



Approved as to Form and Legality

Date Adopted

Committee
Health/ Human Services/
Education

November 21, 2018

RESOLUTION APPROVING THE SUBMISSION OF MODIFICATION #1 TO THE STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES FOR THE ALCOHOL AND DRUG ABUSE COMPREHENSIVE GRANT TO REQUEST AN INCREASE IN REIMBURSEMENT RATES FOR DETOX, SHORT-TERM RESIDENTIAL, AND HALFWAY HOUSE SERVICES

WHEREAS, the Salem County Board of Chosen Freeholders awarded contracts for alcohol and drug services on May 2, 2018 Resolution 2018-178; and

WHEREAS, a contract modification form is being submitted to the State of New Jersey Department of Human Services requesting a modification to Contract#: 18-539-ADA-0, modification #1; and

WHEREAS, the modification to the contract, which amends direct service fees to Salem County Subcontractors, is being made to retain and attract providers by increasing reimbursement rates for detox, short-term residential and halfway house services; and

WHEREAS, the number of residents served from 2017 compared to 2018 will not be adversely affected as the demand for county dollars has lessened for these services because of the additional state funds and Medicaid expansion.

WHEREAS, the requested rate increases are:

Detox: \$385 per Diem

Short Term Residential: \$200 per Diem

Halfway House: \$76 per Diem

NOW THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem that the Freeholder Director shall be authorized to execute the contract modification form.

BE IT FURTHER RESOLVED, the County will amend the reimbursement rates that was communicated to the vendors by having a letter sent to each vendor that will need to be signed and returned.

BENJAMIN H. LAURY, Freeholder
Chair, Health/ Human Services/ Education Committee

I hereby certify the foregoing to be a true resolution adopted by the Board of Chosen Freeholders of the County of Salem on November 21, 2018.

BRENDA P. BANKS
Clerk of the Board

RECORD OF VOTE

FREEHOLDER	AYE	NAY	ABSTAIN	ABSENT	RESOLUTION MOVED	RESOLUTION SECONDED
L. Ware				✓		
C. Hassler	✓					✓
B. Laury	✓				✓	
S. Griscom	✓					
M. DeCastro	✓					

✓ Indicates Vote

Department Initials

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
P1.10 Contract Modification Form

Provider Agency Name: Salem County Department of Health and Human Serv

Contract #: 18-539-ADA-0 Modification #: 1

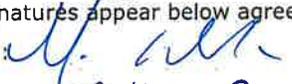
Check applicable area(s) for modification:

- 1. Changes to the Reimbursable Ceiling: from \$ 227800 to \$ 227800
- 2. Increase in Total Cost: from \$ 0 to \$ 0
- 3. Change in Contract term: currently from 01/01/18 to 12/31/18 to the revised term 01/01/18 to \$ 12/31/18
- 4. Change exceeding Flexible Limits.
- 5. Transfer of budgeted costs across DHS Contracts or Clusters.
- 6. Transfer of federal and/or other revenue across DHS Contracts or Clusters.
- 7. Change to the method of allocating G & A, the indirect cost rate and/or its application.
- 8. Addition or deletion of an entire Budget Category (A through M) individually.
- 9. Addition of line items within Budget Category (B) Consultants and Professional Fees.
- 10. Equipment not in approved Budget above \$5,000 per item.
- 11. Change in payment methodology.
- 12. Change in payment rate(s).
- 13. Change in target population.
- 14. Change in contracted performance standard.
- 15. Change in contracted level of services.
- 16. Change in contracted staff/client ratios.

17. Change of Subcontractors providing direct services or change to subcontracted direct services.
 To retain and attract providers, Salem County is requesting to increase reimbursement rates for detox, short-term residential, and halfway house services. The number of residents served from 2017 as compared to 2018 will not be adversely affected as the demand for county dollars has lessened for these services because of additional state funds and the Medicaid expansion. The requested rate increases are: Detox: \$385 per diem Short-term Residential: \$200 per diem Halfway House: \$76 per diem
 You have checked the item(s) which may require change to Annex A. Please check below if Annex A revision is required.

Annex A revision required

This form, its attachments and/or revised section(s) of the programmatic Annex A and/or the revised itemized Annex B Budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this contract modification.

BY:  (Signature)	BY: _____ (Signature)
NAME: <u>Melissa Decastro</u> (Type)	NAME: <u>Valerie Mielke</u>
TITLE: <u>Freeholder Director</u> (Type)	TITLE: <u>Assistant Commissioner</u>
PROVIDER AGENCY: <u>Salem County Department of Health and Human Serv</u>	DEPARTMENTAL COMPONENT: <u>Division of Mental Health and Addiction Services</u>
DATE: <u>11/29/18</u>	DATE: _____