

**Amendment No. 1 TO THE AGREEMENT BETWEEN COUNTY OF LAKE AND
REDWOOD COMMUNITY SERVICES, INC. FOR THE LAKE COUNTY WRAP
PROGRAM, FOSTER CARE PROGRAM, AND INTENSIVE SERVICES FOSTER
CARE (ISFC) PROGRAM FOR SPECIALTY MENTAL HEALTH SERVICES FOR
FISCAL YEAR 2019-20**

This Amendment No 1 to Agreement is made and entered into this 1st day of April, 2020 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as “County”) and Redwood Community Services, Inc. (hereinafter referred to as “Contractor”).

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2019 under which Contractor will provide specialized mental health services to County; and

WHEREAS, Contractor has appropriate staffing and facilities necessary to provide such specialized mental health services to children and Transitional-Aged Youth (TAY) aged 16 to 24 and desires to enter into this Agreement with County upon the provisions hereinafter set forth; and

WHEREAS, County has appropriate staffing and facilities necessary to provide such specialized mental health services to eligible Adults aged 18 and over; and

WHEREAS, County desires to clarify appropriate services are being provided and recorded with accuracy to insure maximum compensation from contracted services provided to eligible children and Transitional-Aged Youth (TAY) aged 16 to 24.

WHEREAS, the parties now desire to amend that agreement to adjust the payment terms and fee schedule temporarily in response to the emergency COVID-19.

NOW, THEREFORE, the parties hereto agree to the following amendments to be effective April 1, 2020:

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EXHIBIT A – SCOPE OF SERVICES**4. DESCRIPTION OF SERVICES.**

4.3 Services will be provided to Lake County Medi-Cal beneficiaries, who would otherwise be identified through the Inter-Placement Committee (IPC) as being at risk for out-of-home placement in another County, to clients either currently being served or determined to be eligible for AB1299 Presumptive Transfer in or to Lake County, to Medi-Cal eligible children and youth currently enrolled in Lake County Foster Care, Therapeutic Foster Care (TFC), and Intensive Services Foster Care (ISFC), to the siblings of current clients receiving Wraparound services, to children and youth who were previously foster children but have been reunified with family and/or adopted, to Resource Family Approval families, and to Transitional Age Youth (TAY). All clients within the above categories must meet medical necessity and have approval by Lake County Behavioral Health (LCBH) to receive services.

EXHIBIT B – FISCAL PROVISIONS

4. PAYMENT TERMS. County shall reimburse Contractor for services provided to Lake County Medi-Cal beneficiaries per the schedule below:

4.1	Specialty Mental Health Services (MS/SF 15/30, 15/10)	\$3.13 per minute
	Case Management (MS/SF 15/01)	\$2.82 per minute
	Therapeutic Behavioral Services (MS/SF 15/58)	\$3.13 per minute
	Therapeutic Foster Care (MS/SF 05/95)	\$150.00 per day

COUNTY OF LAKE

REDWOOD COMMUNITY SERVICES

Chair


Board of Supervisors

Date: _____

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By:  _____
DocuSigned by:
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Date: 4/13/2020 _____

Dan Anderson

Executive Director

Date: _____

ATTEST:

CAROL J. HUCHINGSON

Clerk to the Board of Supervisors

By: _____

Date: _____