

AGREEMENT FOR SERVICES #053-MHD0109
AMENDMENT I

This Amendment I to that Agreement for Services #053-MHD0109, 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 New Morning Youth & Family Services, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 6765 Green Valley Road, Placerville, CA 95667; (hereinafter referred to as "Contractor");

RECITALS

WHEREAS, Contractor has been engaged by County to provide comprehensive specialty mental health services for the Health Services Department, Mental Health Division on an "as requested" basis, in accordance with Agreement for Services #053-MHD0109, dated March 25, 2008, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend **Article III, Compensation for Services**; and

NOW THEREFORE, the parties do hereby agree that Agreement for Services #053-MHD0109 shall be amended a first time as follows:

I. Article III shall be amended in its entirety to read 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. Payments 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 or decrease provisional rates from those listed herein to reflect changes in cost by giving County thirty (30) days written notice of such proposed change, not to exceed the SMA rates for allowable services. Rate increases or decreases will only become effective upon written acceptance of the Health Services Director or his/her designee. The Health Services Director or his/her designee may designate an effective date of such increase or decrease.

PROVISIONAL RATES:

Specialty Mental Health Services:

| | <u>2008</u> | <u>2009</u> | <u>2010</u> |
|-----------------------------------|-------------|-------------|-------------|
| Mental Health Assessment | \$1.60 | \$1.70 | \$1.80 |
| Mental Health Individual Services | \$1.60 | \$1.70 | \$1.80 |
| Mental Health Collateral Services | \$1.60 | \$1.70 | \$1.80 |
| Mental Health Group Services | \$1.60 | \$1.70 | \$1.80 |
| Mental Health Case Management | \$1.60 | \$1.70 | \$1.80 |
| Therapeutic Behavioral Services | \$1.60 | \$1.70 | \$1.80 |
| Crisis Intervention | \$1.60 | \$1.70 | \$1.80 |

Net to New Morning Youth & Family Services, Inc.
for Mental Health Services provided

\$1,700,000

| | |
|---|-------------------|
| Non-Medi-Cal Reimbursable SB 163 Services | \$1.00 per minute |
| Family Partnership Services (Parent Partner) | \$0.50 per minute |
| Non-Medi-Cal Reimbursable SB 163 Services Not to exceed | \$15,000 |
| Administrative Fee for Stabilization Funds Processing: (For SB 163 reinvestment Service Program) | \$25.00 per check |
| *SB 163 Stabilization Funds – not to exceed | \$20,000 |

***SB 163 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 shall not exceed \$1,735,000 for the contract period.

Except as herein amended, all other parts and sections of that Agreement #053-MHD0109 shall remain unchanged and in full force and effect.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: *Neda West* Dated: 6-17-10
Neda West, Director
Health Services Department

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services #053-MHD0109 on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: _____

By: _____

Norma Santiago, Chair
Board of Supervisors
"County"

ATTEST:


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

By: _____ Date: _____
Deputy Clerk

-- CONTRACTOR --

Dated: 6/18/2010

NEW MORNING YOUTH & FAMILY SERVICES, INC.
A CALIFORNIA CORPORATION

By: 
David Ashby
Executive Director
"Contractor"