

Optional Rates based on Scopes of Work – will add based on services type

- 1. Rates for Functional Family Therapy (FFT)**
- 2. Rates for High Fidelity Wraparound (HFW)**
- 3. Rates for Multisystemic Therapy (MST)**
- 4. Rates for Parent Child Interaction Therapy (PCIT)**
- 5. Rates for Short Term Residential Therapeutic Program (STRTP)**
- 6. Rates for Therapeutic Behavioral Services (TBS)**
- 7. Rates for Standard Specialty Mental Health Services (SMHS)**

Provider Name
Exhibit B
Functional Family Therapy (FFT) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

FFT for County-authorized clients shall be billed at the negotiated Provider Type Rates defined in Table 1 for the applicable Current Procedural Terminology (CPT) Codes defined in Table 2 only. All other services provide to FFT eligible clients shall be billed at the Standard SMHS Rate when applicable.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Clinical Nurse Specialist (CNS)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) / Licensed or Intern or Waivered		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees’, County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article titled “Notice to Parties” within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	Rate
H0036	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.	15	Use Provider Type Rates defined in Table 1

Provider Name
Exhibit B
High Fidelity Wraparound (HFW) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

HFW for County-authorized clients shall be billed at the negotiated Provider Type Rates defined in Table 1 for the applicable Current Procedural Terminology (CPT) Codes defined in Table 2 only. All other services provide to HFW eligible clients shall be billed at the Standard SMHS Rate when applicable.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Registered Nurse (RN)		
Clinical Nurse Specialist (CNS)		
Licensed Vocational Nurse (LVN)		
Pharmacist		
Licensed Psychiatric Technician (LPT)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) / Licensed or Intern or Waivered		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Occupational Therapist (OT)		
Mental Health Rehab Specialist		
Medical Assistant		
Certified AOD Counselor		
Other Qualified Providers - Other Designated MH staff that bill medical		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees’, County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS](#)

[Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article titled “Notice to Parties” within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	Rate
H2021	Community-based wrap-around services	15	Use Provider Type Rates defined in Table 1

Provider Name
Exhibit B
Multisystemic Therapy (MST) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

MST for County-authorized clients shall be billed at the negotiated Provider Type Rates defined in Table 1 for the applicable Current Procedural Terminology (CPT) Codes defined in Table 2 only. All other services provide to MST eligible clients shall be billed at the Standard SMHS Rate when applicable.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Nurse Practitioner (NP)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) / Licensed or Intern or Waivered		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Mental Health Rehab Specialist		
Peer Recovery Specialist		
Certified AOD Counselor		
Other Qualified Providers - Other Designated MH staff that bill medical		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees’, County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article

titled “Notice to Parties” within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Month)	Time Base	Rate
H2033	Multi Systemic Therapy	Full	>=6.0 Encounters (4.0 encounters must be Face to Face)	\$6,128.32
H2033	Multi Systemic Therapy	Partial	4.0 to 5.0 Encounters (3.0 encounters must be Face to Face)	\$4,205.71

Provider Name
Exhibit B
Parent Child Interaction Therapy (PCIT) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

PCIT for County-authorized clients shall be billed at the negotiated Provider Type Rates defined in Table 1 for the applicable Current Procedural Terminology (CPT) Codes defined in Table 2 only. All other services provide to PCIT eligible clients shall be billed at the Standard SMHS Rate when applicable.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Clinical Nurse Specialist (CNS)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) / Licensed or Intern or Waivered		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees’, County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article

titled “Notice to Parties” within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	MD	PA	NP	CNS	PhD/ PsyD	CSW	PCC/ MFT
90832 (Modifier 22)	Psychotherapy	30							
90833 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service	30							
90834 (Modifier 22)	Psychotherapy with patient	45							
90836 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service	45							
90837 (Modifier 22)	Psychotherapy with patient, 60 minutes	60							
90838 (Modifier 22)	Add-on for psychotherapy with patient and/or family member when performed with an evaluation and management service	60							
90846 (Modifier 22)	Family psychotherapy (without patient present)	50							
90847 (Modifier 22)	Family psychotherapy (with patient present)	50							

T2021 (Modifier 22)	Therapy substitute	15							
---------------------------	--------------------	----	--	--	--	--	--	--	--

Provider Name
Exhibit B
Specialty Mental Health Services (SMHS) Provider Rates for Youth at Short Term Residential Therapeutic Program (STRTP)

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Registered Nurse (RN)		
Clinical Nurse Specialist (CNS)		
Licensed Vocational Nurse (LVN)		
Pharmacist (PHARM)		
Licensed Psychiatric Technician (LPT)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) (Licensed or Intern or Waivered)		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Occupational Therapist (OT)		
Mental Health Rehab Specialist (MHRS)		
Certified Peer Support Specialist		
Medical Assistant		
Community Health Worker		
Certified AOD Counselor		
Other Qualified Providers - Other Designated MH staff that bill medical		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees', County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article titled "Notice to Parties" within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	CHW
98960	Education and Training, face-to-face (Individual)	30	
98961	Education and Training, face-to-face (2-4 clients)	30	
98962	Education and Training, face-to-face (5-8 clients)	30	
G0019	Referral & Linkage	60	
G0022	Referral & Linkage	30	

CPT Code	Description	Duration (Minutes)	MD	PA	PhD/ PsyD	CSW	PCC/ MST	NP	OT	RN
90847	Family Psychotherapy (with Patient Present) (first 50 mins)	50								
99202	New Patient Evaluation	15-29								
99203		30-44								
99204		45-59								
99205		60-74								
99415	New Patient Evaluation (Prolonged 1st hour)	60								
99416	New Patient Evaluation (Prolonged each additional 30 minutes)	30								
99212	Est. Patient Eval	10-19								
99213		20-29								
99214		30-39								
99215		40-54								
99415	New Patient Evaluation (Prolonged 1st hour)	60								
99416	New Patient Evaluation (Prolonged ea add'l 30 minutes)	30								
90853	Group Counseling (other than multi-family)	50								

Supplemental Service (Collateral):

CPT Code	Description	Duration (Minutes)	MD	PA	PHARM	PhD/PsyD	CSW	PCC/MFT	NP	OT	RN
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to families or other responsible persons, or advising them how to assist patient	50									

Supplemental Services Description	Duration (Minutes)	Rate
Interpretation services	1 unit	
Interactive Complexity	1 unit	

B. Non-Mental Health Services and Supports for Clients Enrolled in a Full Service Partnership (FSP) Program

- i. Services and supports purchases shall be tied to the Client's Individualized Service and Support Plan (ISSP) and tracked against the County's BHSA Integrated Plan FSP budget for the service year.
- ii. Purchases allowed under [9 CCR § 3620](#), excluding housing costs identified in [9 CCR § 3620](#) (a)(1)(B)(iii)
- iii. A single purchase or item in excess of \$500 or cumulative purchases of services and supports greater than \$2,000 per Client per fiscal year must be approved by Contract Administrator or designee in writing to be eligible for reimbursement under this agreement.
- iv. Purchases deemed "emergency" which are urgent and essential to the support of the client may not require pre-approval as long as they are within the scope of services of this contract. This may include, but is not limited to, emergency auto repairs and emergency home repairs.
- v. Gift cards may be purchased by Provider and distributed to Clients in accordance with the following provisions:
 - a) Gift cards shall be distributed for direct needs only that related to the client's treatment (gas cards or grocery stores) and not for general use.
 - b) Invoices for gift card purchases shall be submitted in the month they are distributed to clients.
 - c) Invoices shall include date of purchase, date of distribution, gift card balance, front and back copy of card, name and signature of the individual who received the gift card (and client, if distributed to a family member for use on behalf of the client).
 - d) Gift cards distribution totaling more than \$150 per client per month must be approved in writing by Contract Administrator or designee in writing to be eligible for reimbursement under this agreement.
- vi. Purchases of more than \$2,000 per Client per fiscal year, must be approved by County Contract Administrator or designee.
- vii. Non-Mental Health Supportive Services and Goods shall include a running balance per Client. In addition, Provider must provide supporting documentation in the form of original itemized receipts.
 1. Invoices shall be submitted for the service month in which payment is made by the provider.

C. Reimbursable Expenses: In addition to the services specifically addressed in this "Scope of Services," reimbursable expenses may also include Provider training costs for staff to participate in UC Davis Wraparound Services trainings and Peer Support Specialist training and certification to be submitted on monthly service invoices.

D. Non-Billable Services/ Lockouts: Provider shall not claim reimbursement for activities that are non-billable under DHCS guidance, including but not limited to transportation, housing, interpreter scheduling or clerical activities, purely administrative tasks, and services not

directly related to client care. Provider shall comply with all lockout provisions (e.g., prohibition on billing multiple conflicting codes for the same time by the same staff) and coding rules, including minimum/maximum time thresholds and allowable disciplines, as defined in DHCS SMHS Medi-Cal Billing Manual and County policy.

- i. Cost of housing for clients' permanent or time limited housing setting is expressly prohibited. All identified client housing needs shall be referred to The Front Door or other authorized El Dorado County Coordinated Entry provider. Available services and contract information can be found at <https://www.eldoradocounty.ca.gov/Services/Assistance-Programs/Housing-Energy-Assistance/Housing-and-Homelessness>

Provider Name
Exhibit B
Therapeutic Behavioral Services (TBS) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

TBS for County-authorized clients shall be billed at the negotiated Provider Type Rates defined in Table 1 for the applicable Current Procedural Terminology (CPT) Codes defined in Table 2 only. All other services provide to TBS eligible clients shall be billed at the Standard SMHS Rate when applicable.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Registered Nurse (RN)		
Clinical Nurse Specialist (CNS)		
Licensed Vocational Nurse (LVN)		
Pharmacist		
Licensed Psychiatric Technician (LPT)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) / Licensed or Intern or Waivered		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Occupational Therapist (OT)		
Mental Health Rehab Specialist		
Medical Assistant		
Certified AOD Counselor		
Other Qualified Providers - Other Designated MH staff that bill medical		

Subject to the written approval of the County Contract Administrator, and HHSA Chief Fiscal Officer, or their designees’, County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS](#)

[Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article titled “Notice to Parties” within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	Rate
H2019	Therapeutic Behavioral Services	15	Use Practitioner Rates defined in Table 1

Provider Name

Exhibit B

Standard Specialty Mental Health Services (SMHS) Provider Rates

A. Rates

Provider shall observe and comply with all provisions, including lockout and non-reimbursable service rules, as outlined in the [SMHS Medi-Cal Billing Manual](#) or as otherwise amended or superseded. Use of the following Provider Types shall be in accordance with [BHIN 24-023](#) titled “Standards for Specific Behavioral Health Provider Types and Services” and applicable regulations under Title 9 CCR and Title 22 CCR, or as otherwise amended or superseded.

Table 1: Provider Type Rates

Provider Type	15 minute/unit	15 minute/unit (Group Rate)
Psychiatrist/ Contracted Psychiatrist (MD)		
Physicians Assistant (PA)		
Nurse Practitioner (NP)		
Registered Nurse (RN)		
Clinical Nurse Specialist (CNS)		
Licensed Vocational Nurse (LVN)		
Pharmacist (PHARM)		
Licensed Psychiatric Technician (LPT)		
Psychologist/Pre-licensed Psychologist (PhD/PsyD)		
Clinical Social Worker (CSW) (Licensed or Intern or Waivered)		
Professional Clinical Counselor (PCC)/Marriage and Family Therapist (MFT) (Licensed or Intern or Waivered)		
Occupational Therapist (OT)		
Mental Health Rehab Specialist (MHRS)		
Certified Peer Support Specialist		
Medical Assistant		
Community Health Worker		
Certified AOD Counselor		
Other Qualified Providers - Other Designated MH staff that bill medical		

Subject to the written approval of the County Contract Administrator, and HHSa Chief Fiscal Officer, or their designees', County may amend the following Table 2 CPT Code(s), Description thereof, or Duration, in accordance and to align with updates to the [DHCS SMHS Medi-Cal Billing Manual](#) as well as [DHCS Service Tables and Fee Schedules](#) at rates proportional to the previously negotiated Provider Type Rate detailed in Table 1. Provider shall maintain and utilize a comprehensive CPT/HCPCS code matrix identifying allowable codes. Provider shall adhere to all applicable lockout rules, time thresholds, and service definition as specified in the DHCS SMHS Medi-Cal Billing Manual and BHIN guidance. The code matrix shall be adaptable to incorporate additional CPT or HCPCS codes as DHCS authorizes new services or updates service definitions, ensuring alignment with County-approved scope of services. County shall issue written notice of amended Table 2 in accordance with the Article titled "Notice to Parties" within 30-days of DHCS update, to take effect in accordance with DHCS approved use of codes.

Table 2: Current Procedural Terminology (CPT) Codes

CPT Code	Description	Duration (Minutes)	CHW
98960	Education and Training, face-to-face (Individual)	30	
98961	Education and Training, face-to-face (2-4 clients)	30	
98962	Education and Training, face-to-face (5-8 clients)	30	
G0019	Referral & Linkage	60	
G0022	Referral & Linkage	30	

CPT Code	Description	Duration (Minutes)	MD	PA	PhD/ PsyD	CSW	PCC/ MST	NP	OT	RN
90847	Family Psychotherapy (with Patient Present) (first 50 mins)	50								
99202	New Patient Evaluation	15-29								
99203		30-44								
99204		45-59								
99205		60-74								
99415	New Patient Evaluation (Prolonged 1st hour)	60								
99416	New Patient Evaluation (Prolonged each additional 30 minutes)	30								
99212	Est. Patient Eval	10-19								
99213		20-29								
99214		30-39								
99215		40-54								
99415	New Patient Evaluation (Prolonged 1st hour)	60								
99416	New Patient Evaluation (Prolonged ea add'l 30 minutes)	30								
90853	Group Counseling (other than multi-family)	50								

Supplemental Service (Collateral):

CPT Code	Description	Duration (Minutes)	MD	PA	PHARM	PhD/PsyD	CSW	PCC/MFT	NP	OT	RN
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to families or other responsible persons, or advising them how to assist patient	50									

Supplemental Services Description	Duration (Minutes)	Rate
Interpretation services	1 unit	
Interactive Complexity	1 unit	

B. Non-Mental Health Services and Supports for Clients Enrolled in a FSP Program

- i. Services and supports purchases shall be tied to the Client's Individualized Service and Support Plan (ISSP) and tracked against the County's BHSA Integrated Plan FSP budget for the service year.
- ii. Purchases allowed under [9 CCR § 3620](#), excluding housing-related costs identified in [9 CCR § 3620](#) (a)(1)(B)(iii)
- iii. A single purchase or item in excess of \$500 or cumulative purchases of services and supports greater than \$2,000 per Client per fiscal year must be approved by Contract Administrator or designee in writing to be eligible for reimbursement under this agreement.
- iv. Purchases deemed "emergency" which are urgent and essential to the support of the client may not require pre-approval as long as they are within the scope of services of this contract. This may include, but is not limited to, emergency auto repairs, and emergency home repairs.
- v. Gift cards may be purchased by Provider and distributed to Clients in accordance with the following provisions:
 - a) Gift cards shall be distributed for direct needs only that related to the client's treatment (gas cards or grocery stores) and not for general use.
 - b) Invoices for gift card purchases shall be submitted in the month they are distributed to clients.
 - c) Invoices shall include date of purchase, date of distribution, gift card balance, front and back copy of card, name and signature of the individual who received the gift card (and client, if distributed to a family member for use on behalf of the client).
 - d) Gift cards distribution totaling more than \$150 per client per month must be approved in writing by Contract Administrator or designee in writing to be eligible for reimbursement under this agreement.
- vi. Purchases of more than \$2,000 per Client per fiscal year, must be approved by County Contract Administrator or designee.
- vii. Non-Mental Health Supportive Services and Goods shall include a running balance per Client. In addition, Provider must provide supporting documentation in the form of original itemized receipts.
 1. Invoices shall be submitted for the service month in which payment is made by the provider.

C. Reimbursable Expenses: In addition to the services specifically addressed in this "Scope of Services," reimbursable expenses may also include Provider training costs for staff to participate in UC Davis Wraparound Services trainings and Peer Support Specialist training and certification to be submitted on monthly service invoices.

D. Non-Billable Services/ Lockouts: Provider shall not claim reimbursement for activities that are non-billable under DHCS guidance, including but not limited to transportation, housing, interpreter scheduling or clerical activities, purely administrative tasks, and services not directly related to client care. Provider shall comply with all lockout provisions (e.g.,

prohibition on billing multiple conflicting codes for the same time by the same staff) and coding rules, including minimum/maximum time thresholds and allowable disciplines, as defined in DHCS SMHS Medi-Cal Billing Manual and County policy.

- i. Cost of housing for clients' permanent or time limited housing setting is expressly prohibited. All identified client housing needs shall be referred to the authorized El Dorado County Coordinated Entry provider.