

**5th ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS 5TH ADDENDUM is to that Contract for Services entered into on September 8, 2021, and as amended on June 16, 2022, and September 6, 2023, August 8, 2024 and August 6, 2025,, by and between the County of Siskiyou ("County") and Restpadd Health Corporation, Red Bluff, 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 Scope of Service, Exhibit "A", needs to be revised to reflect the Mode and Service Function Information and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS

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.

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

In Process

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this 5TH 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: _____

RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Restpadd Health Corporation, Red Bluff, California

DocuSigned by:

Date: 6/22/2026 _____

William Hunt, RN, BSN, Administrator

DocuSigned by:

Date: 6/22/2026 _____

William Hunt, RN, BSN, Administrator

DocuSigned by:

Robert Edgar, RN

Robert Edgar, RN

License No.: 31880
(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. On File

ACCOUNTING:

Fund	Organization	Account	Activity Code
2122	401030	740300	
2184	401044	795000	163A

Encumbrance number (if applicable): E2400344

FY21/22: \$0.01 (Rate)
FY22/23: \$0.01 (Rate)
FY23/24: \$0.01 (Rate)
FY24/25: \$0.01 (Rate)
FY25/26: \$0.01 (Rate)
FY26/27: \$0.01 (Rate)

Exhibit "A"

I. Scope of Services:

A. Fee For Service Access:

Contractor will provide County access to a bed space on a first come, first serve "Fee for Service" basis. County agrees to pay the all-inclusive "fee for service" daily rate as set forth in Section 2 below from the day of admission to the day of discharge.

County is eligible to receive Medi-Cal reimbursement from the State of California, Department of Health Care Services for these bed days. County may place either Adult or Children patients at Contractor's psychiatric health facility (PHF).

The County Adult System of Care will determine the appropriateness of placement based on clinical medical necessity criteria.

B. Program:

Restpadd Psychiatric Health Facility operates a Psychiatric Health Facility (PHF) providing therapeutic and rehabilitation services in a non-hospital 24-hour inpatient setting. Services are provided to individuals experiencing an acute psychiatric episode or crisis, whose physical health needs can be met by an affiliated hospital or in an outpatient setting.

The primary focus of the program is continuous diagnostic assessment of the individual's mental health status, stabilization and maintenance of the mental health condition, improvement of patient's functioning ability, and transitional planning with appropriate referrals. It is intended for individuals who have a qualified mental health condition or crisis requiring temporary care in a safe and secure environment.

Restpadd PHF plans to accept "involuntary" and "voluntary" adult or adolescent patients who are referred from county mental health agencies who meet the admission criteria established for the program. All care provided by the PHF will be pre-authorized by the referring county Adult System of Care and subject to utilization review criteria for medical and service necessity.

Patients will be discharged or transferred from this facility when: 1) the patient has successfully completed a treatment plan and no longer meets medical or service necessary criteria, 2) the patient no longer meets criteria for an involuntary hold, or 3) the patient needs a higher level of medical or psychiatric care. It is expected that all patients moving to a lower level of care (e.g., board and care, supervised living, etc.) would be returned to the county of origin for placement or other disposition.

Restpadd Psychiatric Health Facility has established relationships with other providers to handle medical care, health emergencies, higher levels of psychiatric care, and other referral needs. Other than the case of a health emergency, where an urgent referral is needed, Restpadd Psychiatric Health Facility, shall obtain approval of the County contract administrator before referring and transferring the patient to a different placement.

This psychiatric program is designed for the treatment of adult and children patients, with primary psychiatric diagnosis. The following patients are excluded:

1. Patients who have the primary diagnosis of an eating disorder (anorexia nervosa or bulimia) as defined in Section 1254.S(b) of the California Health and Safety Code.

2. Individuals with major mental disorders will not be admitted if their treatment requires medical interventions beyond the level appropriate to a psychiatric health facility, including:

- a. Severe withdrawals from substance abuse

b. Treatment for substance induced delirium and/or delirium tremens (DT)

3. Disorders caused by chronic organic brain dysfunction.

4. Behavioral, cognitive and/or physical impairment which would render the patient unable to function at a minimally acceptable level within the treatment program, such as a medically unstable patient whose safety requires treatment in a medical surgical hospital.

5. Those who meet criteria for less restrictive treatment.

C. Average Length of Stay

The length of stay at the Restpadd PHF is planned to meet the acute psychiatric needs of the patients referred to the program. Restpadd PHF will accept both voluntary and involuntary patients who meet the admission criteria for the program.

It is expected that many of the patients referred to Restpadd PHF will be on an involuntary hold, which is limited to 72 hours. These patients may receive treatment beyond that time frame if they meet continued medical necessity.

To continue treatment, a patient must either agree to be treated on a voluntary basis or must be mandated to continue on an involuntary basis by the proper legal authority.

It is anticipated that the average length of stay at the PHF will be between 3 to 5 days. Stays of less than three days, or longer than five days, will be dependent on the individual needs of the patient. In all cases, individual care will be coordinated with the County Contract Manager. Discharge planning and aftercare will be coordinated with the patient's referring agency/caseworker to ensure post discharge placement, medication support, and social, vocational, and educational services as appropriate.

Restpadd PHF is responsible for coordinating the logistics for certification review, involuntary medication, and writ hearings. County is not responsible for providing staff for advocacy during these hearings or associated costs for these hearings.

D. Admission Process

Upon receipt of physician's orders and signed consent for treatment (or 5150), the patient meeting admission criteria will be admitted to Restpadd PHF. An initial assessment will be completed by a licensed nurse. The physician's admission orders, and the nursing assessment then guide the preliminary treatment plan.

E. Assessment and Evaluation Procedures

Assessment of all patients begins on admission and is integral to the treatment process. Treatment planning is individualized according to individual needs identified through assessments. Primary assessments include the following:

Psychiatric Evaluation, Medical History and Physical, Nursing Assessment, Psychosocial History, and Recreational Specialist Assessment.

As indicated by patient need, physician and treatment team assessment, the following additional assessments may be provided:

Nutrition Assessment, Other Assessments: Laboratory, radiology, MRI, EKG/EEG, CT Scan, vocational, rehabilitation and other specialized consultations are ordered on an individualized basis to assure optimal utilization of resources. In addition, physician declaration documents will be completed as necessary in preparation for Lanterman-Petris Short (LPS) court proceedings

F. If a sudden, marked change in client's health or condition, illness, death, serious personal injury or substantial property damage occurs in connection with the performance of this Agreement, Contractor shall immediately notify the County Contract Administrator, by telephone. Contractor shall promptly submit to County a written report in such form as may be required by it of all accidents which occur in connection with the performance of this Agreement. This report must include the following information:

1. Name and address of the injured or deceased person;
2. Name and address of Contractor's subcontractor, if any; and
3. Name and address of Contractor's liability insurance carrier believed to be involved;

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 2021/22

\$1010.00 for adults per day and for adolescents is \$1275.00 per day.

Fiscal Year 2022/23

\$1,070.00 for adults per day and for adolescents is \$1,351.00 per day.

Fiscal Year 2023/24

\$1,102.00 for adults per day and for adolescents is \$1,377.00 per day.

Fiscal Year 2024/25

\$1,200.00 for adults per day and for adolescents is \$1,450.00 per day.

Fiscal Year 2025/26

\$1,236.00 for adults per day and for adolescents is \$1,494.00 per day.

Fiscal Year 2026/27

\$1,279.00 for adults per day and for adolescents is \$1,546.00 per day.

Mode of Service/Service Function	Procedure Code	Provider Type	Type of Service	Service Description	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
MS 05 SF 20	H2013	04-Psychiatric Health Facility	Hospital Inpatient	Psychiatric Inpatient	\$1,236.00 per day Adult	\$1,494.00 per day Youth	7/1/2025	6/30/2026
MS 05 SF 20	H2013	04-Psychiatric Health Facility	Hospital Inpatient	Psychiatric Inpatient	\$1,279.00 per day Adult	\$1,546.00 per day Youth	7/1/2026	6/30/2027

County agrees to pay an additional Four Hundred Dollars and No/100 Cents (\$400.00) per client, per day, for Indigent and Medi-Cal patients, for increased levels of observation (Q5 checks) or 1:1 individual care. All such services are to be coordinated with the County and prior approval shall be obtained from the Siskiyou County Health and Human Services Agency Director, Behavioral Health Division Director, or his or her Designee.

In Process

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

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