

2122 - 401030 - 723016 \$ 245,000.⁰⁰
 2129 - 401031 - 740000 163A 5,000.⁰⁰
 2129 - 401031 - 723000 164 50,000.⁰⁰

VN#	1904	CC LOG#	
CT#	E1700422		
ACCT			
CT AMT	300,000	1	300,00
	ANNUAL		TOTAL

**4TH ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS ADDENDUM is to that Contract executed on June 10, 2014 between the County of Siskiyou ("County") and Remi Vista, Inc. ("Contractor").

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect new rates; and

WHEREAS, the parties desire replace Exhibit B, revised November 7, 2016 in its entirety.

NOW, THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 3.01 of the Contract, Scope of Services, Exhibit "A", shall be deleted and replaced in its entirety with the new Exhibit "A", Scope of Services, attached hereto and incorporated by reference. Additionally, Exhibit "B" Organizational Provider Manual, shall be deleted and replaced in its entirety with the new Exhibit B, attached hereto and hereby incorporated by reference.


All other terms and conditions of the Contract for Services shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum on the 13th day of December 2016.

SIGNATURE PAGE TO FOLLOW

Executed in Yreka, California, on the date and year first above written.


CONTRACTOR:

By: 
Robert Hughes, Executive Director


11/21/16
(Date)

TAXPAYER I.D. On File

COUNTY OF SISKIYOU

By 
Grace Bennett, Chair

ATTEST:
COLLEEN SETZER
Clerk, Board of Supervisors

By 
Deputy

ACCOUNTING:

<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Actv</u>	<u>FY16-17</u>
2122	401030	723016		\$ 245,000
2129	401031	740000	163A	\$ 5,000
2129	401031	723000	164	\$ 50,000

Encumbrance number (if applicable)

If not to exceed, include amount not to exceed: \$300,000

Exhibit A

I. SCOPE OF SERVICES; shall read as follows:

B. Specialty Mental Health services may include:

Services provided "In County":

- Mental Health Services
- Rehabilitation
- Therapeutic Behavioral Service
- Clinical Supervision
- In Home Support
- Psychological Evaluations
- PCIT (Parent-Child Interactive Therapy)

Services provided "Out of County":

- Mental Health Services
- Rehabilitation
- Therapeutic Behavioral Services
- Psychological Evaluations
- In Home Support

- 1) Definition: "Mental Health Services" means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Services may include but are not limited to assessment, plan development, individual or group therapy, rehabilitation, targeted case management and collateral. *Title IX, Division 1, §1810.227.*

Therapeutic Behavioral Services

- 1) **Definition:** Therapeutic Behavioral Services are defined as one-to-one therapeutic contact between a mental health provider and a beneficiary for short-term periods which are designed to maintain the child/youth's residential placement (group home, foster care facility, etc.) at the lowest appropriate level of care by resolving target behaviors and achieving short-term goals. Therapeutic Behavioral Services may be provided in the community, client's parent's home, or at the beneficiary's residential placement.
- 2) **Authorization:** Therapeutic Behavioral Services will be preauthorized on a case-by-case basis, for a set number of hours per week as established in the Therapeutic Behavioral Services Plan for the client, developed by the treatment team and authorized by the appropriate County Program Coordinator. Therapeutic Behavioral Services Plans will be reviewed and revised on at least a monthly basis. Services will be re-authorized based on the amended plan. Therapeutic Behavioral Services shall not be provided in one lump sum of hours per session.
- 3) **Claims Payment:** Therapeutic Behavioral Services claims shall be paid for direct service provision, travel time to and from the assignment, and documentation time. Claims must be submitted on the CMS (HCFA) 1500 Claim Form, with appropriate documentation as outlined in the MANUAL or other format acceptable to the COUNTY.
- 4) **Timeliness:** The Contractor agrees to arrange Therapeutic Behavioral Services within three (3) working days of receipt of the referral.
- 5) **Documentation:** In addition to medical records documentation, Therapeutic Behavioral Services providers shall institute procedures to ensure that all occurrences of actual or potential harm and/or allegations of verbal and/or physical insult, injury or harm between and/or among beneficiaries, care-givers, and/or providers are documented on a County Incident Report and forwarded to County within twenty-four (24) hours of the event.
- 6) **Qualification and Supervision of Therapeutic Behavioral Aides:** Provider's employees serving in the role of Therapeutic Behavioral Aide having a bachelor's degree and four years of experience in a mental health setting; up to two years of graduate professional

- Parent-Child relationship outcomes (using the Dyadic Parent Child Interaction Coding Systems (DPICS), pre and post treatment).
 - Parent Outcomes (using the Parenting Stress Index pre and post treatment).
 - Child behavior outcomes (using the Eyeberg Child Behavior Inventory (ECBI), collected at each session)
 - Client satisfaction survey data
- 4) Invoice shall be submitted monthly for PCIT services and include data on individual clients receiving therapy, number of service hours provided and reported outcomes as outlined above based on the length of time in treatment per individual client. Invoices for reimbursement of expense shall include receipts and any other documentation deemed necessary by County to support expenditures.

II. COMPENSATION AND BILLING:

D. Rates for FY16/17

Case Management Services	\$1.75 per minute
Mental Health Services	\$2.40 per minute
Therapeutic Behavioral Service	\$2.40 per minute
Clinical Supervision	\$100.00 per hour
In Home Support	\$1.50 per minute
PCIT	\$2.40 per minute