelines described above.
21. **REPORTS.** CONTRACTOR shall submit written reports of operations and other reports as requested by COUNTY. Format for the content of such reports will be developed by COUNTY in consultation with CONTRACTOR. Reports shall be submitted to COUNTY's Administrator. Submitted electronic written reports shall comply with accessibility standards including Web Content Accessibility Guidelines (WCAG).
22. **OWNERSHIP, PUBLICATION, REPRODUCTION AND USE OF MATERIAL.** All reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other material or properties produced under this Contract shall be the property of COUNTY. No such materials or properties produced in whole or in part under this Contract shall be subject to private use, copyright, or patent right by CONTRACTOR in the United States or in any other country without the express written consent of COUNTY. COUNTY shall have unrestricted authority to publish, disclose, distribute, and otherwise use, copyright, or patent such material in the United States or in any other country without the express written consent of CONTRACTOR. COUNTY shall have unrestricted authority to publish, disclose, distribute and otherwise use, copyright, or patent, in whole or in part, any such reports, studies, data, statistics, forms, or other materials or properties produced under this Contract.
23. **EVALUATION/RESEARCH.** Evaluation or research involving contact with past or present recipients of services provided under this Contract shall be permitted with the informed consent of the recipient and only after CONTRACTOR has determined that the conduct of such evaluation or research will not adversely affect the quality of services provided or individual participation in services. COUNTY reserves the right to prohibit or terminate evaluation or research activities which in its judgment jeopardize the quality of services or individual participation in services provided under this Contract.
24. **TRAVELING EXPENSES, FOOD AND LODGING.** CONTRACTOR's claim for travel expense for food and lodging must be directly related to this Contract and shall be at rates not to exceed federal issued per diem rates. No travel outside of the State of California shall be payable unless prior written authorization is obtained from COUNTY's Contract Administrator.

25. **CONTRACTOR PERSONNEL STANDARDS.** CONTRACTOR shall determine that all staff providing services under this Contract shall be qualified to perform the job requirements under this Contract.
26. **WITHHOLDING OF PAYMENT.** COUNTY may withhold final payment until year-end reports are received and approved by COUNTY. COUNTY may suspend or terminate payments for noncompliance with the terms of this Contract.
27. **OVERPAYMENTS.** Overpayments as determined by audits shall be payable to COUNTY within thirty (30) calendar days after date of said determination.
28. **SAFETY AND INFECTION CONTROL.** CONTRACTOR asserts that it is in compliance with applicable Cal/OSHA guidelines for safety and infection control, including blood-borne pathogens, and that there are no enforcement actions, litigation, or other legal or regulatory proceedings in progress or being brought against CONTRACTOR as a result of non-compliance with such guidelines. CONTRACTOR agrees to notify COUNTY immediately should the status of any of the assertions in this Paragraph change or come into question.
29. **CULTURAL COMPETENCY.** In order to ensure access to services, CONTRACTOR shall provide services in a culturally competent manner. Cultural competency is defined as a congruent set of practice skills, behaviors, attitudes, and policies that enable staff to work effectively in cross-cultural situations.
30. **MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA).** As applicable to Scope of Services, CONTRACTOR shall: provide information and outreach to individuals and families about Medi-Cal services, refer individuals and families to Medi-Cal eligibility sites, assist individuals and families with aspects of the Medi-Cal application process, assist individuals and families with access to Medi-Cal covered services, assist in referring, monitoring and coordination of care including without limitation transportation, and if necessary, accompany individuals and families to Medi-Cal covered health services. Additionally, CONTRACTOR shall work with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for individuals and families in need of such services and assist in implementation and oversight of Medi-Cal Administrative Activities claims process.
31. **SURVIVAL OF PROVISIONS.** The duties and obligations of the parties set forth in Paragraph 1.D. – Compensation Upon Termination, Paragraph 2 – Indemnification for Damages, Taxes, and Contributions, Paragraph 8 – Inspections, Audits, and Public Records, and Paragraph 19 – Confidentiality of Records of this Exhibit shall survive the expiration or termination of this Contract.

32. NOTICES.

- A. Contact Information. The persons having authority to give and receive notices provided for or permitted under this Contract include the following:

For COUNTY:

Adults Branch Director
HSA Behavioral Health Division
1400 Emeline Ave.
Santa Cruz, CA 95060
MHContractNotices@
santacruzcountyca.gov

For CONTRACTOR:

Chief Executive Officer
Encompass Community Services
380 Encinal St., Suite 200
Santa Cruz, CA 95060

shellee.stopera@encompasscs.org

- B. Change of Contact Information. Either Party may change the information in Paragraph 32.A by giving notice as provided in Paragraph 32.C.

- C. Method of Delivery. Each notice between COUNTY and CONTRACTOR provided for or permitted under this Contract must be in writing, state that it is a notice provided under this Contract, and be delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by Portable Document Format (PDF) document attached to an email.

1. A notice delivered by personal service is effective upon service to the recipient.
2. A notice delivered by first-class United States mail is effective three (3) COUNTY business days after deposit in the United States mail, postage prepaid, addressed to the recipient.
3. A notice delivered by an overnight commercial courier service is effective one (1) COUNTY business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient.
4. A notice delivered by telephonic facsimile transmission or by PDF document attached to an email is effective when transmission to the recipient is completed (but, if such transmission is completed outside of COUNTY's business hours, then such delivery is deemed to be effective at the next beginning of a COUNTY business day), provided that the sender maintains a machine record of the completed transmission.

33. GENERAL TERMS.

- A. Compliance with Laws. CONTRACTOR shall, at its own cost, comply with all applicable federal, state, and local laws and regulations in the performance of its obligations under this Contract, including but not limited to workers compensation, labor, and confidentiality laws and regulations. This shall include, but is not limited to, obtaining the necessary licenses, permits, and any other required authorization to perform the work necessary to complete the terms of this Contract. CONTRACTOR bears sole responsibility for any

violation of such laws and regulations by itself and agrees that it will indemnify, defend and hold COUNTY harmless for the consequences of any such violation, as referenced in Paragraph 2 of this Contract.

- B. Standard of Practice.** CONTRACTOR warrants that it has the degree of learning and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR's duty is to exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.
- C. Prior Acts Ratified.** Any and all acts which may have already been consummated pursuant to the terms and conditions of this Contract are hereby ratified.
- D. Modification.** This Contract may not be modified, and no waiver is effective, except by written agreement signed by both Parties. CONTRACTOR acknowledges that COUNTY employees have no authority to modify this Contract except as expressly provided in this Contract.
- E. Non-Liability of County Officers, Officials, Employees, Agents, Volunteers.** No officer, official, employee, agent, or volunteer of COUNTY shall be personally liable to CONTRACTOR in the event of any default or breach by COUNTY.
- F. Governing Law.** The laws of the State of California govern all matters arising from or related to this Contract.
- G. Jurisdiction and Venue.** This Contract is signed and performed in Santa Cruz County, California. CONTRACTOR consents to California jurisdiction for actions arising from or related to this Contract, and, subject to the Government Claims Act, all such actions must be brought and maintained in Santa Cruz County.
- H. Construction.** The final form of this Contract is the result of the Parties' combined efforts. If anything in this Contract is found by a court of competent jurisdiction to be ambiguous, that ambiguity shall not be resolved by construing the terms of this Contract against either Party.
- I. Headings.** The headings and paragraph titles in this Contract are for convenience only and are not part of this Contract.
- J. Severability.** If anything in this Contract is found by a court of competent jurisdiction to be unlawful or otherwise unenforceable, the balance of this Contract remains in effect, and the Parties shall make best efforts to replace the unlawful or unenforceable part of this Contract with lawful and enforceable terms intended to accomplish the Parties' original intent.

- K. No Waiver.** Payment, waiver, or discharge by COUNTY of any liability or obligation of CONTRACTOR under this Contract on any one or more occasions is not a waiver of performance of any continuing or other obligation of CONTRACTOR and does not prohibit enforcement by COUNTY of any obligation on any other occasion.
- L. No Third-Party Beneficiaries.** This Contract does not and is not intended to create any rights or obligations for any person or entity except for the Parties.
- M. Force Majeure.** Neither Party hereto shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control, and without the fault or negligence, of such Party. Such events shall include, without limitation, acts of God, strikes, lockouts, riots, acts of war, epidemics, pandemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism or other disasters, whether or not similar to the foregoing.
- N. Authorized Signature.** CONTRACTOR represents and warrants to COUNTY that:
1. CONTRACTOR is duly authorized and empowered to sign and perform its obligations under this Contract.
 2. The individual signing this Contract on behalf of CONTRACTOR is duly authorized to do so and their signature on this Contract legally binds CONTRACTOR to the terms of this Contract.
- O. Integrated Contract.** This Contract, including its attachments, is the entire agreement between CONTRACTOR and COUNTY with respect to the subject matter of this Contract, and it supersedes all previous negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature unless those things are expressly included in this Contract.
- P. Counterpart Execution.** This Contract, and any amendments hereto, may be executed in one (1) or more counterparts, each of which shall be deemed to be an original and all of which, when taken together, shall be deemed to be one (1) and the same agreement. This Contract, and any amendments hereto, may be signed by manual or electronic signatures in accordance with any and all applicable local, state and federal laws, regulations and standards, and such signatures shall constitute original signatures for all purposes. A signed copy of this Contract, and any amendments hereto, transmitted by email or by other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Contract and any amendments hereto.

COUNTY OF SANTA CRUZ

EXHIBIT D - STANDARD MEDI-CAL PROVISION OF SERVICES

This is an Agreement between the parties relating to the rendering of medically necessary Medi-Cal behavioral health (mental health and/or substance use disorder) services as defined in, and for which State reimbursement may be claimed under, the designated Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) implementation Information Notices released in 2021, 2022, 2023 and 2024:

- 21-019 Drug Medi-Cal Organized Delivery System (DMC-ODS) Medical Necessity and Level of Care Criteria;
- 21-021 DMC-ODS Update Policy on Residential Treatment Limitations;
- 21-024 DMC-ODS expansion of Medication-Assisted Treatment (MAT) services;
- 23-054 MAT Services Requirements for Licensed and/or Certified SUD Recovery or Treatment Facilities;
- 21-026 Rate setting for Psychiatric Inpatient Hospital services;
- 21-073 Criteria for beneficiary access to Specialty Mental Health Services (SMHS);
- 22-003 Medi-Cal Substance Use Disorder (SUD) Treatment Services for Beneficiaries under age 21;
- 21-020 & 22-005 Recovery Services components that are reimbursable under the DMC-ODS;
- 22-006, 22-018 & 22-026 Medi-Cal SMHS and DMC-ODS Peer Support Specialist service requirements;
- 22-009 SMHS to beneficiaries with eating disorders;
- 22-011 No Wrong Door; 22-016 Authorization of Outpatient SMHS;
- 22-017 Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services;
- 22-020 County Mental Health (MH) Plan obligations related to Indian Health Care Providers;
- 22-053 Obligations Related to Indian Health Care Providers in DMC-ODS Counties;
- 23-068 Documentation Requirements for all Specialty MH, DMC and DMC-ODS Services;
- 24-001 Drug Medi-Cal Organized Delivery System Requirements for the Period of 2022 – 2026;
- 24-004: Quality Measures and Performance Improvement Requirements; and
- Other DHCS informational notices and policies related to the Medi-Cal CalAIM reform initiative.

All elements of the DMC-ODS DHCS-Santa Cruz County (COUNTY) Intergovernmental Agreement (IA) shall remain in effect. Additional state and federal laws including the provisions of Early Periodic Screening, diagnostic and Treatment (EPSDT) mandate under Section 1905(a)(r) of the Social Security Act and W&I Code section 14184.402(f), the Bronzan McCorquodale Act (Part 2 of Division 5, Welfare and Institutions Code) and its accompanying regulations contained in the DHCS Mental Health Plan (MHP)

Agreement and associated regulations; and applicable COUNTY ordinances and resolutions of the Santa Cruz County Board of Supervisors.

Services shall be provided under the general supervision of the COUNTY's Health Services Agency Director or their designee. For the purposes of this Section, "designee" may include any permanent employee on the staff of such Director as may be appropriately designated to provide liaison, coordination, or supervision over the services described herein.

- 1. ADMINISTRATION.** COUNTY's Director of Behavioral Health or their designee hereinafter called COUNTY's Agreement Administrator under direction of the COUNTY's Health Services Agency Director shall represent COUNTY in all matters pertaining to services rendered pursuant to this Agreement and shall administer this Agreement on behalf of COUNTY. CONTRACTOR's Executive Director shall administer this Agreement on behalf of CONTRACTOR. The COUNTY's Agreement Administrator shall specify in writing the kind, quality and amount of service which shall be provided to each eligible client under this Agreement. Said service to be mutually agreed upon and fall within parameters of this Agreement.
- 2. NOTICE.** Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or may be served by certified mail, postage prepaid, return receipt requested, to the officials identified in Paragraph 1 above at the addresses identified on the cover page of this Agreement.

Per United States Code of Federal Regulations (CFR) Title 42, Sections 455.101, 455.104, and 455.416, CONTRACTOR is responsible to disclose to COUNTY if there is 5% or more Ownership Interest by any person (individual or corporation) in CONTRACTOR. In the event that, in the future, any person obtains an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by CONTRACTOR, and that interest equals at least 5% of CONTRACTOR's property or assets, then CONTRACTOR will make disclosures to COUNTY.

Disclosures will be submitted to COUNTY upon execution of this Agreement, upon its extension or renewal, and within thirty-five (35) calendar days after any change in CONTRACTOR ownership, on an annual basis (March of each year), and upon request of the COUNTY. CONTRACTOR shall require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1).

COUNTY will review verification of disclosure of ownership, control and relationship information from individual providers, agents and managing employees.

- 3. PROVISION OF GENERAL MEDI-CAL SERVICES.** Consistent with the requirements of applicable Federal law, such as 42 CFR 438.3(d)(3) and (4), and State law, CONTRACTOR shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignment of accommodations, treatment, evaluation,

employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, gender expression, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

A. Network Adequacy Standards – Capacity and Composition.

1. CONTRACTOR agrees to comply with all applicable Medi-Cal laws Welfare and Institutions Code (W&I) section 14197 regulations, and Agreement provisions (42 CFR 438.68, 42 CFR 438.206, 42 CFR 438.207, 42 CFR 438.230(c)(2)). Mental Health CONTRACTOR shall comply with all Mental Health Services Act rules and regulations established by the DHCS, including but not limited to reporting requirements and will submit all other required reports identified in this Agreement.
2. CONTRACTOR providing Medi-Cal services shall ensure active and good-standing Medi-Cal provider enrollment in accordance with 42 CFR part 455, subparts B and E (42 CFR 438.608(b)). CONTRACTOR shall notify COUNTY within five (5) business days if enrollment is expired or terminated (42 CFR 438.608(b)).
3. CONTRACTOR agrees to maintain staffing ratios consistent with regulatory requirements for network capacity and scope of service delivery, including necessary licensing and certification or approvals to conduct Medi-Cal service delivery. (California Code of Regulations (CCR) Title 9, Section 1840.350 and 42 CFR 438.206(b)(1)(6) and (c)(3)).
4. CONTRACTOR is responsible for initial credentialing and re-credentialing of all staff, including enrollment in DHCS PAVE (Provider Application Verification Enrollment) system, ensure licenses, registrations, certifications, and waivers are current and without sanctions, exclusions, professional misconduct, and other limitations; and monitor continual credentialing status. Quarterly and upon COUNTY's request, CONTRACTOR will provide documentation of such credentialing monitoring practices to AskQI@santacruzcountyca.gov. (42 CFR 438.12(a)(2), 438.214(c)).

CONTRACTOR will provide monthly and upon request documentation verifying that its staff are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers. CONTRACTOR will provide updates to changes in staff if requested for the purpose of updating the COUNTY's Provider Directory. CONTRACTOR will provide documentation to COUNTY verifying CONTRACTOR's staff are not on these exclusion lists. Any CONTRACTOR staff found to be on the exclusion list will not be employed or contracted with by CONTRACTOR. CFR Title 42, Section 1128; Section 1128 of the Social Security Act; CFR Title 42 Section 438.214.

COUNTY will not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the Office of Management and Budget (OMB) guidelines at 2 CFR 180 that

implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1969, p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

To verify the list of excluded individuals, CONTRACTOR should access the following websites:

- System Award Management (SAM)
<https://www.sam.gov/SAM/>
- Office of the Inspector General Exclusion List
<http://exclusions.oig.hhs.gov/>
- Medi-Cal Suspended and Ineligible Provider List (Excel download link):
<https://files.medi-cal.ca.gov/pubsdoco/sandilanding.asp>
- Social Security Administration's Death Master File, available at:
<https://www.ssdmf.com/>

CONTRACTOR will comply with all applicable Federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR part 1001.

5. CONTRACTOR must ensure that only approved, current employees are permitted to access the COUNTY's Electronic Health Records (EHR) system. When access to the COUNTY's EHR system is requested by CONTRACTOR for their employee, CONTRACTOR will confirm their identity, license, and other demographic information via the credentialing process. CONTRACTOR will also confirm and require their employee to go through a credentialing process and that their employee is acting as a trusted agent who is authorized by CONTRACTOR. CONTRACTOR will provide notification to COUNTY within one (1) business day of CONTRACTOR's knowledge of CONTRACTOR's new staff, staff extended leave of absence, staff separation of employment and/or staff changes in role or transfer to another program within CONTRACTOR's entity who have or need access to the COUNTY's EHR system. CONTRACTOR shall submit notification via: hsa_BHCCredentialing@santacruzcountyca.gov and hsa.mhcompassist@santacruzcountyca.gov and is required to provide additional information in the manner and form requested by COUNTY.
6. CONTRACTOR agrees to provide and monitor all Medi-Cal service-providing staff required development trainings prior to first delivered service and annually (42 CFR 438.68(c)(1)(iv)).
7. CONTRACTOR agrees to provide all medically necessary Medi-Cal services within regulatory time and distance standards in accordance with the Managed Care Rule (42 CFR 438.68) to clients throughout the term of this Agreement.

8. CONTRACTOR shall establish policies and procedures that ensure all such medically necessary Medi-Cal services covered under MHP and/or DMC-ODS Medi-Cal are available and accessible to its beneficiaries in a timely manner in accordance with 42 CFR 438.68 and linked MHP CCR Title 9 Section 1810 and 42 CFR 438.68.
9. CONTRACTOR shall implement mechanisms to assess the capacity of service delivery for Medi-Cal beneficiaries and notify COUNTY within five (5) business day if capacity is met and CONTRACTOR can no longer accept new service referrals.
10. CONTRACTOR shall provide a beneficiary's choice of the person providing services to the extent possible and appropriate consistent with CCR Title 9 section 1830.225 and 42 CFR 438.3(l). CONTRACTOR to inform beneficiaries of rights and the QI Change of Provider Form.
11. CONTRACTOR shall maintain staffing that is able to serve Medi-Cal beneficiaries, including those with limited English proficiency or physical or mental disabilities (42 CFR 438.206(a)(b)(1)).

B. Access to care.

1. CONTRACTOR shall establish assessment and referral procedures and shall arrange, provide, or subcontract for medically necessary CONTRACTOR Specific Covered Services in the CONTRACTOR's service area in compliance with 42 CFR 438.210(a)(1), 438.210(a)(2), and 438.210(a)(3).
2. CONTRACTOR will deliver providers sufficient in number, mix, and geographic distribution to meet the service area needs, with consideration being given to access, culture, and timeliness in conformance with Federal Managed Care and Parity Rules.
3. DMC-ODS CONTRACTOR shall participate as a DMC-ODS network "entry gate", conduct an American Society of Addiction Medicine (ASAM) screening of all beneficiaries contacting the CONTRACTOR directly for service requests, and refer to the appropriate level of care treating network provider. CONTRACTOR will issue appropriate Notices of Adverse Benefit Determination (NOABD).
4. CONTRACTOR shall render, and monitor the sufficient rendering of, medically necessary services identified in an amount, duration, and scope to reasonably achieve the treatment needs of the beneficiary (42 CFR 440.230), and for beneficiaries under the age of 21, as set forth in 42 CFR, subpart B.
5. CONTRACTOR agrees to participate in the COUNTY's EHR system or utilize a self-procured EHR system to ensure accurate documentation of access to care service request, service disposition, referral information, prior-authorization requests, and rendered service documentation to ensure timely

access to care (42 CFR 438.210(a-b)). Specifically, CONTRACTOR shall ensure that ALL requests for services and offered appointments are consistently entered into the EHR Service Request and Disposition Log to track access to care timeliness standards, or will provide information regarding service requests and offered appointments on a quarterly basis and as needed by COUNTY.

- a. In addition, MHP CONTRACTOR shall comply with all Client and Service Information (CSI), Child and Adolescent Needs and Strengths (CANS), Adult Needs and Strengths Assessment (ANSA), and other related access to care recording requirements.
 - b. In addition, DMC-ODS CONTRACTOR shall comply with all ASAM, California Outcome Measurement System (CalOMS), the Drug and Alcohol Treatment Access Report (DATAR), and other related access to care recording requirements.
 - c. If CONTRACTOR utilizes self-procured EHR system, a method must be agreed upon with COUNTY to obtain all necessary client data relating to service provision, timely access to care, and all required reporting.
 - d. If CONTRACTOR utilizes self-procured EHR system, CONTRACTOR agrees to provide direct access to appropriate members of COUNTY's Quality Improvement and Operations / Billing branches for utilization management and billing operations.
6. CONTRACTOR agrees to provide written notification (a completed Notice of Adverse Benefit Determination (NOABD) letter) to a beneficiary to notify of any decision by the CONTRACTOR to deny a service request, or to authorize a service in an amount, duration, or scope that is less than requested, or a termination of a previously authorized service, or there is a delay in determining the service request decision, or there is a delay in scheduling a service (42 CFR 438.210(c)). These written notices shall be conducted in accordance with 42 CFR 438.210(d) timeliness Standard or Expedited requirements.
7. CONTRACTOR agrees to deliver Medi-Cal services in a culturally responsive manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity and shall make reasonable service accommodations for beneficiaries (42 CFR 438.206(c)(2)).
8. CONTRACTOR agrees to offer and make available beneficiary-facing materials, forms and posted signage in all threshold languages of Santa Cruz County, including at a minimum posting of beneficiary rights, grievance and appeal informational brochures, Medi-Cal Beneficiary Handbook, provider directory publication, consent, authorization and NOABD forms, in all threshold languages, in an easy to find location and in alternative formats (large print, audio or interpretation) when needed (42 CFR 438.10).
9. CONTRACTOR agrees to establish and conduct program services that comply with the accessibility requirements of Section 508 of the Rehabilitation Act and

the American with Disabilities Act of 1973 as amended (29 U.S.C. 794(d)), and regulations implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations; including making electronic and information technology accessible to people with disabilities (California Government Code section 11135 codifies section 508 of the Act, 45 CFR 92.204, 45 CFR 92.205).

C. Beneficiary protections.

1. CONTRACTOR agrees to provide visible and easily accessible information to beneficiaries in both English and Spanish, including available Medi-Cal Beneficiary Handbooks, Beneficiary Rights, Change of Provider, Grievance, Appeal, Continuity of Care, and Advance Directive brochures, Privacy Protections, and informed consents (42 CFR 438.10(e)(2)).
2. CONTRACTOR agrees to adhere to Confidentiality rules set forth by the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and California Law as applicable to scope of service.
3. CONTRACTOR or an affiliate, vendor, contractor or subcontractor of the CONTRACTOR shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any Medi-Cal rendered service or related administrative service provided under this Agreement. CONTRACTOR or any affiliate shall not hold beneficiaries liable for debts if CONTRACTOR becomes insolvent (Managed Care Rule: 42 CFR 438.106 and MHP: CCR Title 9, 1810.365 (a-c)).
4. CONTRACTOR shall inform all Medi-Cal beneficiaries of their right to file a grievance and/or appeal upon admission to the program and inform all beneficiaries of the grievance process. CONTRACTOR shall visibly display the COUNTY's grievance and appeal brochures in an easily accessible location. CONTRACTOR's process shall be in writing and available to the public (42 CFR 438.400 through 42 CFR 438.424). As part of this written process, CONTRACTOR shall forward all types of grievances, appeals, and system issues causing problems for clients to COUNTY's Behavioral Health Quality Improvement via AskQI@santacruzcountyca.gov email immediately and no later than one (1) business day of receiving the complaint. Procedures for:
 - a. Complaint/Grievance Process: Client grievances covered under Medi-Cal Managed Care Final Rule for MHP and DMC-ODS/Substance Use Block Grant (SUBG) must be sent immediately, within one (1) business day, to Quality Improvement via email AskQI@santacruzcountyca.gov for investigation and response.
 - i. CONTRACTOR shall offer a client access to Grievance information and will assist the client in completing a Grievance brochure if requested.
 - ii. CONTRACTOR shall submit paper Grievance brochures to COUNTY's Quality Improvement at 1400 Emeline Ave., Building K, Santa Cruz, CA 95060 or email a scanned copy to email

- AskQI@santacruzcountyca.gov.
 - iii. CONTRACTOR shall also inform client of COUNTY's QI Helpdesk number (831-454-4468) as a method to leave a grievance in a confidential voicemail message.
 - iv. CONTRACTOR shall collaborate with COUNTY to resolve the grievance within timeframe standards.
 - v. Specific: CONTRACTOR shall provide information to all beneficiaries on how to file a grievance regarding discrimination in the delivery of services by CONTRACTOR because of sex, race, color, ethnic group identification, religion, ancestry, age, mental or physical disability, medical condition, genetic information, national origin, marital status, gender, gender identity, gender expression, or sexual orientation to the United States Department of Health and Human Services Office for Civil Rights. In addition, all such complaints shall also be submitted to COUNTY's Quality Improvement via email AskQI@santacruzcountyca.gov within one (1) business day of receipt.
 - vi. CONTRACTOR shall, subject to the approval of the DHCS, establish procedures under which recipients of service are informed of their rights to file a complaint alleging discrimination, or a violation of their civil rights, with the DHCS in addition to the grievance process noted in paragraphs 3.C.IV.a.i-v above.
- b. Client Appeal Process (POST NOABD): A client has the right to file an appeal regarding the written Notice of Adverse Benefit Determination (NOABD) letter they received from a MHP or DMC-ODS CONTRACTOR regarding timeliness in decision, a delay in service, or a change, modification or termination of a Medi-Cal service. CONTRACTOR shall adhere to regulations for notice of adverse action, completion of letters and attachments, informing COUNTY's Quality Improvement of all NOABDs, and maintaining records.
- i. CONTRACTOR shall offer a client access to Appeal information and will assist the client to complete an Appeal brochure if requested.
 - ii. CONTRACTOR shall submit paper Appeal brochures to COUNTY's Quality Improvement at 1400 Emeline Ave., Building K, Santa Cruz, CA 95060 or email a scanned copy to email AskQI@santacruzcountyca.gov
 - iii. CONTRACTOR shall also inform client of the COUNTY's QI Helpdesk number (831-454-4468) as a method to leave an Appeal in a confidential voicemail message.
 - iv. CONTRACTOR shall collaborate with COUNTY to resolve Appeal within timeframe standards.

4. QUALITY ASSURANCE PARTICIPATION. All providers are required to obtain, review, and remain in full compliance with the local Utilization Review processes in

the Quality Management Plan. As part of adhering to the State's required Quality Management Program functions, CONTRACTOR shall comply with:

- A. Establishing Quality Assurance (QA) policies and practices for all Medi-Cal service monitoring and tracking.
 - B. Reporting quality assurance monitoring outcomes upon request, and alerting COUNTY's Quality Improvement (QI) of any QA issues.
 - C. Participating in planned and unplanned audits by COUNTY, State, and/or Federal regulatory entities to ensure quality assurance.
 - a. DMC-ODS and SUBG CONTRACTOR service programs: Participate in site monitoring practices (programmatic, fiscal, facility, staffing) conducted by the COUNTY as indicated and at least annually.
 - b. MHP CONTRACTOR service programs: Participate in COUNTY site certification practices (programmatic, fiscal, facility, staffing) conducted by the COUNTY as indicated and at least once every three years.
 - D. Ensuring Program Integrity (Fraud, Waste and Abuse protection) by reimbursing COUNTY for all audit exceptions and disallowances (which are determined by the COUNTY's Administrator to be the responsibility of CONTRACTOR) from either: 1) State audits (Fiscal & Quality Assurance); 2) COUNTY's Quality Improvement Committee/UR denials; or 3) CONTRACTOR internal audit practices.
 - E. Providing staff training, support and monitoring of Medi-Cal documentation standard compliance to ensure minimum standards for beneficiary care documentation are met, including timeliness, to support claims for the delivery of services.
 - F. Performing Coordination of Care activities that ensure each served beneficiary has an ongoing source of care appropriate to their needs while ensuring each beneficiary's privacy is protected in accordance with all Federal and State privacy laws including but not limited to 45 CFR 160 and 164, subparts A and E, to the extent that such provisions are applicable (42 CFR 438.208(b)).
5. **QUALITY IMPROVEMENT PARTICIPATION.** All CONTRACTORS who provide direct services to clients in the County of Santa Cruz shall participate in the Quality Improvement Program. This includes periodic meetings providing review of clinical records, peer review, Sentinel Event Reviews, care conferences, utilization review, beneficiary satisfaction surveys, performance improvement projects, external quality review requirements and/or sessions and client outcomes development and review upon request by COUNTY.

CONTRACTOR and COUNTY to ensure that services align with adopted practice guidelines and such practice guidelines are reviewed and updated periodically with

consideration to needs of beneficiaries and reliable clinical evidence (42 CFR 438.236(b) and, if applicable, CCR Title 9, Section 1810.326).

CONTRACTOR will support, as requested, participation in the Quality Improvement Committee and/or Quality Improvement initiatives.

CONTRACTOR agrees to provide data to COUNTY as required by DHCS Quality Measure and Performance Improvement Requirements outlined in BHIN 24-004: Quality Measures and Performance Improvement Requirements.

CONTRACTOR agrees to perform Medi-Cal Administrative and Outreach activities as an agent for the Santa Cruz County Health Services Agency in order to improve the availability, accessibility, coordination, and appropriate utilization of preventive and remedial health care resources to Medi-Cal eligible individuals and their families (where appropriate). CONTRACTOR also agrees to capture information using methods developed by the State (with training in these methods provided by the COUNTY) under the direction of the COUNTY. Medi-Cal Administrative and Outreach activities are to be approved by the State. It is the responsibility of CONTRACTOR to remain current on the requirements for documentation of costs and activities as defined by the State.

6. **REPORTABLE INCIDENTS (aka SENTINEL EVENT REPORTS)**. CONTRACTOR shall report within 24 hours of incident discovery, not at the conclusion of an investigation. A reportable incident includes all incidents affecting the immediate health, safety and well-being of clients. Incidents will be reported to the office of the COUNTY Agreement Administrator and the Quality Improvement Team via submission of a Sentinel Event Report to AskQI@santacruzcountyca.gov. Reportable incidents include, but are not limited to, all deaths, episodes of acute life-threatening illness, serious physical or psychological injuries (or risk thereof), and allegations of abuse and/or neglect. Medication-related issues are included when an incident includes client safety risks, such as dispensing errors that resulted in wrong medication, withheld medication, increased dosing of medications, side effects, or multi-pharmaceutical prescribing practices.

CONTRACTOR shall establish procedures for the investigation of such incidents and shall cooperate with any investigation COUNTY may wish to conduct.

7. **CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)**. In order to ensure access to services, CONTRACTOR shall provide services in a culturally aware manner. Cultural awareness is defined as a congruent set of practical skills, behaviors, attitudes and policies that enable staff to work effectively in cross-cultural situations.

CONTRACTOR will have policies that comply with Title VI (Civil Rights Act) requirements prohibiting the expectation that family members provide interpreter services. CONTRACTOR will provide or arrange for services in the COUNTY's

threshold language (Spanish) and will provide free language assistance services by providing in-person interpreters, or remote interpreters including remote interpreting services contracted by the COUNTY to be used across COUNTY and contract system of care. CONTRACTOR shall have policies and procedures for meeting language needs for consumers who do not meet threshold language criteria.

CONTRACTOR shall have available culturally and linguistically appropriate written information for identified threshold languages. Materials will be in easy-to-read language and in alternate formats for people with limited vision.

CONTRACTOR shall have available, as appropriate, alternatives and options that accommodate individual preferences and cultural and linguistic differences.

CONTRACTOR shall have a process to ensure that staff is able to provide culturally and linguistically appropriate services that are responsive to diverse cultural beliefs and practices, preferred language, health literacy and other communication needs, in accordance with the fifteen (15) Culturally and Linguistically Appropriate Services (CLAS) set forth by the U.S. Department of Health and Human Services. CONTRACTOR will provide or make available to staff cultural awareness training, including an annual training on client culture. CONTRACTOR will maintain records of such trainings and provide records to COUNTY upon request. CONTRACTOR must provide verification of staff trainings to COUNTY for monitoring and reporting purposes at least annually (reference COUNTY Policy 3111: **Contract Requirements for Culturally & Linguistically Appropriate Service Standards.**)

A. Behavioral Health Equity Plan (BHEP): Cultural Competence Plan Requirements (formerly known as the Culturally and Linguistically Appropriate Services (CLAS) Report). The Behavioral Health Equity Plan (BHEP) Report will include behavioral health equity topics specific to the [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#), incorporated into this Agreement by reference, of diversity, equity, and inclusion, cultural humility, community-defined practices, and other competencies related to behavioral health equity and the efforts made toward attainment of the goals and objectives toward the CLAS Standards. CONTRACTOR shall participate in an annual CLAS survey and submit an updated report to COUNTY when requested to AskQI@santacruzcountyca.gov.

8. **RECORDS.**

A. Client records shall be entered into the COUNTY's Electronic Health Record (EHR) system either directly or by scanning, or if using a self-procured EHR, CONTRACTOR will allow COUNTY BH staff access to their EHR in perpetuity and will include all required DHCS reporting elements. CONTRACTOR shall maintain individual records for each client. Such records shall include identifying data, social and financial data, and a record of services provided by various personnel in sufficient detail to make possible an evaluation by COUNTY of services rendered. COUNTY, at its sole option, may take custody and be responsible for safeguarding CONTRACTOR's client records that have been entered in the COUNTY's EHR

upon termination of this Agreement and shall thereupon act as custodian of such records for CONTRACTOR. CONTRACTOR shall be permitted access to and have a right to make copies of such records at any time. COUNTY agrees to maintain such records for such period as may be required by Title 22 of the CCR and the applicable California Business and Professions Code. COUNTY agrees that such custody will conform to applicable confidentiality provisions of State and Federal law. If CONTRACTOR self-procures an EHR, CONTRACTOR will have their own custodian of records and will be responsible for all custodian of records duties for CONTRACTOR, as required by CCR Title 9 Section 1810.435, Welfare and Institutions Code section 14043.1, 42 CFR, Part 2 and 45 CFR, section 164.530 (HIPAA Security and Privacy Rule). In addition, in the event that CONTRACTOR cease to operate its business, CONTRACTOR must notify COUNTY, the Department of Health Care Services (DHCS), and clients. CONTRACTOR must notify clients on how to access their records prior to said event and transfer their records to COUNTY.

B. For CONTRACTORs who participate in the COUNTY's EHR system, CONTRACTOR shall enter all client documentation into the COUNTY's EHR system according to applicable COUNTY (or Health Services Agency) policies and related MHP or DMC-ODS documentation standards, incorporated into this Agreement by reference. Noncompliance, including excessive late entry of data, may result in the reduction of CONTRACTOR claim amounts (See Exhibit B1, METHOD OF PAYMENT). CONTRACTORs who choose to procure their own EHR must ensure that all client documentation is completed according to COUNTY polices related to MHP or DMC-ODS documentation standards, incorporated into this Agreement by reference. Noncompliance may result in reduction of CONTRACTOR claim amounts.

C. CONTRACTOR agrees to:

1. Ensure provision of technology infrastructure to operate the COUNTY's, or their own current EHR system for compliance with Federal requirements and designate staff as trainer(s) and/or super user(s) to train CONTRACTOR staff. If CONTRACTOR utilizes self-procured EHR system, CONTRACTOR, at their sole cost and expense, is responsible to provide and train COUNTY staff in use and navigation of their EHR including without limitations supplying guides or manuals relating to the use of their EHR.
2. Complete data forms which allow for accurate billing and State reporting of documented services provided by clinical staff and enter the data into the COUNTY's management information system/EHR within five (5) business days of service delivery or ensure that COUNTY has timely access to data forms which allow for accurate billing and State reporting.
 - MHP: CSI, CANS, ANSA, Pediatric System Checklist (PSC-35)
 - DMC-ODS: ASAM, Cal-OMS, DATAR.
3. Utilize available resources including State online queries and Central California Alliance for Health eligibility portal or work with Behavioral Health Services

Patient Accounting/Billing section to:

- a. Confirm current eligibility for Medi-Cal and Medicare benefits and assist clients in applying for benefits if appropriate;
 - b. Provide proof of private insurance and assignment of benefits for clients with or without dual coverage. Failure to provide required insurance information to COUNTY will result in DHCS denying Medi-Cal claims (aka disallowed/denied units). During reconciliation, COUNTY will not reimburse CONTRACTOR for disallowed/denied units of service;
 - c. Monitor services provided, the benefit status of clients, ensure the Behavioral Health Patient Accounting/Billing section receives current client eligibility status for billing, and work to correct any billing data errors; and
 - d. Adhere to current Medi-Cal billing manuals including without limitation the applicable State code set and claiming requirements.
4. Provide timely medical necessity justification for Medi-Cal services appropriate to the CONTRACTOR's Scope of Work, including documentation of required assessment, International Classification of Diseases, 10th Revision (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis codes, incorporated into this Agreement by reference, and Care Plans / Problems Lists as applicable to the service type in accordance with State and COUNTY requirements.
 5. Document all services for a client in the COUNTY's EHR system or CONTRACTOR's EHR system and obtain approval as needed for treatment services from a Licensed (or registered or waived) Practitioner of the Healing Arts (LPHA) and ensure services are delivered in accordance with current CalAIM documentation standards.
- D. Right to Review:** CONTRACTOR authorizes the DHCS, the Health Services Agency Director or their designee, and/or designated auditors of the COUNTY or State, the right to inspect and otherwise evaluate the appropriateness and timeliness of services performed, and to audit and inspect any books and records of CONTRACTOR which pertain to services performed and payments made pursuant to this Agreement. The DHCS shall have the same rights of inspection and evaluation of Medi-Cal services provided by CONTRACTOR pursuant to this Agreement. All CONTRACTORS shall maintain such books and records of services for a minimum period of ten (10) years for adults from the date of last service and for minors until their 25th birthday.
- E. Confidentiality of Client Records and Information:** For COUNTY to provide coordinated, quality care, all COUNTY and Agreement providers must be able to discuss and exchange relevant clinical and service needs information, as permitted by State and Federal law. This information may be exchanged when making referrals, accepting referrals, or coordinating service delivery to a client. CONTRACTOR is responsible for ensuring that its ability to exchange client

information within the COUNTY's EHR system and/or other required COUNTY systems is maintained. CONTRACTOR is responsible to store, maintain, and protect the privacy of health records and confidentiality of all protected health information, as required by State and Federal law. Any breaches of Federal or State confidentiality regulations must be reported by CONTRACTOR (also known as Business Associate) to the COUNTY's HIPAA Privacy Officer by phone, fax, or email within 24 hours of discovery. COUNTY will, by next business day, forward the report to DHCS with follow-up within 72 hours of a written report (PIR) and notice to affected persons within sixty (60) calendar days.

9. **PRODUCTIVITY.** CONTRACTOR shall develop and monitor individual written staff productivity standards which maximize direct services to clients. CONTRACTOR shall provide written productivity standards and a method of monitoring those standards to the COUNTY's Agreement Administrator.

10. **PERSONNEL POLICIES.** In addition to complying with the Contractor Personnel Standards in Exhibit C, Section 25, CONTRACTOR shall have written personnel policies and shall make its personnel policies accessible to employees and to COUNTY. CONTRACTOR shall maintain records for each employee to include qualifying education, experience, and licenses. Substance Use Disorder treatment providers will include documentation of compliance with State Alcohol and Drug Counselor Certification Regulations (California Code of Regulations Chapter 8 and Title 9, Division 4) in CONTRACTOR records.

11. **AMERICANS WITH DISABILITIES ACT REQUIREMENTS.** To ensure accessibility to individuals with disabilities in COUNTY funded programs, to meet the Americans with Disabilities Act (ADA) requirements, and to comply with COUNTY and Substance Use Disorder Services reporting and action requirements, CONTRACTOR must:

- A. Maintain the appropriate Fire Marshal clearance and State License or Certification; and
- B. Report any complaints related to ADA compliance verbally to the COUNTY's Agreement Administrator or their designee within 24 hours and in writing within three (3) calendar days.

12. **ASSURANCE OF NONDISCRIMINATION IN PROGRAMS OR ACTIVITIES RECEIVING STATE FINANCIAL ASSISTANCE.** By signing this Agreement, CONTRACTOR agrees to comply with Title 2, Article 9.5 (commencing with Section 11135) of the Government Code and the regulations adopted or actions taken by the State Department of Health Care Services to implement such Article to the end that no person in the State of California shall discriminate on the basis of the classifications described in Article 9.5.

CONTRACTOR shall ensure that each of its employees are aware of the rights of beneficiaries and the responsibilities of CONTRACTOR under Article 9.5, and make available to beneficiaries and other interested persons information regarding the provisions of Article 9.5 and implementing regulations and their applicability to the

program or activity for which the CONTRACTOR receives State financial assistance. Further, CONTRACTOR certifies that it has a process in place by which complaints pursuant to Article 9.5 are resolved informally and quickly at the lowest possible level.

CONTRACTOR shall permit access to a representative of the State Department of Health Care Services at any time during normal business hours to its books, records, accounts, other sources of information and its facilities as may be pertinent to ascertain compliance with Article 9.5. CONTRACTOR recognizes and agrees that State financial assistance will be extended in reliance upon the representations and agreements made in this assurance, and that the State of California shall have the right to seek administrative and judicial enforcement of this assurance. This assurance is binding on CONTRACTOR, its successor transferees, and assignees.

13. LOBBYING. In addition to Exhibit C, Section 15 "Lobbying", CONTRACTOR shall comply with the Byrd Anti-lobbying Amendment (31 U.S. Code 1352).

14. COUNTY ASSURANCES. Under this Agreement, COUNTY agrees:

- A.** To provide Medi-Cal, patient accounting and billing services to all providers and inform CONTRACTOR of applicable disallowances/denials.
- B.** To provide CSI, CANS, ANSA, PSC-35, Cal-OMS, and DATAR State reporting services and data reports to facilitate assignment of Coordinators and productivity.
- C.** To provide Quality Improvement Training as requested by the provider.
- D.** To provide initial training and technical assistance for electronic medical records to CONTRACTOR-designated staff as trainer(s) and/or super user(s) to train CONTRACTOR staff.
- E.** To provide consultation and clinical supports based on specific services.
- F.** To coordinate regarding client benefit and Uniform Method of Determining Ability to Pay (UMDAP) status.
- G.** To provide licensing and software maintenance for EHR utilization.
- H.** To provide guidance and training on current Medi-Cal code set and claiming requirements.

SUBSTANCE USE DISORDER SERVICES PROVISIONS

In addition to the Standard Medi-Cal Provisions in the above sections (1-13), the following provisions apply to Substance Use Disorder Services CONTRACTORS:

15. STATE/COUNTY FUNDING AGREEMENTS. California Department of Health Care Services (DHCS) Drug Medi-Cal Organized Delivery System (DMC-ODS) and Substance Use Block Grant (SUBG) Agreements are incorporated into this Agreement by this reference. Copies of Agreements are available upon request. Failure to operate in conformance with funding and licensing/certification requirements may result in termination of Agreement. Refer to the “Conformance to Regulations”, Section 16 in Exhibit C, Standard COUNTY / Agency Provisions, for further detail.

16. DEFINITION OF CLIENT. For the purposes of this Agreement, a client shall be defined as any individual to whom CONTRACTOR provides services for which compensation is sought, in whole or in part, from COUNTY and/or for State reporting purposes.

17. ATTENDANCE AND REPORTS AT SUBSTANCE USE DISORDER SERVICES COMMISSION MEETINGS. CONTRACTOR's Executive Director, or their designee, shall attend any meetings of the COUNTY's Substance Use Disorder Commission (SUDC) requested by the COUNTY's Agreement Administrator. Reports to SUDC shall be given as required in the form designated by the COUNTY's Agreement Administrator. Failure to provide such reports may result in a portion of any of CONTRACTOR's claims being withheld.

18. QUALIFICATIONS AND CREDENTIALING OF STAFF. Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8.

19. REPORTING. In addition to reporting requirements covered in this and other Exhibits as a part of this Agreement, the following reports shall be submitted and sent via encrypted email to sudsadmin@santacruzcountyca.gov by CONTRACTOR:

A. Americans with Disabilities Act Report. CONTRACTOR participating in Medi-Cal/Medicaid services shall be knowledgeable of and adhere to the Americans with Disability Act (ADA) guidelines, which are intended to establish equal rights and opportunities for individuals with disabilities. CONTRACTOR shall have Policies and Procedures in place that indicate ADA knowledge, and non-disclination practices for those with disabilities, describe provisions of auxiliary aids and services, and the removal of barriers that are readily achievable so people can access care. CONTRACTOR shall conduct an annual review of the it's ADA Policy and Procedures, report any revisions to its ADA Policy at least annually sixty (60) calendar days following the close of the fiscal year), and must identify the staff person who is responsible for ADA compliance.

B. Data Systems Reports. CONTRACTOR shall meet all requirements for timely, accurate submission of data, including the California Outcome Measurement System (CalOMS) for both treatment and prevention services, the Drug and Alcohol Treatment Access Report (DATAR), and any other data collection systems

required by COUNTY and the State Department of Health Care Services. COUNTY may withhold payment of CONTRACTOR claims if CONTRACTOR'S submission of data is not submitted in a timely manner.

1. To meet and monitor network adequacy needs, CONTRACTOR agrees to provide monthly census data for each program during DMC-ODS provider meeting or via e-mail by the 15th of every month. Census data includes number of current participants enrolled, number of total participant slots available, and pending/anticipated enrollments already scheduled.
2. Treatment providers who receive SUBG funds shall report if they reach or exceed 90 percent of their dedicated capacity within seven (7) calendar days to DHSCOWPS@dhcs.ca.gov.
3. For final reconciliation purposes, with COUNTY's Administrator approval, final non-Medi-Cal data additions and corrections requested by the CONTRACTOR shall be accepted by COUNTY only through the last day of the month following the end of the quarter in which services were provided. The schedule for final non-Medi-Cal Data Reconciliation is as follows:
 - First quarter (July through September): all additions and/or corrections shall be submitted no later than October 31
 - Second quarter (October through December): all additions and/or corrections shall be submitted no later than January 31
 - Third quarter (January through March): all additions and/or corrections shall be submitted no later than April 30
 - Fourth quarter (April through June): all additions and/or corrections shall be submitted no later than July 31

C. Staff Training Report. All staff training must be documented in individual employee training logs and maintained in the employees' personnel files. All CONTRACTOR service delivery staff shall complete the Change Companies American Society of Addiction Medicine (ASAM) e-module trainings totaling ten hours prior to conducting services to a beneficiary. COUNTY shall provide access to all clinicians and counselors within the SUD system with ASAM e-modules as requested by the service provider. The Staff Training Report is to be submitted annually, sixty (60) calendar days following the close of the fiscal year, and will include the following information:

- The name and title of each staff attending the training
- The title, topic and date of the training
- The length of the training

D. Board of Directors Report. Non-profit CONTRACTOR shall submit the following information to COUNTY on an annual basis, within sixty (60) calendar days following the close of the fiscal year:

- Current list of Board members
- The date that each individual became a member of the Board

- Contact information for each Board member
- Listing of any Board positions currently vacant or becoming vacant in the next sixty (60) calendar days
- A copy of the Agency's certification from the State verifying the Agency's non-profit status.

E. Staff Credential Monitoring Reports. As described in the above section of this Exhibit, Paragraph 3.A.4:

1. DMC-ODS CONTRACTORS will provide monthly updates to changes in staff for the purpose of updating the COUNTY'S DMC-ODS Provider Directory.
2. DMC-ODS CONTRACTORS will provide proof of verification that their staff are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers. Any CONTRACTOR staff found to be on the exclusion list will not be employed or contracted by CONTRACTOR (42 CFR 1128 and 42 CFR 438.214). This report will be submitted monthly and upon COUNTY's request.

F. Charitable Choice Report. CONTRACTOR shall document the total number of referrals needed because of religious objection to other substance use disorder (SUD) providers. CONTRACTOR shall submit this information annually, sixty (60) calendar days following the close of the fiscal year.

20. ANNUAL PLANS. All treatment CONTRACTOR will submit an annual plan with their re-contracting proposal. The following reports shall be submitted and sent via encrypted email to sudsadmin@santacruzcountyca.gov by CONTRACTOR:

A. Staff Training Plan. An annual staff training plan is required to promote staff development and competency and is due during the annual site monitoring and/or certification review, depending on when scheduled either in January or July. In addition to alcohol and drug treatment and prevention training topics, the training plan must include the following:

- Safety and infectious disease policy issues
- HIV/AIDS prevention, treatment, confidentiality, and referrals
- Admission priority and waiting list requirements, TB testing and services, and interim services for injection drug users
- ADA requirements and agency plan
- Programmatic issues related to the diverse aspects of the population (e.g., culture, acculturation and assimilation, cultural competency and Latino accessibility, dual diagnosis, and other population characteristics)
- ASAM training topic(s)

B. Behavioral Health Equity Plan (BHEP). A BHEP is required to maintain a high level of accessibility to services and to take needed actions to improve agency cultural

competency and language accessibility for non-English speaking clients whose presence exceeds 5% of the County population (i.e., Spanish speakers). The annual plan should include:

- A list of current staff members, their ethnicity and language fluency, and governing board approval of the current policy and objectives
- Staff training on cultural competence, linguistically appropriate services and equity in behavioral health services should be addressed in the Staff Training Plan

21. PROPERTY DISCLOSURES. The following disclosures shall be submitted upon any material change, or as otherwise noted, and sent via encrypted email to sudsadmin@santacruzcountyca.gov by CONTRACTOR. If CONTRACTOR is renting, leasing or subleasing any real property where people are to receive services hereunder, CONTRACTOR shall prepare and submit to the COUNTY's Agreement Administrator an affidavit sworn to and executed by CONTRACTOR's duly constituted officers containing a detailed description of all existing and pending rental agreements, leases, and subleases. The description shall include: the term (duration) of such rental agreement, the amount of monetary consideration to be paid to the lessor or sublessor over the term of the rental agreement, and the full names and addresses of all parties who stand in position of lessor or sublessor. If the lessor or sublessor is a private corporation, the affidavit shall disclose a listing of all general and limited partners thereof. True and correct copies of all written rental agreements, leases, and subleases with respect to any such real property shall be made available to COUNTY upon request. CONTRACTOR shall notify COUNTY within ninety (90) calendar days when any material change occurs during the term, renewal, or termination, of the rental agreement, lease, and sublease agreement(s).

22. TRAFFICKING VICTIMS PROTECTION ACT. CONTRACTOR shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA) as amended (22 U.S.C. 7104) and ensure that their staff members receive training at least annually on the TVPA. CONTRACTOR shall ensure program staff are trained in Human Trafficking awareness and have established policies and procedures to attend to such cases, per DMC-ODS regulation.

23. FEDERAL BLOCK GRANT FUNDING REQUIREMENTS. CONTRACTOR receiving Federal Block Grant (FBG) funding shall ensure their protocols, procedures and practices comply with the FBG requirements in 45 CFR 96.131. FBG requirements include, but are not limited to:

- Pregnant Intravenous Drug Users
- Pregnant substance abusers
- Intravenous Drug Users (IVDU)
- All other eligible individuals

24. AIDS PROTOCOL. CONTRACTOR shall develop a protocol on Acquired Immune Deficiency Syndrome (AIDS) as it relates to the treatment services provided by the agency. The protocol shall address staff training, client information, and treatment

environment. In addition, providers receiving Federal Block Grant (FBG) HIV Set Aside funds for these services shall ensure these protocols comply as described in the "Federal Block Grant Funding Requirements" paragraph, above. The AIDS protocol shall be developed in consultation with the COUNTY's Agreement Administrator and shall be submitted to the COUNTY's Agreement Administrator for approval.

25. HIV POSITIVE. Each service modality described in Exhibit A in this Agreement that provides treatment services for intravenous drug users shall admit on a priority basis individuals who test positive for HIV and so advise those individuals seeking treatment. HIV status shall be disclosed by individuals only on a voluntary basis. In addition, providers receiving Federal Block Grant (FBG) HIV Set Aside funds for these services shall ensure these protocols comply as described in the "Federal Block Grant Funding Requirements" paragraph, above.

26. OUTREACH. Each treatment service modality described in Exhibit A in this Agreement shall perform outreach activities for the purpose of encouraging individuals in need of drug abuse treatment to obtain such treatment. In addition, providers receiving Federal Block Grant (FBG) funds shall ensure these services comply as described in the "Federal Block Grant Funding Requirements" paragraph, above.

27. CHARITABLE CHOICE. Religious organizations receiving Substance Use Block Grant (SUBG) funds for provision of alcohol and drug treatment services shall comply with 42 CFR part 54. These requirements include provision that any religious organization that provides services of a religious nature to clients must provide a notice to clients regarding the religious character of the program and referral for any clients who object to the religious nature of the program to another program as follows:

A. The provider may not expend COUNTY funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. However, among other things, faith-based organizations may use space in their facilities to provide services supported by applicable programs, without removing religious art, icons, scriptures, or other symbols. In addition, CONTRACTOR shall retain the authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

B. CONTRACTOR shall ensure that clients and prospective clients are notified of the client's right to services from an alternative provider. The notice must clearly articulate the client's right to a referral to services that reasonably meet the requirements of timeliness, capacity, accessibility, and equivalency.

C. If a client or prospective client objects to the religious character of the program that is provided by a religious organization, that provider shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider selected from the list of COUNTY contract providers with equivalent services, shall

notify COUNTY of the referral, and shall ensure the beneficiary makes contact with the alternative provider.

28. RESTRICTION ON DISTRIBUTION OF STERILE NEEDLES. No Substance Use Block Grant (SUBG) funds made available through this Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug absent approval from COUNTY.

29. ASSURANCES REGARDING THE NO UNLAWFUL USE OF DRUGS OR ALCOHOL (Based on ADP 7290 – 4/92). Consistent with the requirements of California Health and Safety Code, Division 10.5, Sections 11999 through 11999.3 (SB 1377), Statutes of 1989, Chapter 1429, by signing this Agreement, CONTRACTOR does hereby assure that they understand the requirements of Section 11999.2, have reviewed those aspects of the program to which Section 11999.2 applies, and assures that those aspects of the program to which Section 11999.2 applies meet the requirements of Section 11999.2 which states:

- A. Notwithstanding any other provision of law, commencing July 1, 1990, no State funds shall be encumbered by a State agency for allocation to any entity, whether public or private, for a substance use program, unless the substance use program contains a component that clearly explains in written materials that there shall be no unlawful use of drugs or alcohol. No aspect of a substance use program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol.
- B. All aspects of a substance use program shall be consistent with the "no unlawful use" message, including, but not limited to, program standards, curricula, materials, and teachings. These materials and programs may include information regarding the health hazards of use of illegal drugs and alcohol, concepts promoting the wellbeing of the whole person, risk reduction, the addictive personality, and development of positive concepts consistent with the "no unlawful use" of drugs and alcohol message.
- C. The "no unlawful use" of drugs and alcohol message contained in a substance use programs shall apply to the use of drugs and alcohol prohibited by law.
- D. This section does not apply to any programs funded by the State that provide education and prevention outreach to intravenous drug users with AIDS or AIDS related conditions, or persons at risk of HIV infection through intravenous drug use.
- E. None of the funds made available through this Agreement may be used for an activity that promotes legalization of any drug or substance included in Schedule 1 of Section 202 of the Controlled Substance Act (21 USC 812).

30. SUBSTANCE USE DISORDER AGREEMENT APPEAL PROCESSES

CONTRACTOR Appeal Process: CONTRACTOR may seek assistance from the State in the event of a dispute over the terms and conditions of this Agreement in accordance with the following Appeal Processes:

A. ADMINISTRATIVE APPEALS

If CONTRACTOR wishes to appeal DHCS dispositions concerning recoupment of specific Medi-Cal claims, the procedures included in the California Code of Regulations (CCR) Title 22, Section 51015 must be followed. This section applies to Drug Medi-Cal (DMC) claims processing. CONTRACTOR may also appeal disapprovals by DHCS for (re)certification requests as indicated in Section 3 of this Exhibit.

The following process will apply to first-level grievances or complaints:

1. CONTRACTOR shall initiate the action by submitting the grievance or complaint in writing to DHCS.
 - a. The grievance or complaint shall be submitted in the form of a letter on the official stationary of CONTRACTOR and signed by an authorized representative of CONTRACTOR.
 - b. The document shall state that it is being submitted in accordance with CCR Title 22, Section 51015.
 - c. The document shall identify the specific claim(s) involved and describe the disputed action regarding the claims.
2. The appeal shall be submitted to DHCS within ninety (90) calendar days from the date CONTRACTOR receives written notification of the decision to disallow claims. Grievances or complaints shall be directed to:

Deputy Director
Department of Health Care Services
Substance Use Disorders Prevention, Treatment, & Recovery
Services Division
PO Box 997413 MS 2601
Sacramento, CA 95899-7413
3. DHCS shall acknowledge the grievance or complaint within fifteen (15) calendar days of its receipt.
4. DHCS shall act on the appeal and inform CONTRACTOR of DHCS' decision, and the basic reason therefore, within fifteen (15) calendar days after DHCS' notice of acknowledgement. DHCS shall have the option of extending the decision response time if additional information is required from CONTRACTOR. CONTRACTOR shall be notified if DHCS extends the response time limit.

The following process will apply to second-level grievances or complaints:

CONTRACTOR may initiate a second-level grievance or complaint for claims processing only. The grievance or complaint shall be directed to DHCS. The second-level process may be pursued only after complying with the first-level grievance or complaint process and only under the following circumstances:

1. DHCS failed to acknowledge the grievance or complaint within fifteen (15) calendar days of its receipt.
2. CONTRACTOR is dissatisfied with the action taken by DHCS where the conclusion is based on DHCS' own evaluation of the merits of the grievance or complaint.
3. The second-level appeal is submitted to DHCS within thirty (30) calendar days from the date DHCS failed to acknowledge the first-level appeal or from the date of the first-level appeal decision by DHCS. CONTRACTOR shall refer the grievance or complaint to DHCS to the attention of:

Chief
Field Service Branch
Department of Health Care Services
714 P Street, Room 1516
Sacramento, CA 95814

The following information shall be submitted:

- a. a copy of the original written grievance or complaint that was sent to DHCS;
 - b. a copy of DHCS's response, specific finding(s), and conclusion(s) regarding the grievance or complaint with which CONTRACTOR is dissatisfied.
4. DHCS shall review the written documents submitted in the grievance or complaint and send a written report of its conclusions and reasons to CONTRACTOR within sixty (60) calendar days of receipt of the referral. DHCS may request additional information and/or hold an informal meeting with the involved parties before rendering a decision. DHCS shall have the option of extending the decision response time if additional information is required from CONTRACTOR. CONTRACTOR will be notified if DHCS extends the response time limit.

B. PROVIDER PARTICIPATION, CERTIFICATION, AND RECERTIFICATION APPEALS

The appeals procedures regarding Drug Medi-Cal (DMC) provider participation, certification, and recertification are as follows:

1. First-Level Appeals

- a. A provider may appeal a certification evaluator's decision by submitting a request in writing to DHCS' DMC Licensing and Certification Branch, with specific reasons for the request.
- b. The request for a First-Level Appeal will be submitted to DHCS within thirty (30) calendar days from the date the provider receives written notification of the DHCS decision to deny the provider's certification.
- c. DHCS will acknowledge the written request within fifteen (15) calendar days of its receipt.
- d. DHCS will act on the appeal and inform the provider and/or COUNTY of DHCS's decision and the basis thereof within fifteen (15) calendar days after DHCS' acknowledgment notification.
- e. DHCS will have the option of extending the decision response time if additional information is required from the provider and/or COUNTY. The provider and/or COUNTY will be notified if DHCS extends the response time limit.

The request for an appeal will be submitted in the form of a letter signed by an appropriate representative of the provider and/or COUNTY. Requests for appeal should be directed to the:

Quality Assurance Unit
Department of Health Care Services
Substance Use Disorders Prevention, Treatment, & Recovery
Services Division
PO Box 997413 MS 2601
Sacramento, CA 95899-7413

2. Second-Level Appeals

- a. A provider and / or COUNTY may make a request for a second-level appeal to the DHCS Quality Assurance Division Deputy Director only after complying with first-level appeal procedures and only in the following circumstances:
 - i. DHCS has failed to acknowledge a request for a first-level appeal within fifteen (15) calendar days of its receipt; or,
 - ii. The provider and/or COUNTY is dissatisfied with the action taken by DHCS Licensing and Certification Branch where the

conclusion is based on its own evaluation of the merits of the request.

- b. A request for a second-level appeal will be submitted to DHCS within thirty (30) calendar days from the date DHCS failed to acknowledge the first-level appeal decision.
- c. In making a request for a second-level appeal, the provider and/or COUNTY will include a copy of the original written request sent to DHCS, a copy of the DHCS decision with which the provider is dissatisfied.
- d. The Deputy Director for the DHCS Quality Assurance Division will review the written documents submitted in the request, may ask for additional information, may hold an informal meeting with involved parties, and will send a written report of its conclusions and reasons to the provider and / or COUNTY within sixty (60) calendar days of receipt of the referral. DHCS will have the option of extending the decision response time if additional information is required from the provider and/or COUNTY. The provider and/or COUNTY will be notified if DHCS extends the response time limit.
- e. All requests for second-level appeals made in accordance with this paragraph will be directed to:

Deputy Director
Department of Health Care Services
Substance Use Disorders Prevention, Treatment, & Recovery
Services Division
Prevention Services Branch
Quality Assurance and Support Unit
PO Box 997413 MS 2601
Sacramento, CA 95899-7413

- 3. These appeal procedures should only be used after direct communications with the program analyst assigned to the area or inquiries submitted to DHCS through normal channels have not resulted in a satisfactory resolution of the case.

COUNTY OF SANTA CRUZ

EXHIBIT F – Medi-Cal Administrative Activities

PARTICIPATION IN MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

The unique relationship that CONTRACTOR has with Medi-Cal eligible and potentially eligible individuals and families is fully recognized, as is the expertise of CONTRACTOR in identifying, assessing and coordinating the health care needs of individuals and families it serves. In order to take advantage of this expertise and relationship, CONTRACTOR participation in federal, state and local leveraging opportunities, including Medi-Cal Administrative Activities (MAA), is supported and encouraged. Such participation may include without limitation appropriate staff training and coordination, reporting and documentation of allowable MAA activities and associated costs including without limitation the tracking of staff time through time survey instruments.

In providing services under this Contract, CONTRACTOR shall:

1. Understand and provide basic health and benefit information and perform health advocacy to ensure the health and well-being of the target population and their families being served through this Contract. Outreach activities include information about health and Medi-Cal services that will benefit individuals and families to allow them to lead healthy and productive lives.
2. Provide an explanation of the benefits derived from accessing local health, mental health and substance abuse services, and encourage and assist clients and families to utilize these services.
3. Be knowledgeable regarding available health services, locations of provider sites, and how individuals and families can access these services.
4. Assist families to understand basic Medi-Cal and other relevant insurance information, and/or refer clients to eligibility sites where these activities may occur. CONTRACTOR program services may include: health and Medi-Cal outreach, information, referral, eligibility, access assistance, case coordination and monitoring, planning, and MAA coordination activities.
5. Provide information to individuals and families about Medi-Cal services, refer individuals and families to Medi-Cal eligibility sites, and assist with access and coordinate/monitor Medi-Cal covered services.
6. Assist individuals and families with aspects of the Medi-Cal application process.
7. If necessary, accompany individuals and families to Medi-Cal covered health services.
8. Work with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for individuals and families in need of such services.
9. Assist in implementation and oversight of MAA claims process.

COUNTY OF SANTA CRUZ

EXHIBIT H₂- HIPAA BUSINESS SERVICES ADDENDUM

COUNTY as COVERED ENTITY

This Business Associate Addendum (“Addendum”) is entered into by and between the COUNTY OF SANTA CRUZ, (hereinafter referred to as “County”) and CONTRACTOR (hereinafter referred to as “Business Associate”) in order to comply with the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, governing protected health information (“PHI”), as amended from time to time (statute and regulations hereinafter collectively referred to as “HIPAA”).

1. Use and Disclosure of Protected Health Information

Except as otherwise provided in this Addendum, Business Associate may use or disclose protected health information only to perform functions, activities or services for or on behalf of the County, as specified in the Contract, provided that such use or disclosure does not violate the Health Insurance Portability and Accountability Act (HIPAA), (U.S.C. 1320d et seq.), and its implementing regulations including but not limited to 45 Code of Federal Regulations parts 142, 160, 162, and 164, hereinafter referred to as the Privacy Rule. The uses and disclosures of PHI may not exceed the limitations applicable to the County under the regulations except as authorized for management, administrative or legal responsibilities of the Business Associate.

2. Further Disclosure of PHI

The Business Associate shall not use or further disclose PHI other than as permitted or required by this Addendum, or as required by law.

3. Safeguarding PHI

The Business Associate shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Addendum.

4. Unauthorized Use or Disclosure of PHI

The Business Associate shall report to the County any use or disclosure of the PHI not provided for by this Addendum or otherwise in violation of the Privacy Rule. The Business Associate shall mitigate to the extent practicable any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Addendum. Business Associate shall report to County within twenty-four hours during a work week of discovery by Business Associate that PHI has been used or disclosed other than as provided for in this Addendum.

4.1 Restrictions On Reproductive Health Care Information

Business Associate shall not share or disclose any data potentially related to reproductive health care in contradiction with the HIPAA Final Rule and California Civil Code. This shall apply to Business Associate's subcontractors/consultants. Business Associate shall ensure that all contracts for services relating to this Contract include compliance with this Paragraph.

When Business Associate receives a request for PHI potentially related to reproductive health care for PHI received from, or created or received by the Business Associate on behalf of the County, Business Associate must obtain a signed attestation from the requestor that clearly states the requested use or disclosure is not for the prohibited purposes as described in 45 Code of Federal Regulations 164.502(a)(5)(iii)(A) where the request is for PHI for any of the following purposes:

- a) Health oversight activities
- b) Judicial or administrative proceedings
- c) Law enforcement
- d) Regarding decedents, disclosures to coroners and medical examiners

5. Agents and Subcontractors of the Business Associate

The Business Associate shall ensure that any agent, including a subcontractor, to which the Business Associate provides PHI received from, or created or received by the Business Associate on behalf of the County, shall comply with the same restrictions and conditions that apply through this Addendum to the Business Associate with respect to such information.

6. Access to PHI

At the request of the County, and in the time and manner designated by the County, the Business Associate shall provide access to PHI in a Designated Record Set to an Individual or the County to meet the requirements of 45 Code of Federal Regulations section 164.524.

7. Amendments to Designated Record Sets

The Business Associate shall make any amendment(s) to PHI in a Designated Record Set that the County directs or at the request of the Individual, and in the time and manner designated by the County in accordance with 45 Code of Federal Regulations Section 164.526.

8. Documentation of Uses and Disclosures

The Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for the County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations section 164.528.

9. Accounting of Disclosure

The Business Associate shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with 45 Code of Federal Regulations section 164.528, to permit the County to respond to a request by the Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations section 164.528.

10. Records Available to County and Secretary

The Business Associate shall make available records related to the use, disclosure, and privacy protection of PHI received from the County, or created or received by the Business Associate on behalf of the County, to the County or to the Secretary of the United State Department of Health and Human Services for purposes of investigating or auditing the County's compliance with the privacy requirements, in the time and manner designated by the County or the Secretary.

11. Destruction of PHI

Upon termination of this Addendum for any reason, the Business Associate shall:

- a) Return all PHI received from the County, or created or received by the Business Associate on behalf of the County required to be retained by the Privacy Rule; or
- b) Return or destroy all other PHI received from the County, or created or received by the Business Associate on behalf of the County.

This provision shall apply to PHI in possession of subcontractors or agents of the Business Associate. The Business Associate, its agents or subcontractors shall retain no copies of the PHI.

In the event the Business Associate determines that returning or destroying the PHI is not feasible, the Business Associate shall provide the County notification of the conditions that make return or destruction not feasible. If the County agrees that the return of the PHI is not feasible, the Business Associate shall extend the protections of this Addendum to such PHI and limit further use and disclosures of such PHI for so long as the Business Associate, or any of its agents or subcontractors, maintains such PHI.

12. Amendments to Addendum

The Parties agree to take such action as is necessary to amend this Addendum as necessary for the County to comply with the requirements of the Privacy Rule and its implementing regulations.

13. Mitigation of Disallowed Uses and Disclosures

The Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Addendum or the Privacy Rule.

14. Data Aggregation

The Business Associate may provide data aggregation services related to the health care operation of the County.

15. Termination of Contracts

The County shall terminate this contract upon knowledge of a material breach by the Business Associate which the Business Associate fails to cure.

16. Assistance in Litigation or Administrative Proceedings

Business Associate shall make itself, and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under this Addendum, available to County at no cost to County to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against County, its employees or officers based upon a claimed violation of HIPAA, the HIPAA regulations, or other laws relating to security and privacy, except where Business Associate or its subcontractor, employee or agent is a named adverse party.

17. No Third-Party Beneficiaries

Nothing expressed or implied in the terms and conditions of this Addendum is intended to confer, nor shall anything herein confer, upon any person other than County or Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

18. Regulatory References

A reference in the terms and conditions of this Addendum to a section in the HIPAA regulations means the section as in effect or as amended.

19. Survival

The respective rights and obligations of Business Associate under Section 11 of this Addendum shall survive the termination or expiration of this Addendum.

20. Generative Artificial Intelligence (GenAI) Technology Use And Reporting

- a) Business Associate shall not include or make available in their services or any work carried out under this Contract any GenAI technology, including GenAI from third parties or subcontractors, as GenAI technology can materially impact functionality, risk, or contract performance,
- b) If Business Associate discovers any GenAI technology (including from third parties) has been used or made available in work or deliverables during the term of this Contract, Business Associate shall notify County in writing immediately.

- c) Business Associate failure to disclose GenAI and/or failure to submit reporting to County in compliance with this Paragraph may be a material breach of the Contract, as determined in County's sole discretion, and County may consider such failure as grounds for the immediate termination of this Contract. County is entitled to seek any and all relief it may be entitled to as a result of such non-disclosure.
- d) County reserves the right to amend the Contract, without additional cost, to incorporate additional GenAI Special Provisions at its sole discretion and/or terminate any contract that presents an unacceptable level of risk.
- e) This section shall apply to Business Associate's subcontractors/consultants. Business Associate shall ensure that all contracts for services include compliance with this Paragraph.

Certificate Of Completion

Envelope Id: F10BF219-2979-4616-B812-9C46AE7ECC5B

Status: Completed

Subject: County of Santa Cruz Health Services Agency Contract - #26H0129 Encompass Community Services

Source Envelope:

Document Pages: 174

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Todd Guin

AutoNav: Enabled

701 Ocean Street

Envelopeld Stamping: Enabled

Santa Cruz, CA 95060

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Todd.Guin@santacruzcountyca.gov

IP Address: 63.194.190.100

Record Tracking

Status: Original

Holder: Todd Guin

Location: DocuSign

9/22/2025 8:38:59 AM

Todd.Guin@santacruzcountyca.gov

Security Appliance Status: Connected

Pool: FedRamp

Storage Appliance Status: Connected

Pool: County of Santa Cruz

Location: Docusign

Signer Events

Signature

Timestamp

John Nguyen

JOHN.NGUYEN@SANTACRUZCOUNTYCA.GOV

Lead Assistant County County Counsel

Security Level: Email, Account Authentication
(None)

DocuSigned by:

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Sent: 9/25/2025 3:28:31 PM

Viewed: 9/26/2025 7:29:49 AM

Signed: 9/26/2025 7:56:33 AM

Signature Adoption: Uploaded Signature Image
Using IP Address: 76.126.28.101

Electronic Record and Signature Disclosure:

Accepted: 6/12/2024 8:53:19 AM

ID: cff2bd5b-d3a4-40f2-aa61-cc2de5bbd9e3

Gina Borasi

GINA.BORASI@SANTACRUZCOUNTYCA.GOV

Risk Manager

County of Santa Cruz

Security Level: Email, Account Authentication
(None)

Signed by:

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Electronic Record and Signature Disclosure:

Accepted: 12/18/2023 9:38:58 AM

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Shellee Stopera

Shellee.Stopera@encompasscs.org

CEO

Security Level: Email, Account Authentication
(None)

Signed by:

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Viewed: 9/29/2025 10:33:36 AM

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Electronic Record and Signature Disclosure:

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Jennifer Herrera

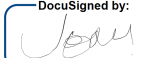
JENNIFER.HERRERA@SANTACRUZCOUNTYCA.

GOV

Health Services Agency (HSA) Assistant Director

County of Santa Cruz

Security Level: Email, Account Authentication
(None)

DocuSigned by:

AB27637A500A44A...

Sent: 9/29/2025 1:37:55 PM

Viewed: 9/29/2025 3:07:51 PM

Signed: 9/29/2025 3:08:16 PM

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Using IP Address: 63.194.190.170

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 3/15/2022 11:53:09 AM
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In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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HSA ADMIN
HSA.AdminProcessing@santacruzcountyCA.GOV
Security Level: Email, Account Authentication (None)

VIEWED

Using IP Address: 172.59.160.219

Sent: 9/22/2025 8:44:58 AM
Viewed: 9/25/2025 3:20:01 PM
Completed: 9/25/2025 3:28:31 PM

Electronic Record and Signature Disclosure:

Accepted: 4/24/2024 2:34:11 PM
ID: 00c89360-1e1f-479f-918e-15cefaa8da5a

Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Lauren Bloch
Lauren.Bloch@santacruzcountyca.gov
County of Santa Cruz
Security Level: Email, Account Authentication (None)

COPIED

Sent: 9/29/2025 3:08:20 PM

Electronic Record and Signature Disclosure:

Accepted: 6/17/2022 4:10:29 PM
ID: 28770c23-b3b1-4583-913c-a11a2022449b

HSA ADMIN
HSA.AdminProcessing@santacruzcountyCA.GOV
Security Level: Email, Account Authentication (None)

COPIED

Sent: 9/29/2025 3:08:20 PM

Electronic Record and Signature Disclosure:

Accepted: 4/24/2024 2:34:11 PM
ID: 00c89360-1e1f-479f-918e-15cefaa8da5a

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Updated	Security Checked	9/25/2025 3:28:31 PM
Envelope Updated	Security Checked	9/25/2025 3:28:31 PM
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Certified Delivered	Security Checked	9/29/2025 3:07:51 PM
Signing Complete	Security Checked	9/29/2025 3:08:16 PM
Completed	Security Checked	9/29/2025 3:08:20 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, County of Santa Cruz (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact County of Santa Cruz:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: nada.algharib@santacruzcounty.us

To advise County of Santa Cruz of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at nada.algharib@santacruzcounty.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request paper copies from County of Santa Cruz

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to nada.algharib@santacruzcounty.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with County of Santa Cruz

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to nada.algharib@santacruzcounty.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
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- Until or unless you notify County of Santa Cruz as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Santa Cruz during the course of your relationship with County of Santa Cruz.