



AGREEMENT SUMMARY

1. Other Contracting Party:

CONCORDIA CARE, INC. D/B/A CONCORDIA BEHAVIORAL HEALTH (CONCORDIA)

2. Proposed Action:

- Checked: New Contract, Unchecked: Amendment, Number, Renewal, Extension

3. Document Type (select one):

Letter of Agreement

4. Purpose/Description:

To provide and receive payments for behavioral health and substance abuse services provided to Medicaid members of healthcare benefit plans covered by Concordia

5. Special Provisions (select if applicable):

- Living Wage Program, Workforce Investment Pilot Program, Federal DBE/ACDBE program, CBE Program, SBE Sheltered Market Program, M/WBE Program, In-Kind Match Required, Cash Match Required

6.a. Effective Dates (for new agreements only):

Start: End:

6.b. Effective Dates (amendments only):

- Unchecked: No Change, End date has changed from, Term has from to

7. Contract Administrator:

Name: Andrea Busada, Phone: 954-357-6622

8. Contract Type:

- Unchecked: Cost reimbursement, Firm fixed price, Other, Checked: Performance-based, Unchecked: Open-end, Time and materials

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount (\$60,000), Reimbursables, Optional Services, Total contract value (\$60,000)

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: No change/Actual/Estimated, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value

10. Payment Method

- Unchecked: Lump Sum Payment, Milestone or Progress-Based, Other, Checked: Scheduled or Time-Based

11. Payment Terms

Payment for covered services per the Medicaid reimbursement schedule for properly filed claims for Medicaid members of Concordia's health plans.

12. Cost Adjustment

- Unchecked: Not Applicable, CPI or other Index, Fixed Percentage, Actual Cost, Fixed Amount, Other

13. Equity Program Participation Summary

- a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

NONE

15. Termination and Cancellation Provisions

For Cause: WRITTEN NOTICE TO THE OTHER PARTY UPON MATERIAL BREACH OF TERMS

	For Convenience: 20 DAYS WRITTEN NOTICE FROM EITHER PARTY
16. Deliverables, milestones or scope of this action:	Behavioral Health and Substance Abuse services provided to eligible clients who are members of Concordia's health plans
17. List terms, considerations or deviations from standard county form.	Standard Concordia's contract form

Rev. 1/1/15