**AMENDMENT NO. 4**
**RFQ NO. 604131-16**
**CONTRACT FOR FOSTER CARE SERVICES**

**THIS AMENDMENT** is made and entered into this _____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and 180 COMMUNITY WELLNESS CENTERS, LLC (hereinafter referred to "PROVIDER").

**WITNESSETH:**

**WHEREAS**, the parties entered into an agreement under RFQ Number 604131-16, entitled "Contract for Foster Care Services" dated September 20, 2016 (hereinafter referred to as CONTRACT); and

**WHEREAS**, the parties desire to amend the CONTRACT.

**NOW, THEREFORE**, the parties agree to amend the CONTRACT as follows:

1. PAGE 1, SECTION I: TERM OF CONTRACT

   **Originally written:**

   COUNTY agrees to retain PROVIDER for the period from date of award through September 30, 2017, with the option to renew for three (3), one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract. COUNTY reserves the right to extend the Contract for up to an additional nine (9) months for its convenience.

   **Revised to read:**

   COUNTY agrees to retain PROVIDER for the period from date of award through December 31, 2022.

2. PAGE D-1, EXHIBIT D, AGENCY FOSTER CARE RATE SCHEDULE, AMENDMENT NO. 3, to be removed in its entirety and replace by revised Exhibit D, Agency Foster Rate Care Schedule, contained in this Amendment No. 4.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

**COUNTY:**
COUNTY OF CLARK, NEVADA

By: _____
JESSICA COLVIN
Chief Financial Officer

**APPROVED AS TO FORM:**
STEVEN B. WOLFSON, District Attorney

By: _____
ELIZABETH VIBERT
Deputy District Attorney

**PROVIDER:**
180 COMMUNITY WELLNESS CENTERS, LLC

By: _____
ERICKA SEVERS
Chief Financial Officer



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**AMENDMENT NO. 4**
**EXHIBIT D**

## AGENCY FOSTER CARE RATE SCHEDULE

| Type of Care | Age | Daily Rate |
|---|---|---|
| Standard Foster Care | 0-12 | $ 22.45 |
| Standard Foster Care | 13 – Over | $ 25.42 |
| Sibling Foster Care | 0-12 | $ 38.00 |
| Sibling Foster Care | 13- Over | $ 40.96 |
| Specialized Foster Care | All Ages | $115.00* |
| Advanced Foster Care | All Ages | $ 50.00 |
| Increased Supervision Needs | All Ages | $ 50 + |
| Temporary Emergency Shelter Care | All Ages | $ 40.00 |
| *Rate includes Basic Skills Training, subject to change, as Medicaid eligible services are approved by Division of Health Care Financing and Policy<br>+ to be determined by DFS assessment and is in addition to Specialized Foster Care Rate | | |
| **Add -On Service (Standard and Sibling)** | | **Monthly Rate** |
| Behavioral Level 1 | All Ages | $ 30.00 |
| Behavioral Level 2 | All Ages | $ 90.00 |
| Behavioral Level 3 | All Ages | $150.00 |
| Medically Fragile 1 | All Ages | $150.00 |
| Medically Fragile 2 | All Ages | $250.00 |
| Medically Fragile 3 | All Ages | $500.00 |
| | | |

**Room and Board, Clothing and Incidental Expenses:**

**All Foster Care Rates** include the costs of clothing, incidentals, and personal allowances. Board and Care includes the cost of Housing furnishings utilities, food and non-medical transportation. The following chart shows the minimums for these costs calculated on a monthly basis.

| Age | Room and Board (30 - 31 days) | Monthly Clothing | Monthly Personal Incidentals |
|---|---|---|---|
| 0-12 | $625.00 - $647.45 | $ 37.50 | $ 11.00 |
| 13 - Over | $684.35 - $709.77 | $ 56.25 | $ 22.00 |

**MISCELLANOUS SUPPLY RATES**

| **Clothing Stipend: One Time** | |
|---|---|
| Initial Stipend for clothing granted when child first enters Child Welfare System after 75 days in Placement | |
| Age 0-4 | $ 75.00 |
| Age 5-12 | $105.00 |
| Age 13 -Over | $125.00 |

| **School Supplies: Paid in August** | |
|---|---|
| Age 0-4 | None |
| Age 5 -12 | $ 17.00 |
| Age 13 - Over | $ 28.00 |