

# AGREEMENT FOR SERVICES #010-S1711 AMENDMENT II

Adult Inpatient/Residential Treatment Services

This Amendment II to that Agreement for Services #010-S1711, 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 Crestwood Behavioral Health, Inc., a Delaware Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 520 Capitol Mall, Suite 800, Sacramento, CA 95814, and whose Agent for Service of Process is Maria Stefanou, 520 Capitol Mall, Suite 800, Sacramento, CA 95814 (hereinafter referred to as "Contractor").

# RECITALS

WHEREAS, Contractor has been engaged by County to provide long-term, twenty-four (24) hour programs and facilities for mentally ill adults (hereinafter referred to as "Client" or "Clients") for the Health and Human Services Agency (HHSA) in accordance with Agreement for Services 010- S1711, dated May 17, 2016; and Amendment I to that Agreement dated September 16, 2016, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend Article III – Compensation for Services, Article IV – Maximum Obligation, Article XII – Notice to Parties, and amend and replace Exhibit B.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #010-S1711 shall be amended a second time as follows:

Articles III, IV, XII, and Exhibit B are amended in their entirety to read as follows:

# **ARTICLE III**

# **Compensation for Services:**

A. Rates: As per Section 5912 of the Welfare and Institutions Code amended by Assembly Bill 1054(a), as long as contracts require institutions for mental disease to continue to be licensed and certified as skilled nursing facilities by the State Department of Mental Health, they shall be reimbursed for basic services at the rate established by the State Department of Health Care Services. Rates will be effective annually, on July 1, at the percentage increase established by the State Department of Health Care Services. Notice of rate changes shall be

submitted, in writing, to the address noted in the Article titled, "Notice to Parties." Said notice shall be provided at least thirty (30) days in advance of a rate change. Upon County of El Dorado's Health and Human Services Agency's written confirmation of receipt of the rate change, the revised rates shall be incorporated by reference as if fully set forth herein.

Rates for services provided pursuant to this Agreement shall be in accordance with Exhibit B – Amendment II, marked "Crestwood Behavioral Health, Inc. Billing Rate Schedule," attached hereto and incorporated by reference herein.

- B. It is expressly understood and agreed between the parties hereto that the County shall make no payment for County Clients and have no obligation to make payment to Contractor unless the services provided by Contractor hereunder received prior written authorization from the Health and Human Services Agency Director, or designee. It is further agreed that County shall make no payments for services unless Contractor has provided County with evidence of insurance as outlined in the Article titled "Insurance" hereof. County may provide retroactive authorization when special circumstances exist, as determined by the Health and Human Services Agency Director, or designee.
- C. For Clients who receive Supplemental Security Income (SSI) benefits or have sufficient alternative income, Client/Client's payee may be required to pay a residential share of cost to Contractor. For Clients who do not receive SSI benefits and do not have other income, County may be required to pay the residential share of cost until the Client begins to receive SSI benefits or income from an alternative source. At that time, the responsibility for this additional payment will return to the Client/Client's payee. Should retroactive SSI benefits or other income be received on behalf of Client for any period during which County paid this residential share of cost, County will be reimbursed for such payments, to the extent funds are available. County may provide retroactive authorization when special circumstances exist, as determined by the Health and Human Services Agency Director, or designee.
- D. Bed Holds: Holding a bed while a Client is absent from the facility shall require written pre-authorization by the County Contract Administrator in the form of a Bed Hold Authorization form (Exhibit A). Bed holds shall be paid at the same rate (may be adjusted by Contractor for meals) as if the Client were present at the facility, as established in Exhibit B Amendment II, "Crestwood Behavioral Health, Inc. Billing Rate Schedule." In the event a bed hold exceeds fourteen (14) days, further authorization requires the approval of the HHSA Director or designee.
- E. It is expressly understood and agreed between the parties hereto that County shall not authorize payment to Contractor unless Contractor adheres to the terms and conditions of this Agreement. It is further agreed that County shall not authorize payment for services unless Contractor has provided County with evidence of insurance coverage as outlined in the Article titled "Insurance" of this Agreement. County may provide retroactive authorization when special circumstances exist, as determined by the County's Director of the Health and Human Services Agency, or Director's designee.
- F. Invoices/Remittances: Contractor shall submit monthly invoices no later than thirty (30) days following the end of a "service month" except in those instances where Contractor obtains written approval from County's Director of the Health and Human Services Agency or Director's designee granting an extension of the time to complete billing for services or expenses. For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with the Article titled "Scope of

Services." Invoices shall be submitted along with supporting documentation including units of service by individual client served, dates of service detail for each client, and facility at which services were provided, for review and authorization.

Invoices/Remittance shall be addressed as indicated in the table below or to such other location as County or Contractor may direct per the Article titled "Notice to Parties."

Mail invoices to:	Mail remittance to:								
Health & Human Services Agency	Crestwood Behavioral Health, Inc.								
3057 Briw Road, Suite B	PO Box 7095								
Placerville, CA 95667	Stockton, CA 95267-0095								
Attn: Fiscal Unit									

For services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following the County's receipt and approval of itemized invoice(s) identifying services rendered.

In the event that Contractor fails to deliver the documents or other deliverables required by the individual Work Orders issued pursuant to this Agreement, County at its sole option may delay the monthly payment for the period of time of the delay, cease all payments until such time as the deliverables are received, or proceed as set forth herein below in the Article titled, "Default, Termination, and Cancellation."

## **ARTICLE IV**

**Maximum Obligation:** The maximum contractual obligation under this Agreement shall not exceed \$4,200,000.00 for all of the stated services during the term of the Agreement.

## **ARTICLE XII**

# **Notice to Parties:**

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

COUNTY OF EL DORADO Health and Human Services Agency 3057 Briw Road Placerville, CA 95667 ATTN: Contracts Unit

or to such other location as the County directs.

# with a carbon copy to

COUNTY OF EL DORADO Chief Administrative Office Procurement and Contracts Division 330 Fair Lane Placerville, CA 95667 ATTN: Purchasing Agent

Notices to Contractor shall be addressed as follows:

CRESTWOOD BEHAVIORAL HEALTH, INC. 520 Capitol Mall, Suite 800 Sacramento, CA 95814

ATTN: President, or successor

or to such other location as the Contractor directs.

Except as herein amended, all other parts and sections of that Agreement #010-S1711 shall remain unchanged and in full force and effect.

Requ	lesting Contract Administrator Concurrence:		
Ву: _	Jamie Samboceti Deputy Director Health and Human Services Agency	Dated: 4/13/17	_
Requ	nesting Department Head Concurrence:		
By: _	Patricia Charles-Heathers, Ph.D. Director Health and Human Services Agency	Dated: <u> </u>	_
//			
//			

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to that Agreement for Services #010-S1711 on the dates indicated below.

# -- COUNTY OF EL DORADO --

Shiva Frentzen, Chair Board of Supervisors

"County"

ATTEST:

James S. Mitrisin

Clerk of the Board of Supervisors

Deputy Clerk

Dated:

5123/17

# --CONTRACTOR--

CRESTWOOD BEHAVIORAL HEALTH, INC. A DELAWARE CORPORATION

- Dated:

4/18/2017

**CFO** 

"Contractor"

By:

Gary Zeyen

Controller

"Contractor"

Dated: 4/18/12

### Exhibit B - Amendment II Crsetwood Behavioral Health, Inc. Billing Rate Schedule

$\Box$	Α	В	С	D	E	F	G	Н		J	К	L	M	N	0	Р
1		Facility	# of Beds	Туре	Age	Levels	Rates	: 7/1/2016-6/30	0/17	KI ZIF	Rates	: 7/1/2017-6/3	0/18	Rates	s : 7/1/2018-6/3	0/19
2	Angwin	Crestwood Center at Napa Valley			, ,		Day Rate	Enhanced	Total	DE-NO.	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		295 Pine Breeze Drive, Angwin, CA	250													
3 l		94508	54	MHRC	_	1	\$0.00	\$303.00	\$303.00		\$0.00	\$314.00	\$314.00	The Inc.		
4						2	\$0.00	\$242.00	\$242.00		\$0.00	\$250.00	\$250.00	200		
5						3	\$0.00	\$197.00	\$197.00		\$0.00	\$204.00	\$204.00			<u> </u>
6	Bakersfield	Behavioral Health Center					Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		6700 Eucalyptus Drive, Suite A,								- X						
7		Bakersfield, CA 93306	64	MHRC		1	\$0.00	\$256.00	\$256.00		\$0.00	\$265.00	\$265.00			
8						2	\$0.00	\$568.00	\$568.00		\$0.00	\$588.00	\$588.00			
9		Bridge Program			90m		Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		6744 Eucalyptus Drive, Bakersfield, CA											2.2.22	100		
10		93306	15	Soc. Rehab	ton or the			\$176.00	\$176.00			\$185.00	\$185.00			
11		Psychiatric Health Facility #1			-		Day Rate	Enhanced	Total	Enne Co	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		6700 Eucalyptus Drive, Suite C,												W. L.		
12		Bakersfield, CA 93306	14	PHF					\$937.00				\$984.00			
13		Psychiatric Health Facility #2					Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		6700 Eucalyptus Drive, Suite C,														
14		Bakersfield, CA 93306	16	PHF					\$937.00				\$984.00			
15	Carmichael	American River Residential Sys.					Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
									011400	State of the			****			
16		4741 Engle Road, Carmichael, CA 95608	28	Soc. Rehab			D D (		\$116.00				\$122.00		4 .500	
17		Psychiatric Health Facility					Day Rate	Enhanced	Total	120.00	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
40		4741 Freds Deed Comished CA 05(00	12	DITE					0011.10				6011.12			
18 19	Chula Vista	4741 Engle Road, Carmichael, CA 95608	12	PHF			D D (	P. 1	\$811.13		D 7		\$811.13	D D .		m . 1
19	Chuia vista						Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
20		960 3rd Avenue, Chula Vista, CA 91911		MHRC		1		\$362.00	\$362.00	214	1	6200.00	6200.00	N		
21		1900 3rd Avenue, Chuia Vista, CA 91911		MITIC	-							\$398.00	\$398.00			
22					-	2		\$310.00	\$310.00 \$259.00	*	2-	\$342.00	\$342.00			
					-	3	6254.00	\$259.00			F077.00	\$285.00	\$285.00			
23	Francisco	Duideshausa				Bed Hold	\$254.00		\$254.00		\$277.00	Polyand	\$277.00	D. D. A.	Puland	T-4-1
25	Eureka	Bridgehouse 2370 Buhne Street, Eureka, CA 95501		DOCC		SALL BUT TO THE	Day Rate	Enhanced	Total		Day Rate	Enhanced	<b>Total</b> \$158.00	Day Rate	Enhanced	Total
26		Behavioral Health Center		RCFE			D D	E-1	Negotiated	19 500	D. D.	P. L		T-4-1	Polomod	T-4-1
27				MHRC	-	1	Day Rate	\$267.00	Total \$267.00	DE LUCIO	Day Rate	<b>En hanced</b> \$276.00	Total \$276.00	Total	Enhanced	Total
28		2370 Buhne Street, Eureka, CA 95501  Pathway		MARC		Name of Street, or other Designation of the Owner, where the Parket of the Owner, where the Owner, which the Owner, where the Owner, which the	D D . 4.	The second second second		7. 7.	D. B.			Total	F-11	T-4-1
29		2370 Buhne Street, Eureka, CA 95501		ARF			Day Rate	Enhanced	Total \$176.00		Day Rate	Enhanced	Total \$176.00	Total	Enhanced	Total
30	Fremont	Treatment Center		ARF			Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
30	Premont						Day Kate	Emianced	Total		Day, Kate	Ellianceu	Total	Day Kate	Emanceu	Total
31		2171 Mowry Ave., Fremont, CA 94538			65+	GTC Non MediCal	Current MC	\$124.00	\$124.00		Current MC	\$124.00	\$124.00			
32		2171 Mowry Ave., Fremont, CA 94558		1	UJT	Neuro-Behav	\$0.00	\$124.00	\$124.00		\$0.00	\$124.00	\$124.00			
32 I					1	Conversion	\$0.001	\$124.00	\$124.00		\$0.001	\$124.00	\$124.00			
						(Requires Private				10000						
22						Room)	\$0.00		\$270.20		\$0.00		\$270.20			
33		Crestwood Manor - Fremont		-1-7	1	Koolii)	Day Rate	Enhanced	Total		Day Rate	Enhanced	Total			Total
24		4303 Stevenson Blvd., Fremont, CA				1976 1 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976	Day Rate	Ennanced	Total	SHEET,	Day Nate	Emanceu	TOTAL	-		Total
		94538		Non-IMD		1	\$0.00	\$29.00	\$29.00	herite en	\$0.00	\$29.00	\$29.00	10=1=0		
,,				IAOH-HAID	1		\$0.00	\$53.00	\$53.00		\$0.00	\$53.00	\$53.00			
35		177556							ו טט.כנג		1 JU.00 I	עט כנה.				
36		174336			-	2					\$0.00					
36 37		177336				3	\$0.00	\$84.00	\$84.00		\$0.00	\$84.00	\$84.00			
36		174330									\$0.00 \$0.00					

### Exhibit B - Amendment II Crsetwood Behavioral Health, Inc. Billing Rate Schedule

	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	Р	
1		# of Facility Beds Type Age Levels					Rates	: 7/1/2016-6/3	0/17		Rates	s : 7/1/2017-6/3	0/18	Rates: 7/1/2018-6/30/19			
40		Crestwood Manor- Fremont	Deus	Турс	65+	2	\$0.00	\$21.00	\$21.00		\$0.00	\$21.00	\$21.00		0,1,1,2010 0,0		
41		Crestwood (vianor- 1 remont		-	65+	3	\$0.00	\$29.00	\$29.00		\$0.00	\$29.00	\$29.00				
42				-	65+	4	\$0.00	\$53.00	\$53.00		\$0.00	\$53.00	\$53.00				
		D.:   D			03+	4								Day Date	Eubanand	Total	
43	Fresno	Bridge Program			1 1		Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
44		153 North "U" Street, Fresno, CA 93701	15	Soc. Rehab					\$176.00				\$185.00				
45		Psychiatric Health Facility			N To		Day Rate	Enhanced.	Total	100 000	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
		4411 East Kings Canyon Road, Fresno,												1			
46		CA 93702	16	PHF					\$0.00				\$0.00				
47	Kingsburg						Day Rate	Enhanced	Total	As of 1/1/17	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
-	Tanigo an g			1	T												
48		1200 Smith Street, Kingsburg, CA 93631		MHRC	1 1	1	\$400.00		\$400.00	\$362,00	\$414.00		\$414.00				
49		, , , , , , , , , , , , , , , , , , , ,		1.111110	1 1	2	\$350.00		\$350.00	\$310.00	\$362.00		\$362.00				
50					+ +	3	\$300.00		\$300.00	\$259.00	\$311.00		\$311.00				
51					+ +	Bed Hold	\$250.00		\$250.00	\$254.00	\$259.00		\$259.00				
52	Modesto	Manor				Dea Hola	Day Rate	Enhanced	Total	\$254.00	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
32	Modesto	TATALIOF			1		Day Rate	Ennanceu	Total		Day Nate	Ellianceu	Iotai	Day Kate	Ennanceu	Total	
- 1		1400 Calasta Drive Madasta CA 05355	104	CNIC/CTD		,	60.00	627.00	627.00		50.00	627.00	627.00				
53		1400 Celeste Drive, Modesto, CA 95355	184	SNF/STP	-	11	\$0.00	\$37.00	\$37.00		\$0.00	\$37.00	\$37.00				
54				Non-IMD	-	2	\$0.00	\$53.00	\$53.00		\$0.00	\$53.00	\$53.00				
55						3	\$0.00	\$79.00	\$79.00		\$0.00	\$79.00	\$79.00				
56				1		4	\$0.00	\$105.00	\$105.00	The state of the	\$0.00	\$105.00	\$105.00				
57						Sub Acute		Negotiable				Negotiable					
58						Non-Medi-Cal	Current MC				Current MC						
59					65+			\$21.00	\$21.00			\$21.00	\$21.00				
60					65+			\$53.00	\$53.00			\$53.00	\$53.00				
61	Pleasant Hill	Bridge Program					Day Rate	Enhanced	Total	a lor manage	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
$\neg$		550 Patterson Blvd., Pleasant Hill, CA															
62		94523	64	ARF					\$116.00				\$122.00				
63		The Pathway					Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
-		550 Patterson Blvd., Pleasant Hill, CA			200		- Jan 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Dissilated					101111	24, 141,			
64		94523	16	Soc. Rehab					\$171.00	N 1005			\$180.00			-	
65	Redding	Wellness & Recovery Cntr		Boo. Itenao			Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
33	Reduing	3052 Chum Creek Road, Redding, CA			1 1		Day Rate	Lillanceu	1 Otal		Day Rate	Dimanced	IVIAI	Day Rate	Dimaneed	10.01	
66		9602	99	SNF/STP	18-64	1	\$198.82	\$21.00	\$219.82		\$204,94	\$21.00	\$225.94				
67		7002	77			2			\$219.82				\$246.94				
				IMD	18-64		\$198.82	\$42.00			\$204.94	\$42.00					
68					18-64	3	\$198.82	\$53.00	\$251.82		\$204.94	\$53.00	\$257.94				
69					18-64	4	\$198.82	\$105.00	\$303.82	8 4 4	\$204.94	\$105.00	\$309.94				
70					65+	1	\$0.00	\$0.00	\$0.00	8	\$0.00	- \$0.00	\$0.00				
71					65+	2	\$0.00	\$21.00	\$21.00	1000	\$0.00	\$21.00	\$21,00				
72					65+	3	\$0.00	\$53.00	\$53.00		\$0.00	\$53.00	\$53.00		THE REAL PROPERTY.		
73	Sacramento	Center			بالتاب		Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total	
		2600 Stockton Blvd., Sacramento, CA								Telephon of							
74		95817	99	MHRC			\$0.00	\$212.00	\$212.00	(STATIONE)	\$0.00	\$219.00	\$219.00				
75						Sub Acute	\$0.00	\$256.00	\$256.00		\$0.00	\$265.00	\$265.00				
			16	PHF				\$817.61	\$817.61	THE PARTY OF THE P		\$817.61	\$817.61				
76																	

# Exhibit B - Amendment II Crsetwood Behavioral Health, Inc. Billing Rate Schedule

	Α	В	С	D	E	F	G	Н		J	К	L	М	N	0	Р
	11		# of				2	Bu bose en	0.115	William .	Date	5/1 DO15 (D	0/10	Dat	7/1 0010 (/2)	0/10
78	San Diego	Facility Center	Beds	Type	Age	Levels	Day Rate	: 7/1/2016-6/3 Enhanced	Total		Day Rate	: 7/1/2017-6/3 Enhanced	Total	Day Rate	es: 7/1/2018-6/3 Enhanced	Total
<del>/</del> 8	San Diego	5550 University Ave, Suite A, San Diego,			1		Day Rate	Ennanceo	Total		Day Rate	Emilanced	10141	Day Rate	Emianced	Total
79		CA 92105		MHRC	1 1	1	\$0.00	\$362.00	\$362.00		\$0.00	\$398.00	\$398.00			
801		CR 72103		WITHCE	1 1	2	\$0.00	\$310.00	\$302.00		\$0.00	\$342.00	\$342.00			
81		Ì	- 10	T	<del>- 1</del>	3	\$0.00	\$259.00	\$259.00		\$0.00	\$285.00	\$285.00	- 100		
82					1 1	Bed Hold	\$254.00	\$257.00	\$254.00	0.00	\$277.00	\$205.00	\$277.00	M. M.		
83	San Jose	Center			-	Bearloid	Day Rate	Enhanced	Total	20 Jan 19 11 11 11 11 11 11 11 11 11 11 11 11	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
	oun dose	1425 Fruitdale Avenue, San Jose, CA			1 1		2									Will be
84		95128	173	MHRC		1	\$0.00	\$253.00	\$253.00		\$0.00	\$262.00	\$262.00			
85		77.13		Pregnant	+	2	\$0.00	\$264.00	\$264.00	I BOTH	\$0.00	\$273.00	\$273.00			
		Psychiatric Health Facility - Santa								The state of						
86		Clara					Day Rate	Enhanced	Total	Daniel Co.	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
		1425 Fruitdale Avenue, San Jose, CA								W 12 18 18 18						
87		95128	16	PHF				\$960.00	\$960.00			\$960.00	\$960.00			
88						Indigent		\$1,069.00	\$1,069.00			\$1,069.00	\$1,069.00			
89	Solano	Center	1011				Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
										The same of						
90		2201 Tuolumne Street, Vallejo, CA 94589		PHF				\$845.00	\$845.00			\$887.00	\$887.00			
91		Our House					Day Rate	Enhanced	Total	1	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
$\neg$										T DESIGN						
92		2201 Tuolumne Street, Vallejo, CA 94589	78	ARF					\$110.00	0.100			\$116.00			
93	Stockton	Manor				10	Day Rate	Enhanced	Total		Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
94		1130 Monaco, Stockton, CA 95207	190	SNF/STP	1 1	1	\$0.00	\$32.00	\$32.00		\$0.00	\$32.00	\$32.00			
95 l				Non-IMD	1 1	2	\$0.00	\$34.00	\$34.00	I I Ka	\$0.00	\$34.00	\$34.00	- 100		
96				ì	1 1	3	\$0.00	\$53.00	\$53.00		\$0.00	\$53.00	\$53.00			
97						4	\$0.00	\$79.00	\$79.00	FELL ST	\$0.00	\$79.00	\$79.00			
98						5	\$0.00	\$105.00	\$105.00	EURSES	\$0.00	\$105.00	\$105.00			
99						Sub Acute	Negotiable				Negotiable					
100						Non-Medi-Cal	Current MC				Current MC					
101					65+		İ	\$21.00	\$21.00			\$21.00	\$21.00	A STATE OF THE STA		
102					65+			\$53.00	\$53.00	1630		\$53.00	\$53.00			
103	Vallejo	Manor					Day Rate	Enhanced	Total	THE PARTY	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
104		115 Oddstad Drive, Vallejo, CA 94589			65+	1		\$0.00	\$0.00	1 W 1 W 1		\$0.00	\$0.00			
105					65+	2		\$21.00	\$21.00			\$21.00	\$21.00			
106				1	65+	3		\$53.00	\$53.00	- XIA		\$53.00	\$53.00			
107		Recovery & Rehabilitation Cntr					Day Rate	Enhanced	Total	1 7 2 10	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
										THE PERSON						
108		115 Oddstad Drive, Vallejo, CA 94589	60	MHRC		1		\$313.00	\$313.00			\$324.00	\$324.00			
109					II	2		\$266.00	\$266.00			\$275.00	\$275.00			
110				1	$\Box$	3		\$236.00	\$236.00			\$244.00	\$244.00			
111			-			4		\$221.00	\$221.00	SI STE		\$229.00	\$229.00			
112		Hope Center				600	Day Rate	Enhanced	Total	FAT 250	Day Rate	Enhanced	Total	Day Rate	Enhanced	Total
113		115 Oddstad Drive, Vallejo 94589	24	RCFE*					\$121.00				\$127.00			
114		Legend:														
115		ARF = Adult Residential Facility		SNF / STP = S	killed Nu	rsing Facility with S	Special Treatmen	t Programs					V			
116		IMD = Institution for Mental Disease		SNF = Skilled 1	Nursing l	Facility										
		MHRC = Mental Health Rehabilitation														
		Center		Soc. Rehab = S	ocial Re	habilitation Facility										
117																
117 118		PHF = Psychiatric Health Facility		MC= Medi-Ca				ential Facility for			RCFE = Resid					