

AMENDMENT TO THE ENHANCED CARE MANAGEMENT
PROVIDER SERVICES AGREEMENT
BETWEEN

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

AND

ECM PROVIDER

COUNTY OF MENDOCINO BEHAVIORAL HEALTH AND RECOVERY SERVICES

This is an Amendment (“Amendment”) to the Enhanced Care Management Provider Services Agreement between Partnership Health Plan of California, a public entity (“**PARTNERSHIP**”) and County of Mendocino Behavioral Health and Recovery Services hereinafter referred to as (the “**PROVIDER**” or “**PROVIDER GROUP**”).

Whereas, PARTNERSHIP and PROVIDER entered into an Enhanced Care Management Provider Services Agreement effective January 1, 2022. The 2022 Enhanced Care Management Provider Services Agreement and this subsequent Amendment thereto are referred to as (the “**Agreement**”).

Whereas, PARTNERSHIP now desires to amend this Agreement for additional contract language related to Enhanced Care Management Quality Improvement Program (“ECM QIP”).

Now, therefore, in consideration of the mutual promises contained herein, PARTNERSHIP and PROVIDER agree to be legally bound as follows:

1. The Effective Date (the “Effective Date”) of this Amendment is January 1, 2022.
2. Language Provisions.
 - A. The following subsection of Section 1, Definitions, are amended as set forth below. The remaining subsections of Section 1 remain unchanged.
 1. Effective January 1, 2022, a new section 1.44, ECM Quality Improvement Program (ECM QIP), is added to the Agreement, as follows:

1.44 ECM Quality Improvement Program (ECM QIP) – Systematic activities to monitor and evaluate the clinical and non-clinical services provided to Medi-Cal Members according to the standards set forth in statute, regulations, and PARTNERSHIP Agreement with DHCS. The ECM QIP consists of processes, which measure the effectiveness of care, identifies problems, and implements improvement on a continuing basis towards an identified, target outcome measurement.
3. Section 4.12, ECM Quality Improvement Program, is added to the Agreement as follows:

- 4.12 ECM Quality Improvement Program-At PARTNERSHIP'S sole discretion, PARTNERSHIP may implement an Enhanced Care Management Quality Improvement Program ("ECM QIP") for eligible contracted ECM Providers.
- 4.12.1 At PARTNERSHIP's discretion, Provider will be eligible to participate in the ECM QIP, which is designed to adhere to the requirements of the DHCS CalAIM program. The Provider must be contracted with PARTNERSHIP within the calendar year to be eligible for participation. PARTNERSHIP will make available on its website, the ECM QIP program specifications which will further describe the requirements and measurements of the program each calendar year.
- 4.12.2 PARTNERSHIP will determine the funding amount for the ECM QIP during the normal annual PARTNERSHIP budgeting process each calendar year. PARTNERSHIP reserves the sole right to make modifications or changes to the program; including funding allocations and or to discontinue the program upon notice.

(remainder of this page is intentionally left blank)

IN WITNESS WHEREOF, the subsequent Amendment between PARTNERSHIP and PROVIDER is entered into by and between the Parties.

PROVIDER

County of Mendocino Behavioral Health and
Recovery Services

Signature: _____

Printed Name: Jenine Miller

Title: Director

Date: 4/26/22

PLAN

Partnership Health Plan of California

Signature: _____

Printed Name: Elizabeth Gibboney

Title: Chief Executive Officer

Date: 04/29/2022

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., BHRS Director

Date: 4/26/22

Budgeted: ☐ Yes ☒ No

Budget Unit: 4012, 4050

Line Item: DD-82-7805, MH-82-7805

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: [Signature]
TED WILLIAMS, Chair
BOARD OF SUPERVISORS

Date: 06/13/2022

ATTEST:

DARCIE ANTLE, Interim Clerk of said Board

By: [Signature]
Deputy 06/13/2022

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Interim Clerk of said Board

By: [Signature]
Deputy 06/13/2022

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 04/22/2022

CONTRACTOR/COMPANY NAME

By: [Signature]
Elizabeth Gibboney, Chief Executive Officer

Date: 04/29/2022

NAME AND ADDRESS OF CONTRACTOR:

Partnership HealthPlan of California
Provider Relations Department
4665 Business Center Drive
Fairfield, CA 94534

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: [Signature]
Deputy

Date: 04/22/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 04/22/2022

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ N/A
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County__