

**Amend No.1 AGREEMENT BETWEEN COUNTY OF LAKE AND NEW LIFE HEALTH  
AUTHORITY dba NEW LIFE, LLC. FOR SUBSTANCE USE DISORDER  
OUTPATIENT DRUG FREE SERVICES, INTENSIVE OUTPATIENT TREATMENT  
SERVICES, AND NARCOTIC TREATMENT PROGRAM SERVICES FOR  
FISCAL YEAR 2024-25**

This Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County,” and New Life Health Authority dba New Life, LLC, hereinafter referred to as “Contractor,” collectively referred to as the “parties.”

**RECITALS**

**WHEREAS**, the County entered into an Agreement with Contractor effective July 1, 2024, and;

**WHEREAS**, Medi-Cal Short Doyle aid code types and federal financial participation percentages have been updated.

**WHEREAS**, the contract must be amended to reflect the update made December 2023 to the Aid Code Table in section 9 in 9.10

**NOW, THEREFORE**, based on the forgoing recitals, the parties hereto agree as follows:

**9. TRIBAL 638 VOLUNTARY PROVISION OF NON-FEDERAL SHARE**

**9.10 Summary of Aid Code Table**

| <b>CODES</b> | <b>% Feds (FFP) / % State</b> |
|--------------|-------------------------------|
| <b>10</b>    | <b>50%/ 50%</b>               |
| <b>32</b>    | <b>50%/ 50%</b>               |
| <b>38</b>    | <b>50%/ 50%</b>               |
| <b>60</b>    | <b>50%/ 50%</b>               |
| <b>1H</b>    | <b>50%/ 50%</b>               |
| <b>4M</b>    | <b>50%/ 50%</b>               |
| <b>M1</b>    | <b>90%/10%</b>                |
| <b>6H</b>    | <b>50%/50%</b>                |
| <b>M3</b>    | <b>50%/ 50%</b>               |

\*Additional Aid Codes and their matching rates shall be identified and provided to the County as patients seek services.

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County and Contractor have executed this Agreement on the day and year first written above.

COUNTY OF LAKE

New Life Health Authority dba  
New Life, LLC.

Chair

Board of Supervisors

Date: \_\_\_\_\_

  
Jill Teagardin

Date: 05/14/25

APPROVED AS TO FORM:

LLOYD GUINTIVANO

County Counsel

By:   
Jacob Whittemutter, Dept. County Counsel

Date: 5/24/25

AS TO FORM:

SUSAN PARKER

Clerk to the Board of Supervisors

By: \_\_\_\_\_

Date: \_\_\_\_\_