

**AMENDMENT #1 TO THE RENEWAL CONTRACT WITH
CHARIS YOUTH CENTER**

THIS AMENDMENT is dated this 29th day of September, 2016 by and between CHARIS YOUTH CENTER, hereinafter referred to as "Contractor" and COUNTY OF NEVADA, hereinafter referred to as "County". Said Amendment will renew and amend the prior Agreement between the parties entitled Personal Services Contract, as approved on June 23, 2016, per Purchase Order No. PESK3101.

WHEREAS, the County has contracted with Contractor to provide specialized mental health residential treatment services for seriously emotionally disturbed youth and young adults between the ages of 13 – 21, for the contract term of July 1, 2016 through June 30, 2017; and

WHEREAS, the parties desire to amend their agreement to: 1) increase the Maximum Contract Price from \$25,000 to \$65,000 (an increase of \$40,000) due to an unanticipated increase in services; and 2) revise Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of September 1, 2016.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$65,000.
3. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
4. That in all other respects the prior Agreement of the parties shall remain in full force and effect.

COUNTY OF NEVADA:

By: _____
Honorable Dan Miller
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

CONTRACTOR:


By: 
Carol Fuller Powell, Executive Director
Charis Youth Center
714 W. Main Street
Grass Valley, California 95945

EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
CHARIS YOUTH CENTER

Subject to the satisfactory performance of services required of Contractor pursuant to this Contract, and the terms and conditions set forth, the maximum obligation of this Agreement shall not exceed \$65,000.

In accordance with the payment schedule rate below the County agrees to reimburse the Contractor for providing specialized mental health services.

Service	*Units	Provisional Unit Rate
Case Management, Brokerage	As needed units*	\$2.08
Crisis Intervention	As needed units*	\$4.00
Medication Support	As needed units*	\$4.96
Specialty Mental Health Services	As needed units*	\$2.69
TBS	As needed units*	\$2.69

*Each child will receive individualized services based on his/her individualized treatment needs and as authorized.

BILLING AND PAYMENT

Payment rates shall not exceed the Provisional Unit Rate effective on the day the service is rendered (current rates are listed in table above). Payment to Contractor will be limited to Medi-Cal reimbursable services provided, and no payment shall occur for days where no specialty mental health services are provided.

Contractor shall submit to County, for services rendered in the prior month, and in accordance with Exhibit "A", a statement of services rendered to County and costs incurred that includes documentation to support all expenses claimed by the 20th of each month. Invoices shall be itemized and shall include the number of service days provided for each client, including an attendance roster, which outlines professional services rendered to County clients under this Agreement. Contractor shall also provide to County, a breakdown and duration on type of services provided under the Specialty Mental Health Services

Category, e.g. Individual Counseling, Group Counseling including the number of participants in the group, assessment, etc.

County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing.

To expedite payment, Contractor shall reference on their invoice the Purchase Order Number, which has been assigned to their approved contract.

Contractor shall submit invoices to:

Nevada County Behavioral Health Department
Attn: Fiscal Staff
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945

It is also acknowledged herein that County shall be responsible for the preparation and submission of Medi-Cal claims for County clients receiving services herein, as County can recoup a portion of the costs herein for Medi-Cal clients. Contractor shall provide to County any documentation County needs to meet County requirements for the Medi-Cal claim.