

**3rd ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS 3rd ADDENDUM is to that Contract for Services entered into on September 8, 2021, and as amended on June 16, 2022 and September 6, 2023, by and between the County of Siskiyou ("County") and Restpadd Psychiatric Health Facility (Restpadd, Inc.) – Redding, California ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract.

WHEREAS, the Scope of Service, Exhibit "A", needs to be revised to reflect the provided rates effective July 1, 2024; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the Contract through June 30, 2025.

Paragraph 3.01, of the Contract, Scope of Services, Exhibit "A", shall be deleted and replaced in its entirety with the new Exhibit "A" attached hereto and hereby incorporated by reference.

Paragraph 3.01, of the Contract, Scope of Services, shall be amended to add an Exhibit "A.1", which is attached hereto and hereby incorporated by reference.

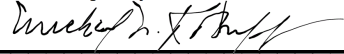
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All other terms and conditions of the Contract shall remain in full force and effect.

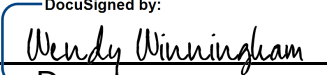
IN WITNESS WHEREOF, County and Contractor have executed this 3rd addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: 9/17/2024

DocuSigned by:

 MICHAEL N. KOBSEFF, CHAIR
 Board of Supervisors
 County of Siskiyou
 State of California

ATTEST:
 LAURA BYNUM
 Clerk, Board of Supervisors

By: 
 Deputy

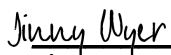
Date: 8/29/2024

CONTRACTOR: Restpadd, Inc. d/b/a
 Restpadd Psychiatric Health Facility

DocuSigned by:

 Robert Edgar, RN, Administrator

Date: 8/29/2024

Signed by:

 Jimmy Wyer, Director of Finance

License No.: 20016049
 (Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 45-2393705

Fund	Organization	Account	Activity Code
2122	401030	740300	
2129	401031	740000	163A

Encumbrance number (if applicable): E2200310

FY22/23: \$0.01 (Rate)
 FY23/24: \$0.01 (Rate)
 FY24/25: \$0.01 (Rate)

Exhibit “A”

II. Compensation and Billing

- A. County agrees to pay as follows for services provided at Restpadd Inc., located in Redding, CA the following all-inclusive rates effective July 1 of each Fiscal year.

Fiscal Year 2022/23

\$1,070.00

*Contractor will not charge for the client's day of discharge

Fiscal Year 2023/24

\$1,102.00

Fiscal Year 2024/25

\$1,200.00

Exhibit A.1

CONCURRENT REVIEW/AUTHORIZATION

Siskiyou County has designated Keystone Peer Review Organization, Inc. (Kepro) as our authorized administrative entity to support the concurrent review process. As of June 15, 2022, Kepro will conduct all inpatient psychiatric reviews in alignment with the state requirements as outlined in the Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN 22-017) in conjunction with the guidance in Information Notice (IN) 19-026.

1. Admission and Authorization

Within 24 hours of admission for psychiatric inpatient hospital services, the psychiatric health facility (PHF) shall provide to Kepro, via <https://portal.kepro.com/>, the beneficiary's admission orders, initial plan of care, a request to authorize the beneficiary's treatment, and a completed face sheet. The face sheet shall include the following information (if available):

- A. Psychiatric Health Facility (PHF) name and address
- B. Patient name and DOB
- C. Insurance coverage
- D. Medi-Cal number and county of responsibility identified in the Medi-Cal
- E. Eligibility Data System
- F. Current address/place of residence
- G. Date and time of admission
- H. Working (provisional) diagnosis
- I. Date and time of admission
- J. Name and contact information of admitting, qualified and licensed practitioner
- K. Utilization review staff contact information

2. Continued Stay Authorization

When medically necessary for the beneficiary, before the end of the initial authorization period, or a subsequent authorization period, the hospital or psychiatric health facility (PHF) shall submit a continued-stay- authorization request for a specified number of days (generally three) to Kepro.

Clinical information to be exchanged includes:

- A. Current need for treatment to include involuntary or voluntary status, diagnosis, current symptoms, and current response to treatment.
- B. Risk assessment to include any changes, inclusive of new indicators since initial intake assessment that reflect current risk. Examples may include protective and environmental factors and available supports that should be considered in discharge planning; updates regarding changes to suicidal and/or homicidal ideation since admission; aggression/self-harm since admission; behavioral observations; historical trauma.

- C. Precipitating events if further identified or clarified by the treating hospital after admission notice.
- D. Known treatment history as relates to this episode of care to include daily status (e.g., physician orders, daily progress notes, nursing notes, physician notes, social work notes, rounds sheet, lab results) of the treating hospital.
- E. Psychiatric Health Facility (PHF) information on prior episode history that is relevant to current stay.
- F. Mental Health Plan (MHP) information of relevant and clinically appropriate client history.
- G. Medications to include medication administration records for this episode, changes in medication, response to current medication, or further recommendations.
- H. Substance use information to include any changes, inclusive of new indicators since initial intake assessment. Examples may include SUD history, any recent changes in SUD, role of SUD in current diagnosis, SUD treatment goals, motivation to change SUD, and recommended SUD treatment post discharge.
- I. Known medical history to include co-occurring factors that may be related to care of the psychiatric condition as detailed in admitting and/or ongoing history and physical, or medical treatment needs while admitted.
- J. Treatment plan including any updates and changes to the initial treatment plan and evidence of progress or symptom management.
- K. Discharge and aftercare plan to include recommended follow-up care, social, and community supports, and a recommended timeline for those activities.
- L. Number of continuing stay days requested.

Kepro shall issue a decision on the psychiatric health facility (PHF's) continued-stay-authorization request within 24 hours of receipt of the request and all information reasonably necessary to make a determination.

Keystone Peer Review Organization, Inc. (Kepro) contact information: To contact the service desk, please use the following options: Toll Free: 1-800-922-9826 (24x7), Email: servicedesk@kepro.com