

COUNTY OF TULARE
SERVICES AGREEMENT AMENDMENT FORM
REVISION APPROVED 01/01/2018

**AMENDMENT TO
TULARE COUNTY AGREEMENT NO. 31723**

THIS [FIRST] AMENDMENT (“Amendment”) to Tulare County Agreement Number 31723 (the “Agreement”) is entered into by and between the **COUNTY OF TULARE** (“COUNTY”) and **PSYNERGY PROGRAMS, INC.**, (“CONTRACTOR”) as of _____, with reference to the following:

A. The COUNTY and CONTRACTOR entered into the Agreement on June 11, 2024, for the provision of residential and specialty mental health services.

B. COUNTY and CONTRACTOR now wish to amend the Agreement to replace and supersede Exhibit B, Financial Terms; Exhibit B-1, Residential Rates; and to include Exhibit B-2, Base Specialty Mental Health Services Rates.

ACCORDINGLY, COUNTY and CONTRACTOR agree as follows:

1. This Amendment becomes effective from July 1, 2024, through June 30, 2025.
2. The attached Exhibit B, Financial Terms, and Exhibit B-1, Financial Rates, hereby replaces and supersedes Exhibit B and B-1 of the original Agreement.
3. The attached Exhibit B-2, Base Specialty Mental Health Service Rates, is now added to the agreement.
4. Except as provided above, all other terms and conditions of the Agreement shall remain in full force and effect.

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COUNTY OF TULARE
SERVICES AGREEMENT AMENDMENT FORM
REVISION APPROVED 01/01/2018

**AMENDMENT TO
TULARE COUNTY AGREEMENT NO. 31723**

THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

PSYNERGY PROGRAMS, INC.

Date 10/29/2024

DocuSigned by:
Arturo Uribe
By _____
65D60C1D2FC244F...
Print Name Arturo Uribe
Title President and CEO

Date 10/29/2024

DocuSigned by:
Jean Edwards
By _____
EAA105E20F414C6...
Print Name Jean Edwards
Title CCO Director Human Resources

[Pursuant to Corporations Code section 313, County policy requires that contracts with a Corporation be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703.01, County policy requires that contracts with a Limited Liability Company be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

COUNTY OF TULARE

Date _____

By _____
Chairman, Board of Supervisors

ATTEST: JASON T. BRITT
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By _____
Deputy Clerk

Approved as to Form:
County Counsel

By Allison K. Pierce
Deputy

Matter # 20241315 10/31/2024

**EXHIBIT B
FINANCIAL TERMS
PSYNERGY PROGRAMS, INC.
FISCAL YEAR 2024/2025**

1. COMPENSATION

A. COUNTY agrees to compensate CONTRACTOR for allowed costs. The maximum contract amount shall not exceed Two Million Six Hundred Thousand Dollars (\$2,600,000) for Fiscal Year 2024/25. The maximum amount is distributed as follows:

	Maximum
Specialty Mental Health Services	\$ 1,100,000
Room and Board	\$ 1,500,000
Contract Maximum	\$ 2,600,000

B. Notwithstanding any other provision of this Agreement, in no event shall COUNTY pay CONTRACTOR more than the maximum contract amount for CONTRACTOR’s performance hereunder without a properly executed amendment.

C. If the CONTRACTOR is going to exceed the maximum contract amount due to additional expenses, it is the responsibility of the CONTRACTOR to request the amendment and provide all supporting documentation that substantiates the increase. No amendments can be requested after April 1, 2025.

D. CONTRACTOR agrees to comply with Medi-Cal requirements as set forth in the applicable Behavioral Health Information Notices found on the MedCCC library (<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>) as well as all applicable Tulare County Policy and Procedures (P&Ps) related to the delivery of Specialty Mental Health (SMH) services. Additionally, services eligible for reimbursement must otherwise comply with all other terms of this Agreement. To receive a full list of current P&Ps related to the delivery of SMH services, contact Tulare County Mental Health Managed Care/Quality Improvement Division at (559)624-8000.

E. CONTRACTOR shall be responsible for verifying the Consumer’s Medi-Cal eligibility status and will take steps as described in the applicable Tulare

County P&P to reactivate or establish eligibility where none exists. To receive a copy of the latest P&P related to the activation of a consumer's Medi-Cal insurance, please contact Tulare County Mental Health Managed Care/Quality Improvement Division at (559)624-8000.

- F. CONTRACTOR shall certify that all Units of Service (UOS) listed on the invoice submitted by the CONTRACTOR for any payor sources covered by this Agreement are true and accurate to the best of the CONTRACTOR'S knowledge.
- G. CONTRACTOR shall use funds provided by COUNTY exclusively for the purposes of performing the services described in the Scope of Services exhibit of this Agreement.
- H. COUNTY reimburses CONTRACTOR a prospective fee for services provided within the scope of this Agreement. Any third-party revenues generated from the delivery of services are, therefore, generated as the result of services financed by COUNTY and are the property of COUNTY and not CONTRACTOR. Third-party revenues include but are not limited to revenues generated from commercial insurance agencies and/or Medicare.
- I. CONTRACTOR agrees that third-party revenues received as the result of performing services within the scope of this Agreement are due to the COUNTY. COUNTY shall perform a reconciliation on a reoccurring or one-time basis, to determine any revenues received by CONTRACTOR from other payor sources. CONTRACTOR agrees to provide COUNTY with any relevant documents necessary to support COUNTY's reconciliation. CONTRACTOR may pay third-party revenues back to COUNTY through a direct payment or may elect to have COUNTY offset CONTRACTOR's final invoice for the fiscal year to recoup the amount from a future invoice.

2. CLAIMING

- A. Services rendered under the scope of this Agreement must only be to Tulare County Medi-Cal beneficiaries or uninsured residents, approved by COUNTY on a case-by-case basis.

- I. CONTRACTOR shall not request reimbursement from COUNTY for beneficiaries that are residents of another COUNTY.
 - a. In the event a beneficiary has Out-of-COUNTY Medi-Cal, but resides permanently in Tulare County, CONTRACTOR may include the services provided only when the following have been met:
 - i. CONTRACTOR has ensured the beneficiary has reported the address change, and
 - ii. CONTRACTOR provides supporting documentation as required in the applicable P&P to verify the address change has been requested. To receive a copy of the current P&P related to updating consumer Medi-Cal insurance, contact Tulare County Mental Health Managed Care/Quality Improvement Division at (559)624-8000.
- B. CONTRACTOR shall use Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual currently available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx> for documenting and claiming services.
- C. CONTRACTOR shall enter claims data into COUNTY's electronic health record (EHR) within fifteen (15) days following the close of the month in which services were rendered. If CONTRACTOR does not have access to COUNTY's EHR, claims data and all required documentation will be forwarded to COUNTY in a format that is reviewed and approved by COUNTY within fifteen (15) days following the close of the month. Claims shall be complete and accurate and must include all required information regarding the claimed services per the Specialty Mental Health Medi-Cal Billing Manual and any applicable Tulare County P&Ps. To Receive a copy of the latest P&P regarding documentation requirements, please contact Tulare County Mental Health Managed Care/Quality Improvement Division at (559)624-8000.

- D. CONTRACTOR will submit within ninety (90) days of the expiration or termination date of this agreement (whichever comes first) its final invoice for claimed services to avoid denial for late billing. In the event CONTRACTOR omitted including any eligible service on its final invoice for the fiscal year, it may still submit the claims for reimbursement so long as the service meets the 12-month billing limit.
- E. 12-month billing limit: Unless otherwise determined by State or Federal regulations. All original (or initial) claims for eligible individual persons under this Agreement must be received by COUNTY within twelve (12) months from the month of service to avoid denial for late billing.

3. INVOICING

- A. CONTRACTOR shall invoice COUNTY for SMHS monthly, in arrears, in a format that is reviewed and approved by COUNTY. Invoices shall be based on claims entered into COUNTY's EHR.
- B. Monthly payments for SMHS will be based on the units of time associated with each claimed procedure code, multiplied by the per-minute service rate annotated on Exhibit B-2 for the CONTRACTOR's Provider who rendered the service.
- C. CONTRACTOR shall invoice COUNTY for residential Room and Board services monthly, in arrears, using the rates per Exhibit B-1.
- D. Invoices shall be provided to COUNTY within fifteen (15) days after the close of the month. Following receipt and provisional approval of a monthly invoice, COUNTY shall make payment within thirty (30) days unless the invoice is subject to terms and conditions stipulated in FINANCIAL SETTLEMENT FOR MEDI-CAL BILLABLE SERVICES section of this Exhibit.
- E. Invoices may be submitted to COUNTY:
 - I. Via mail to:

Tulare County HHSA
5957 Mooney Blvd
Visalia, CA 93277
ATTN: Mental Health Department

II. Electronically to:

TulareMHP@tularecounty.ca.gov

- a. CONTRACTOR will ensure that invoice documentation containing sensitive patient data is encrypted prior to electronic transmission in accordance with local, State, and Federal regulations.

III. The CPT or HCPCS II procedure codes available to claim through COUNTY's EHR are subject to change. COUNTY reserves the right to activate and deactivate codes in the EHR system.

- F. COUNTY's payments to CONTRACTOR for the performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. COUNTY's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement.

4. FINANCIAL SETTLEMENT FOR MEDI-CAL BILLABLE SERVICES

- A. Units of service provided by CONTRACTOR through the performance of this Agreement must meet Medi-Cal claiming requirements. COUNTY shall provide a provisional payment to CONTRACTOR for units of service provided in accordance with the terms of this Agreement. COUNTY will subsequently submit those units of service provided by CONTRACTOR to Medi-Cal.
- B. In the event the state or federal government denies any or all claims submitted by COUNTY on behalf of the CONTRACTOR, COUNTY will not be responsible for any payment obligation and, accordingly, CONTRACTOR shall not seek payment from COUNTY and shall indemnify and hold harmless COUNTY from any and all liabilities for payment of any or all denied claims, including those claims that were submitted outside the period of time specified in this Agreement.
- C. CONTRACTOR shall be required to reimburse COUNTY for 100 percent (100%) of the provisional payments made by COUNTY to CONTRACTOR for units of service that have been denied by Medi-Cal.
- D. COUNTY will perform a quarterly reconciliation of Medi-Cal denied units of service. Within 90 days following the close of each quarter of the current

fiscal year term, COUNTY will provide a report to CONTRACTOR detailing the Medi-Cal denials. This report will include details sufficient to communicate the reason Medi-Cal denied the units of service and the amount of the provisional payment COUNTY reimbursed CONTRACTOR for the unit(s). This report will summarize the total amount due by CONTRACTOR to COUNTY for the denied units of service.

E. CONTRACTOR agrees to reimburse COUNTY for the provisional payment of the denied units of service in one of the following ways:

I. Reimburse COUNTY through a direct payment mailed to:

Tulare County HHSA
5957 Mooney Blvd
Visalia, CA 93277
ATTN: Behavioral Health Department

II. Allow COUNTY to offset (reduce) the total amount due from CONTRACTOR's monthly invoice.

a. If there are insufficient billing amounts due to CONTRACTOR on the next monthly invoice for COUNTY to recoup the amount due, CONTRACTOR must submit a direct payment to COUNTY for the amount due.

5. ADDITIONAL FINANCIAL REQUIREMENTS

A. CONTRACTOR shall comply with all COUNTY, State, and Federal requirements and procedures, as described in Welfare and Institutions Code Sections 5709, 5710, and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP) (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting, and deduction of all patient/client and other revenue for patients/clients receiving services hereunder.

B. Pursuant to Cal. Code Regs., tit. 9, § 1810.365, the CONTRACTOR or an affiliate, vendor, or sub-contractor of the CONTRACTOR shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary

- or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract, except to collect other health insurance coverage, share of cost, and co-payments.
- C. Consistent with 42 C.F.R. § 438.106, the CONTRACTOR or an affiliate, vendor, contractor, or sub-contractor of the CONTRACTOR shall not hold beneficiaries liable for debts in the event that the CONTRACTOR becomes insolvent, for costs of covered services for which the State does not pay the CONTRACTOR, for costs of covered services for which the State or the CONTRACTOR does not pay the CONTRACTOR's providers, for costs of covered services provided under a contract, referral or other arrangement rather than from the CONTRACTOR, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.
- D. CONTRACTOR shall maintain internal financial controls, which adequately ensure proper billing and collection procedures. CONTRACTOR shall identify and maintain a record of payment received from all potential sources, including payments made by commercial or Medicare.
- E. COUNTY shall not furnish any payments to the CONTRACTOR if that individual/entity is under investigation for any fraudulent activity. Payments in this manner will be prohibited until such investigations are completed by COUNTY or State.
- F. CONTRACTOR must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States Department of Health and Human Services may specify.
- G. CONTRACTOR agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.
- H. Federal Financial Participation, a source of funding used by COUNTY to reimburse CONTRACTOR, is not available for any amount furnished to an

Excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when COUNTY failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

- I. COUNTY has the right to monitor the performance of this Agreement to ensure the accuracy of reimbursement claims and compliance with all applicable laws and regulations.
- J. CONTRACTOR must keep records of services rendered to Medi-Cal beneficiaries for ten years, Per W&I Code 14124.1.

6. CONTRACTOR PROHIBITED FROM REDIRECTION OF CONTRACTED FUNDS [IF APPLICABLE]

- A. Funds paid to CONTRACTOR for services rendered under this agreement may not be redirected or transferred to support another program operated by CONTRACTOR except through a duly executed amendment to this Agreement.

7. FINANCIAL AUDIT REPORT REQUIREMENTS AND REASONS FOR RECOUPMENT

- A. See the Quality Management Standards Exhibit of this Agreement for additional terms regarding reasons for recoupment.
- B. COUNTY, its agents, officers, or employees, may conduct financial program audits at any time to ensure provisional payments made to CONTRACTOR are used as described in the terms of this agreement.
- C. The CONTRACTOR shall submit any documentation requested by COUNTY or State in accordance with audit requirements and needs. Requested documentation must be supplied within a reasonable amount of time.
- D. The audit shall be conducted by utilizing generally accepted accounting principles and generally accepted auditing standards.
- E. CONTRACTOR agrees that any repayment or reimbursement that must be made by COUNTY to the State of California or others as a result of an audit or conduct by CONTRACTOR, its agents, officers, or employees of the

programs or services provided under this Agreement shall be paid by CONTRACTOR, out of its own funds, within thirty (30) days after the parties are notified that repayment or reimbursement is due. For purposes of this provision, it is agreed that offsets made by the state are included within the phrase “repayment or reimbursement.”

- F. COUNTY will involve the CONTRACTOR in developing responses to any draft federal or State audit reports that directly impact COUNTY.
- G. In the event of overpayments and prohibited payments:
 - I. CONTRACTOR shall report to COUNTY within sixty (60) calendar days of payments in excess of amounts specified by contract standards.
 - II. COUNTY may offset the amount of any overpayment for any fiscal year against subsequent claims from the Contractor.
 - III. Offsets may be done at any time after COUNTY has invoiced or otherwise notified the CONTRACTOR about the overpayment. COUNTY shall determine the amount that may be withheld from each payment to the CONTRACTOR.
 - IV. CONTRACTOR shall retain documentation, policies, and treatment of recoveries of overpayments due to fraud, waste, or abuse. Such documentation should include timeframes, processes, documentation, and reporting.
- H. For pass-through entities:
 - I. If COUNTY determines that CONTRACTOR is a “subrecipient” (also known as a “pass-through entity”) as defined in 2 C.F.R. § 200 et seq., CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. CONTRACTOR shall observe and comply with all applicable financial audit report requirements and standards.
 - II. Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through COUNTY. COUNTY programs must be identified by Agreement number,

Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

- III. CONTRACTOR will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the Director. The Director is responsible for providing the audit report to COUNTY Auditor.
- IV. CONTRACTOR must submit any required corrective action plan to COUNTY simultaneously with the audit report or as soon thereafter as it is available. COUNTY shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

EXHIBIT B-1
SHORT DOYLE MEDI-CAL COUNTY CONTRACT RATES
RESIDENTIAL AND SPECIALTY MENTAL HEALTH SERVICES
PSYNERGY PROGRAMS, INC.
FISCAL YEAR 2024-2025

Psynergy Programs, Inc. (CONTRACTOR) utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent to or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

Residential Services & Supports

Supplemental Rates Augmented/Enhanced Board and Care Programs, Adult Residential Facility (ARF) Residential Care Facility for the Elderly (RCFE).

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

<i>Day Rate for Complexity Level I</i>	<i>\$177.61 per client day.</i>
<i>Day Rate for Complexity Level II</i>	<i>\$148.21 per client day.</i>
<i>Day Rate for Intensive Support Services</i>	<i>\$293.98 per client day.</i>

All Inclusive Program Rates for Vista Esperanza RCFE

Supplemental Day Rate Patch for clients with benefits:

<i>Day Rate for Inclusive Whole Person Care</i>	<i>\$249.74 per client day.</i>
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Unbenefited Clients without Social Security Insurance (SSI).

If the client does not yet receive SSI or SSI, Social Security Administration (SSA) benefits, or those benefits have been diminished due to back payments owed to other entities, or do not reflect standard residential care rates, Tulare County Health and Human Services Agency, Behavioral Health Branch (COUNTY) will provide payment to cover the delinquent and/or amount owed. monthly residential board and care rate is currently \$1,398.07 per month and is updated and increased every January 1st annually. **Additionally, the COUNTY will pay \$3.00 per day for Personal Needs of the client.** It is the responsibility of the client’s conservator to reimburse the COUNTY funds paid for on behalf of the client. COUNTY will advise CONTRACTOR if there is a change in payee or representative payee. **MUST BE INCLUDED IN FY 24/25 CONTRACTS.**

Rates for Tres Vista, Supported Accommodations / Independent Living

General community services and supports for individuals living in an unlicensed, independent setting experiencing mental distress, substance abuse, and co-occurring medical diagnoses. All meals, groups, and recreational activities are included. Application and Program Agreements must be reviewed with COUNTY prior to admission.

<i>Day Rate for Individuals with Benefits</i>	<i>\$56.35 per client day.</i>
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Bed Hold

Requests for bed holds will be made on an individual basis by COUNTY with a maximum hold of five (5) days unless prior arrangements are discussed. The Bed Hold rate will be at the client level of service, or an all-inclusive rate when they leave for the Bed Hold, Level I, Level II, or ISS.

Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation

When possible, with available staffing, CONTRACTOR will pick up new admissions from placements upon request from COUNTY. From the residence to the destination and return in a CONTRACTOR insured car and driver rate is \$55.00 per hour plus mileage. Beginning on January 1, 2024, the standard mileage rates for the use of a car, van, pickup, or panel truck will be: 65.5 cents per mile for business miles driven and is subject to change as the Internal Revenue Service (IRS) updates annually.

In the event the client is being transported to a higher level of care, when safe and appropriate, additional staff will be charged the same rate of \$55.00 per hour. If the roundtrip mileage is 200+ there may be additional costs incurred, hotel for staff, meals, and additional staff to avoid driver fatigue.

Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meals provided, hydration, and cigarette breaks if so required.

Enhanced Support and Supervision

CONTRACTOR will provide individual support and supervision with prior authorization from COUNTY.

The rate for Enhanced Support and Supervision is \$45 per hour in 15-minute increments.

Examples of individual support and supervision, but not exhaustive, are:

Stand-by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment. Stand by assistance for chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Individual support (1:1) for clients diagnosed with SPMI and Intellectual Disabilities who without this individual support are placing their housing at risk with the escalation of symptoms and behaviors. Extra support for hygiene and Activities of Daily Living (ADL) if required.

For the safety of residents and staff, standby support on an individual basis for a client who is to be moved to a higher level of support but is awaiting transfer or bed opening.

Bereavement support for individuals attending the funeral or memorial of a loved one, including transportation.

Isolation Support Services

If a resident has been ordered to stay in their room due to COVID, or other transmissible disease or diagnosis, precautions, or exposure we will be charging a rate of \$100.00 per diem for room support, bedside support, medication delivery, 1:1 support as needed. This allows the facility to bring in temporary and on-call staff for support and supervision.

Additions to contract FY24/25 contract MUST include the following to COUNTY contracts to ensure payment continues if contracts are not fully executed by July 1st. To be sent to County Counsel for each Short Doyle Medi-Cal contract.

Conservatorship Lanterman Petris Short (LPS) Declarations and Evaluations:

In consideration of California Advancing and Innovating Medi-Cal (CalAIM) and billing changes CONTRACTOR's needs to know which way you would like to compensate CONTRACTOR for LPS assessments:

- 1) Flat Rate 1st doctor assessment 90 minutes \$1,275.00 + 2nd opinion assessment 45 minutes \$637.50 total \$1,912.50
- 2) COUNTY will provide CPT code to bill County Behavioral Health Department
- 3) COUNTY can have LPS declarations and assessment can have an in-county psychiatrist provide assessment. CONTRACTOR will support the appointments through telehealth.

EXHIBIT B-2
BASE SPECIALTY MENTAL HEALTH SERVICE RATES
PSYNERGY PROGRAMS, INC.
FISCAL YEAR 2024/2025

Base Specialty Mental Health Service Rates			
Provider Group	Provider Description	Hourly Rate	Per Minute Rate
CNS Group	Certified Nurse Specialists	\$ 793.00	\$ 13.22
LPHA Group	LPHAs (MFT LCSW LPCC)/ Intern or Waivered LPHAs (MFT LCSW LPCC)	\$ 415.00	\$ 6.92
LVN Group	Licensed Vocational Nurses	\$ 251.00	\$ 4.18
MD Group	Licensed Physicians	\$ 1,199.00	\$ 19.98
MHRS Group	Mental Health Rehab Specialists	\$ 230.00	\$ 3.83
NP Group	Nurse Practitioners	\$ 793.00	\$ 13.22
OT Group	Occupational Therapists	\$ 407.00	\$ 6.78
OTHER Group	Other Qualified Practitioners	\$ 230.00	\$ 3.83
PA Group	Physicians Assistants	\$ 716.00	\$ 11.93
PEER Group	Peer Support Specialists	\$ 312.00	\$ 5.20
PHARM Group	Pharmacists	\$ 764.00	\$ 12.73
PSY Group	Psychologists (Licensed or Waivered)	\$ 642.00	\$ 10.70
PT Group	Licensed Psychiatric Technicians	\$ 215.00	\$ 3.58
RN Group	Registered Nurses	\$ 648.00	\$ 10.80