

ADAMS COUNTY, COLORADO
SERVICE AGREEMENT
ADDENDUM FOUR

THIS ADDENDUM FOUR ("Addendum") is made this 4th day of June 2015, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and **SIGNAL BEHAVIORAL HEALTH NETWORK**, located at 6130 Greenwood Plaza Blvd, Suite 150, Greenwood Village, Colorado 80111, hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

RECITALS

WHEREAS, on July 31, 2014, the County entered into Addendum Three #2014.137-05 with **Signal Behavioral Health Network** to provide Substance Abuse Services to families referred by the Adams County Human Services Department pursuant to the Colorado Family Preservation Act §§26-5-101, et seq., C.R.S., and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the County and the Contractor mutually desire to amend the Agreement to add language for change orders and extensions, in addition to extending the last renewal of the Service Agreement, effective June 1, 2015.

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. **Section III-Term. The below two paragraphs are added and read as follows:**

Change Orders or Extensions: The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision, or if no provision exists, pursuant to the terms of the Change Order.

Extensions: The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.

2. The County shall pay the Contractor for the services furnished under this Addendum in accordance with **Section IV Payment and Attached Fee Schedule for Service Agreement #2012.179** for a sum not to exceed one hundred twenty-five thousand dollars and no cents (\$125,000.00).
3. The term of the Service Agreement is extended for the last renewal year effective through May 31, 2016.
4. The Service Agreement, Addendum One, Addendum Two, Addendum Three and Addendum Four contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by Addendum Four shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement, Addendum One, Addendum Two, Addendum Three and Addendum Four the terms, conditions, and provisions of Addendum Four shall prevail.
5. The Recitals contained in Addendum Four are incorporated into the body hereof, and accurately reflect the intent and agreement of the parties.

6. Addendum Four may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
7. Nothing expressed or implied in Addendum Four is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of Addendum Four or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in Addendum Four by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
8. If any provision of Addendum Four is determined to be unenforceable or invalid for any reason, the remainder of Addendum Four shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
9. Each party represents and warrants that it has the power and ability to enter into Addendum Four, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

**BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO**

By:

[Signature]
Chairman

06/04/15
Date

**CONTRACTOR:
SIGNAL BEHAVIORAL HEALTH NETWORK**

By:

Sue Williamson
Name (Print or Type)

5-27-15
Date

[Signature]
Authorized Signature

CEO
Title

ATTEST:
Stan Martin
Clerk and Recorder

[Signature]

APPROVED AS TO FORM
Adams County Attorney's Office

By: *[Signature]*
Attorney Signature

NOTARIZATION:

COUNTY OF Denver)
)SS.
STATE OF COLORADO)

Signed and sworn to before me this 27th day of May, 2015,

by Kristy Jordan, *[Signature]*
Notary Public

My commission expires on: 02-09-2019



SIGNAL

Behavioral Health Network

Performance-based solutions for behavioral health care

Core and AFS Rate Schedule Adams County

FY15-16

Rate Schedule FY15-16	Core and AFS - Signal BHN	Units Measured	Adams Provider Rate	Adams Payer Rate
80102	UA Confirmation	each	15.00	15.75
81099	UA - Soma	each	40.00	42.00
82075	Breathalyzer	each	5.00	5.25
84999	Hair Testing	each	64.84	68.08
90849	Multi Family Group	per 15 min.	10.33	10.85
T1006:HS	Family Session without Patient Present	per 15 min.	19.23	20.19
94664	Vapor Inhalations Evaluation	each	45.00	47.25
99075	Medical testimony	per 15 min.	15.52	16.30
99203	Antabuse Physical - New Client	each	62.37	65.49
99214	Antabuse Physical - Existing Client	each	62.37	65.49
80100:HF	UA - Ethyl Glucuronide (EtG)	each	12.00	12.60
H0001	Evaluation - Each	each	154.92	162.67
H0001:IA	Integrated Assessment Evaluation	per 15 min.	13.30	13.97
H0003:HF	UA w/ TX	each	11.00	11.55
H0004	Individual Counseling	per 15 min.	20.00	21.00
H0004:UK	Individual Session without Patient Present	per 15 min.	17.93	18.83
H0005	Group Counseling	hour(s)	41.32	43.39
H0006	Case Management	each	-	-
H0011	Detox	day(s)	103.95	109.15
H0018:HA	Intensive Short-Term Residential:Adolescent	day(s)	193.09	202.74
H0018:HB	Intensive Short-Term Residential:Adult	day(s)	154.00	161.70
H0019	Transitional Long-Term Residential	day(s)	115.00	120.75
H0019:HD	Transitional Long-Term Residential:Preg/Parent (NDF)	day(s)	154.00	161.70
H0020	Opioid Replacement (Methadone)	month(s)	285.71	300.00
H0033	Antabuse Monitoring	each	2.86	3.00
H0038	Peer Services	per 15 min.	7.13	7.49
H0048	Drug Patch Confirmation	each	25.99	27.29
H0048:HF	Drug Patch Monitoring	each	41.58	43.66
H2012:HB	Day Treatment:Adult	hour(s)	6.90	7.25
H2012:HA	Day Treatment:Adolescent	hour(s)	10.23	10.74
H2020:HA	Therapeutic Behavioral Svcs:Adolescent	day(s)	132.50	139.13
H2020:HB	Therapeutic Behavioral Svcs:Adult w/o Infant	day(s)	55.56	58.34
H2020:HD	Therapeutic Behavioral Svcs:Preg/Parent	day(s)	154.00	161.70
H2033	Multisystemic Therapy	per 15 min.	1.72	1.81
T1006	Family Counseling	hour(s)	76.92	80.77
T1006:HS	Family Session without Patient Present	per 15 min.	19.23	20.19
T2010	Intake	each	14.55	15.28

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Core and AFS Rate Schedule Adams County

FY15-16

AFS Only				
Service Code	Service Code Description	Units Measured	Provider Rate	Payer Rate
T2048:HA	Room & Board: Adolescent: ARTS	Daily	38.50	40.53
T2048:HA	Room & Board: Adolescent: Arapahoe House	Daily	36.30	38.21
T2048:HA	Room & Board: Adolescent: Crossroads	Daily	-	-
T2048:HA	Room & Board: Adolescent: North Range Beh. Health	Daily	35.00	36.84
T2048:HA	Room & Board: Adolescent: Sobriety House	Daily	-	-
T2048:HB	Room & Board: Adult: ARTS	Daily	16.88	17.77
T2048:HB	Room & Board: Adult: Arapahoe House	Daily	45.23	47.61
T2048:HB	Room & Board: Adult: Crossroads	Daily	40.00	42.11
T2048:HB	Room & Board: Adult: North Range Beh. Health	Daily	30.00	31.58
T2048:HB	Room & Board: Adult: RESADA	Daily	18.00	18.95
T2048:HB	Room & Board: Adult: Sobriety House	Daily	22.00	23.16
T2048:HD	Room & Board: Preg/Parent: ARTS	Daily	16.88	17.77
T2048:HD	Room & Board: Preg/Parent: Arapahoe House	Daily	50.17	52.81
T2048:HD	Room & Board: Preg/Parent: Crossroads	Daily	50.00	52.63
T2048:HD	Room & Board: Preg/Parent: North Range Beh. Health	Daily	-	-
T2048:HD	Room & Board: Preg/Parent: RESADA	Daily	18.00	18.95
T2048:HD	Room & Board: Preg/Parent: Sobriety House	Daily	-	-