

CONTRACT ROUTING SHEET

Date Prepared: 12/13/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5833
Department
Head Signature: _____

CONTRACTOR:

Name: Summitview Child Treatment
Address: 5036 Sunrey, Road
Placerville, CA 95667
Phone: 530-644-2412

2007 DEC 13 PM 4:22
EL DORADO COUNTY COUNSEL
Amend Received

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Mental health services for minors
Contract Term: Expires 6/30/08 Amendment Value: \$572,000.00
Compliance with Human Resources requirements? Yes: No: _____
Compliance verified by: Local 1 Notified 12/4/07 by MHD/TM

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 12-17-07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 12/14/2007
ATTORNEY: HWA/P
EPT./INDEX NO: 026100
BY: ARC

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 12/20/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RESOURCES DEPT
DEC 19 AM 8:33

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

AGREEMENT FOR SERVICES #050-S0711
AMENDMENT II

This Amendment II to that Agreement for Services #050-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 Summitview Child Treatment Center, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 5036 Sunrey Road, Placerville, CA 95667; (hereinafter referred to as "CONTRACTOR");

WITNESSETH

WHEREAS, Contractor has been engaged by County to provide Specialty Mental Health Services for children (hereinafter referred to as "Beneficiaries") on an "as requested" basis for the Mental Health Department, in accordance with Agreement for Services #050-S0711, dated December 5, 2006, and Amendment I, dated July 3, 2007, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to revise the compensation of said Agreement, hereby amending **ARTICLE III - Compensation for Services**.

NOW THEREFORE, the parties do hereby agree that Agreement for Services #050-S0711 shall be amended a second time as follows:

ARTICLE III

Compensation for Services: COUNTY shall pay CONTRACTOR for services as set forth below. CONTRACTOR shall provide invoices to the COUNTY on a monthly basis in arrears, within 30 calendar days following the end of the month. Payment will be made for actual services rendered and will not be made for service units the beneficiary did not attend or receive. Each claim shall describe: a) units of service by individual beneficiary served, and b) dates of service detail for each beneficiary. COUNTY shall review, approve and pay all complete and valid invoices within 30 days of receipt.

CONTRACTOR reserves the right to increase rates to reflect cost increases over those listed below by giving COUNTY 30 days written notice of such change. COUNTY Mental Health Director must approve such rate changes in writing.

PROVISIONAL RATES:

Mental Health Services	\$2.61 per minute
Case Management Services	\$2.02 per minute
Medication Support Services	\$4.82 per minute
Crisis Intervention	\$3.88 per minute
Therapeutic Behavioral Services	\$1.75 per minute
Non-Medi-Cal Reimbursable SB 163 Services	\$1.00 per minute
Day Rehabilitation	\$131.24 per day
Parent Partner	\$0.50 per minute

Mental Health Services provided – not to exceed (as amended)	\$1,372,000.00
*SB 163 Stabilization Funds – not to exceed	\$10,000.00
Total Not to Exceed (as amended)	\$1,382,000.00

***Stabilization Funds** – Purchase of goods and services for SB 163 clients – purchases up to \$500 must be approved by Mental Health Program Coordinator and Department of Human Services Administrative Services Officer; purchases over \$500 must also be approved by Deputy Director or Director of the Department of Human Services. Stabilization Funds must be shown separately on invoices and CONTRACTOR must provide supporting documentation.

Cost Limitations: The total amount of this Agreement, as amended, shall not exceed \$1,382,000.00 for the contract period.

Except as herein amended, all other parts and sections of that Agreement #050-S0711 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: Berry Wassern Dated: 2/5/08
Darryl Keck Berry Wassern
Children's Services Program Manager
Mental Health Department

Requesting Department Head Concurrence:

By: John Bachman Dated: 2/5/08
John Bachman
Director
Mental Health Department

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to that Agreement for Services #050-S0711 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

-- COUNTY OF EL DORADO --

Dated: _____

By: _____

Chairman
Board of Supervisors
"COUNTY"

ATTEST:
Cindy Keck
Clerk of the Board of Supervisors

By: _____ Date: _____
Deputy Clerk

-- CONTRACTOR --

Dated: 2-6-08

SUMMITVIEW CHILD TREATMENT CENTER, INC.
A CALIFORNIA CORPORATION

By: 

Carla L. Wills, Executive Director
"CONTRACTOR"