

## AMENDMENT #1

### TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND COMPASSION PATHWAYS BEHAVIORAL HEALTH, LLC

This Amendment #1 to Agreement Number 2026-022 dated January 21, 2026, by and between the County of Tehama, through its Health Services Agency (County) and Compassion Pathways Behavioral Health, LLC (Contractor) for the provision of community residential treatment services, shall be amended as follows:

**Section 3 of the Agreement is hereby amended by replacing it with the following:**

#### **3. COMPENSATION**

Contractor shall be paid in accordance with the rates set forth in the Fee Schedule, attached hereto as Exhibit "B" after satisfactorily completing the duties described in this Agreement. The total annual compensation payable to Contractor under this agreement shall not exceed \$600,000.00 during any one fiscal year (July 1 – June 30). The maximum compensation shall not exceed \$1,800,000. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement. Board and care shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

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Health care services, including medical ancillary services, such as laboratory, X-ray, or other medical services performed on-site or off-site, and other physical health services, shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

**Exhibit B shall be replaced in its entirety to include updated rates for Fiscal Year 2026/2027 as set forth on page 3 of this amendment.**

It is mutually agreed that all other terms and conditions of Agreement Number 2026-022 shall remain in full force and effect.

**IN WITNESS WHEREOF**, County and Contractor have executed this agreement on the day and year set forth below.

**COUNTY OF TEHAMA**

Date: 6/17/24

Michelle D. Schmidt  
Michelle Schmidt, Interim Executive Director

**COMPASSION PATHWAYS BEHAVIORAL HEALTH**

Date: 6/16/2026

Ifeanyi Ezeani  
Ifeanyi Ezeani, Chief Executive Officer

\_\_\_\_\_  
Vendor Number

## Exhibit B

### Rates for Services

The following are the 2026/2027 rates for services provided to Counties' Medi-Cal eligible clients with mental health illness:

- Adult Residential Treatment Services daily rates: Purchased Beds are \$390/day and Non-Purchased Beds are \$412/day.
- Crisis Residential Treatment Services daily rates: Remains unchanged for 26/27 fiscal year.
- Medication support services rates:

Code	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/Contracted Psychiatrist	Physicians Assistant	Nurse Practitioner	RN	LVN	Licensed Psychiatric Technician	LCSW/MFT (Licensed, Waivered or Registered)	Mental Health Rehab Specialist	Medical Assistant
<b>PROVIDER TYPE HOURLY</b>		\$1,137.33	\$647.27	\$717.66	\$445.52	\$254.82	\$228.55	\$380.86	\$233.83	\$199.44
99205	60	\$1,137.33	\$647.27	\$717.66						
99212	15	\$284.33	\$161.81	\$179.41						
99213	20	\$436.21	\$195.63	216.93						
99214	30	\$663.44	\$323.62	\$358.82						
H0033	15	\$284.33	\$161.81	\$179.41	\$108.40	\$63.70	\$57.21	95.22	\$59.51	\$49.86
H0034	15	\$284.33	\$161.81	\$179.41	\$108.40	\$63.70	\$57.21		\$59.51	\$49.86

- Board and Care (SSI/SSP – monthly for 2026): \$1444.07/month

**NOTES:**

- We expect that the counties we serve do participate in the Federal Financial Participation program in order to receive the maximum reimbursements from Medi-Cal for the cost of our treatment services.
- The client must be eligible for SSI/SSP to pay for board and care cost; otherwise, these costs will be paid by the referring County.

Please, contact me at 530-888-5000 or [iezeani@cpbh.net](mailto:iezeani@cpbh.net) with questions.

Thank you,  
Ifeanyi Ezeani