

**THIRTEENTH AMENDMENT TO THE ORGANIZATIONAL PROVIDER  
AGREEMENT BETWEEN THE COUNTY OF VENTURA AND  
CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES**

This Thirteenth Amendment to the Residential/Campus Early and Periodic Screening, Diagnostic and Treatment (EPSDT) - Medi-Cal Specialty Mental Health Care, which became effective July 1, 2017, is made and entered into by and between the COUNTY OF VENTURA, acting through its Behavioral Health Department, a primary service provider, hereinafter referred to as "COUNTY," and CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES, hereinafter referred to as "CONTRACTOR."

The parties hereby agree that the Agreement is amended as follows:

- I. Effective with respect to the service period commencing July 1, 2019 through June 30, 2020, Exhibit "B" (Payment Terms), Sections A and B, shall be revised and read as set forth in the attachment hereto labeled Exhibit "B" (Payment Terms), Sections "A" and "B".
- II. Except for the modifications described herein, all other terms and conditions of the Agreement, as amended, shall remain in effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the dates written below.

**CONTRACTOR  
CASA PACIFICA CENTERS FOR  
CHILDREN AND FAMILIES**

**COUNTY OF VENTURA**

BY   
(authorized signature)

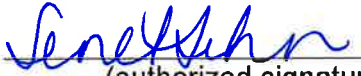
Shawna Morris, CEO  
(print name and title)

11/12/2020

Date

77-0195022

Federal Tax Identification #

BY   
(authorized signature)

Sevet Johnson, PsyD  
Behavioral Health Director

(print name and title)

November 17, 2020

Date

**CONTRACTOR  
CASA PACIFICA CENTERS FOR CHILDREN  
AND FAMILIES**

BY   
(authorized signature)

Richard Gutierrez, CFO  
(print name and title)

11/12/2020

Date

## EXHIBIT "B"

### PAYMENT TERMS

#### CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES

- A. In consideration of the services specified in Exhibit "A" PROGRAM DESCRIPTION, performed in a manner acceptable to COUNTY, COUNTY shall pay CONTRACTOR monthly, in arrears, for approved Short-Doyle/Medi-Cal (SD/MC) units of service provided hereunder to Ventura County Medi-Cal clients at the agreed upon rates for each program as specified in the budget charts below. Payments will be limited to the lesser of program actual costs or program maximum cost, and it is mutually understood that allowable costs are not transferrable between the various programs detailed in the budget charts below. CONTRACTOR's indirect administrative costs shall not exceed 15% of direct expenditures.

COUNTY shall conduct quarterly interim cost settlements for each program identified below. CONTRACTOR shall submit quarterly interim cost settlement reports by the 30th of the following month ending each quarter, in the format directed by COUNTY. If the total amount COUNTY pays to CONTRACTOR for each program exceeds the quarterly program costs for the same period, COUNTY may waive the settlement for that quarter. The final cost settlement may not exceed contracted program cost and approved unit rate as noted in each program table below. The quarterly interim cost settlement shall follow all terms and conditions as set forth in this Agreement.

STRTP			
Service Category	Projected Ventura County Units	Cost Per Unit	Contract Amount/Projected Payments
Mental Health Services & Group Rehab Mode15/SFC10-59	472,242	\$3.16	\$1,492,285
Case Management Mode15/SFC01-09	125,700	\$2.33	\$292,881
Medication Support Mode15/SFC60-69	98,402	\$5.86	\$576,636
Crisis Intervention Mode15/SFC70-79	2,590	\$4.71	\$12,199
Total Program Maximum	698,934		\$2,374,000

<b>NPS Program</b>			
<b>Service Category</b>	<b>Projected Ventura County Units</b>	<b>Cost Per Unit</b>	<b>Contract Amount/Projected Payments</b>
Mental Health Services Mode15/SFC10-50	97,704	\$5.05	\$493,405
Case Management Mode15/SFC01-09	22,517	\$3.72	\$83,763
Medication Support Mode15/SFC60-69	795	\$9.22	\$7,330
Crisis Intervention Mode15/SFC70-79		-	
<b>Total Program Maximum</b>	<b>121,016</b>		<b>\$584,498</b>

<b>TBS Program</b>			
<b>Service Category</b>	<b>Projected Ventura County Units</b>	<b>Cost Per Unit</b>	<b>Contract Amount/Projected Payments</b>
Case Management Mode15/SFC01-09	60,814	\$1.75	\$106,425
Mental Health Services Mode15/SFC10-57 & 59	278,000	\$2.37	\$658,860
Therapeutic Behavioral Services Mode15/SFC58	605,365	\$2.37	\$1,434,715
<b>Total Program Maximum</b>	<b>944,179</b>		<b>\$2,200,000</b>
At final cost settlement, the settlement rate will be limited to the lesser of actual cost per unit or up to 3% above the approved contract rate but may not exceed the COUNTY interim rate as published by the State.			

<b>PCIT Program</b>			
<b>Service Category</b>	<b>Projected Ventura County Units</b>	<b>Cost Per Unit</b>	<b>Contract Amount/Projected Payments</b>
Case Management Mode15/SFC01-09	16,899	\$2.48	\$41,910
Mental Health Services Mode15/SFC10-59	135,932	\$3.37	\$458,090
<b>Total Program Maximum</b>	<b>152,831</b>		<b>\$500,000</b>
At final cost settlement, the settlement rate will be limited to the lesser of actual cost per unit or up to 3% above the approved contract rate but may not exceed the COUNTY interim rate as published by the State.			

**Notes:**

- VCBH will only pay for mental health services provided by CONTRACTOR to minors placed at CONTRACTOR's facility by VCBH or to minors in foster care placed at CONTRACTOR's facility from another county and authorized by COUNTY under this Agreement.
- The unit rates above are based upon a COUNTY-approved budget submitted by CONTRACTOR for the purpose of this Agreement.

3. Payments will be limited to the lesser of program actual costs or program maximum cost, and it is mutually understood that allowable costs are not transferable between the various programs detailed in the budget charts above.
- B. The total maximum amount of this Agreement shall not exceed \$5,658,498 subject to the terms of this agreement, for the term beginning July 1, 2019 through June 30, 2020.

**Anticipated Funding Sources:**

Short Doyle/Medi-Cal FFP*	\$2,708,992
<u>EPSDT/Realignment **</u>	<u>\$2,949,506</u>
Contract Maximum	\$5,658,498

\*This is only an estimate. SD/MC FFP may be higher and may increase up to the total maximum funding amount of this Agreement.

\*\*Payment for actual and allowable costs shall not exceed the amount as allocated and described above in accordance with this Agreement, without written approval from the VCBH Director.