AGREEMENT FOR SERVICES #445-PHD0505

CALWORKS SUBSTANCE ABUSE SERVICES PROGRESS HOUSE, INC.

Amendment II

THIS AMENDMENT II to that AGREEMENT made and entered into on July 1, 2005 by and between the County of El Dorado, a political subdivision of the State of California through its Public Health Department (hereinafter referred to as "County"), and Progress House, Inc, a California Nonprofit Public Benefit Corporation qualified as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, whose principal place of business is 2914 "B" Cold Springs Road, Placerville, CA 95667 (hereinafter referred to as "Contractor");

WITNESSETH

WHEREAS, Contractor is currently under agreement with County to provide substance abuse treatment services for CalWORKs clients; and

WHEREAS, County receives funding through a Department of Social Services CalWORKs Grant to be used in the provision of such services; and

WHEREAS, County has reallocated funding to CalWORKs treatment service providers and said reappropriation is allowed under the current agreement; and

WHEREAS, County and Contractor mutually agree to amend Article III, Compensation for Services.

NOW, THEREFORE, County and Contractor mutually agree to replace Article III, Compensation for Services, in its entirety with the following:

ARTICLE III

Compensation for Services: The total maximum obligation provided for by this Agreement shall not exceed \$75,156.00 over the term. County shall reimburse Contractor within 45 days of receipt of original invoices which reflect detail regarding period being billed, services performed (identified by case number), compensation due for each service, and total compensation due for all services. The basis for reimbursement shall be actual cost, paid at provisional rates per unit of service. The provisional rates applicable to services covered by this Agreement are:

0150 00

Rates for services are not to exceed the following:

Assessments:		\$150.00
Residential:	Men's Residential Day	\$ 60.00
	Women's Residential Day	77.00
	Perinatal Residential Day*	95.00
	*Includes:	
	Medi-Cal Treatment	\$76.00
	Room & Board (not covered by Medi-Cal)	\$19.00
	*Breakdown reflects Medi-Cal eligible client	s and appropriate billing.
Outpatient:		
	Individual Session (limited to intake,	
	treatment planning, treatment, discharge	
	planning, crisis intervention, collateral	¢05.00
	services and home visits) (per hour)	\$95.00
	Group Session (1.5 hours)	\$35.00
Transitional Housing (per day):		\$15.00
Case management (per hour):		\$70.00

All invoices to County shall be supported at Contractor's facility by source documentation that substantiates the accuracy, appropriateness, and necessity of services billed. Such documentation may include, but is not limited to: ledgers, books, vouchers, journals, time sheets, payrolls, signed attendance rosters, appointment schedules, client data cards, client payment records, client charts documenting services rendered, client treatment plans, cost allocation schedules, invoices, bank statements, cancelled checks, receipts, and receiving records. County may require Contractor to submit back-up documentation that supports monthly invoices along with any or all invoices. Failure of Contractor to supply requested documentation in support of any invoice may result in denial of payment by County. County shall determine the format and content of monthly invoices, and may modify invoice format and/or content at any time by giving thirty (30) days advance notice to Contractor.

Invoices shall be submitted to County at the Public Health Department, A/D Programs Division, 941 Spring Street, Suite 4, Placerville, CA 95667.

The parties do hereby agree that all other provisions of the Agreement are to remain in full force and effect and that this Agreement remains subject to early termination by County as set forth in the original document.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

COUNTY OF EL DORADO

Progress House, Inc.

A California 501(c)(3) corporation

By: _____ Date: ______ El Dorado County Board of Supervisors ATTEST: Cindy Keck, Clerk By: _____ Date: _____ Deputy Clerk CONTRACTOR By: ____ Date: ______