

**AMENDMENT NO. 1  
CBE NO. 604197-16  
CONTRACT FOR TREATMENT SERVICES FOR  
FELONY DUI COURT PROGRAM**

**THIS AMENDMENT** is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and BRIDGE COUNSELING ASSOCIATES (hereinafter referred to as "PROVIDER").

**WITNESSETH:**

**WHEREAS**, the parties entered into an agreement under CBE Number 604197-16, entitled "CONTRACT FOR TREATMENT SERVICES FOR FELONY DUI COURT PROGRAM" dated September 13, 2016 (hereinafter referred to as PROJECT); and

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

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

1. Section I: Term of Contract, Page 1.

Originally Written:

COUNTY agrees to retain PROVIDER for the period from October 1, 2016 through September 30, 2017, with the option to renew for four (4), 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 three (3) months for its convenience.

Revised to Read:

COUNTY agrees to retain PROVIDER for the period from October 1, 2016 through December 31, 2021, with the option to extend the Contract for up to an additional twelve (12) months, on a month-to-month basis. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

2. Exhibit A, Scope of Work, Letter B.1, Page A-2.

Originally Written:

PROVIDER shall charge each participant no more than

Treatment Fees:

\$35 per individual session and \$10 per group session for treatment in Level One;  
\$35 per individual session and \$15 per group session for treatment in Level Two;  
\$35 per individual session and \$25 per group session for treatment in Level Three; and  
\$35 per individual session and \$30 per group session for treatment in Level Four;

Revised to Read:

PROVIDER shall seek reimbursement for all services rendered pursuant to this contract, to the extent possible, either through each participant's Medicaid coverage and/or private insurance coverage before seeking reimbursement from the COURT. PROVIDER cannot bill the participants, who are self-paying, higher rates than insurance/Medicaid rates and PROVIDER cannot exceed the rates of the price sheet below.

Bride Counseling Associates' Common Service List							
CPT / HCPC Code	Description of Service	Additional Notes	BCA Fee	CPT / HCPC Code	Description of Service	Additional Notes	BCA Fee
00701	Psychiatric Diagnostic Evaluation	Can be billed by MD or Therapist	\$175.00	00840	Paytx crisis each additional 30 minutes	Psychotherapy for Crises, each additional 30 minutes	\$80.00
00832	Psychotherapy, 30 minutes	May be used for 16-37 minutes Face to Face time with client	\$60.00	00840	Multiple-family group psychotherapy	Requires the involvement of third parties such as schools or probation officers	\$100.00
00834	Psychotherapy, 45 minutes	May be used for 38-52 minutes Face to Face time with client	\$125.00	00201	New Patient- Outpatient Office Visit	Physician Code, 10 minutes face to face	\$235.00
00837	Psychotherapy, 60 minutes	Maybe used for 53+ minutes Face to Face time with client	\$160.00	00202	New Patient- Outpatient Office Visit	Physician Code, 20 minutes face to face	\$245.00
00846	Family Psychotherapy	Have others legally responsible for their care, such as minors or adults with guardians	\$100.00	00203	New Patient- Outpatient Office Visit	Physician Code, 30 minutes face to face	\$255.00
00847	Family Psychotherapy	Request others such as family members or interpreters to be involved during the visit	\$130.00	00204	New Patient- Outpatient Office Visit	Physician Code, 45 minutes face to face	\$265.00
00853	Group Psychotherapy	Group Psychotherapy (other than of a multiple-family group)	\$40.00	00205	New Patient- Outpatient Office Visit	Physician Code, 60 minutes face to face	\$275.00
H0001	Alcohol and/or Drug Assessment		\$175.00	00211	Established Patient - Follow-up visit	Physician Code, 5 minutes spent performing or supervising these services	\$70.00
H0002	Behavioral Health screening to determine eligibility for admission to treatment program	Must be face to face and re-screening every 90 days to reevaluate intensity of Needs (Level of Care).	\$50.00	00212	Established Patient - Follow up visit	Physician Code, 10 minutes face to face	\$70.00
H0006	Alcohol and/or drug services; group counseling by a clinician	Alcohol and/or Drug Services; Group counseling by a clinician (1 unit per group at least 30 minutes)	\$40.00	00213	Established Patient - Follow-up visit	Physician Code, 15 minutes face to face	\$70.00
H0015	Alcohol/Drug Service; intensive outpatient program	CCBHC: 3hrs per day at least 3 days/week 1 unit = 1 day/visit	\$215.00	00214	Established Patient - Follow-up visit	Physician Code, Office/outpatient visit cost	\$100.00
00702	Psychiatric diagnostic evaluation with medical service	Physician or Nurse Practitioner Code	\$250.00	00216	Established Patient - Follow-up visit	Physician Code, 40 minutes face to face	\$140.00
H0036	Self-help / Peer support 15min		\$5.00	00401	Preventive Med Counseling - Individual		\$60.00
00833	Paytx pt & family w e&m/30 min	Add-on code when performed with an evaluation and management service	\$55.00	00406	Behavioral Change - Smoking 3-10 minutes		\$35.00
00836	Paytx pt & family w e&m/60min	Add-on code when performed with an evaluation and management service	\$205.00	00407	Behavioral Change - Smoking > 10 minutes		\$35.00
00839	Paytx crisis initial 60 minutes	Psychotherapy for Crises, first 60 minutes	\$240.00	T1017	Targeted Case Management- NonSED, SED, Non SMI, and/or SMI		\$15.00

### 3. Exhibit A, Scope of Work, Letter B.2 (a), Page A-2.

Originally Written:

COURT will compensate PROVIDER \$7.00 per week for individual therapy, for a total of fifty-two (52) sessions and \$15.00 per completed individual mental health session.

Revised to Read:

COURT will compensate PROVIDER \$10.00 per week, per participant in the program.

### 4. The revisions contained herein are effective as of January 1, 2022.

This Amendment No. 1 represents an increase of \$200,000.

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

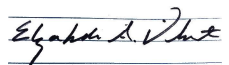
**COUNTY:**  
COUNTY OF CLARK, NEVADA

**PROVIDER:**  
BRIDGE COUNSELING  
ASSOCIATES

By: \_\_\_\_\_  
JESSICA COLVIN  
Chief Financial Officer

By: \_\_\_\_\_  
DAVID ROBECK  
President & CEO

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

By: \_\_\_\_\_  
ELIZABETH VIBERT  
Deputy District Attorney