

AGREEMENT FOR SERVICES #8092
AMENDMENT II

This Second Amendment to that Agreement for Services #8092, is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Compassion Pathway Behavioral Health, LLC, doing business as Compassion Springs, a California Limited Liability Company, duly qualified to conduct business in the State of California, whose principal place of business is 4229 Toyon Drive, Diamond Springs, California 95619 (hereinafter referred to as "Provider");

RECITALS

WHEREAS, Provider has been engaged by County to provide mental health treatment services for adults with serious mental illness (hereinafter referred to as "Client" or "Clients") in licensed Social Rehabilitation Facilities (SRF), on an as requested basis, pursuant to Agreement for Services #8092, dated January 9, 2024, and First Amendment to Agreement for Services #8092, dated October 10, 2024, incorporated herein and made by reference a part hereof (hereinafter referred to as "Agreement");

WHEREAS, the parties hereto desire to amend the Agreement to replace Amended Exhibit B, marked "Amended Provider Rates," under **ARTICLE 2., GENERAL PROVISIONS, 3. COMPENSATION FOR SERVICES, A. Rates**, with a new Amended Exhibit B to generally apply the daily rate to all facilities providing services pursuant to this Agreement;

WHEREAS, the parties hereto desire to amend the Agreement to update **ARTICLE 3., SERVICES AND ACCESS PROVISIONS, 1. FACILITIES MEDI-CAL SITE CERTIFICATION, Subsection C** of the Agreement to update the provision and add a facility, the Bayoak SRF, that was approved for use effective November 21, 2025, by the County in conformance with this section of the Agreement;

WHEREAS, unless otherwise specified herein, the following terms and conditions shall be effective upon final execution by both parties hereto of this Second Amendment to that Agreement #8092, and shall cover the period beginning November 21, 2025, and continuing through the remaining term of the Agreement.

NOW THEREFORE, in consideration of the foregoing and the mutual promises and covenants hereinafter contained, County and Provider mutually agree to amend the terms of the Agreement in this Second Amendment to Agreement #8092 on the following terms and conditions:

- 1) ARTICLE 2., GENERAL PROVISIONS, 3. COMPENSATION FOR SERVICES, A. Rates, Amended Exhibit B**, marked, "Amended Provider Rates," is hereby replaced in its entirety with the attached **Amended Exhibit B**, incorporated by reference herein, which clarifies the applicable daily rate for all facilities at which services are provided pursuant to the Agreement.
- 2) ARTICLE 3., SERVICES AND ACCESS PROVISIONS, 1. FACILITIES MEDI-CAL**


SITE CERTIFICATION, Subsection C of the Agreement is amended in its entirety to read as follows:

- C. Provider shall maintain at least the following Medi-Cal Site certified and appropriate facility(ies) for the provision of SMHS, Licensed SRF, and Social Rehabilitation Treatment Services (STRS) for Clients referred by County who meet the minimum requirements for Medi-Cal eligibility. Subject to the County’s prior written approval, changes may be made to the Facility List set forth below, including the addition, removal, relocation, closure, or other change in physical location, of a facility. Upon the County’s written confirmation of a revision to the Facility List, the revised Facility List shall be incorporated by reference as if fully set forth herein.

Facility List			
Compassion Cirby Ranch 1085 Sandringham Way Roseville, CA 95661	Bayoak SRF 7309 Bayoak Way Citrus Heights, CA 95621	Compassion Springs 4229 Toyon Dr. Diamond Springs, CA 95619	Anderson Social SRF 1901 Barney Rd Anderson, CA 96007


Except as herein amended, all other parts and sections of that Agreement #8092 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: 
Christianne Kernes (Apr 13, 2026 09:34:49 PDT)
Christianne Kernes, LMFT
Deputy Director
Behavioral Health Division
Health and Human Services Agency

Dated: 04/13/2026

Requesting Department Head Concurrence:

By: 
Olivia Byron-Cooper (Apr 13, 2026 09:38:32 PDT)
Olivia Byron-Cooper, MPH
Director
Health and Human Services Agency

Dated: 04/13/2026

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to Agreement for Services #8092 on the dates indicated below.

-- COUNTY OF EL DORADO --

By: _____
Chair
Board of Supervisors
"County"


Dated: _____

Attest:
Kim Dawson
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

Dated: _____

-- COMPASSION PATHWAY BEHAVIORAL HEALTH, LLC
doing business as
COMPASSION SPRINGS--


By: Ifeanyi Ezeani (Apr 13, 2026 09:40:35 PDT)
Ifeanyi Ezeani
Executive Director
"Provider"

Dated: 04/13/2026

**Compassion Pathway Behavioral Health, LLC doing business as Compassion Springs
Amended Exhibit B
Amended Provider Rates**

Provider shall observe and comply with all lockout and non-reimbursable service rules, as outlined in the most recent version of the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, or as is amended.

A. Rates:

1. **Daily Rate:** Per person rate for all facilities included under this Agreement as set forth in Article 3, Services and Access Provisions, Section 1, Facilities Medi-Cal Site Certification, Subsection C, to be billed daily as follows:

	Unit	Rate
Daily Rate	Per day/per client	\$375.00

2. **Dedicated Beds:** Provider shall, on a daily basis, reserve six (6) beds for County Clients at the Compassion Springs (Toyan) Social Rehabilitation Facility (SRF). Dedicated Beds shall be billed at the Daily Rate.
3. **Bed Hold:** Requests for bed holds shall be made on an individual basis by County with a maximum hold of fourteen (14) days unless prior arrangements are made. The Bed Hold rate shall be equal to the Daily Rate.

B. Specialty Mental Health Services (SMHS):

Rates for SMHS outpatient services are to be billed to the county at the following rates per provider taxonomy.

Taxonomy	Unit	Rate
Psychiatrist/MD	15 minutes	\$261.73
Physician's Assistant (PA)	15 minutes	\$117.38
Mental Health Rehab Specialist (MHRS)	15 minutes	\$51.25
Nurse Practitioner (NP)	15 minutes	\$130.16
Registered Nurse (RN)	15 minutes	\$106.31
Licensed Vocational Nurse (LVN)	15 minutes	\$59.57
Psychiatric Technician	15 minutes	\$51.07
99212 Established Patient Eval - Psychiatrist/MD	10-19 minutes	\$261.73

Taxonomy	Unit	Rate
99212 Established Patient Eval – Nurse Practitioner (NP)	10-19 minutes	\$130.16
99212 Established Patient Eval – Physician’s Assistant (PA)	10-19 minutes	\$117.38
99213 Established Patient Eval - Psychiatrist/MD	20-29 minutes	\$436.21
99213 Established Patient Eval - Nurse Practitioner (NP)	20-29 minutes	\$216.93
99213 Established Patient Eval – Physician’s Assistant (PA)	20-29 minutes	\$195.63
99214 Established Patient Eval - Psychiatrist/MD	30-39 minutes	\$610.70
99214 Established Patient Eval - Nurse Practitioner (NP)	30-39 minutes	\$303.71
99214 Established Patient Eval – Physician’s Assistant (PA)	30-39 minutes	\$273.89
99215 Established Patient Eval - Psychiatrist/MD	40-54 Minutes	\$820.09
99215 Established Patient Eval - Nurse Practitioner (NP)	40-54 Minutes	\$407.83
99215 Established Patient Eval – Physician’s Assistant (PA)	40-54 Minutes	\$267.79
99202 New Patient Eval - Psychiatrist/MD	15-29 minutes	\$383.87
99202 New Patient Eval - Nurse Practitioner (NP)	15-29 minutes	\$190.90
99202 Established Patient Eval – Physician’s Assistant (PA)	15-29 minutes	\$172.16
99203 New Patient Eval - Psychiatrist/MD	30-44 minutes	\$645.60
99203 New Patient Eval - Nurse Practitioner (NP)	30-44 minutes	\$621.06

Taxonomy	Unit	Rate
99203 Established Patient Eval – Physician’s Assistant (PA)	30-44 minutes	\$289.54
99204 New Patient Eval - Psychiatrist/MD	45-59 minutes	\$907.33
99204 New Patient Eval - Nurse Practitioner (NP)	45-59 minutes	\$451.22
99204 Established Patient Eval – Physician’s Assistant (PA)	45-59 minutes	\$406.92
99205 New Patient Eval - Psychiatrist/MD	60-74 minutes	\$1,169.06
99205 New Patient Eval - Nurse Practitioner (NP)	60-74 minutes	\$581.38
99205 Established Patient Eval – Physician’s Assistant (PA)	60-74 minutes	\$524.30