

AGREEMENT FOR SERVICES #721-PHD0408
AMENDMENT I

This Amendment I to that Agreement for Services #721-PHD0408, 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 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 principle place of business is 2914 "B" Cold Springs Road, Placerville, CA 95667; (hereinafter referred to as "Contractor");

WITNESSETH

WHEREAS, the Department of Public Health has been reorganized and is now known as the Public Health Division of the Health Services Department; and

WHEREAS, Contractor has been engaged by County to provide assessment, substance abuse treatment services, and drug testing for clients who qualify to participate in the Program in accordance with Agreement for Services #721-PHD0408, effective July 1, 2008, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to increase the *Total Maximum Combined SATTa and SACPA Obligation* of this Agreement, hereby amending Article III; and

WHEREAS, the parties hereto have mutually agreed to modify the Administrator of said Agreement, hereby amending Articles XIII and XXVI; and

WHEREAS, the parties hereto have mutually agreed to modify Exhibit B in form as well as modifying the language content of original item C.6 regarding Ancillary Services, hereby amending and replacing original Exhibit B with the amended Exhibit B attached hereto and incorporated herein; and

WHEREAS, the parties hereto have mutually agreed to modify the standard payment rates for required services to conform to the California Alcohol and Drug Program Drug Medi-Cal rates, hereby amending Article III, and replacing the original Exhibit C with the amended Exhibit C attached hereto and incorporated herein; and

NOW THEREFORE, the parties do hereby agree that Agreement for Services #721-PHD0408 shall be amended a first time as follows:

I. All references in the original agreement to the County "Public Health Department" or "PHD" shall be deemed to refer to the Public Health Division of the Health Services Department.

II. Article III shall be amended in its entirety as follows:

Article III. Compensation for Services:

The total maximum obligation of County for services provided under this Agreement is set forth below, by funding type.

SACPA Proposition 36 Treatment Services Obligation:

FFY 2008/09 Funds in original agreement	\$37,557.00
FFY 2008/09 Funds carry forward interest from fund balance	22,570.00
FFY 2008-09 Increase based upon projected compensation required for service level	12,500.00
Total Maximum FFY 2008/09 SACPA Obligation of This Agreement	\$72,627.00

SATTA Drug Testing Funds Obligation:

FFY 2007/08 Funds (must be expended by June 30, 2009)	\$3,812.00
FFY 2007/08 Funds (must be expended by June 30, 2009)	
Increase based upon projected compensation required for service level.	5,162.00
FFY 2008-09 Funds (available October 1, 2008 through June 30, 2009)	10,014.00
Total Maximum FFY 2007/08 & 2008/09 SATTA Obligation Of This Agreement	\$18,988.00

TOTAL PROVISIONAL AMOUNT OF THIS AGREEMENT **\$91,615.00**

TOTAL NOT TO EXCEED AMOUNT OF THIS AGREEMENT **\$117,000.00**

Prior Year Services

County has accepted services performed by Contractor meeting the description under Article I, Scope of Services, prior to the effective date of this Agreement as outlined below:

Hair Strand Tests	March 2008	\$285.00
Hair Strand Tests	May 2008	\$380.00
Detoxification & Drug Tests	June 2008	\$1,586.00
Outpatient Substance Abuse Treatment	June 2008 Supplement	<u>\$1,869.75</u>
		\$4,120.75

County agrees to compensate Contractor in the amount of \$4,120.75 for such prior services. The total amount herein agreed to be paid by County, including the amount for services performed as described under Article I during the term July 1, 2008 through June 30, 2009, and the additional agreed payment of \$4,120.75 for prior accepted services, shall not exceed \$91,615.00.

Substance Abuse testing will be reimbursed at the following fixed rates. The fixed rates payable under this Agreement are as follows:

Urinalysis substance abuse testing	\$30.00
Ethyl glucuronide testing, aka EtG testing	\$40.00
Hair Strand Testing	\$95.00

Any other substance abuse testing method deemed appropriate by the County Referral Team may be reimbursed if prior authorization is obtained from the El Dorado County Alcohol and Drug Programs Proposition 36 Coordinator according to the approved rate specified on the authorization form.

The Total Provisional Amount of this Agreement is the maximum amount to which Contractor is entitled by County; however, Contractor may submit a written formal request to County to increase that amount and County will consider that request. The Health Services Department Administrator in his or her discretion, and depending upon funding availability, may increase or decrease the Total Provisional Amount of this Agreement, and may revise the component amounts of the Total Provisional Amount of this Agreement, as detailed in the grant and/or funding obligations above, up to but not to exceed the Total Not to Exceed Amount of this Agreement, by written notice to Contractor. County shall not be obligated to pay Contractor for any amount above the established Total Provisional Amount of this Agreement as shown herein above or as approved and authorized in writing by the Health Services Department Director.

Contractor shall plan for even expenditure of funds provided by this Agreement throughout the term of the Agreement. That is, one twelfth of the Total Provisional Amount of this Agreement shall be budgeted for the service delivery each month. To the maximum extent possible, Contractor shall deliver services each month that are commensurate with one twelfth of the total dollar amount available to pay for those services. To ensure that services are available continuously throughout the term of this Agreement, County reserves the right to defer payment of any amount included on a monthly invoice that exceeds one twelfth of the Total Provisional Amount of this Agreement. Further, in the event Contractor expends the entire Total Provisional Amount of this Agreement before the end of the term of the Agreement, and County has not previously deferred payment, the County offers no assurance that any additional amounts will be made available.

State regulatory information on allowable costs and activities is contained in Section 9530 of Exhibit A, attached.

Standardized Service Definitions – Exhibit C (amended)

Billing rates for services performed during the month following execution of this Amendment I and all subsequent months during the term of this agreement shall be in accordance with the State-approved Drug Medi-Cal (DMC) rates in effect for the period in which services were performed. This standardized rate provision applies to all substance abuse and other therapeutic counseling and treatment services, as defined in Exhibit C as amended, attached hereto and made a part hereof, regardless of the type of funding used for such services, as set forth in Article III above. Approved DMC rates may be obtained by Contractor from the California Department of Alcohol and Drug Programs (State ADP) website (currently <http://www.adp.ca.gov/dmc/dmc.shtml>) or by contacting State ADP or County ADP directly. Any changes made by the State to DMC rates, and the effective date of those changes, shall be as defined by the State and automatically become a part herein. Should the State at any time provide notification that it does not have approved DMC rates, Contractor shall continue to use the last approved DMC rates in effect prior to such notification, until the State identifies new approved DMC rates. The effective date of new State-approved rates will be as stipulated by the State.

Compensation Method

County shall pay Contractor for not more than the actual cost of services performed, less any revenues actually received from client fees, insurance, and/or other third party payers, provided that:

- I. All services provided shall be billed at the units of measure defined in Exhibit C attached herein, at the maximum rates as specified in Article III above.
- II. The total payments shall not exceed the County's Total Maximum Obligation, by funding type, as set forth in Article III of this Agreement.
- III. 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 charges, 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 backup documentation, and may modify the format and/or content at any time by giving thirty (30) days advance notice to Contractor.
- IV. All Contractor costs must be allowable pursuant to applicable State and Federal laws, regulations, policies and procedures, as set forth in Article I.
- V. Costs shall be reconciled annually in the cost report, as detailed in Article IX of this Agreement.
- VI. County shall reimburse Contractor within forty-five (45) days of receipt of original invoices that identify the date of service, period being billed, services performed, client who received services, compensation due for each service and total compensation due for all services. All

services identified in the original invoice must be authorized by a supporting County Authorization form signed by El Dorado County Health Services Department Alcohol and Drug Program Proposition 36 Coordinator. The aggregate of amounts invoiced in any funding category may not exceed the total maximum obligation of that funding category.

III. Article XXVI shall be amended in its entirety as follows:

Article XXVI Administrator:

The County Officer or employee with responsibility for administering this Agreement is Shirley White, Alcohol and Drug Programs Manager, or successor, hereinafter referred to as Administrator.

IV. Article XIII shall be amended in its entirety as follows:

Article XIII Notices:

All notices given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid. For purposes of this Agreement, any notice provided by County shall be given by Health Services Department Director. Notices to County from Contractor, and to Contractor from County shall be in duplicate and addressed as follows:

Notices to County shall be in duplicate and addressed as follows:

**COUNTY OF EL DORADO
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: NEDA WEST, DIRECTOR, HEALTH SERVICES DEPARTMENT**

Notices to Contractor shall be in duplicate and addressed as follows

**PROGRESS HOUSE, INC.
2914 "B" COLD SPRINGS ROAD
PLACERVILLE, CA 95667
ATTN: TOM AVEY, EXECUTIVE DIRECTOR**

VII. Original Exhibit B shall be amended and replaced with amended with Exhibit B attached hereto and incorporated herein.

VIII. Original Exhibit C shall be amended and replaced with amended Exhibit C attached hereto and incorporated herein.

Except as herein amended, all other parts and sections of that Agreement #721-PHD0408 shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #721-PHD0408 on the dates indicated below.

--COUNTY OF EL DORADO--

Dated: _____



By: _____
Ron Briggs, Chairman
Board of Supervisors
"County"

ATTEST:
*Suzanne Allen de Sanchez, Clerk
of the Board of Supervisors*

By: _____ Date: _____
Deputy Clerk

- CONTRACTOR -

Dated: 12/30/2008

PROGRESS HOUSE, INC.

By: Tom Avey
Tom Avey, Executive Director
Progress House, Inc.
A California 501 (c) (3) Corporation

EXHIBIT B (amended)
DEFINITION OF SERVICES

1) Core Services

The following core services shall be available to SACPA Program participants.

- a) Assessment and reassessment to appropriate service levels using the Addiction Severity Index (ASI) assessment tool, the American Society of Addiction Medicine Patient Placement Criteria tool (ASAM), or a related county approved assessment tool.
- b) Recovery and treatment planning.
- c) Individual outpatient sessions.
- d) Group outpatient sessions.
- e) Case management.
- f) Crisis intervention.
- g) Addiction education.
- h) Health education.
- i) Residential treatment.
- j) Drug testing.
- k) Discharge planning and referrals.

(Note: El Dorado County will provide SACPA services under Drug Medi-Cal to all eligible participants. For this reasons, the lengths of group and individual sessions must conform to Drug Medi-Cal standards regardless of the funding source.)

2) Service Levels

Core services, as defined above, shall be delivered through a treatment program that offers differing service levels appropriate to individual client needs. Following is a description of the required service levels.

- a) Level I: *Low intensity outpatient education and treatment services* are those services or activities provided to adults who are willing to cooperate in their own treatment but need motivating and monitoring to sustain the recovery process. Level I services are appropriate for participants who are able to maintain abstinence or control their substance use and to pursue recovery goals with minimal support. Participants placed in this service level are in a supportive recovery environment or have the necessary coping skills to deal with a non-supportive recovery environment. Services at this level shall exist for a minimum of three (3) months with one to three (1-3) months of additional services available upon request from the treatment provider and subsequent approval by the County Referral Team.

Level I services shall include: one intake appointment, once weekly attendance at an outpatient group session and referral to ancillary services as needed. All ancillary services must be pre-authorized by the County Referral Team to be eligible for payment.

- b) Level I: *Dual diagnosis services* means outpatient group sessions for participants with co-occurring substance abuse and mental health diagnoses. For participants who can benefit

- c) from this specialized service, and with approval from the County Referral Team, dual diagnosis group sessions may be substituted for Level I core outpatient group sessions, but may not be offered in addition to core outpatient group sessions.
- d) Level II: *High intensity outpatient education and treatment services* are those services provided to adults whose resistance to treatment is high enough to require a structured program, but not so high as to render outpatient treatment ineffective. This level of service may also be indicated for individuals whose addiction symptoms intensify while participating in low intensity outpatient services. Services at this level shall exist for a minimum of six (6) months, with one to three (1-3) months of additional services available upon request from the treatment provider and subsequent approval by the County Referral Team.

Level II service shall include: one intake appointment; once weekly attendance at group education for the first six (6) weeks, for a maximum of six (6) classes; once weekly attendance at an outpatient counseling group for the first six (6) weeks, then twice weekly attendance at outpatient group counseling and referral to ancillary services as needed. All ancillary services must be pre-authorized by the County Referral Team to be eligible for payment.

- e) Level II: *Dual diagnosis services* means outpatient group sessions for participants with co-occurring substance abuse and mental health diagnoses. For participants who can benefit from this specialized service, and with approval from the County Referral Team, dual diagnosis group sessions may be substituted for Level II core outpatient group sessions, but may not be offered in addition to core outpatient group sessions.

Clients receiving Level I or Level II services shall be held to the following participation protocol:

- Client is permitted three (3) absences throughout the course of Level I treatment services. If client exceeds three (3) absences, treatment provider must send a drop form to Probation and the Project Coordinator.
 - Client is permitted eight (8) absences throughout the course of Level II treatment services. If client exceeds eight (8) absences, treatment provider must send a drop form to Probation and the Project Coordinator.
 - Clients receiving Level I or Level II treatment services who fail to show for three (3) consecutive classes are to be dropped from the current program. Treatment provider must send a drop form to Probation and the Project Coordinator.
- f) Level III: *residential treatment* means delivery of services to adult males, females, and/or women with children in an inpatient setting for a maximum of 30 days. Participants placed at this level must have a demonstrated need for a highly structured living environment to achieve and maintain control of addiction symptoms. Residential treatment extending beyond 30 days may only be provided with prior approval from the County Referral Team. Such approval will only be granted if clear justification exists, has been documented in writing, and submitted to the County Referral Team for consideration. Perinatal residential services are limited to clients who meet the Drug

Medi-Cal Perinatal definition, or who have children age 12 or under with them at the residential facility.

Residential treatment shall include a minimum of 20 hours per week of group education on health and/or addiction topics; five (5) hours per week of process group; one (1) one-hour individual session at least once every other week, five (5) hours per week of recreational activities, and one (1) hour per week of family therapy for those clients with intact family systems. Residents shall be included in day-to-day housekeeping activities of the facility and privileges shall be earned for successful completion of program goals. Women's group and individual therapy programs shall be focused upon the unique needs of women in recovery.

- g) Individual treatment sessions must be used for "crisis" services only with services focusing on alleviating crisis problems. When possible, such services must be pre-authorized by the County Referral Team.
- h) Aftercare consisting of 12-step meetings as recommended by the treatment provider for a maximum of six (6) months. Aftercare services must receive prior approval from the County Referral Team and shall not exceed six (6) months in duration.
- i) Participants are eligible for 12 months of treatment funding under Proposition 36 and as a result, can be re-referred based on treatment funding eligibility for modified periods of treatment services upon the request of any of the participating agencies of the El Dorado County Proposition 36 program, with subsequent approval from the County Referral Team.

3) Ancillary Services

Ancillary services supplement core treatment services, and must receive pre-authorization from the County Referral Team to be eligible for payment. Allowable ancillary services are described below:

- a) *Family counseling* means counseling with individual couples or groups which examines interpersonal and family relationships. Such counseling shall be provided by an existing community resource staffed with therapists licensed in accordance with sections 4980 through 4981 of the Business and Professions Code. Upon authorization for services, the identified participant and/or family member(s) are eligible for three (3) counseling sessions. The County Referral Team may authorize extensions up to a 15-session limit.
- b) *Vocational training* means instruction and information presented in a group setting to increase opportunities for gainful employment. Such instruction shall be provided by an existing, already funded community resource such as the Job One program.
- c) *Literacy training* means instruction and information presented in an individual or group setting to increase literacy skills and reading comprehension. Such instruction shall be

provided by an existing, already funded community resource such as the Literacy Council.

- d) *Perinatal Services (other than residential)* means supportive services in an agency setting or home visitation for pregnant or parenting women to support their recovery with specific interventions designed for the needs of women developing new life skills while in recovery. Interventions shall be provided by an existing community resource. Upon authorization for services, the identified participant is eligible for three (3) service sessions with extensions possible up to a 15-session limit.
- e) *Transitional Housing* means a supervised clean and sober living environment that provides no treatment program component. A clean and sober living environment shall meet the requirements of the California Association of Recovery Homes voluntary certification process. Transitional housing is only available to clients who are actively participating in Level II or Aftercare services and must be pre-authorized by the County Referral Team. If approved, transitional housing may be provided for thirty (30) days with extensions in 30-day increments available at the discretion of the County Referral Team. Clients residing in transitional housing must:
 - i) Be actively seeking permanent housing.
 - ii) If not a high school graduate or in possession of a GED, be working toward a high school diploma or GED.
 - iii) If unemployed, begin an intensive job search within 72 hours or entering transitional housing.
 - iv) Furnish proof of the above three activities to Probation upon request.

The transitional housing supervisor is responsible for informing clients of their obligation to participate in these activities, and the importance of providing Probation with acceptable verification substantiating compliance.

- f) *Detoxification* may be offered as an ancillary service.

4) Drug Testing

Drug tests shall be conducted randomly throughout the term of treatment by permanent or part-time salaried staff members only. A random call-in protocol for testing schedules shall be in place and offered to clients. Drug testing plans must be documented in clients' individual treatment plans. Drug testing results must also be documented in the client's individual treatment plan, and reported on progress reports and quarterly reports. Positive drug tests shall be reported to Probation and the Project Coordinator within 24 hours after receiving confirmation of a positive test result. Additionally, the failure of a participant to call-in according to testing schedules shall be reported to Probation and the Project Coordinator within 72 hours of the failed call-in date. Drug testing shall be used as a treatment tool in the following ways:

- a) Drug testing results measure the client's success in remaining drug-free.

- b) Drug testing results help to determine the appropriateness of the recommended treatment plan.
- c) Drug testing results are not to be used as a treatment penalty.
- d) Drug testing results are used to identify modifications that could make treatment plans more effective.
- e) Drug testing results are used as a clinical tool to assess client's relapse potential.
- f) At service Levels I, II, III and in the aftercare phase, clients are subject to drug testing as follows:
 - i) Level I – Low intensity outpatient education and treatment services:
 - (1) Minimum of once per month, up to eight (8) times during course of treatment, unless otherwise directed by the County Referral Team.
 - (2) Type of testing: urinalysis and five-panel screens.
 - ii) Level II – High intensity outpatient education and treatment services:
 - (1) Minimum of once per month, up to 12 times during course of treatment, unless otherwise directed by the County Referral Team.
 - (2) Type of testing: urinalysis and five-panel screens.
 - iii) Level III – Residential treatment services:
 - (1) Minimum of two times per month, up to four (4) times per month during course of treatment, unless otherwise directed by the County Referral Team.
 - (2) Type of testing: urinalysis and five-panel screens.
 - iv) Aftercare:
 - (1) Maximum of once per month, unless otherwise directed by the County Referral Team. Increases in frequency only with pre-authorization from the County Referral Team.
 - (2) Type of testing: urinalysis and five-panel screens.

The above testing frequencies may be modified with pre-authorization from, or at the direction of, the County Referral Team.

Standardized Service Definitions
El Dorado County Health Services Department - Public Health Division
Substance Abuse and other Therapeutic Counseling and Treatment Services

Services will be billable based on the specific types of services defined in each agreement.
All rates may not apply within each individual agreement depending on type of service needed and/or availability and criteria of funding source.

SERVICE DEFINITION	RATE
Outpatient Services	
Group Session (1.5 hrs) - A face-to-face session in which one or more therapists or counselors treat no less than three and no more than twelve clients at the same time, focusing on the needs of the individuals served.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Group Counseling UOS Rate
Individual Counseling Session (50 minutes) - A face-to-face session between a client and a therapist or counselor.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
Perinatal Group Session (1.5 hrs) – <ul style="list-style-type: none"> ○ A face-to-face session in which one or more therapists or counselors treat no less than three and no more than twelve clients at the same time, focusing on the needs of the individuals served. Client must be pregnant and substance using; or parenting and substance using, with a child or children ages birth through 17 years. This includes a woman who is attempting to regain legal custody of her child(ren). ○ Reimbursable only through Perinatal Set-Aside and Perinatal Drug Medi-Cal funding 	Current Drug Medi-Cal Reimbursement Rate for Program Code 25 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Group Counseling UOS Rate
Perinatal Individual Session (50 minutes) - <ul style="list-style-type: none"> ○ A face-to-face session between a client and a therapist or counselor. Client must be pregnant and substance using; or parenting and substance using, with a child or children ages birth through 17 years. This includes a woman who is attempting to regain legal custody of her child(ren). ○ Reimbursable only through Perinatal set-aside and Perinatal Drug Medi-Cal funding. 	Current Drug Medi-Cal Reimbursement Rate for Program Code 25 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate

<p>Day Care Rehabilitative - Substance abuse counseling and rehabilitation services, lasting three or more hours, but less than 24 hours, per day, for three or more days per week.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Day Care Rehabilitative Rate</p>
<p>Individual Assessment (50-60 minutes) - The evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and substance abuse disorders; the diagnosis of drug abuse disorders; and the assessment of treatment needs to provide medically necessary treatment services.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>
<p>Intake (50 minutes) - The process of admitting a client into substance abuse treatment. Should include medical coverage evaluation, sliding fee scale determination, and other client demographic information.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>
<p>Treatment Planning (50 minutes) - Collaborative session between program staff and client to identify problems, goals, action steps, and target dates as components of an individual's prescribed course of substance abuse treatment.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>
<p>Discharge (50 minutes) - Face-to-face final collaborative session between program staff and client to reinforce newly developed recovery skills and develop a plan to maintain those skills upon conclusion of treatment.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>
<p>Crisis Intervention (50 minutes) - Face-to-face contact between a program staff person and a client in crisis. Services provided must focus on alleviating the crisis problem. Crisis means an unforeseen event or circumstance which presents an imminent threat of relapse, or actual relapse, to the client.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>
<p>Case Management (50 minutes) - Activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. This involves managing multiple clients and is limited to 4 episodes per month. Not billable per client.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Outpatient Drug Free (ODF) Individual Counseling UOS Rate</p>

<p>Transitional Housing (per day) -A clean and sober living environment meeting the requirements of the California Association of Recovery Homes voluntary certification process. Clients in transitional housing shall be encouraged to actively seek permanent housing, work toward a high school diploma or GED if they do not possess one, and, if unemployed, begin an intensive job search within 72 hours of entering transitional housing.</p>	<p>17.50 (per day)</p>
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<p align="center">Inpatient Services</p>	
<p>Residential Treatment (per bed day) -</p> <ul style="list-style-type: none"> • The actual rate will be negotiated between the purchaser and the vendor. • The delivery of services to males and females in an inpatient setting. Program should consist of group education and counseling, drug screening, individual counseling, treatment planning and introduction to support programs such as AA/NA. 	<p>92.00 per day</p>
<p>Residential Perinatal Treatment (per bed day) -The delivery of services to females who are pregnant or who have children age 17 or under, including women who are attempting to regain legal custody of their child(ren). Program should consist of group education and counseling, drug screening, individual counseling, treatment planning and introduction to support programs such as AA/NA.</p>	<p>Current Drug Medi-Cal Reimbursement Rate for Program Code 25 (Alcohol and Drug Services) Perinatal Residential Treatment</p>
<p>Residential Perinatal Drug Medi-Cal (room and board per bed day) - Eligible clients must meet Title 22 Drug Medi-Cal requirements and program must be Drug Medi-Cal certified. Program should consist of group education and counseling, drug screening, individual counseling, treatment planning and introduction to support programs such as AA/NA.</p>	<p>17.00 per day</p>