

**FIFTH AMENDMENT TO THE ORGANIZATIONAL PROVIDER AGREEMENT BETWEEN  
THE COUNTY OF VENTURA AND TURNING POINT FOUNDATION**

This "Fifth Amendment" to the Agreement dated July 1, 2023 (Agreement), for Medi-Cal Specialty Mental Health Rehab Program Services, is made and entered into by and between the **COUNTY OF VENTURA**, acting through its Behavioral Health Department (VCBH), a primary service provider, (COUNTY), and **TURNING POINT FOUNDATION**, (CONTRACTOR), individually referred to as a "Party" and collectively referred to as the "Parties".

NOW, THEREFORE, the Parties hereby agree that the Agreement, is amended effective July 1, 2023 as follows:

- I. All references to the "Maximum Contract Amount" of the Agreement, wherever they appear, are amended to **\$1,464,095**.
- II. Exhibit "B" Attachment A (PROVIDER SERVICE RATES AND PROCEDURE CODE REPORTS) of the Agreement is deleted and replaced with the new Exhibit "B" Attachment A (PRACTITIONER SERVICE RATES) attached hereto.
- III. Except for the modifications described herein, all other terms and conditions of the Agreement, as previously amended, shall remain in effect.
- IV. The Parties agree that this Fifth Amendment may be transmitted and signed by electronic or digital means by either/any or both/all parties and that such signatures shall have the same force and effect as original signatures, in accordance with California Government Code Section 16.5 and California Civil Code Section 1633.7.

[SIGNATURE PAGE FOLLOWS]

The Parties have executed this Fifth Amendment through their duly authorized representatives as of the last date written below.

**TURNING POINT FOUNDATION**

**COUNTY OF VENTURA**

BY

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Tax Identification #

BY

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
Date

**TURNING POINT FOUNDATION**

BY

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(print name and title)

\_\_\_\_\_  
Date

\* If a corporation, this document must be signed by two specific corporate officers.

The first signature must be either the (1) Chief Executive Officer, (2) Chairman of the Board, (3) President, or any (4) Vice President.

The second signature must be the (a) Secretary, an (b) Assistant Secretary, the (c) Chief Financial Officer or Treasurer, or (d) Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signatory to bind the company for this Agreement.

**EXHIBT “B” – ATTACHMENT “A”  
PRACTITIONER SERVICE RATES  
TURNING POINT FOUNDATION (REHAB)  
As Amended June 24, 2025**

- A. This Table 1: Practitioner Type Hourly Rates lists the hourly rate by Provider Type, as determined by the correct Taxonomy Code for the practitioners’ scope of practice. The Practitioner Type is the basis for the reimbursement of the allowed procedures that CONTRACTOR’s providers are authorized to provide per this Agreement and the DHCS Billing Manual.

<b>Table 1: Practitioner Type Hourly Rates</b>		<b>FY 23-24</b>	
<b>Individual Services Practitioner Type</b>		<b>Per Hour Rate</b>	<b>Contract Amount/Projected Costs</b>
LPHAs (MFT LCSW LPCC)/ Intern or Waivered LPHAs (MFT LCSW LPCC)		\$266.01	
Mental Health Rehab Specialists		\$200.14	
Other Qualified Practitioners		\$200.14	
Peer Support Specialists		\$210.14	
<b>Group Services Practitioner Type</b>		<b>Per Hour Rate</b>	
LPHAs (MFT LCSW LPCC)/ Intern or Waivered LPHAs (MFT LCSW LPCC)		\$59.113	
Mental Health Rehab Specialists		\$44.476	
Other Qualified Practitioners		\$44.476	
Peer Support Specialists		\$46.698	
<b>Total Maximum Contract Amount</b>			<b>\$1,464,095</b>