

**AGREEMENT FOR SERVICES #8676**  
**AMENDMENT I**

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**This First Amendment** to that Agreement for Services #8676, is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Shamanic Living Center, a California Non-Profit Corporation, duly qualified to conduct business in the State of California, doing business as Recovery in Action, whose principal place of business is 484 Pleasant Valley Road, Suite 4, Diamond Springs, California 95619 (hereinafter referred to as "Contractor");

**RECITALS**

**WHEREAS**, Contractor has been engaged by County to provide substance abuse assessments, substance abuse treatment services, and other services on an “as requested” basis for clients referred by the County of El Dorado Health and Human Services Agency (HHSA), pursuant to Agreement for Services #8676, dated October 8, 2024, incorporated herein and made by reference a part hereof (hereinafter referred to as “Agreement”);

**WHEREAS**, the parties hereto desire to amend the Agreement to update contract provisions, hereby amending **ARTICLE I, Scope of Services**;

**WHEREAS**, the parties hereto desire to amend the Agreement to update residential rates, hereby amending **ARTICLE III, Compensation for Services**, and adding **Amended Exhibit A**, marked “Amended Rates;”

**WHEREAS**, unless otherwise specified herein, the following terms and conditions shall be effective upon final execution by both parties hereto of this First Amendment to that Agreement #8676;

**NOW THEREFORE**, in consideration of the foregoing and the mutual promises and covenants hereinafter contained, County and Contractor mutually agree to amend the terms of the Agreement in this First Amendment to Agreement #8676 on the following terms and conditions:

**1) ARTICLE I, Scope of Services**, of the Agreement is amended in its entirety to read as follows:

**ARTICLE I**

**Scope of Services:** Contractor agrees to furnish the personnel and equipment necessary to provide single or multiple units or sessions of substance abuse treatment, counseling, and related services (Service) on an “as requested” basis to clients (Client) referred by County’s HHSA.

**A. Professional License Requirements:**

1. **Counseling Services:** Shall be provided by a currently Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC) or Psychologist whose license has been issued and is regulated by the State of California, or as amended by California Department of Consumer Affairs, Board of Behavioral Sciences. Certified and Registered Counselors also may provide substance abuse counseling services, per California Code of

Regulations Title 9, Chapter 8, Section 13000 et seq. Said license(s) must be considered clear, i.e., license renewal fees have been paid, continuing education requirements (if applicable) have been met, and there have been no actions or revocations placed against it by the State licensing or certifying agency.

- a. The California Department of Consumer Affairs, Board of Behavioral Sciences and the California Department of Consumer Affairs, Board of Psychology do not have reciprocity with any other state licensing board. Therefore, any LCSW, LMFT, LPCC, or Psychologist who is providing HHS approved services to a client who is receiving services outside California must have a current, clear license issued and regulated by the appropriate certifying agency for the state in which they are practicing.
  - b. Counselors who are Certified, Registered, or Licensed in other States must comply with California Code of Regulations Title 9, Chapter 8, Section 13030 regarding reciprocity.
  - c. Contractor shall notify County within five (5) business days of any pending Federal, State, County, City, or licensing or governing agency investigations or investigation findings, disciplinary actions, or administrative actions found against Contractor or Contractor's employees' professional license(s). This includes but is not limited to formal accusations, citations, revocations, suspensions, stayed revocations or suspensions, probation, voluntary or mandatory surrender of license, or formal public reprimand.
    - i. Within five (5) business days of formal accusations, citations, revocations, suspensions, stayed revocations or suspensions, probation, voluntary or mandatory surrender of license, or formal public reprimand, Contractor shall provide County with copies of Court accusations and/or dispositions relating to Contractor or Contractor's employee's license.
    - ii. Contractor shall provide initial and ongoing proof of compliance with probationary stipulations.
2. Interns: Effective January 1, 2018, in accordance with Business and Professions Code, Section 4980.09, "interns" shall be called "associates." If any service is delegated to an intern or associate (including, but not limited to Associate Marriage and Family Therapist, Registered Associate Marriage and Family Therapist, Associate Professional Clinical Counselor, or Registered Associate Professional Clinical Counselor), the intern or associate must be pre-licensed by the appropriate certifying state agency and all service assignments must be under the direct supervision of a currently licensed Psychologist, Psychiatrist, LCSW, LPCC, or LMFT as described above. No intern or associate shall be the sole author of any written initial visit report or any other report that pertains to Client or Client's treatment plan. All Client-related documents must be reviewed, approved, and signed by said licensed Psychologist, Psychiatrist, LCSW, LPCC, or LMFT.

B. Services: Attendance at Court Appearances, Child and Family Team (CFT) meetings, Multidisciplinary Team (MDT) meetings, and counseling sessions shall be in-person or by teleconference. Contractor shall provide services including, but not limited to the following:

1. Related Case Management

- a. Case Management/Care Coordination – This function shall be performed to integrate and coordinate all necessary services and to help ensure successful treatment and

recovery. Case management may include evaluating insurance and payment resources, determining the nature of services to be provided, planning the delivery of treatment services, identifying appropriate treatment resources, referring Client(s) to other resources as appropriate, monitoring Client progress, documenting treatment, participating in case conferences, and similar types of activities. For Clients referred by the CalWORKs/Welfare-to-Work program, said case management shall include addressing the circumstances which led the Client to CalWORKs assistance, including engaging in problem-solving and identifying goals with the ultimate goal of obtaining financial self-sufficiency. For Clients referred by the Child Welfare Services program said case management shall include addressing the circumstances which led the Client to Child Welfare Services interventions, including assisting the Client in problem solving, identifying goals, and exploring alternative behaviors.

- b. Juvenile Court Appearance – As arranged by and upon notification from the Court, or as the Court directs County, or upon subpoena, Contractor shall attend Client-related Juvenile Court Appearances.
  - c. Child and Family Team (CFT) Meeting and Multidisciplinary Team (MDT) Meeting Appearances – Upon request by County, Contractor shall attend CFT and/or MDT Team meetings. The definition of CFT and MDT Team meetings as it applies to this Agreement excludes any community-based teams or organizations in which County considers Contractor, Contractor’s staff, or assignees to be regular standing members. Contractor shall be paid for these appearances at the negotiated rate for time actually spent attending the CFT and/or MDT Team meetings. CFT services shall be in accordance with Welfare and Institutions Code (WIC) 16501(a)(4).
2. Counseling and Assessment
- a. Individual Counseling and Group Counseling – Upon request by County, Contractor shall provide the requested assessment and counseling. Said counseling shall be conducted in a confidential setting where all individual or group members understand and respect the expectation of maintaining strict confidentiality. Further, said confidential setting shall restrict access to individuals not participating in group or individual counseling. Contractor may choose to terminate the client’s services after the client has missed two (2) scheduled appointments.
  - b. Initial Alcohol and Other Drug (AOD) Assessment – Upon request by County, Contractor shall provide the requested initial AOD assessment. The definition of an initial assessment as it applies to this agreement is the initial process that identifies clients who may have an AOD disorder. Initial assessment includes a face-to-face or telehealth interview by a registered or certified Substance Use Counselor and shall include the assessment, review, and a letter of recommendation. The program uses a multidimensional assessment tool which will be completed by a registered or certified counselor. The assessment will then be reviewed by a Licensed Marriage and Family Therapist (LMFT) or Licensed Practitioner of the Healing Arts (LPHA). If there is a diagnosis it will be noted along with the recommended level of care (if there is a lack of diagnosis and/or level of care, this will also be noted). The LPHA will compile a letter of recommendation and provide a diagnosis and level of care (or lack of), based on the findings of the assessment. Assessment is the procedure which a counselor/program identifies and evaluates an individual’s strengths, weakness, problems and needs. This also includes identifying appropriate treatments

and frequency of treatments, referring Client(s) to other resources as appropriate, planning the delivery of treatment services, identifying and documenting problem lists, and addressing goals to be reached including action steps/target dates to resolve the problems. For Child Welfare Services (CWS) Client(s), Initial AOD Assessment shall identify and include a plan to participate in the CWS case plan, as appropriate. For Welfare-to-Work (WTW) Client(s), Initial AOD Assessment shall identify and include a plan to participate in WTW-approved activities, as appropriate.

3. Substance Abuse Tests – Upon request by County, Contractor shall provide substance abuse testing services including nail, hair, urinalysis, and ETG tests. Contractor shall send all positive tests to the lab for confirmation. Once confirmation/results are received from the lab within approximately five (5) business days, Contractor shall provide HHSA with written confirmation of all positive test results. Substance Abuse Tests and Lab Confirmation shall be billed in accordance with Amended Exhibit A titled “Amended Rates.”
4. Recovery Housing
  - a. Perinatal Recovery Residence – Upon request by County, Contractor shall provide cooperative living arrangements with a requirement to be free from alcohol and other drugs (sometimes referred to as a “sober living environment,” a “sober living home,” “transitional housing” or “alcohol and drug free housing”) and where random drug testing will be provided. Perinatal Recovery Residence housing for women includes accommodations for infants and young children. The individuals in the household are under the supervision of a house manager and will be provided with connections to services throughout the county. Individuals will be assessed to determine needs for treatment and supported to access the appropriate level of treatment they need. It is an expectation from the County that clients increase their share of cost for recovery housing over time, and the monthly cost to County per client will decrease. These will be assessed on a case-by-case basis.

Services shall only be provided following verbal or email authorization from HHSA staff to Contractor. Any verbal or email authorization to perform services under this Agreement will be confirmed to Contractor by signed HHSA Authorization. Multiple units of service (Multiple Units) shall be defined as one or more units of same or similar service(s) provided to Client(s) on a single day.

Contractor shall contact HHSA staff, at no charge to County, to inform them of Client appointment no-shows, cancellations, or any other urgent concerns directly affecting Client or Client’s treatment plan.

Contractor shall not transport Clients in the course of providing services under this agreement.

- C. Reports: Contractor shall provide written reports to HHSA, including but not limited to the following:
  1. Juvenile Court Document – Upon request by County, at no charge to County, and within the time limit specified by County, Contractor shall provide HHSA staff with comprehensive written reports for County’s use in court. This request would be distinct from the original written assessment/initial visit report.

2. Client Initial Visit and Initial AOD Assessment Report – Upon request by County, at no charge to County, and within thirty (30) calendar days of Client’s initial visit, Contractor shall provide HHSA staff with a written initial visit report or initial AOD assessment report that shall detail Contractor’s professional evaluation of Client including, but not limited to the prognosis and estimated length of treatment, goals, and treatment recommendations. Contractor shall submit a Client Initial Visit Report similar in content and format with the following sample “Client Initial Visit Report” available as a fillable form via the website <https://www.eldoradocounty.ca.gov/Health-Well-Being/Health-and-Human-Services/HHSA-Contractor-Resources>. The 30-day timeframe can be extended by HHSA staff.
3. Client Progress Reports – Upon request by County, at no charge to County, and within the time limit specific by County, Contractor shall provide HHSA staff with a written progress report that shall detail Contractor’s professional evaluation of Client including, but not limited to the prognosis and estimated length of treatment, goals and progress toward goals, and summary of progress. Contractor shall submit a Client Progress Report similar in content and format with the following sample “Client Progress Report” available as a fillable form via the website <https://www.eldoradocounty.ca.gov/Health-Well-Being/Health-and-Human-Services/HHSA-Contractor-Resources>.
4. Substance Abuse Test Result – Upon request by County, at no charge to County, all test results, positive and negative, are sent by Contractor to County at the end of each month along with a monthly client progress report. Positive test results requiring lab confirmation are sent to County once Contractor receives confirmation from the lab and are billed in accordance with Amended Exhibit A “Amended Rates” under substance abuse test type titled “Lab Confirmation”. One-day authorization tests are sent by Contractor to County immediately to notify County that the test has been completed.

The above written reports are a required deliverable of this Agreement and Contractor’s failure to provide them to HHSA within the specified time limits described above shall be considered a breach of this Agreement. County shall not be obligated to pay for the services provided to the client until the requested written reports have been submitted. At its sole option, County may delay payment until such time as the reports are received; in addition, County may proceed as set forth herein Article titled “Default, Termination, and Cancellation.”

It is a further requirement of this Agreement that all written reports submitted to HHSA shall contain the report writer’s electronic or original signature. It is recommended, but not required, that all original signatures be made using blue ink. Electronic signatures shall have the same force and effect as manual signatures. This signature shall act as a declaration that the contents of the written report(s) are accurate.

Reports shall be sent as follows, or as otherwise directed in writing by County:

<i>Email (preferred method)</i>	<i>Fax</i>
<p data-bbox="365 199 682 231"><a href="mailto:leslie.griffith@edcgov.us">leslie.griffith@edcgov.us</a></p> <p data-bbox="316 235 730 346">Please include in the subject line: “Contract #, Service Month, Description/Program”</p>	<p data-bbox="885 199 1339 378">County of El Dorado Health and Human Services Agency Attn: Leslie Griffith Re: Agreement #8676 Fax: (530)626-7427</p>

or to such other location or email as County directs.

**D. HHSA Authorizations for Service(s):**

1. Prior to payment for any service(s) detailed under ARTICLE I, Scope of Services or ARTICLE III, Compensation for Services, Contractor shall obtain an HHSA Authorization that has been signed by HHSA staff.
2. A member of the HHSA Executive Management Team (HHSA Executive Management) reserves the right to review and approve for reimbursement, on a case-by-case basis, service(s) not explicitly addressed under ARTICLE I, Scope of Services or ARTICLE III, Compensation for Services. Prior to providing any Client service(s) NOT detailed under ARTICLE I, Scope of Services or ARTICLE III, Compensation for Services, Contractor shall obtain an HHSA Authorization that has been signed by HHSA staff and HHSA Executive Management.
3. County shall not pay for any services that have not been approved by an HHSA Authorization, incomplete or unsatisfactory services, as determined by HHSA in its sole discretion, “no shows,” cancellations, or telephone calls made for the purposes of scheduling and coordinating services. Contractor also shall not be compensated for services provided to Client outside of the authorized service dates identified on said HHSA Authorization unless HHSA Executive Management otherwise approves payment for services outside of said service dates. A copy of the Authorization shall be included with the invoice containing the service it pertains to and both documents shall be submitted to HHSA at the address indicated in ARTICLE III, Compensation for Services. Failure to submit a copy of the HHSA Authorization with Contractor’s invoice may result in payment being withheld until said Authorization is submitted.
4. County may provide retroactive authorization for services outlined in the Agreement, or as amended, or waive any required authorization(s) for such services when special circumstances exist as determined by County Contract Administrator, HHSA Director and the Agency Chief Financial Officer, or their designees, and will provide written notice of this determination to Contractor (if applicable) in accordance with the Article titled “Notice to Parties.”

**2) ARTICLE III, Compensation for Services,** of the Agreement is amended in its entirety to read as follows:

**ARTICLE III**

**Compensation for Services:** For services provided herein, including any deliverables that may be identified herein, County agrees to pay Contractor upon the satisfactory completion and County’s acceptance of work, in arrears. Payment shall be made within forty-five (45) days following County’s receipt and approval of invoices identifying the services rendered.

A. **Rates:** For the purposes of this Agreement, for the period beginning on October 8, 2024, and continuing until the effective date of this First Amendment, the billing rates shall be in accordance with Exhibit A, marked “Rates.” For the period beginning the effective date of this First Amendment to the Agreement and continuing through the remaining term of the Agreement, the billing rates shall be in accordance with Amended Exhibit A, marked “Amended Rates,” incorporated herein and made by reference a part hereof. Rates may be updated annually upon written approval, to include electronic communication, from County’s Contract Administrator or designee. Rate changes are subject to written approval by the County Contract Administrator or designee. County acceptance of rate changes will be submitted to Contractor via written notice in accordance with the Article titled “Notice to Parties”. Contractor shall submit rate change requests in writing to County at least thirty (30) days in advance of a rate change. There is a mutual understanding between Contractor and County that any service(s) that are Medi-Cal billable should be billed to Medi-Cal first and should only be billed to the County as the payor of last resort.

Travel expenses, including, but not limited to travel time, meals, lodging, and mileage shall not be paid by County.

B. **Invoices:** It is a requirement of this Agreement that Contractor shall submit an original invoice, similar in content and format with the Health and Human Services Agency (HHSA) invoice template linked online at <https://ElDoradoCounty.ca.gov/HHSA-Contractor-Resources>, and shall reference this Agreement number on their faces.

Invoices shall be sent as follows, or as otherwise directed in writing by County:

<b><i>Email (preferred method):</i></b>	<b><i>U.S. Mail:</i></b>
<p style="text-align: center;"><a href="mailto:SSCWSinvoice@edcgov.us">SSCWSinvoice@edcgov.us</a> Please include in the subject line: “Contract #, Service Month, Description/Program”</p>	<p style="text-align: center;">County of El Dorado Health and Human Services Agency Attn: Finance Unit 3057 Briw Road, Suite B Placerville, CA 95667-5321</p>

or to such other location or email as County directs.


**Supplemental Invoices:** For or the purpose of this Agreement, supplemental invoices shall be defined as invoices submitted for additional services, previously disallowed services, or inadvertently not submitted services rendered during a month for which a prior invoice has already been submitted to County. Supplemental invoices should include the standard invoice format with description of services rendered. Supplemental Invoices for services provided during the period July 1<sup>st</sup> through June 30<sup>th</sup> for each fiscal year of this Agreement and received by County after July 31<sup>st</sup> of the subsequent fiscal year, shall be neither accepted nor paid by the County. Requests for exceptions to pay an invoice received after July 31<sup>st</sup> of the subsequent year, must be submitted in writing, and must be approved by the Health and Human Services Agency’s Chief Fiscal Officer.

In the event that Contractor fails to deliver, in the format specified, the deliverables and reports required by this Agreement, County at its sole option may delay the payment for the period of time of the delay, cease all payments until such time as the required deliverables or reports are

received, or proceed as set forth below in the Article titled “Default, Termination, and Cancellation,” herein.

Except as herein amended, all other parts and sections of that Agreement #8676 shall remain unchanged and in full force and effect.

**Requesting Contract Administrator Concurrence:**

By:   
[Leslie Griffith \(Oct 29, 2024 16:35 PDT\)](#)  
Leslie Griffith, MSW  
Assistant Director, Protective Services  
Health and Human Services Agency

Dated: 10/29/2024

**Requesting Department Head Concurrence:**

By:   
[Olivia Byron-Cooper \(Oct 29, 2024 17:04 PDT\)](#)  
Olivia Byron-Cooper, MPH  
Director  
Health and Human Services Agency

Dated: 10/29/2024

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to Agreement for Services #8676 on the dates indicated below.

-- COUNTY OF EL DORADO --

By: Michele Weimer  
Michele Weimer (Nov 4, 2024 12:14 PST)  
Purchasing Agent  
Chief Administrative Office  
"County" Dated: 11/04/2024

-- SHAMANIC LIVING CENTER  
doing business as  
RECOVERY IN ACTION --

By: Michael Shepard  
Michael Shepard (Oct 30, 2024 10:27 PDT)  
Michael Shepard  
Chief Executive Officer  
"Contractor" Dated: 10/30/2024

By: Curtis Ludwick  
Curtis Ludwick  
Secretary Dated: 11-1-2024

**Shamanic Living Center doing business as Recovery in Action  
Amended Exhibit A  
Amended Rates**

<b><u>GENERAL SERVICE RATES</u></b>				
<b><u>Service Type</u></b>	<b><u>Service Details</u></b>	<b><u>County Standardized Rate (Effective Upon Execution of First Amendment-10/31/2025)</u></b>	<b><u>County Standardized Rate (Effective 11/01/2025 – 10/31/2026)</u></b>	<b><u>County Standardized Rate (Effective 11/01/2026 – 10/31/2027)</u></b>
<b><i>Related Case Management</i></b>	<p><b><i>Case Management/Care Coordination.</i></b> For the purpose of helping the Client get referrals to other providers such as medical, dental, and therapy, etc.</p> <p><b><i>Juvenile Court Appearance.</i></b> Upon court subpoena and prorated for time actually spent at the pertinent juvenile court appearance. If appearance is cancelled with less than 24-hours' notice, Contractor may invoice for two (2) hours of time. If appearance is cancelled with 24 or more hours' notice, Contractor may <b>not</b> invoice for the appearance.</p> <p><b><i>Child &amp; Family Team (CFT) Meeting and Multidisciplinary Team (MDT) Meeting.</i></b> Upon request by County and prorated for time spent at the pertinent CFT/MDT meeting. County shall only pay Contractor when County specifically requests Contractor's attendance. If meeting is cancelled with less than 24 hours' notice, Contractor may invoice for two (2) hours of time. If meeting is cancelled with 24 or more hours' notice, Contractor may <b>not</b> invoice for the meeting.</p>	<p><b>Case Management</b> \$30 Per 15 Minute Increment</p> <p><b>Court Appearance</b> \$30 Per 15 Minute Increment [Maximum of 60 Minutes Per Session]</p> <p><b>CFT/MDT Meeting</b> \$40 Per 15 Minute Increment [Maximum of 120 Minutes Per Session]</p>	<p><b>Case Management</b> \$35 Per 15 Minute Increment</p> <p><b>Court Appearance</b> \$35 Per 15 Minute Increment [Maximum of 60 Minutes Per Session]</p> <p><b>CFT/MDT Meeting</b> \$45 Per 15 Minute Increment [Maximum of 120 Minutes Per Session]</p>	<p><b>Case Management</b> \$40 Per 15 Minute Increment</p> <p><b>Court Appearance</b> \$40 Per 15 Minute Increment [Maximum of 60 Minutes Per Session]</p> <p><b>CFT/MDT Meeting</b> \$50 Per 15 Minute Increment [Maximum of 120 Minutes Per Session]</p>

<p><b>Substance Abuse Counseling and Assessment</b></p>	<p><b>Individual Counseling Session.</b> Upon request by County, minimum of 15 minutes per individual counseling session, per individual. Individual sessions include but are not limited to intake, case management, care coordination and discharge planning.</p> <p><b>Group Counseling Session.</b> Upon request by County, minimum of 90 minutes per group outpatient session, per group counseling participant. Minimum of 180 minutes per group intensive outpatient session and per group counseling participant. One (1) or more therapists or counselors treat no less than two (2) and no more than twelve (12) group therapy participants at the same time.</p> <p><b>Initial Alcohol and Other Drug (AOD) Assessment.</b> Upon request by County, minimum of 60 minutes per individual AOD assessment, per individual. Initial AOD assessment includes a face-to-face or telehealth interview by a registered or certified Substance Use Counselor, assessment, review, and letter of recommendation.</p>	<p><b>Individual Counseling</b> \$30 Per 15 Minute Increment [Minimum of 15 Minutes Per Session]</p> <p><b>Group Outpatient Counseling</b> \$65 Per Session [Minimum of 90 Minutes Per Session]</p> <p><b>Group Intensive Outpatient</b> \$130 Per Session [Minimum of 180 Minutes Per Session]</p> <p><b>Initial AOD Assessment</b> \$195 Per Session [Minimum of 60 Minutes Per Session]</p>	<p><b>Individual Counseling</b> \$35 Per 15 Minute Increment [Minimum of 15 Minutes Per Session]</p> <p><b>Group Outpatient Counseling</b> \$67 Per Session [Minimum of 90 Minutes Per Session]</p> <p><b>Group Intensive Outpatient</b> \$135 Per Session [Minimum of 180 Minutes Per Session]</p> <p><b>Initial AOD Assessment</b> \$205 Per Session [Minimum of 60 Minutes Per Session]</p>	<p><b>Individual Counseling</b> \$40 Per 15 Minute Increment [Minimum of 15 Minutes Per Session]</p> <p><b>Group Outpatient Counseling</b> \$70 Per Session [Minimum of 90 Minutes Per Session]</p> <p><b>Group Intensive Outpatient</b> \$140 Per Session [Minimum of 180 Minutes Per Session]</p> <p><b>Initial AOD Assessment</b> \$215 Per Session [Minimum of 60 Minutes Per Session]</p>
<p><b>Reports</b></p>	<p><b>Juvenile Court Document Preparation.</b> Upon request by County and at no charge to the County. Within 30 calendar days of the request, Contractor shall provide HHSA staff with comprehensive written reports for County's use in court. This is separate from the initial AOD assessment report. The 30-day timeframe can be extended by HHSA staff.</p> <p><b>Initial AOD Assessment Report.</b> Upon request by County and at no charge to the County. Within 30 calendar days of Client's initial AOD assessment, Contractor shall provide HHSA staff with a brief written client initial AOD</p>	<p><b>No charge for any reports</b></p>	<p><b>No charge for any reports</b></p>	<p><b>No charge for any reports</b></p>

<p>assessment report. The 30-day timeframe can be extended by HHSA staff.</p> <p><b>Client Progress Report.</b> Contractor provides monthly progress reports to County each month to include progress or lack of progress in treatment and drug test results. Upon request by County and at no charge to the County, Counselors shall provide updates to HHSA staff to communicate concerns on an as needed basis. Within 30 calendar days of the as needed request, Contractor shall provide HHSA staff with an as needed written progress report. The 30-day timeframe can be extended by HHSA staff.</p> <p><b>Substance Abuse Test Result.</b> Upon request by County and at no charge to the County, Contractor shall provide HHSA staff with positive test results upon receipt from the lab. All other results will be sent to HHSA staff with the monthly progress report.</p>			
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Substance Abuse Testing Services Rates: Includes nail, hair, and/or urinalysis collection and written analysis of findings. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.

<b><u>SUBSTANCE ABUSE TEST RATES</u></b>				
<b><i>Substance Abuse Test Type</i></b>	<b><i>Substance Abuse Test Details</i></b>	<b><u>County Standardized Rate (Effective Upon Execution of First Amendment-10/31/2025)</u></b>	<b><u>County Standardized Rate (Effective 11/01/2025 – 10/31/2026)</u></b>	<b><u>County Standardized Rate (Effective 11/01/2026 – 10/31/2027)</u></b>
<b><i>Nail Test (5 panel)</i></b>	<i>On-site test that detects the presence of:</i> 1. <i>Amphetamines</i> a. <i>Amphetamine (AMP1000 or AMP300)</i> b. <i>Methamphetamine (M-AMP)</i>	\$157 per test	\$163 per test	\$170 per test

	<ul style="list-style-type: none"> <li>c. <i>Methylenedioxyamphetamine (MDMA)</i></li> <li>d. <i>Methyldiethanolamine (MDEA)</i></li> <li>e. <i>Methylenedioxyamphetamine (MDA)</i></li> </ul> <ul style="list-style-type: none"> <li>2. <i>Cannabinoids</i> <ul style="list-style-type: none"> <li>a. <i>Marijuana (THC)</i></li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>3. <i>Cocaine</i> <ul style="list-style-type: none"> <li>a. <i>Norcocaine</i></li> <li>b. <i>Benzoylcegonine</i></li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>4. <i>Opiates</i> <ul style="list-style-type: none"> <li>a. <i>Codeine</i></li> <li>b. <i>Hydrocodone</i></li> <li>c. <i>Hydromorphone</i></li> <li>d. <i>Morphine (MOP300)</i></li> <li>e. <i>Oxymorphone</i></li> <li>f. <i>Oxycodone (OXY)</i></li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>5. <i>Phencyclidine</i> <ul style="list-style-type: none"> <li>a. <i>Phencyclidine (PCP)</i></li> </ul> </li> </ul>			
<b>Hair Test (5 Panel)</b>	<p><i>Hair test (must be at least 10cm in length) will go back 90 days and provide a positive or negative result/presence of:</i></p> <ul style="list-style-type: none"> <li>1. <i>Opiates (OPI2000)</i></li> <li>2. <i>Cocaine</i></li> <li>3. <i>Marijuana (THC)</i></li> <li>4. <i>Methamphetamine (M-AMP)</i></li> <li>5. <i>Benzodiazepines (BZO)</i></li> </ul>	\$107 per test	\$113 per test	\$120 per test
<b>Hair/Nail Test (ETG)</b>	<p><i>Stand-alone or add on lab test that detects the presence of:</i></p> <ul style="list-style-type: none"> <li>1. <i>Ethyl glucuronide (ETG) when someone has consumed alcohol</i></li> </ul>	\$107 per test	\$113 per test	\$120 per test
<b>Hair/Nail Test (Fentanyl)</b>	<p><i>Stand-alone or add on lab test that detects the presence of:</i></p> <ul style="list-style-type: none"> <li>1. <i>Fentanyl</i></li> </ul>	\$127 per test	\$133 per test	\$140 per test
<b>Instant Urinalysis (UA) (14 panel)</b>	<p><i>On-site test that detects ONLY the presence of:</i></p> <ul style="list-style-type: none"> <li>1. <i>Amphetamine (AMP1000 or AMP300)</i></li> <li>2. <i>Barbiturates (BAR)</i></li> <li>3. <i>Benzodiazepines (BZO)</i></li> <li>4. <i>Buprenorphine (BUP)</i></li> <li>5. <i>Cocaine Metabolite (COC150 or COC300)</i></li> <li>6. <i>Marijuana (THC)</i></li> <li>7. <i>MDMA (Ecstasy)</i></li> <li>8. <i>Methadone (MTD)</i></li> <li>9. <i>Methamphetamine (M-AMP)</i></li> <li>10. <i>Morphine (MOP300)</i></li> <li>11. <i>Opiates (OPI2000)</i></li> <li>12. <i>Oxycodone (OXY)</i></li> </ul>	\$43 per test	\$46 per test	\$50 per test

	13. Phencyclidine (PCP) 14. Propoxyphene (PPX) and Tricyclic Antidepressants (TCA)			
<b>Urinalysis (UA) (ETG)</b>	Lab test (sent to the lab) that detects the presence of: 1. Alcohol (ETG 80 Hour).	\$38 per test	\$41 per test	\$45 per test
<b>Urinalysis (UA) (10 panel + ETG)</b>	Lab test that detects the presence of: 1. Amphetamine (AMP1000 or AMP300) 2. Barbiturates (BAR) 3. Benzodiazepines (BZO) 4. Cocaine Metabolite (COC150 or COC300) 5. Creatinine 6. Alcohol (80hr ETG) 7. Opiates(OPI2000) 8. Oxycodone (OXY) 9. Phencyclidine (PCP) 10. Marijuana (THC) 11. Ethyl glucuronide (ETG) when someone has consumed alcohol	\$63 per test	\$66 per test	\$70 per test
<b>Urinalysis (UA) (Xylazine)</b>	Stand-alone or add on (to the 10 panel UA/ETG) lab test that detects the presence of: 1. Xylazine	\$30 per test	\$33 per test	\$35 per test
<b>Lab confirmation</b>	Lab confirmation for positive tests that detect the presence of: 1. Amphetamine (AMP1000 or AMP300) 2. Barbiturates (BAR) 3. Benzodiazepines (BZO) 4. Buprenorphine (BUP) 5. Cocaine Metabolite (COC150 or COC300) 6. Marijuana (THC) 7. MDMA (Ecstasy) 8. Methadone (MTD) 9. Methamphetamine (M-AMP) 10. Morphine (MOP300) 11. Opiates (OPI2000) 12. Oxycodone (OXY) 13. Phencyclidine (PCP) 14. Propoxyphene (PPX) and Tricyclic Antidepressants (TCA)	\$23 per test	\$26 per test	\$30 per test

**RESIDENTIAL SERVICE RATES**

<b><u>Residential Service Type</u></b>	<b><u>Residential Service Details</u></b>	<b><u>*County Standardized Rate (Effective Upon Execution of First Amendment- 10/31/2025)</u></b>	<b><u>*County Standardized Rate (Effective 11/01/2025 – 10/31/2026)</u></b>	<b><u>*County Standardized Rate (Effective 11/01/2026 – 10/31/2027)</u></b>
<b>Recovery Housing</b>	<p><b>Perinatal Recovery Residence.</b> Upon request by County, per day, per individual. Perinatal Recovery Residence for women which includes accommodations for infants and young children. The individuals in the household are under the supervision of a house manager and will be provided with connections to services throughout the county. Individuals will be assessed to determine needs for treatment and supported to access the appropriate level of treatment they need. This will be a sober placement and random drug testing will be provided as part of the standardized rate.</p> <p>On a case-by-case basis, County shall pay for recovery housing with an expectation that Client copays will increase over time while County costs will decrease.</p>	\$32.25 per one (1) day per (1) woman [no extra charge for infants/children]	\$32.25 per one (1) day per (1) woman [no extra charge for infants/children]	\$32.25 per one (1) day per (1) woman [no extra charge for infants/children]

*\*Rates may be updated annually upon written approval, to include electronic communication, from County's Contract Administrator or designee. Recovery Housing rates are dependent upon Contractor's lease agreement which is reviewed annually. Once Contractor has completed their annual lease review, Contractor will provide County with updated recovery housing rates annually.*