

AGREEMENT FOR SERVICES #7626
AMENDMENT II

This Second Amendment to that Agreement for Services #7626, 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 RJ Counseling, LLC, a California Limited Liability Company, duly qualified to conduct business in the State of California, whose principal place of business is 870 Emerald Bay Road, Suite 104-4, South Lake Tahoe, California 96150; (hereinafter referred to as "Contractor");

RECITALS

WHEREAS, Contractor has been engaged by County to provide medical laboratory services for the provision of selected substance use testing by qualified personnel on an "as requested" basis for clients referred by the County of El Dorado Health and Human Services Agency (HHSA), pursuant to Agreement for Services #7626, dated July 18, 2023, and the First Amendment to Agreement for Services #7626, dated May 10, 2024, incorporated herein and made by reference a part hereof (hereinafter referred to as "Agreement");

WHEREAS, the parties hereto desire to amend the Agreement to include revisions to the scope of services and updated authorizations for service, hereby amending **ARTICLE I, Scope of Services**;

WHEREAS, the parties hereto desire to amend the Agreement to extend the expiration date of July 31, 2026, for three (3) additional years, amending **ARTICLE II, Term**;

WHEREAS, the parties hereto desire to amend the Agreement to update the billing rates, hereby amending **ARTICLE III, Compensation for Services**, and adding **Amended Exhibit A-2**, marked "**Amended Exhibit A-2**";

WHEREAS, the parties hereto desire to amend the Agreement to increase the maximum obligation by \$251,000, hereby amending **ARTICLE V, Maximum Obligation**;

WHEREAS, the parties hereto desire to amend the Agreement to update **ARTICLE XXXII, Contract Administrator**;

WHEREAS, unless otherwise specified herein, the following terms and conditions shall be effective upon final execution by both parties hereto of this Second Amendment to that Agreement #7626;

NOW THEREFORE, in consideration of the foregoing and the mutual promises and covenants hereinafter contained, County and Contractor mutually agree to amend the terms of the Agreement in this Second Amendment to Agreement #7626 on the following terms and conditions:

1) ARTICLE I, Scope of Services, of the Agreement is amended in its entirety to read as follows:

ARTICLE I

Scope of Services: Contractor shall provide personnel, supplies and services necessary to provide single or multiple units or sessions of substance abuse treatment, anger management, batterers treatment, child abuse prevention, substance use testing, and related services (Service) on an as requested basis to clients (Client) referred by County's HHSA.

A. Professional Requirements: Contractor shall maintain documentation of the following authorizations and shall be provided to HHSA upon request:

1. For provision of the Fifty-Two (52)-Week Batterers' Treatment Program (set of 52 domestic violence classes), Contractor shall maintain an active El Dorado County Probation Department certification to provide the Batterers' Treatment Program.
2. For provision of Client sample collection and laboratory testing services to detect substance use, Contractor shall maintain an active Department of Transportation (DOT) certification and shall adhere to DOT standards, rules, and regulations, in accordance with 49 Code of Federal Regulations (CRF) Part 401 for all sample collection and testing performed.
3. Contractor shall notify County within five (5) business days of any pending Federal, State, County, City, or licensing or governing agency investigations or investigation findings, disciplinary actions, or administrative actions found against Contractor or Contractor's employees' professional license(s). This includes but is not limited to formal accusations, citations, revocations, suspensions, stayed revocations or suspensions, probation, voluntary or mandatory surrender of license, or formal public reprimand.
 - a. Within five (5) business days of formal accusations, citations, revocations, suspensions, stayed revocations or suspensions, probation, voluntary or mandatory surrender of license, or formal public reprimand, Contractor shall provide County with copies of Court accusations and/or dispositions relating to Contractor or Contractor's employee's license.
 - b. Contractor shall provide initial and ongoing proof of compliance with probationary stipulations.

B. Services: Attendance at Court Appearances, Child and Family Team (CFT) meetings, Multidisciplinary Team (MDT) meetings, substance abuse treatment program sessions, other treatment programs, and substance use testing shall be in-person or by teleconference. Contractor shall provide services including, but not limited to the following:

1. Related Case Management:

- a. Juvenile Court Appearance – As arranged by and upon notification from the Court, or as the Court directs County, or upon subpoena, Contractor shall attend Client-related Court Appearances.
- b. CFT and MDT Meeting Appearance – Upon request by County, Contractor shall attend CFT meetings and/or MDT meetings. For the purposes of this agreement, CFT has the same meaning as defined in Welfare and Institutions Code (W&IC) section 16501(a)(4) and MDT has the same meaning as the term “child abuse multidisciplinary team” defined in W&IC section 18961.7(b)(1), except that it does not include any community-based teams or organizations in which County

considers Contractor, Contractor's staff, or assignees to be regular standing members. Contractor shall be paid for these appearances for the amount of time actually spent at the CFT and/or MDT meeting. CFT services shall be in accordance with California W&IC 16501(a)(4), and MDT services shall be in accordance with W&IC section 18961.7(b)(1).

2. Substance Abuse Treatment: The following levels of care are part of the American Society of Addiction Medicine (ASAM) Care Continuum for Addiction Treatment and are meant to create a step-down model, starting with the most applicable level of care at assessment and lowering treatment contact (or raising treatment contact) per Client's needs.

- a. Early Intervention

- i. Level 0.5 – Eight (8) Week Substance Abuse Treatment Program: This level of care delivers a minimum of one (1) treatment hour per week. Group sessions conducted include alcohol and drug abuse education, family recovery, and substance use dependency prevention models. Client will need to attend one (1) intake process session at two (2) hours per session, one (1) bi-weekly group session at one and a half (1.5) hours per session, one (1) bi-weekly individual session at one (1) hour per session, and one (1) discharge plan session at one (1) hour per session. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report.

- b. Remission Monitoring

- i. Level 1.0 – Twenty-six (26) Week Substance Abuse Treatment Program: This level of care delivers a minimum of one (1) treatment hour per month. Client will need to attend one (1) intake process session at two (2) hours per session, one (1) monthly individual session at one (1) hour per session, and one (1) discharge plan session at one (1) hour per session. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report.

- c. Outpatient

- i. Level 1.5 – Twelve (12) Week Substance Abuse Treatment Program: This level of care delivers a minimum of one and a half (1.5) treatment hours per week. Group sessions conducted include alcohol and drug abuse education and relapse triggers and relapse prevention/feelings. Client will need to attend one (1) intake process session at two (2) hours per session, one (1) weekly group session at one and a half (1.5) hours per session, two (2) monthly individual sessions at one (1) hour per session, and one (1) discharge plan session at one (1) hour per session. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report.

- d. Intensive Outpatient

- i. Level 2.1 – Eight (8) Week Substance Abuse Treatment Program: This level of care delivers a minimum of five (5) treatment hours per week. Group sessions conducted include cognitive behavior intervention for substance abuse and relapse prevention/feelings. Client will need to attend one (1) intake process session at two (2) hours per session, two (2) weekly group sessions at two (2) hours per session, one (1) weekly individual

session at one (1) hour per session, and one (1) discharge plan session at one (1) hour per session. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report.

3. Other Treatment Programs:

- a. Domestic Violence Inventory (DVI)/Lethality Assessment: This treatment is to be based on the needs of the client. During the course of treatment planning, it is used to identify the need for anger management or Batterers Intervention treatment. A request will be made by Contractor to HHSA staff to adjust the client's treatment, and the request shall be approved by HHSA Authorization to Contractor. HHSA Authorization shall be provided by HHSA staff to Contractor which shall be placed in the client's file. Upon request by County, Contractor shall provide the requested initial DVI/Lethality assessment which shall include the assessment, review, and recommendations. Upon completion of the assessment, Contractor shall provide HHSA staff with a written assessment report including recommendations. Client will need to attend one (1) assessment at two (2) hours per assessment.
- b. Twelve (12) Week Anger Management Groups Program: This treatment program delivers a minimum of one (1) treatment hour per week. The group sessions conducted include using cognitive behavioral therapy techniques promoting ways to cope with anger or negative emotions, respect for others, biopsychology of anger, developing positive self-talk, physical habits that can reduce anger, mindfulness/meditation practice, and defining the biopsychological symptoms of anger. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report. Client will need to attend one (1) week group session at one (1) hour per session.
- c. Fifty-two (52) Week Batterers Treatment Program: This treatment program delivers a minimum of two (2) treatment hours per week. The group sessions conducted include using cognitive behavioral therapy techniques promoting personal awareness, learner accountability, reshaping behaviors, language, values and beliefs associated with domestic violence, respect for others, empathy enhancement, demonstration of change through guided practice and understanding the differences between abusive and equitable relationships. Upon request by County, Contractor shall provide HHSA staff with a written monthly client progress report. Client will need to attend one (1) weekly group session at two (2) hours per session.
- d. Fifty-two (52) Week Child Abuse Prevention (CAP) Program: This treatment program delivers a minimum of two (2) treatment hours per week. The group sessions conducted include active parenting techniques, defining domestic violence, impacts of parent behavior on the family, child development theory, attachment theory, anger management, family recovery from substance use, goal setting/organization life skills, family roles and dynamics, accountability, and forgiveness. Clients can also receive this curriculum through individual sessions if unable to attend the agency scheduled group times and upon approval of HHSA staff. Upon request by County, Contractor shall provide

HHSA staff with a written monthly client progress report. Client will need to attend one (1) weekly group session at two (2) hours per session.

4. Substance Use Testing:

- a. Substance Use Test: Contractor shall collect urine, saliva, hair, or nail specimens for screening. Screening refers to a preliminary test that yields a qualitative "Positive or Negative" result. Screening can be conducted with a rapid test or using laboratory instrumentation. Both rapid tests and lab screens use immunoassay technology. Urine and saliva testing will provide immediate results; Contractor will screen and verify results in office. If the urine or saliva test result is positive for any tested substance (Amphetamine, Methamphetamine, Barbiturates, Benzodiazepine, Cocaine, Methadone, Opiates, Oxycodone, Buprenorphine, THC, MDMA, and EtG), Contractor will send specimen to a qualified outside laboratory for confirmation of the test results.
 - i. Confirmation testing utilizes high complexity instrumentation that yields a definite and specific result. Hair test samples will be sent directly to a qualified outside laboratory for testing to detect substance use. Contractor will set schedule and provide call-in line for authorized clients to participate in randomized testing according to the court order, or department's recommendation regarding type and/or frequency of testing. Any minor client referred by County for service will only be referred for hair testing. All minor clients referred by County will always be accompanied by Child Welfare Services (CWS) staff or their parent/guardian for testing purposes.
 - ii. Contractor's primary location for provision of services is at the following address:

RJ COUNSELING
870 Emerald Bay Road, Suite 104-4
South Lake Tahoe, CA 96150
 - iii. For diagnostic services which cannot be performed by Contractor, Contractor shall perform the collection of samples and outsource testing to a qualified laboratory which can provide qualified staff to perform the requested diagnostic services.
 - iv. Test results shall be received from the lab within approximately five (5) days. HHSA shall receive written confirmation of all positive and negative results.
 - v. All positive test results shall be sent to an outside lab for confirmation at the negotiated rate outlined in Article III titled "Compensation for Services".

Services shall only be provided following verbal or email authorization from HHSA staff to Contractor. Any verbal or email authorization to perform services under this Agreement will be confirmed to Contractor by signed HHSA Authorization. Multiple units of service (Multiple Units) shall be defined as one or more units of same or similar service(s) provided to Client(s) on a single day.

Contractor shall contact HHSA staff, at no charge to County, to inform them of Client appointment no-shows, cancellations, or any other urgent concerns directly affecting Client or Client's treatment plan.

Contractor shall not transport Clients in the course of providing services under this Agreement.

C. Reports and Results: Contractor shall provide written reports and results including, but not limited to the following:

1. Juvenile Court Document Preparation: Upon request by County, and within the time limit specified by County, Contractor shall provide HHSA staff with comprehensive written reports for County's use in court. This request would be distinct from the original written assessment/initial visit report.
2. Client Initial Visit Report: Upon request by County, at no charge to County, and within thirty (30) calendar days of Client's initial visit, Contractor shall provide HHSA staff with a written initial visit report that shall detail Contractor's professional evaluation of Client including, but not limited to the prognosis and estimated length of treatment, goals, and treatment recommendations. Contractor shall submit a Client Initial Visit Report similar in content and format with the following sample "Client Initial Visit Report" available as a fillable form via the website <https://www.eldoradocounty.ca.gov/Health-Well-Being/Health-and-Human-Services/HHSA-Contractor-Resources>. The 30-day timeframe can be extended by HHSA staff.
3. Client Progress Report: Upon request by County, at no charge to County, and within the time limit specified by County, Contractor shall provide HHSA staff with a written progress report that shall detail Contractor's professional evaluation of Client including, but not limited to the prognosis and estimated length of treatment, goals and progress toward goals, and summary of progress. Contractor shall submit a Client Progress Report similar in content and format with the following sample "Client Progress Report" available as a fillable form via the website <https://www.eldoradocounty.ca.gov/Health-Well-Being/Health-and-Human-Services/HHSA-Contractor-Resources>.
4. Lab Results: Upon request by County, and within approximately three (3) business days of Contractor's receipt of lab results, Contractor shall submit the written analysis of test findings as directed below.

The above written reports are a required deliverable of this Agreement and Contractor's failure to provide them to HHSA within the specified time limits described above shall be considered a breach of this Agreement. County shall not be obligated to pay for the services provided to Client until the requested written reports have been submitted. At its sole option, County may delay payment until the reports are received. In addition, County may proceed as set forth herein the Article titled, "Default, Termination, and Cancellation."

It is a further requirement of this Agreement that all written reports submitted to HHSA shall contain the report writer's electronic or original signature. It is recommended, but not required, that all original signatures be made using blue ink. Electronic signatures shall have the same force and effect as manual signatures. This signature shall act as a declaration that the contents of the written report(s) are accurate.

Reports and/or lab results shall be sent as follows, or as otherwise directed in writing by County:

<i>Email (preferred method):</i>	<i>Fax:</i>
cps.clerical@edcgov.us Please include in the subject line: “Contract #, Service Month, Description/Program”	County of El Dorado Health and Human Services Agency Attn: CWS Clerical Re: Agreement #7626 Fax: (530)541-2803

or to such other location or email as County directs.

D. HHSA Authorization for Service(s):

1. Prior to payment for any service(s) detailed under ARTICLE I, Scope of Services, or ARTICLE III, Compensation for Services, Contractor shall obtain an HHSA Authorization that has been signed by HHSA staff.
2. A member of the HHSA Executive Management Team (HHSA Executive Management) reserves the right to review and approve for reimbursement, on a case-by-case basis, service(s) not explicitly addressed under ARTICLE I, Scope of Services or ARTICLE III, Compensation for Services. Prior to providing any Client service(s) NOT detailed under ARTICLE I, Scope of Services or ARTICLE III, Compensation for Services, Contractor shall obtain an HHSA Authorization that has been signed by HHSA staff and HHSA Executive Management.
3. County shall not pay for any services that have not been approved by an HHSA Authorization, incomplete or unsatisfactory services, as determined by HHSA in its sole discretion, "no shows," cancellations, or telephone calls made for the purposes of scheduling and coordinating services. Contractor also shall not be compensated for services provided to Client outside of the authorized service dates identified on said HHSA Authorization unless HHSA Executive Management otherwise approves payment for services outside of said service dates. A copy of the Authorization shall be included with the invoice containing the service it pertains to and both documents shall be submitted to HHSA at the address indicated in Article III, Compensation for Services. Failure to submit a copy of the HHSA Authorization with Contractor's invoice may result in payment being withheld until said Authorization is submitted.
4. County may provide retroactive authorization for services or waive any required authorization(s) for services when special circumstances exist as determined by County Contract Administrator, HHSA Director and the Agency Chief Financial Officer, or their designees, and will provide written notice of this determination to Contractor (if applicable) in accordance with the Article titled “Notice to Parties.”

- 2) **ARTICLE II, Term**, of the Agreement is amended in its entirety to read as follows:

ARTICLE II

Term: This Agreement shall become effective upon final execution by both parties hereto and shall cover the period of July 23, 2023, through July 31, 2029.

- 3) **ARTICLE III, Compensation for Services**, of the Agreement is amended in its entirety to read as follows:

ARTICLE III

Compensation for Services: For services provided herein, including any deliverables that may be identified herein, County agrees to pay Contractor upon the satisfactory completion and County's acceptance of work, in arrears. Payment shall be made within forty-five (45) days following County's receipt and approval of invoices identifying the services rendered.

For the period beginning July 23, 2023, the effective date of the Agreement, and continuing through the day before the effective date of the First Amendment to the Agreement, for the services provided herein, the billing rates shall be in accordance with the Exhibit A, marked "Rates," incorporated herein and made by reference a part hereof.

For the period beginning May 10, 2024, the effective date of the First Amendment of the Agreement, and continuing through the day before the effective date of the Second Amendment to the Agreement, for the services provided herein, the billing rates shall be in accordance with the Amended Exhibit A, marked "Amended Rates," incorporated herein and made by reference a part hereof.

For the period beginning the effective date of this Second Amendment to the Agreement, and continuing through the remaining term of the Agreement, for the services provided herein, the billing rates shall be in accordance with the Amended Rates, set forth in the Amended Exhibit A-2, marked "Amended Rates A-2," incorporated herein and made by reference a part hereof.

- A. **Rates:** For the purposes of this Agreement, the billing rates shall be as defined below. Rates may be updated annually upon written approval, to include electronic communication, from County's Contract Administrator or designee. Rate change requests are subject to written approval by the County Contract Administrator or designee. Contractor shall submit rate change requests in writing to County at least thirty (30) days in advance of a rate change request to include the reason for the change which may include:
1. Increases to Contractor's cost of doing business (no more than once per 12 months);
 2. Rate changes due to state or federal rate changes or billing methodology;
 3. Changes to staffing levels;
 4. Changes to billing units or budget modifications; or
 5. Other reason which is substantiated by County staff based on the Contractor justification provided.

County acceptance or denial of rate changes will be submitted to Contractor via written notice in accordance with the Article titled "Notice to Parties". In no event shall the

maximum obligation of the Agreement be exceeded.

Travel expenses, including, but not limited to travel time, meals, lodging, and mileage shall not be paid by County.

- B. **Invoices:** It is a requirement of this Agreement that Contractor shall submit an original invoice, similar in content and format with the Health and Human Services Agency (HHS) invoice template linked online at <https://ElDoradoCounty.ca.gov/HHS-Contractor-Resources>, and shall reference this Agreement number on their faces.

Invoices shall be sent as follows, or as otherwise directed in writing by County:

<i>Email (preferred method):</i>	<i>U.S. Mail:</i>
<p>SSCWSinvoice@edcgov.us Please include in the subject line: “Contract #, Service Month, Description/Program”</p>	<p>County of El Dorado Health and Human Services Agency Attn: Finance Unit 3057 Briw Road, Suite B Placerville, CA 95667-5321</p>

or to such other location or email as County directs.

Supplemental Invoices: For the purpose of this Agreement, supplemental invoices shall be defined as invoices submitted for additional services, previously disallowed services, or inadvertently not submitted services rendered during a month for which a prior invoice has already been submitted to County. Supplemental invoices should include the standard invoice format with description of services rendered. The County will not accept nor pay any supplemental invoices for services provided during the period July 1st through June 30th for each fiscal year of this Agreement that are received by County after July 31st of the subsequent fiscal year, unless Contractor requests an exception. Requests for exceptions to pay an invoice received after July 31st of the subsequent year must be submitted in writing, to include electronic communication, and approved by the Health and Human Services Agency’s Chief Fiscal Officer in his/her sole discretion.

In the event that Contractor fails to deliver, in the format specified, the deliverables and reports required by this Agreement, County at its sole option may delay the payment for the period of time of the delay, cease all payments until such time as the required deliverables or reports are received, or proceed as set forth below in the Article titled “Default, Termination, and Cancellation,” herein.

- 4) **ARTICLE V, Maximum Obligation**, of the Agreement is amended in its entirety to read as follows:

ARTICLE V

Maximum Obligation: The maximum obligation for services and deliverables provided under this Agreement shall not exceed \$350,000, inclusive of all costs, taxes, and expenses.


- 5) **ARTICLE XXXII, Contract Administrator**, of the Agreement is amended in its entirety to read as follows:

ARTICLE XXXII

Contract Administrator: The County Officer or employee with responsibility for administering this Agreement is Tammy Chako, Deputy Director, Protective Services, Health and Human Services Agency (HHSA), or successor. In the instance where the named Contract Administrator no longer holds this title with County and a successor is pending, or HHSA has to temporarily delegate this authority, County Contract Administrator's Supervisor shall designate a representative to temporarily act as the primary Contract Administrator of this Agreement and HHSA Administration shall provide the Contractor with the name, title and email for this designee via notification in accordance with the Article titled "Notice to Parties" herein.


Except as herein amended, all other parts and sections of that Agreement #7626 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: 
Tammy Chako
Deputy Director, Protective Services
Health and Human Services Agency

Dated: 07/16/2025

Requesting Department Head Concurrence:

By: 
Olivia Byron-Cooper, MPH
Director
Health and Human Services Agency

Dated: 07/16/2025

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to Agreement for Services #7626 on the dates indicated below.

-- COUNTY OF EL DORADO --

By: _____
Chair
Board of Supervisors
"County"


Dated: _____

Attest:
Kim Dawson
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

Dated: _____

-- RJ COUNSELING, LLC --

By: 
April Harvey (Jul 16, 2025 10:09 PDT)
April Harvey
Chief Executive Officer
"Contractor"

Dated: 07/16/2025

RJ Counseling, LLC
Amended Exhibit A-2
Amended Rates A-2

RELATED CASE MANAGEMENT & REPORTS	
SERVICE TYPE	SERVICE BILLING RATE
RELATED CASE MANAGEMENT	
Juvenile Court Appearance <ul style="list-style-type: none"> Upon Court subpoena and prorated for time actually spent at the pertinent court appearance. If appearance is cancelled with less than 24 hours' notice, Contractor may invoice for eight (8) 15-minute units (120 minutes aka 2 hours). If appearance is cancelled with 24 or more hours' notice, Contractor may not invoice for the appearance. 	\$17.50 per 15-minute session
Child and Family Team (CFT) and Multidisciplinary Team (MDT) Meeting <ul style="list-style-type: none"> Upon request by County, Contractor shall attend CFT meetings and/or MDT meetings. Attendance shall be in-person or by teleconference. County shall only pay Contractor when County specifically requests Contractor's attendance, either in-person or by teleconference. Prorate for time spent at the pertinent CFT and/or MDT meeting. If meeting is cancelled with less than 24 hours' notice, Contractor may invoice for eight (8) 15-minute units (120 minutes aka 2 hours). If meeting is cancelled with 24 or more hours' notice, Contractor may not invoice for the meeting. 	\$17.50 per 15-minute session
REPORTS AND RESULTS	
Juvenile Court Document Preparation <ul style="list-style-type: none"> Upon request by County, Contractor shall provide the requested court document(s). Maximum limit of eight (8) 15-minute units (120 minutes aka 2 hours) charged per session. 	\$17.50 per 15-minute session [Max of 120 minutes (eight 15-minute units)]
Client Initial Visit Report <ul style="list-style-type: none"> Upon request by County, at no charge to County, and within 30 calendar days of Client's initial visit, Contractor shall provide HHSA staff with a brief written client initial visit report. The 30-day timeframe can be extended by HHSA staff. 	No charge
Client Progress Report <ul style="list-style-type: none"> Upon request by County, at no charge to County, and within the timeframe specified by County, Contractor shall provide HHSA staff with a brief written client progress report. 	No charge

Lab Results - See "Substance Use Tests" and associated "Testing - Maximum Billing Rate" section below.	<i>See "Substance Use Tests" and associated "Testing - Maximum Billing Rate" section below.</i>
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SUBSTANCE ABUSE TREATMENT ASAM CARE CONTINUUM FOR ADDICTION TREATMENT	
SERVICE TYPE	SERVICE BILLING RATE
EARLY INTERVENTION – LEVEL 0.5 8-WEEK SUBSTANCE ABUSE TREATMENT	
Intake Assessment Session - One (1) intake session - Two (2) hours per session	\$170.00 per one (1) session
Individual Treatment Session - One (1) bi-weekly individual session - One (1) hour per session	\$70.00 per one (1) session
Group Treatment Session - One (1) bi-weekly group session - One and a half (1.5) hours per session	\$60.00 per one (1) session [May be billed at a prorated rate in 30-minute increments]
Discharge Plan - One (1) discharge session - One (1) hour per session	\$70.00 per one (1) session
REMISSION MONITORING – LEVEL 1.0 26-WEEK SUBSTANCE ABUSE TREATMENT	
Intake Assessment Session - One (1) intake session - Two (2) hours per session	\$170.00 per one (1) session
Individual Treatment Session - One (1) monthly individual session - One (1) hour per session	\$70.00 per one (1) session
Discharge Plan - One (1) discharge session - One (1) hour per session	\$70.00 per one (1) session
OUTPATIENT – LEVEL 1.5 12-WEEK SUBSTANCE ABUSE TREATMENT	
Intake Assessment Session - One (1) intake session - Two (2) hours per session	\$170.00 per one (1) session
Individual Treatment Session - Two (2) monthly individual sessions - One (1) hour per session	\$70.00 per one (1) session
Group Treatment Session - One (1) weekly group session - One and a half (1.5) hours per session	\$60.00 per one (1) session [May be billed at a prorated rate in 30-minute increments]

Discharge Plan <ul style="list-style-type: none"> - One (1) discharge session - One (1) hour per session 	\$70.00 per one (1) session
INTENSIVE OUTPATIENT – 2.1 8-WEEK SUBSTANCE ABUSE TREATMENT	
Intake Assessment Session <ul style="list-style-type: none"> - One (1) intake session - Two (2) hours per session 	\$170.00 per one (1) session
Individual Treatment Session <ul style="list-style-type: none"> - One (1) weekly individual session - One (1) hour per session 	\$70.00 per one (1) session
Group Treatment Session <ul style="list-style-type: none"> - Two (2) weekly group sessions - Two (2) hours per session 	\$80.00 per one (1) session [May be billed at a prorated rate in 30-minute increments]
Discharge Plan <ul style="list-style-type: none"> - One (1) discharge session - One (1) hour per session 	\$70.00 per one (1) session

OTHER TREATMENT PROGRAMS & ASSESSMENTS	
SERVICE TYPE	SERVICE BILLING RATE
DOMESTIC VIOLENCE INVENTORY (DVI)/ LETHALITY ASSESSMENT	
DVI/Lethality Assessment <ul style="list-style-type: none"> - One (1) assessment (by appointment) - Two (2) hours per assessment 	\$140.00 per one (1) assessment
12-WEEK ANGER MANAGEMENT GROUPS PROGRAM	
Intake Assessment Session <ul style="list-style-type: none"> - One (1) intake session - Two (2) hours per intake session 	\$170.00 per one (1) session
Individual Treatment Session <ul style="list-style-type: none"> - One (1) weekly individual session - One (1) hour per individual session 	\$70.00 per one (1) session
Group Treatment Session <ul style="list-style-type: none"> - One (1) weekly group session - One (1) hour per group session 	\$60.00 per one (1) session
52-WEEK BATTERERS TREATMENT PROGRAM	
Intake Assessment Session <ul style="list-style-type: none"> - One (1) intake session - Two (2) hours per intake session 	\$170.00 per one (1) session

Individual Treatment Session <ul style="list-style-type: none"> - One (1) weekly individual session - One (1) hour per individual session 	\$70.00 per one (1) session
Group Treatment Session <ul style="list-style-type: none"> - One (1) weekly group session - Two (2) hours per group session 	\$60.00 per one (1) session
52-WEEK CHILD ABUSE PREVENTION (CAP) PROGRAM	
Intake Assessment Session <ul style="list-style-type: none"> - One (1) intake session - Two (2) hours per intake session 	\$170.00 per one (1) session
Individual Session <ul style="list-style-type: none"> - One (1) bi-weekly individual session - One (1) hour per individual session 	\$70.00 per one (1) session
Group Treatment Session <ul style="list-style-type: none"> - One (1) bi-weekly group session - One and a half (1.5) hours per group session 	\$60.00 per one (1) session

For the Substance Use Testing services outlined below, County agrees to pay Contractor monthly in arrears for all specimens collected in a service month. For the purposes hereof, the billing rate per individual from which a sample shall be drawn for analysis shall be:

SUBSTANCE USE TESTING	
SUBSTANCE USE TESTING TYPE	TESTING - MAXIMUM BILLING RATE
12-Panel Urinalysis (UA) <ul style="list-style-type: none"> - Schedule and monitoring of random UA collection shall be done on-site. - Twelve (12)-panel plus Fentanyl and/or Xylazine (when requested) urine test and report which includes testing for the presence of the following substances: <ol style="list-style-type: none"> 1. Amphetamine 2. Methamphetamine 3. Barbiturates 4. Benzodiazepine 5. Cocaine 6. Methadone 7. Opiates 8. Oxycodone 9. Buprenorphine 10. THC 11. MDMA 	<u>In-office test:</u> <i>Adult or Child</i> \$35.00 per sample for collection, testing and written analysis of in office test results <u>Confirmation test sent to outside lab:</u> <i>Adult or Child</i> \$40.00 per first substance confirmation test \$30.00 per additional substance confirmation test

12. EtG (detects for presence of alcohol for up to 80 hours after it is consumed) 13. Fentanyl (when requested) 14. Xylazine (when requested)	
12-Panel Oral Swab <ul style="list-style-type: none"> - Schedule and monitoring of random oral swab collection shall be done on-site. - Twelve (12)-panel oral swab test and report which includes testing for the presence of the same 12 substances listed above under 12-Panel UA. 	<u>In-office test:</u> <i>Adult or Child</i> \$20.00 per sample for collection, testing and written analysis of in office test results <u>Confirmation test sent to outside lab:</u> <i>Adult or Child</i> \$40.00 per first substance confirmation test \$30.00 per additional substance confirmation test
7-Panel Hair or Nail Test for Adult or Child <ul style="list-style-type: none"> - Seven (7)-panel hair or nail test for adult or child and report which includes testing for the presence of the following substances: <ol style="list-style-type: none"> 1. Amphetamine 2. Methamphetamine 3. Barbiturates 4. Benzodiazepine 5. Cocaine 6. Opiates 7. PCP 	<u>Confirmation tests sent to outside lab:</u> <i>Adult or Child</i> \$145.00 per substance confirmation test
7-Panel Plus Fentanyl Hair or Nail Test for Adult or Child <ul style="list-style-type: none"> - Seven (7)-panel plus Fentanyl hair or nail test for adult or child and report which includes testing for the presence of the same 7 substances listed above under 7-Panel Hair or Nail Test for Adult or Child plus Fentanyl. 	<u>Confirmation tests sent to outside lab:</u> <i>Adult or Child</i> \$230.00 per substance confirmation test
14-Panel Hair or Nail Test for Adult or Child <ul style="list-style-type: none"> - Fourteen (14)-panel hair or nail test for adult or child and report which includes testing for the presence of the following substances: <ol style="list-style-type: none"> 1. Amphetamine 2. Methamphetamine 3. Barbiturates 4. Benzodiazepine 5. Cocaine 	<u>Confirmation tests sent to outside lab:</u> <i>Adult</i> \$275.00 per substance confirmation test <i>Child</i> \$245.00 per substance confirmation test

6. Opiates 7. PCP 8. Methadone 9. OxyContin 10. Propoxyphene (off brand OxyContin) 11. Cannabis 12. Meperidine 13. Tramadol 14. Fentanyl	
EtG Hair or Nail Test for Adult - EtG hair or nail test for adult and report which includes testing for the presence of the following substance: 1. Alcohol metabolites	<u>Confirmation tests sent to outside lab:</u> <i>Adult</i> \$145.00 per substance confirmation test