

Contract #: 021-S1311, 4-1  
Index Code: 404131

## CONTRACT ROUTING SHEET

Date Prepared: 3/20/13

Need Date: 4/4/13

### PROCESSING DEPARTMENT:

Department: HHS/Public Health

Dept. Contact: Kathy Lang

Phone #: X7147

Department: *[Signature]*

Head Signature: Daniel Nielson, M.P.A., Director

### CONTRACTOR:

Name: Progress House, Inc.

Address: 2844 Coloma Street

Placerville, CA 95667

Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Health and Human Services Agency/PHD

Service Requested: Alcohol and Drug Counseling services

Contract Term: 7/1/12 – 6/30/13

Contract/Grant Value: \$832,292

Compliance with Human Resources requirements? N/A Yes ☒ No: \_\_\_\_\_

Compliance verified by: HR Approved 3/21/12

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 4/4/2013 By: K. Markham

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

4/4/2013 T/c w/ Kathy Lang: only adding rates for HEARTS  
= w/analysis testing.

Rates were not included in  
original agreement

△ Certificate Holder

Should read attn: Health Dept Done 4/5/13 Khang

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 4/5/2013 By: Adams

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PM Review/Date

CFO Review/Date 3/14/13

Contracts Supe Review/Date

Contracts Mgr. Review/Date



# ORIGINAL

## AGREEMENT FOR SERVICES 021-S1311 AMENDMENT I

This Amendment I to that Agreement for Services 021-S1311, 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 non-profit public benefit corporation qualified as a tax exempt organization under Title 26 Code of Federal Regulations Section 1.501 (c) (3) commonly referred to as Section 501 (c) (3) of the Internal Revenue Code of 1986, whose principal place of business is 2844 Coloma Street, Placerville, CA 95667 (hereinafter referred to as "Contractor") and whose Agent for Service of Process is Judy Marie Strauss, 2844 Coloma Street, Placerville, CA 95667.

### RECITALS

**WHEREAS**, Contractor has been engaged by County to provide Alcohol and Drug Program counseling, prevention and treatment services, in accordance with Agreement 021-S1311, dated August 14, 2012; and

**WHEREAS**, the parties hereto have mutually agreed to incorporate the rate for the Health Education Addiction Recovery Through Self-Responsibility (H.E.A.R.T.S.) program retroactive to July 1, 2012, so the Contractor may invoice for services provided; and

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services 021-S1311 shall be amended a first time as follows:

- 1) Article IV, "Compensation for Services," Section A, "Rates" shall be amended in its entirety to read as follows:

**Compensation for Services:**

- A. Rates: All three categories of treatment services defined under the Article titled "Scope of Services" billed to County shall use the "County Standardized Rate Structure" below, which shall use the most current California Drug Medi-Cal ("DMC") Alcohol and Drug Services Program "Regular DMC" and "Perinatal DMC" rates (collectively "DMC rates") as its benchmark and as set forth in the chart listed below.

Notwithstanding the foregoing, Federal Block Grants Management Guidelines require Contractor to ensure that Federal Block Grant funds are the "payment of last resort" for Alcohol and Other Drug Treatment Services subsidized under this Agreement. For that reason, Contractor shall comply with the following guidelines with regard to charges for services, including the establishment of a sliding scale fee schedule, attached hereto as Exhibit A and incorporated by reference herein, the sole purpose of which is for use in billing clients for Alcohol and Other Drug Counseling Treatment Services. In addition, Contractor may only bill County for Alcohol and Other Drug Counseling Treatment Services using the County Standardized Rate Structure herein after Contractor demonstrates that Contractor cannot collect the foregoing rates for Alcohol and Other Drug Counseling Treatment Services from: 1) an insurance carrier or other benefit program, including but not limited to the Social Security Act, including Title 19

CCR and Title 22 CCR programs, 2) any State compensation program, and 3) any other public assistance program for medical expenses, any grant program, or any other benefit program. Any amount billed to the County shall equal the difference between the "County Standardized Rate" and the amount received by Contractor from a separate funding source.

SERVICE	COUNTY STANDARDIZED RATE STRUCTURE
<b>Client Progress Reports.</b> No later than (30) days after the end of each second service month, Contractor shall provide the Program Coordinator, at no charge to the County, with a brief written progress report outlining the primary issues being addressed with each Client, their progress, and ongoing treatment goals.	No Charge
<b>Court Appearances.</b> Upon request by County and pro-rated for time actually spent at the pertinent court session, Contractor shall include support documentation in the form of time study attached to any invoice for Court Appearances. Travel time shall not be included in the reimbursement for these services.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<b>Court Documents Preparation.</b> Upon written request by County at a rate equivalent to the individual counseling session rate and up to a maximum limit of two (2)-session rates charged per report.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<b>Family Therapy Session.</b> 90 minutes per session upon written request by County and wherein one (1) or more therapists or counselors treat no more than twelve (12) family members at the same time. Multiple Units of Service shall be allowed upon approval of Program Coordinator.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) Outpatient Drug Free (ODF) Group Counseling UOS Rate per client
<b>Group Counseling Session.</b> 90 minutes 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. Multiple Units of Service shall be allowed upon approval of Program Coordinator.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) Outpatient Drug Free (ODF) Group Counseling UOS Rate
<b>H.E.A.R.T.S. Program</b>	\$28.00 per hour
<b>Individual Counseling Session.</b> 50-60 minutes per session and per individual upon written request by County.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<b>Multidisciplinary Team Meeting.</b> Upon written request by County and for time actually spent in the meeting, Contractor shall include support documentation in the form of time study attached to any invoice for Multidisciplinary Team Meeting participation. 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.	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Regular DMC) for Outpatient Drug Free (ODF) Individual Counseling UOS Rate

SERVICE	COUNTY STANDARDIZED RATE STRUCTURE
<b>Residential</b> – Men’s Residential Services Parenting Women’s Residential Services Non-Parenting Women’s Residential Services Perinatal Women’s Residential Services	\$70.00 per bed day \$70.00 per bed day \$70.00 per bed day \$92.45 per bed day
<b>Transitional Living</b> – Cooperative living arrangements with a requirement to be free from alcohol and other drugs; sometimes referred to as a sober living environment, a sober living home, transitional housing, or alcohol and drug free housing.	\$20.00 per bed day
SUBSTANCE ABUSE TESTS	RATES
<b>ETG 80 Hour Urine Test.</b> Detects for the presence of alcohol for up to 80 hours after it is consumed. <b>All tests shall be sent to the lab for confirmation at no additional cost.</b> Test results shall be received from the lab within approximately five (5) days.	\$45.00 per test
<b>ETG/UA.</b> Combination package of ETG 80 Hour Urine Test and Instant 5 Panel Urine Test. <b>All tests results – positive and negative - shall be sent to lab for confirmation at no additional cost.</b> Test results shall be received from the lab within approximately five (5) days.	\$90.00 per test
<b>Instant 5 Panel Urine Test.</b> On-site test checks for the presence of Amphetamine/Methamphetamine, THC, Cocaine, Opiates, and Benzodiazepines. <b>All test results – positive and negative - shall be sent to lab for confirmation at no additional cost.</b> Test results shall be received from the lab within approximately five (5) days.	\$45.00 per test
<b>Instant Alcohol Swab.</b> On-site instant alcohol swab to detect whether or not any alcohol is currently present in Client’s system. This is a presumptive test and is not legally binding.	\$45.00 per test
<b>Instant Oral Saliva Test.</b> On-site test checks for the presence of Amphetamine, Methamphetamine, THC, Cocaine, Opiates, and PCP. <b>All test results – positive and negative - shall be sent to lab for confirmation at no additional cost.</b> Test results shall be received from the lab within approximately five (5) days	\$45.00 per test, or at no charge if done in conjunction with ETG 80 Hour Urine Test.
<b>Urinalysis.</b> Scheduling and monitoring of random urinalysis collection shall be done on site. <b>All tests shall be sent to the lab for confirmation at no additional cost.</b> Test results shall be received from the lab within approximately five (5) days. 8 Panel Urine Test includes testing for presence of alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, opiates, THC (marijuana), and creatinine levels.	\$30.00 per test

1. For the purposes of this Agreement:

- DMC rates are for reimbursement reference purposes only and any descriptive information contained within the DMC rate schedule shall not apply to this Agreement unless otherwise specifically addressed. California-approved Drug Medi-Cal (DMC)

reimbursement rates are located on the California Department of Alcohol and Drug Programs (ADP) website at the following website address: <http://www.adp.ca.gov>.<sup>1</sup>

- DMC rates shall be subject to an annual adjustment in order to match the most current State-approved DMC rate schedule. Any adjustments to the DMC rate schedule by the State shall become effective the first day of the month that follows California's announcement that its governor has signed the Budget Bill for that particular Fiscal Year, thereby enacting the State's Budget Act.<sup>2</sup>

Except as herein amended, all other parts and sections of that Agreement 021-S1311 shall remain unchanged and in full force and effect.

**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By:  Dated: 4/9/13  
Shirley White, Alcohol and Drug Program Manager  
Health and Human Services Agency

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By:  Dated: 4-11-2013  
Daniel Nielson, M.P.A., Director  
Health and Human Services Agency

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<sup>1</sup> The California ADP Bulletin contains information on the most current DMC reimbursement rates and can be found at <http://www.adp.ca.gov> by clicking on "ADP Bulletins & Letters." Locate and open the most recent ADP Bulletin with either the title, "Proposed Drug Medi-Cal Rates for Fiscal Year \_\_\_\_" (most current fiscal year) or "Current Drug Medi-Cal Rates for Fiscal Year \_\_\_\_" (most current fiscal year). The link to open the chart containing the most current DMC rates will be contained within the Bulletin as an Exhibit titled either "Proposed Drug Medi-Cal Rates for Fiscal Year \_\_\_\_" (most current fiscal year) or "Current Drug Medi-Cal Rates for Fiscal Year \_\_\_\_" (most current fiscal year). Click on the Exhibit link to go to the most current DMC rate chart.

<sup>2</sup> The most current information on the status of the enactment of the California budget act may usually be found at the following website: <http://senweb03.senate.ca.gov/focus/budget/default.aspx>.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services 021-S1311 on the dates indicated below.

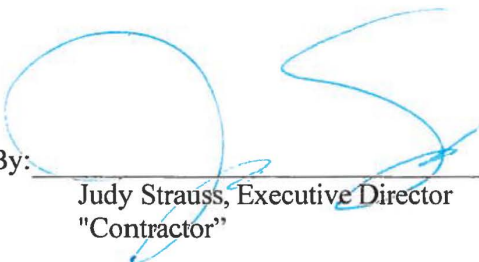
-- COUNTY OF EL DORADO --

By:   
Terri Daly, Purchasing Agent

Dated: 5/7/13

-- CONTRACTOR --

PROGRESS HOUSE, INC.  
A CALIFORNIA CORPORATION

By:   
Judy Strauss, Executive Director  
"Contractor"

Dated: 4-29-13

kgf