

ADAMS COUNTY, COLORADO
FIRST ADDENDUM TO
SERVICE AGREEMENT

THIS FIRST ADDENDUM TO SERVICE AGREEMENT ("First Addendum") is entered into this 8 day of August, 2012, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Signal Behavioral Health Network, located 455 Sherman Street, Suite 455, Denver, CO 80203, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with, Signal Behavioral Health Network to provide Substance Abuse Services to families referred by Adams County Human Services Department (ACHSD)/ 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 term of the agreement expired on May 31, 2012, and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement through May 31, 2013 to facilitate the request for proposal process, and,

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. The County shall reimburse the Contractor for the work provided under this First Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2012 through May 31, 2013, Adams County will pay Signal Behavioral Health Network at the rates described in "Attachment A" of Addendum One a sum not to exceed \$264,533.00.
2. The term of the Service Agreement is extended through May 31, 2013.
3. The Service Agreement and this First Addendum 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 this First Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this First Addendum, the terms, conditions, and provisions of this First Addendum shall control.
4. The Recitals contained in this First Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.
5. This First Addendum 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.

6. Nothing expressed or implied in this First Addendum 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 this First Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this First Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
7. If any provision of this First Addendum is determined to be unenforceable or invalid for any reason, the remainder of the First Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
8. Each party represents and warrants that it has the power and ability to enter into this First Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

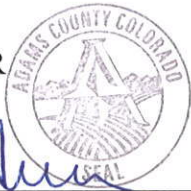
IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO

[Signature] Date 8-22-12
Chairman

ATTEST:
KAREN LONG
CLERK AND RECORDER

[Signature]
Deputy Clerk



Approved as to form:
[Signature]
Adams County Attorney's Office

SIGNAL BEHAVIORAL HEALTH NETWORK

[Signature] Date 8-7-12
Michael Jenet, CEO

Signed and sworn to before me on this 8 day of August, 2012 by

Tiffany Aaland

Tiffany Aaland
Notary Public

My commission expires on: 11/07/2012

CONTRACTOR'S CERTIFICATION OF COMPLIANCE

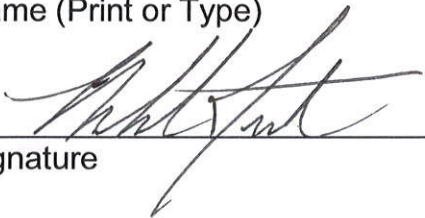
Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

Signal Behavioral Health Network
Company Name

8/8/12
Date

Michael Jenet
Name (Print or Type)


Signature

CEO
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering

**Attachment A
Fiscal Year 2012-2013 Fee Schedule**

CORE & AFS				
Payer/County	Service Code	Service Code Description	Units Measured	Payer Rate
Adams County	80102	UA Confirmation	each	32.75
Adams County	81099	UA – Soma	each	42.00
Adams County	82075	Breathalyzer	each	5.25
Adams County	84999	Hair Testing	each	68.08
Adams County	90845	Individual Session without Patient Present	per 15 min. session(s)	18.83
Adams County	90846	Family Session without Patient Present	per 15 min. session(s)	20.19
Adams County	90849	Multi Family Group	per 15 min. session(s)	10.85
Adams County	90853	Family Group Conference	per 15 min. session(s)	14.00
Adams County	94664	Vapor Inhalations Evaluation	each	47.25
Adams County	H0001:IA	Integrated Assessment Evaluation	per 15 min. session(s)	14.00
Adams County	99075	Medical testimony	per 15 min. session(s)	16.30
Adams County	99203	Antabuse Physical - New Client	each	65.49
Adams County	99214	Antabuse Physical - Existing Client	each	65.49
Adams County	80100:HF	UA - Ethyl Glucuronide (EtG)	each	29.93
Adams County	H0001	Evaluation - Each	each	162.67
Adams County	H0003:HF	UA w/ TX	each	12.46
Adams County	H0004	Individual Counseling	per 15 min. session(s)	18.83
Adams County	H0005	Group Counseling	per 15 min. session(s)	10.85
Adams County	H0006	Case Management	per 15 min. session(s)	-
Adams County	H0011	Detox	day(s)	109.15
Adams County	H0018:HA	Intensive Short-Term Residential:Adolescent	day(s)	202.74
Adams County	H0018:HB	Intensive Short-Term Residential:Adult	day(s)	161.70
Adams County	H0019	Transitional Long-Term Residential	day(s)	120.75
Adams County	H0019:HD	Transitional Long-Term Residential:Preg/Parent (NDF)	day(s)	161.70
Payer/County	Service Code	Service Code Description	Units Measured	Payer Rate
Adams County	H0020	Opiod Replacement (Methadone)	month(s)	300.00
Adams County	H0033	Antabuse Monitoring	each	3.00
Adams County	H0048	Drug Patch Confirmation	each	27.29
Adams County	H0048:HF	Drug Patch Monitoring	each	43.66

Adams County	H2012:HA	Day Treatment:Adolescent	hour(s)	10.74
Adams County	H2012:HB	Day Treatment:Adult	hour(s)	7.25
Adams County	H2020:HA	Therapeutic Behavioral Srvcs:Adolescent	day(s)	117.34
Adams County	H2020:HB	Therapeutic Behavioral Srvcs:Adult w/o Infant	day(s)	58.34
Adams County	H2020:HD	Therapeutic Behavioral Srvc:Preg/Parent	day(s)	161.70
Adams County	H2033	Multi-systemic Therapy (MST) – Aftercare	per 15 min. session(s)	1.81
Adams County	H2033:HF	Multi-systemic Therapy (MST) - Regular	per 15 min. session(s)	2.55
Adams County	T1006	Family Counseling	per 15 min. session(s)	20.19
Adams County	T2010	Intake	each	15.28

These services will only be paid through AFS:

Payer/County	Service Code	Service Code Description	Units Measured	Payer Rate
Adams County AFS	T2048:HA	Room and Board:Adolescent (ARTS)	Daily	40.13
Adams County AFS	T2048:HA	Room and Board:Adolescent (Arapahoe House)	Daily	38.21
Adams County AFS	T2048:HA	Room and Board:Adolescent (North Range Behavioral Health)	Daily	34.74
Adams County AFS	T2048:HB	Room and Board:Adult (ARTS)	Daily	17.77
Adams County AFS	T2048:HB	Room and Board:Adult (Arapahoe House)	Daily	47.61
Adams County AFS	T2048:HB	Room and Board:Adult (North Range Behavioral Health)	Daily	36.84
Adams County AFS	T2048:HB	Room and Board:Adult (Crossroads)	Daily	52.63
Adams County AFS	T2048:HB	Room and Board:Adult (Sobriety House)	Daily	23.16
Payer/County	Service Code	Service Code Description	Units Measured	Payer Rate
Adams County AFS	T2048:HD	Room and Board:Preg/Parent (ARTS)	Daily	17.77
Adams County AFS	T2048:HD	Room and Board:Preg/Parent (Arapahoe House)	Daily	52.81
Adams County AFS	T2048:HD	Room and Board:Preg/Parent (Crossroads)	Daily	78.95



ADAMS COUNTY
COLORADO

ACCEPTANCE OF NOTICE
Mail to Adams County Purchasing
4430 South Adams County Parkway
Brighton, Colorado 80601
Attn: Contract Administrator

Receipt of the above NOTICE OF AWARD
is hereby acknowledged for

2012 CORE SERVICES PROVIDER

BY: Signal Behavioral Health Network
Name of Company

this the 8 day

of August, 2012

BY Tiffany Scroggins

TITLE Manager of Finance

TELEPHONE 720-263-4860



CERTIFICATE OF LIABILITY INSURANCE

SIGNA-4

OP ID: DP

DATE (MM/DD/YYYY)

06/14/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rich & Cartmill Ins of CO of Colorado LLC 8213 W. 20th Street Greeley, CO 80634 Michael J Schmitt CIC	970-356-8030	CONTACT NAME:	
	970-356-8032	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Ace Property & Casualty	
		INSURER B : Pinnacle Assurance	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
Signal Behavioral Health
455 Sherman Street, Suite 455
Denver, CO 80203

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			SVRD37797480004	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	GENL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMPIOP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY			CALI108612894004	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTIONS					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4148725	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liab			CRL G25498586004	07/01/12	07/01/13	Aggregate	3,000,000
							Each Act	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

ADA

Adams County Dept of
Social Services
7401 N Broadway
Denver, CO 80221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Michael J Schmitt CIC

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