

School District of Clay County
SEDNET

January 2014 Amendment

This Amendment is made and entered into by and between Lutheran Services Florida, Inc., ("LSF") School District of Clay County ("Provider") to be effective as of January 1, 2014. Provider and LSF may be referred to herein individually as a "party" or collectively as the "parties".

WHEREAS, LSF wishes to amend the contract entered into between said parties. The purposes of this amendment are to increase funding and services and technical changes.

NOW, THEREFORE, in consideration of the mutual covenants, representations, and the mutual promises contained hereinafter, and in exchange for good and valuable consideration, the sufficiency of which are hereby acknowledged, the Parties, as independent contractors, agree as follows:

1. Capitalized terms herein shall be ascribed the meaning given by the Contract. In the event of conflict between this Amendment and the Contract, this Amendment shall control.
2. Standard Contract Paragraph 3 'Contract Amount' is amended to include new contract amount for the period Fiscal Year 2013-2014 not to exceed \$142,086.00 applicable to Covered Services rendered to eligible consumers, subject to availability of funds.
3. Standard Contract Paragraph 18.c. 'The name, address, telephone number and email address of the contract manager for LSF' for this contract is:

Name: Cristina Comstock
Address: 10450 San Jose Blvd. Ste. A Jacksonville, FL 32256
Tel. No. (904) 337-4057
Email: cristina.comstock@lsfnet.org

4. Attachment I Section A.1.b. is amended to include (9) Statewide Inpatient Psychiatric Programs (SIPP), Residential Inpatient facilities for children under age 18 to provide diagnostic and active treatment services in a secure setting. SIPP providers must be under contract with Agency for Health Care Administration (AHCA) under a Medicaid waiver authorized by Title XIX, Section 1915(b)(4) of the Social Security Act (42 U.S.C. 1396n); and in accordance with Chapters 394, 408, and 409, F.S. and Rules 59G-4. 120 and 65E-9.008(4), F.A.C.
5. Attachment I Sections B.2.a 'Staffing Requirements' is amended to include additional position, Specialist - 1 FTE for the period FY 13-14, B.2.b Professional Qualifications is amended to include, Specialist - Bachelor's Degree and Mental Health knowledge, B.2.c Staffing Changes is amended to include Specialist, applicable to Covered Services, rendered to eligible consumers.
6. Attachment I Sections C.1 'Payment Clauses' is amended to replace \$86,086.00 with \$142,086.00 for the time period of July 2013 through June 30, 2014.
7. Attachment I Exhibit A Section B. 'Service Delivery Strategies' is amended to change .25 FTE to 1.25 FTE and delete Paragraph 2, Section F. 'Staffing' is amended to add Specialist with a Bachelor's Degree and Mental Health knowledge.
8. Attachment I Exhibits B-2, C-2, D-2 are amended and replaced with new Exhibits B-2, C-2, D-2.
9. Attachment I Exhibit G Therapeutic Services form is replaced with an updated form.

Except as amended hereby, the terms and conditions of the Agreement remains the same.

The parties authorized representatives have executed this Amendment to be effective as of January 1, 2014, or the date signed by both parties, whichever is later.

Lutheran Services Florida, Inc.

Provider: School District of Clay County

Sam Sipes, CEO *Date*

Signature *Date*

Print Name/Title

Carol Studdard, Chairman of the Board
Print Name/Title

Tax Identification Number included in Agreement

Exhibit B-2
LINE ITEM OPERATING BUDGET
FY 13-14

AGENCY School District of Clay County
CONTRACT # DH693

CONTRACT PERIOD FROM: 07/01/13 TO : 06/30/14

DATE PREPARED 1/9/14

LINE ITEMS	CONTRACTED AMOUNTS	MATCH AMOUNTS	TOTAL
PERSONNEL SERVICES			
(a) SALARIES	\$ 39,973.88		
(b) FRINGE	\$ 10,553.12		
TOTAL PERSONNEL =	\$ 50,527.00		
II. EXPENSES			
(a) BUILDING OCCUPANCY			
(b) PROFESSIONAL SERVICES	\$ 71,060.00		
(c) TRAVEL	\$ 1,000.00		
(d) EQUIPMENT COSTS			
(e) FOOD SERVICES			
(f) MEDICAL AND PHARMACY			
(g) SUBCONTRACTED SERVICES			
(h) INSURANCE			
(i) INTEREST			
(j) OPERATING SUPPLIES & EXPENSES	\$ 499.00		
(k) OTHER	\$ 19,000.00		
(l) DONATED ITEMS			
TOTAL EXPENSES =	\$ 91,559.00		
III. NONEXPENDABLE PROPERTY			
(a) EQUIPMENT			
(b) PROPERTY			
TOTAL NONEXPENDABLE PROPERTY =			
IV. ADMINISTRATION			
GRAND TOTAL =	\$ 142,086.00		

**EXHIBIT C-2
FY 13-14
BUDGET NARRATIVE**

Provider: School District of Clay County

Contract Number: DH693

Budget Details:

1. Personnel:		
Salaries will pay .25 of the SEDNET project manager's salary.		\$ 39,973.88
Salaries will pay 1.0 of the SEDNET specialist's salary.		
Other Project Staff (Secretary) .25 FTE is funded by other revenue sources.		
2. Fringe Benefits:		
Retirement at 9.85% of salary	\$3,772.50	
Social Security at 7.65% of salary	\$3,269.64	
Insurance	\$3,208.00	
Workmen's Compensations at 1%	\$ 302.98	
Total Fringe		\$ 10,553.12
3. Office Expenses:		
Office Expenses will include consumable supplies, reproductions of necessary paperwork, printing cost, and postage.		\$ 499.00
4. Professional Services:		
Professional Services will include reimbursement for psychiatrist and/or psychologist to attend and give technical assistance to the CFS. Psychiatrist fee at \$150 per hour and Psychologist fee at \$100.00 per hour. This rate is consistent with the typical fees for psychiatric and psychologist services in the community. Funds are also allocated to include, but are not limited to, the following: behavior specialist, psychological evaluations, psychosexual evaluations, therapy, therapeutic friend, and parent training, and tutoring services.		\$ 71,060.00
5. Travel		
Travel expenses for travel to three counties to attend meetings, trainings, and parent assistance.		\$ 1,000.00
6. Other:		
a. Other allowable costs are for stabilization of the child or family which may include camp, and miscellaneous wraparound services such as clothing, other school activities, crises, supports for the family, medical supplies, and parent training programs designed to help parents/guardians deal with emotionally disabled children and maintain them in the community.		\$ 15,000.00
b. Funding is also set aside for service to assist in transitioning to independent living status.		\$ 4,000.00
Total Other:		\$ 19,000.00
TOTAL		\$ 142,086.00

Exhibit D-2 FY 13-14 COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT / ADVANCE				
PROVIDER NAME : School District of Clay County				
ADDRESS: 900 Walnut Street, Green Cove Springs, Florida 32043				
TYPE OF REQUEST: Regular				
CONTRACT #	DH693	APPR. CAT.	100435	EO: BG OCA: CRRSI FUND: 000326
			100610	EO: TD OCA: ARRSI FUND: 000326
PERIOD COVERED BY THIS REPORT: From 7/1/13 to 6/30/14				
BUDGET SUMMARY	TOTAL CONTRACT AMOUNT	AMENDED AMT DATE: 01/01/2011	TOTAL EXPEND. THIS REPORT	EXPENDITURES YEAR TO DATE
PERSONNEL SERVICES				
(a) SALARIES	18,240.00	39,973.88		
(b) PRINCE	5,287.00	10,553.12		
TOTAL PERSONNEL =	23,527.00	50,527.00		
II. EXPENSES				
(a) BUILDING OCCUPANCY				
(b) PROFESSIONAL SERVICES	43,060.00	71,060.00		
(c) TRAVEL		1,000.00		
(d) EQUIPMENT COSTS				
(e) FOOD SERVICES				
(f) MEDICAL AND PHARMACY				
(g) SUBCONTRACTED SERVICES				
(h) INSURANCE				
(i) INTEREST				
(j) OPERATING SUPPLIES & EXPENSES	499.00	499.00		
(k) OTHER	19,000.00	19,000.00		
(l) DONATED ITEMS				
TOTAL EXPENSES =	62,559.00	91,559.00		
III. NONEXPENDABLE PROPERTY				
(a) EQUIPMENT				
(b) PROPERTY				
TOTAL NONEXPENDABLE PROPERTY =				
IV. ADMINISTRATION				
GRAND TOTAL =	86,086.00	142,086.00		
AMOUNT OF FUNDS REQUESTED			\$	
STATE AMOUNT OF PAYMENT			\$	
(to be completed by contract manager)				
I CERTIFY THE ABOVE REPORT IS A TRUE AND CORRECT REFLECTION OF THIS PERIOD'S ACTIVITIES AND THAT REPORTED EXPENDITURES HAVE BEEN MADE FOR ALLOWABLE ITEMS RELATED TO THE PURPOSE OF THIS CONTRACT				
SIGNATURE OF PROVIDER AGENCY OFFICIAL				
TITLE	Date Goods Services Received			
DATE	Date Inspected and Approved			
PHONE	Approval Signature	Date		

01/15/2014

Exhibit G

THERAPEUTIC SERVICES FORM
Request for Purchase of Mental Health or Wraparound Services

Office Use Only
Check # _____
Date Paid: _____

Client's Name: _____ D.O.B.: _____

Male or Female (circle one) Parent/Legal Guardian: _____

Address: _____ City, Zip Code: _____

Home/Cell/Work Phone: _____

Please check on:

PROFESSIONAL SERVICES		OTHER		ADULT	
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SERVICE	COST PER SESSION	NUMBER OF HOURS PER MONTH	NOT TO EXCEED AMOUNT	Office use only
				INVOICE BILLING TOTAL
Behavior Specialist				
Parent Education on Reinforcement				
Respite				
Therapeutic Friend				
Life Coach				
Outpatient Counseling				
Psychiatric				
Psychological				
Psychosexual				
Tutoring				
Camp				
Gas Cards				
Other:				

Case Manager/Requested By: _____ Agency: _____
Phone Number: _____ Email: _____

Administrative Use Only				
Approved: _____	Date: _____	Expiration Date: _____		
Program Administrator: _____				
Send invoice for the previous month of services to:				
Clay Behavioral Health 3292 County Road 220 Middleburg, FL 32068 (904) 294-5551 Fax (904) 291-5575	Child Guidance Center 1577 S. Augustus Blvd Jacksonville, FL 32207 (904) 778-2700 Fax (904) 778-1707	KIDS FIRST 1726 Kingsley Ave, Suite 2 Orange Park, FL 32073 (904) 278-5614 Fax (904) 278-5654	Sutton Place 910 SW 118th St, Suite 300 Fernandina, FL 32034 (904) 825-8280 Fax (904) 225-8232	SEDNET/Orange Park Annex 2506 Kingsley Ave Orange Park, FL 32073 (904) 272-8120 Fax (904) 272-8149