

ARC - Crisis Intervention  
CFMS# 715349

**B) PROCEDURE FOR CHANGING PROVIDERS - VOCATIONAL/HABILITATION/SUPPORTED EMPLOYMENT SERVICES - N/A**

**CRITICAL INCIDENT REPORTING:** according to MHSD's protocol as found in **Attachment 5**. CONTRACTOR is responsible for following this protocol and ensuring MHSD program management receives the critical incidents reports

**PERIOD OF PERFORMANCE**

Subject to other contract provisions, the period of performance under this contract will be from **July 1, 2012**, through **June 30, 2013**. This contract may be terminated by MHSD upon giving thirty (30) days advance written notice to the other party with or without cause, but in no case shall continue beyond the specified termination date unless MHSD exercises its right to renew. **MHSD reserves the right to renew the contract for an additional twelve (12) months**. This contract may be terminated by CONTRACTOR upon giving sixty (60) days advance written notice to the other party with or without cause, but in no case shall continue beyond the specified termination date. If CONTRACTOR terminates contract, Transition of Care provisions must be agreed upon by MHSD prior to termination.

**TRANSITION OF CARE**

Sixty (60) days prior to termination of the contract, the existing CONTRACTOR will work with the new CONTRACTOR closely so that all cases are carefully transitioned and without any disruption of care. Continuity of care is vital to the clients served by Metropolitan Human Services District. In the event the contract is not renewed or is terminated, CONTRACTOR shall provide a detailed plan regarding the transition of cases /clients so there is no disruption of care.

**AMENDMENT OF CONTRACT TERMS**

Any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when reduced to writing, duly signed, and attached to the original of this agreement.

**MAXIMUM CONTRACT AMOUNT**

Total compensation payable to the CONTRACTOR for satisfactory performance of the work under this contract shall not exceed **\$75,000.00**.

**TERMS OF PAYMENT**

The CONTRACTOR'S compensation for services rendered shall be based on the following rates or in accordance with the following terms:

**FEE FOR SERVICE:**

**COST REIMBURSEMENT SERVICE:**

*Payment rate is based upon approved authorized services from the DDS Director for each individual who has a signed authorized letter by the DDS Director. CONTRACTOR'S compensation for services rendered shall be based on the schedule set forth in Attachment 3, Budget/Roster. This Authorized Roster is Subject to Change and will be updated as the needs identified for individuals change and new individuals are added monthly or quarterly. The Administrative fee for this contract will not exceed 10%.*

CONTRACTOR will provide the contracted services for 12 months and, unless otherwise made explicit in the budget, MHSD expects that monthly expenses will be approximately 1/12 of the total contracted amount.

2. Identify federal and state dollar amounts when relevant reporting requirements apply....

Initials/Date Cd 6-25-12