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AGREEMENT FOR SERVICES #610-S0711
AMENDMENT II

This Amendment II to that Agreement for Services #610-S0711, 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 Sierra Recovery Center, a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 1137 Emerald Bay Road, South Lake Tahoe, CA 96150 (hereinafter referred to as "Contractor");

WITNESSETH

WHEREAS, Contractor has been engaged by County to provide substance abuse testing and treatment services, detoxification, residential treatment, intensive outpatient, outpatient groups, individual counseling, and transitional housing for clients referred by the Department of Human Services, in accordance with Agreement for Services #610-S0711, dated June 13, 2007, and Amendment I, dated April 29, 2008, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to modify the scope of services and increase the compensation of said Agreement, hereby amending **ARTICLE I – Scope of Services**, and **ARTICLE III – Compensation for Services**; and

WHEREAS, the parties hereto have mutually agreed to amend **ARTICLE XII – Notice to Parties**.

NOW THEREFORE, the parties do hereby agree that Agreement for Services #610-S0711 shall be amended a second time as follows:

ARTICLE I

Scope of Services: Contractor shall provide personnel and services necessary to furnish therapeutic counseling, client treatment plans and written reports, substance abuse testing and treatment, intensive outpatient treatment, outpatient groups, individual counseling sessions, detoxification, residential treatment, and transitional housing services as requested by County. Services shall include, but not be limited to, individual psychotherapeutic counseling to assist with chemical addiction and related social, psychological, and/or medical problems that impede the client's ability to meet the objectives of the client's treatment plan as approved in writing by the client's caseworker. Clients admitted to treatment may be tested for substance abuse usage. However, the cost of such testing shall be included within Contractor's rate for residential or transitional service and shall not be billed separately. All substance abuse testing shall be scheduled and conducted on a random basis to ensure accurate monitoring of client progress. Contractor shall immediately and verbally inform the appropriate caseworker, at no charge to County, of client appointment no-shows, cancellations, or any other urgent concerns directly affecting the client's treatment plan.

Whenever possible, therapy shall be provided by a Licensed Clinical Social Worker (LCSW) or Marriage and Family Therapist (MFT) licensed by the Board of Behavioral Sciences, or other certified parties, as appropriate. If service is delegated to an intern, the individual must be pre-licensed and all assignments must be under the direct supervision of licensed or certified staff. No intern shall be the sole author of any written initial assessment report, treatment plan report or any other report that pertains to Client or Client's treatment plan. All said documents must be reviewed, approved and signed by a LCSW or MFT as described above. Substance abuse treatment shall be provided by Certified Addiction Specialists.

Services shall be provided during Contractor's normal business hours and days. After hour appointments, if necessary, must be approved beforehand in writing by the caseworker and their supervisor and billed at the normal business rate in accordance with the current State-approved Drug Medi-Cal (DMC) Program Code 20 (Alcohol and Drug Services) reimbursement rates, which can be located under "Current Rate Structure DMC Rates" at the following website <http://www.adp.ca.gov/dmc/dmc.shtml>. For DHS Contractors, any changes to DMC rates by the State shall become effective the first day of the month following the month that the State announces the approval of any change(s), i.e. formal adoption of the State budget. 2008-2009 rates effective October 1, 2008 for DHS contractors are currently unavailable on the regular web site but can be located at http://www.adp.ca.gov/ADPLTRS/PDF/ADP_Bulletin_08-09.pdf. Perinatal services are not included in this Agreement.

Transitional Living services for clients shall be provided in accordance with standards set forth in Exhibit "D" marked "**Sierra Recovery Center Transitional House Handbook**" attached and incorporated herein and made by reference a part hereof.

Note:

1. Prior to the commencement of work for any services explicitly addressed under "Scope of Service" or "Compensation", Contractor shall obtain a written authorization form that has been signed by the appropriate caseworker and supervisor; and.

2. Prior to the commencement of work for any services NOT explicitly addressed under "Scope of Service" or "Compensation" written approval from the DHS Director, Assistant Director or Chief Fiscal Officer must be received before providing services.

Services shall not commence without one of the above signed authorizations. A copy of all written authorizations must be included with any invoices submitted for payment. Failure to do so could delay payment. County shall not pay for any services that have not been pre-approved in writing, "no shows," cancellations, telephone calls, or for the preparation of initial assessment reports and treatment plan reports or bimonthly client progress reports as more fully detailed as follows:

Initial Assessment Report - Within twenty-one calendar (21) days of the client's initial assessment, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment report and treatment plan report of the Client's needs including the type of therapy to be utilized, the recommended number/frequency of sessions and whether or not additional or different services may be required or recommended. Once recommended services have been pre-approved in writing and have been initiated, Contractor must secure prior written approval from the appropriate caseworker, supervisor and program manager before commencing with Contractor's recommendations or before making any changes to the authorized treatment plan report, including type of therapy and number/frequency of sessions.

Bimonthly Client Progress Reports - No later than (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, their progress, and ongoing treatment goals (see Revised Exhibit "B", marked "Bimonthly Client Progress Report," incorporated herein and made by reference apart hereof). If an alternate progress report is used, all fields noted on Revised Exhibit "B" are mandatory. Failure to provide said progress report may delay payment for other preauthorized services as said report is a required deliverable.

Court Documents - Upon request, and within the time limit specified by County, Contractor shall provide the caseworker with comprehensive written reports for County's use in court. Contractor shall be compensated for the report at the DMC Program Code 20 (Alcohol and Drug Services) individual counseling session rate with a maximum limit of a two (2) session rates charged per report. The written initial assessment report and treatment plan report are specifically excluded from the court documents reimbursement rate, as these services shall be provided at no charge to County as defined under "Initial Assessment Report," above.

Court Appearances and/or Multidisciplinary Team Meetings - Upon subpoena by County, Contractor shall attend court sessions. Upon request by County, Contractor shall attend multidisciplinary team meetings. County shall only pay Contractor for court appearances when County subpoenas Contractor or for attendance at multidisciplinary team meetings when County specifically requests Contractor's attendance. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members. Contractor shall be paid for these appearances at the DMC Program Code 20 (Alcohol and Drug Services) individual counseling session rate for time actually spent at the pertinent court session or in the meeting.

Travel time shall not be included in the reimbursement for these services.

Contractor shall submit written reports within the time limits detailed above to the appropriate caseworker at the address below:

<i>West Slope Contractors Send Reports To:</i>		<i>East Slope Contractors Send Reports To:</i>	
Dept. of Human Services Attn: CPS 3057 Briw Ridge Rd. #A Placerville, CA 95667	Job One OneStop 4535 Missouri Flat Rd. #1A Placerville, CA 95667	Dept. of Human Services Attn: CPS 981 Silver Dollar Ave. South Lake Tahoe, CA 96150	Job One OneStop 981 Silver Dollar Ave. South Lake Tahoe, CA 96150
530/642-7100 (ph) 530/626-7427 (fax)	530/642-4850 (ph) 530/642-5539 (fax)	530/573-3201 (ph) 530/541-2803 (fax)	530/573-4330 (ph) 530/543-6737 (fax)

Reports detailed herein are considered a required deliverable. Services shall be considered incomplete until such date as said reports are received and approved in writing by the appropriate Department of Human Services' caseworker and supervisor or program manager. Compensation for services shall not be provided for incomplete services.

ARTICLE III

Compensation for Services: For services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following County's receipt and approval of itemized invoice(s) identifying services rendered. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services." Failure to submit invoices by the 15th of the month following the end of a service month may result in a significant delay in payment. An example of an approved invoice containing necessary and pertinent billing information is described in Revised Exhibit "A" marked "Invoice," incorporated herein and made by reference a part hereof.

Note:

1. Prior to the commencement of work for any services explicitly addressed under "Scope of Service" or "Compensation", Contractor shall obtain a written authorization form that has been signed by the appropriate caseworker and supervisor; and.
2. Prior to the commencement of work for any services NOT explicitly addressed under "Scope of Service" or "Compensation" written approval from the DHS Director, Assistant Director or Chief Fiscal Officer must be received before providing services.

For the purposes hereof, the billing rate¹ for services specifically listed under **ARTICLE I-**

¹ **Billing Rate Detail:** A) If it is determined that Client has Medi-Cal or other private insurance that covers the service(s), Contractor shall bill the appropriate insurance carrier first as primary insurance carrier. If Client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill County for the difference. If Client has no insurance for the service, Contractor shall bill County at the rate set forth in this Agreement. B) For individual therapy sessions, Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of each individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate. C) For family therapy sessions, Contractor shall submit a single monthly invoice for each family, noting the dates of service, the names of the family members treated, the type

Scope of Services or ARTICLE III-Compensation and as requested in writing shall be at the current State-approved Drug Medi-Cal (DMC) reimbursement rates for Program Code 20 (Alcohol and Drug Services), which can be located under "Current Rate Structure-DMC Rates" at the following website <http://www.adp.ca.gov/dmc/dmc.shtml> for the following services. For DHS Contractors, any changes to DMC rates by the State shall become effective the first day of the month following the month that the State announces the approval of any change(s), i.e. formal adoption of the State budget. 2008-2009 rates effective October 1, 2008 for DHS contractors are currently unavailable on the regular web site but can be located at [http://www.adp.ca.gov/ADPLTRS/PDF/ADP Bulletin 08-09.pdf](http://www.adp.ca.gov/ADPLTRS/PDF/ADP_Bulletin_08-09.pdf). The following rates are exceptions to the DMC rates:

SERVICE	MAXIMUM RATE
<i>Bimonthly Client Progress Reports</i>	No Charge
<i>California Assessment and Substance Abuse Testing</i>	\$155 per person
<i>Court Appearances</i> <i>Upon subpoena by County and pro-rated for time actually spent at the pertinent court session. Travel time shall not be included in the reimbursement for these services.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<i>Court Documents</i> <i>Upon written request by County and with a maximum limit of two (2)-session rates charged per report.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<i>EtG Substance Abuse Test</i>	\$24.96 per test
<i>Substance Abuse Testing</i>	\$30 per test
<i>Substance Abuse Test with pH Balance</i>	\$30 per test
<i>Substance Abuse Adulteration</i>	\$30 per test
<i>Family Therapy</i> <i>1.5 hrs per session and per family member upon written request by County and wherein one (1) or more therapists or counselors treat no less than two (2) and no more than twelve (12) family members at the same time.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Group Counseling UOS Rate

of treatment (family therapy), the number of hours of service for each date, and the rate. D) For group therapy sessions, Contractor shall submit a separate, single monthly invoice for each group therapy participant for whom County has requested service, noting the date(s) of service, the name(s) of the individual(s) treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

Group Counseling <i>1.5 hrs per session and per group therapy participant upon written request by County and wherein one (1) or more therapists or counselors treat no less than three (3) and no more than twelve (12) group therapy participants at the same time.</i>	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 <i>50-60 minutes per session and per individual upon written request by County.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
Initial Assessment <i>50-60 minutes per assessment and per individual upon written request by County. Only one [1] assessment per individual allowed.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
Mini Assessment	\$50 per person
Initial Assessment Report and Treatment Plan Reports <i>Due within 21 days of client's initial assessment</i>	No Charge
Multidisciplinary Team Meeting <i>Upon written request by County and for time actually spent in the meeting. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) for Outpatient Drug Free (ODF) Individual Counseling UOS Rate

County shall not pay for "no shows," cancellations, telephone calls, or preparation of initial assessment reports or bimonthly client progress reports. Contractor shall immediately and verbally inform the caseworker, at no charge to County, of client appointment no-shows, cancellations, or any other urgent concerns directly affecting the client's treatment plan.

Contractor shall bill County using the attached sample invoice, or a similar invoice, containing all of the same necessary and pertinent billing information. Contractor shall submit only original invoices accompanied by copies of applicable written authorization(s) for requested service(s) and approved report(s) for services provided. Photocopied or faxed invoices shall not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis or treatment is not permitted on the invoice. Invoices are to be sent accordingly to:

<i>West Slope Contractors Please send invoices to:</i>	<i>East Slope Contractors Please send invoices to:</i>
El Dorado County Department of Human Services Attn: Accounting Unit 3057 Briw Road Placerville, CA 95667	El Dorado County Department of Human Services Attn: Accounting Unit 981 Silver Dollar Avenue South Lake Tahoe, CA 96150

The total of this Agreement, as amended, shall not exceed \$131,000.00 for the stated term.

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
DEPARTMENT OF HUMAN SERVICES
3057 BRIW ROAD, SUITE A
PLACERVILLE, CA 95667
ATTN: DEANN OSBORN, STAFF SERVICES ANALYST

or to such other location as the County directs with a copy to:

COUNTY OF EL DORADO
CHIEF ADMINISTRATIVE OFFICE
PROCUREMENT AND CONTRACTS DIVISION
330 FAIR LANE
PLACERVILLE, CA 95667
ATTN: BONNIE H. RICH, PURCHASING AGENT

Notices to Contractor shall be addressed as follows:

SIERRA RECOVERY CENTER
1137 EMERALD BAY ROAD
SOUTH LAKE TAHOE, CA 96150
ATTN: DAN BLACKWELL, PRESIDENT

or to such other location as the Contractor directs with a copy to:

COUNTY OF EL DORADO
CHIEF ADMINISTRATIVE OFFICE
PROCUREMENT AND CONTRACTS DIVISION
330 FAIR LANE
PLACERVILLE, CA 95667
ATTN: BONNIE H. RICH, PURCHASING AGENT

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REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: *DeAnn Osborn* Dated: *Nov. 18, 2008*
DeAnn Osborn
Staff Services Analyst
Department of Human Services

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: *Doug Nowka* Dated: *11/20/08*
for Doug Nowka
Director
Department of Human Services

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IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to that Agreement for Services #610-S0711 on the dates indicated below.

--- COUNTY OF EL DORADO ---

Dated: 1/27/09

By:  _____
RON BRIGGS Chairman
Board of Supervisors
"County"


ATTEST:
Suzanne Allen De Sanchez
Clerk of the Board of Supervisors

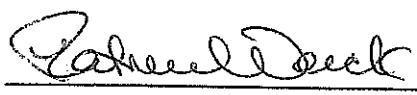
By:  _____ Date: 1/27/09
Deputy Clerk

-- CONTRACTOR --

Dated: 12/4/2008

SIERRA RECOVERY CENTER
A CALIFORNIA CORPORATION

By:  _____
Dan Blackwell
President
"Contractor"

By:  _____
Corporate Secretary

Dated: 12/4/2008

INVOICE

REVISED EXHIBIT A

Important: Only original invoices will be accepted. To help identify an original invoice, we would prefer that vendors use blue ink. White-out corrections will not be accepted. Please use a separate invoice for each family. If providing family therapy, please list the names of all individuals to whom services were rendered.

Invoice Month: _____ Invoice / Account Number: _____
 Caseworker: _____ Telephone Number: _____

Business Address: _____
 Business / Owner Name: _____
 Client/Participant Name (Service Provided to): _____
 Does the client/participant have insurance that covers all or a portion of the billed rate? Yes No
 Does there another funding source to pay all or a portion of this service, e.g., insurance, Medi-Cal, EPSDT, CAPIT/CBCAP/PSSF or other grant funding? Yes No
 Was this funding source billed? Yes No

1 Service Date	2 Client/Participant Name (Service Provided to)	3 Type of Service	4 Number of Hours or Sessions	5 Agreement Rate	6 Rate Billed to Insurance	7 Difference between Columns 5 and 6	8 Total Billed to El Dorado County DHS (Column 4 x 7)

INVOICE TOTAL *

Service(s) provided by _____ Licensed Intern
 I certify that the information on this page is true and correct to the best of my knowledge.

Authorized Signature _____ Date _____

FOR VENDOR USE ONLY:
 West Slope Vendors Send Invoices To: El Dorado County Dept. of Human Services
 Accounting Unit
 3057 Briw Road
 Placerville, CA 95667
 East Slope Vendors Send Invoices To: El Dorado County Dept. of Human Services
 Accounting Unit
 971 Silver Dollar Avenue
 South Lake Tahoe, CA 96150

Beginning contract balance: _____ Total cost billed this invoice: _____
 Amount remaining on contract: _____ Total cost billed year-to-date: _____

FOR COUNTY USE ONLY: Program Expense Authorization

Case Name: _____

DOB: _____ / _____ / _____ EA End Date: _____ / _____ / _____

Approvals:
 Social Worker By: _____
 Supervisor By: _____
 Program Mgr By: _____
 Director By: _____
 Date: _____



El Dorado County
Dept. of Human Services-Social Services Division
Bimonthly Client Progress Report

Provider's Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Client's Name: _____

Social Worker and/or Employment & Training Worker's Name: _____

Dates of sessions since last report (please indicate no shows by writing "N/A" next to the date):

Assessment, goals and treatment plan:

Progress since last report:

Please complete a progress report on each client referred by the El Dorado County Department of Human Services-Social Services Division on a bimonthly basis and send the report to the appropriate office listed below:

Table with 2 columns: West Slope Vendors, send report to; East Slope Vendors, send report to. Includes contact info for Social Worker's Name and E&T Worker's Name for both West and East Slope.