

FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 240139
 Number Assigned by Purchasing Dept.



CONTRACT REVIEW

BOARD MEETING DATE: _____
 WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED
 Must Have Board Approval over \$100,000.00

Date Submitted: 2/22/2024

Name of Contract Initiator: Heather McDonald Telephone #: x66900

School/Dept Submitting Contract: Climate & Culture Cost Center # 9004

Vendor Name: Flagler Hospital Inc.

Contract Title: Agreement for Flagler Health's BRAVE program - AMENDMENT TO 240021

Contract Type: New Renewal Amendment Extension Previous Year Contract # _____

Contract Term: 7/1/2023 - 6/30/2024 Renewal Option(s): Auto Renew 3 yr (1yr periods)

Contract Cost: Change to Exhibit B Financial Compensation Method

BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT
 Funding Source: Budget Line # _____
 Funding Source: Budget Line # _____

NO COST MASTER (COUNTY WIDE) CONTRACT - SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT

INTERNAL ACCOUNT - IF FUNDED FROM SCHOOL IA FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO SBAO

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (when applicable):

____ Completed Contract Review Form

____ SBAO Template Contract or other Contract (NOT SIGNED by District / School)

____ SIGNED Addendum A (if not an SBAO Template Contract) - When using the Addendum A, this Statement **MUST BE** included in the body of the Contract:
"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."

____ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:
 COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.
 General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.
 Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).
 Workers' Compensation = \$100,000 Minimum
[if exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].

____ State of Florida Workers Comp Exemption (<https://apps.fldfs.com/bocexempt/>) (If Applicable)

____ Release and Hold Harmless (If Applicable)

****AREA BELOW FOR DISTRICT PERSONNEL ONLY ****

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department Review Date REVIEWED <i>By Bertha Staefa at 12:21 pm, Feb 22, 2024</i>	Professional Health Services - Standard SBCC Amendment used _____ _____
School Board Attorney JPS Review Date 3.4.24	Approved. _____ _____
Other Dept. as Necessary Review Date	_____ _____ _____

PENDING STATUS: YES NO **IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR**

FINAL STATUS **APPROVED**
By Elaine at 12:21 pm, Mar 06, 2024

THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA
AMENDMENT TO INDEPENDENT CONTRACTOR
SERVICES AGREEMENT BETWEEN
THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA AND
FLAGLER HOSPITAL, INC.

This Amendment to the original Agreement is entered into by and between The School Board of Clay County, Florida ("SBCC"), and Flagler Hospital, Inc. ("Contractor"), collectively referred to hereinafter as "the Parties," which Amendment shall become effective on the date it is fully executed by the Parties.

WHEREAS, the Parties entered into the above referenced Agreement on the 3rd day of August, 2023, that being the date that it was executed by representatives of both parties, and

WHEREAS, the term of said Agreement was from July 1, 2023 through June 30, 2024 and will automatically renew for three (3) successive one (1) year periods at the end of the initial term, and

WHEREAS, Exhibit B was appended to the original Agreement, which Exhibit is the subject of this Amendment,

NOW THEREFORE, the parties agree to amend the original Agreement as follows:

1. The original Exhibit B which was originally attached to the original Agreement is deleted from the original Agreement and the new Exhibit B which is attached hereto is substituted as the attachment to the original Agreement.
2. All other terms and conditions of the original Agreement set forth therein remain unchanged and shall continue in full force and effect. The only amendment/change to the original Agreement is that which is set forth and described in numbered paragraphs 1 above.

IN WITNESS WHEREOF, the Parties, by and through execution of this Amendment to the original Agreement by their authorized representative below, concur with and bind themselves to all terms and conditions of this Amendment and the remaining un-amended terms of the original Agreement.

AS TO FLAGLER HOSPITAL INC.

Signature: _____



Print Name: _____

Kevin Sweeny

Title: _____

VP, Chief of Staff

Date: _____

Signed: Tuesday, June 18, 2024

Email: _____

AS TO SCHOOL BOARD OF CLAY COUNTY:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Email: _____

EXHIBIT B
TO CONTRACTOR AGREEMENT BETWEEN
THE SCHOOL BOARD OF CLAY COUNTY, FLORIDA,
AND FLAGLER HOSPITAL, INC.

Financial Compensation

Fee which shall not exceed the rates at the Current Florida Medicaid fee schedule/Community Behavioral Health Services Fee Schedule on the Florida Agency for Health Administration Medicaid website per Section 5 – Compensation and Payment by Third-Party Sources.

Website: Florida Agency for Health Care Administration - Medicaid

Looking for information on: Provider Fee Schedules and Provider Handbooks - Rules

Adopted Rules: Fee Schedules and Billing Codes - Florida Medicaid fee schedules and billing codes

Web page: Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes

Community Behavioral Health Services Fee Schedule: Updated Fee Schedule Effective 10/1/2023
(Use Current Schedule for Date of Service)

List of Individual Services

1. Biopsychosocial evaluation
2. Development of treatment plan
3. Treatment plan review
4. Individual therapy
5. Group therapy
6. Brief behavioral status exam (CFARS)