

**POLK COUNTY  
THIRD AMENDMENT TO CONTRACT FOR SERVICES  
CONTRACT # 22-538-IHC**

This Third Amendment to Contract for Services ("Third Amendment") by and between **Tri-County Human Services, Inc.** ("TCHS"), and Polk County, a political subdivision of the State of Florida ("COUNTY") is effective as of February 1, 2025, ("Third Amendment Effective Date"). (TCHS and COUNTY shall be referred to jointly as the "Parties").

**WITNESS TO:**

WHEREAS, the Parties entered into that certain Contract which is effective from October 1, 2022 through September 30, 2026, as amended, for behavioral health services for qualified Polk County residents at or below 200% of the Federal Poverty Level ("FPL") and who are not otherwise Polk HealthCare Plan members (with exceptions); and

WHEREAS, the Parties now desire to enter into this Third Amendment for the purposes of revising the Scope of Services and Fee Schedule to include additional reimbursable services; and

WHEREAS, capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Contract.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, and other good and valuable consideration, the Parties hereby agree as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.
2. Exhibit A Scope of Services is amended and replaced with the attached Exhibit A Scope of Services.
3. Exhibit D Fee Schedule is amended and replaced with the attached Exhibit D Fee Schedule.
4. Exhibit E Invoice Sample is amended and replaced with the attached Exhibit E Invoice Sample.
3. Except as specifically set forth in this Third Amendment, all the terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto duly execute this Third Amendment effective the Third Amendment Effective Date.

**TRI-COUNTY HUMAN SERVICES, INC.**

By:   
Robert C. Rihn, CEO

Date: 2/17/25

Witness   
Witness 

**POLK COUNTY**, a political subdivision of the State of Florida

By: \_\_\_\_\_  
T. R. Wilson, Chairman

Date: \_\_\_\_\_

ATTEST: Stacy M. Butterfield, Clerk

By: \_\_\_\_\_  
Deputy Clerk

Approved as to form and legal sufficiency:

By: \_\_\_\_\_  
County Attorney's Office

## SCOPE OF SERVICES

TCHS will provide behavioral health services in an office setting and/or via telehealth support. All Services provided and invoiced under this Contract are to be for Polk County residents whose income is at or below 200% of the FPL guidelines and who are uninsured or not otherwise Polk HealthCare Plan members.

Referrals can be from the patient's Primary Care Provider, a Community Partner, or self-referral. When a referral is received, TCHS will contact the patient within 48 business hours to process the referral and assign a psychiatric practitioner, case manager, and mental health therapist (or any combination thereof). The case manager will determine with the client the most appropriate way for the client to access their services.

Services may include, but are not limited to, Assessments, Case Management, Individual, Group and Family Therapy, Psychiatric Evaluations, Medication Services and Urinalysis. These continuing behavioral health services may also be provided in a licensed TCHS facility that meets the needs of the person served. If applicable, continuing care will be coordinated with the primary care physician.

**Case Management Services** – Case Management Services consist of activities aimed at: 1) identifying client behavioral health needs; 2) planning behavioral health services for and with the client; 3) linking the client to other components in the overall service system; 4) coordinating with the various service providers and components to assure the client has in place the services needed to maintain their individual behavioral/medical health status while assisting the client with ancillary services needed for full stability; 5) monitoring of the client activities and services related to same; and 6) evaluating the effect of the service received by the client.

All activities of a case management nature are documented as to the length of time, date signature of the provider/counselor/case manager and a detail description of the services provided, within the outpatient client file. Overall case management services have proven to be the glue to maintaining the client in his/her community.

**Assessment** – Provided by Bachelor level care coordinator(s), masters level therapists, and psychiatric providers (or combination thereof). Prior to the development of a treatment plan, the practitioners will complete and provide to the client an assessment of mental health status, substance use concerns, functional capacity, strengths, and service. The purpose of the assessment is to gather information to be used in the formulation of a diagnosis and development of a plan of care including discharge criteria. Assessments will include a Biopsychosocial, FARS, substance abuse assessment tools, and any other assessment relevant to the clients' treatment. Once information is gathered and treatment services and goals are determined, a treatment plan may be developed with objectives and goals for success. Subsequently, ongoing assessment and evaluation of treatment will occur.

**Psychiatric Evaluation** – Provided by Psychiatrists, Psychiatric ARNPs, and/or Psychiatric Physician Assistants. A psychiatric evaluation is a comprehensive evaluation that investigates the recipient's clinical status. The purpose of a psychiatric evaluation is to establish a therapeutic doctor– patient relationship, gather accurate data in order to formulate a diagnosis, and initiate an effective treatment plan. A psychiatric evaluation must provide information on the following components; presenting problem, history of the presenting illness or problem, psychiatric history, physical history, trauma history, medication history, alcohol and other drug use history, relevant personal and family medical history, personal strengths, mental health status examination, summary of findings, diagnostic formulation, and treatment recommendations or plan.

**Treatment Plan** – Provided by Psychiatrist and/or by Master's level therapist. Treatment plans are strength-based and collaborative, and they aim to reflect the best interests of the person in therapy/psychiatry and outline a team approach toward problem-solving and empowerment.

**Individual, Group and Family Therapy** – Provided by Master's level therapists. Individual, group and family therapy includes the provision of insight-oriented, cognitive behavioral or supportive therapy interventions to an individual recipient or a recipient's family. Individual and family therapy may involve the recipient, the recipient's family without the recipient present, or a combination of therapy with the recipient and the recipient's family. The focus or primary beneficiary of individual and family therapy services must always be the recipient. Therapy will be provided in conjunction with assessment information, the development of a Master Treatment Plan, and ongoing Treatment Plan Reviews.

**Medication Management** – Provided by Psychiatrists, Psychiatric ARNPs, and/or Psychiatric Physician Assistants. Medication Management is the review of relevant laboratory test results, prior pharmacy interventions (e.g. medication dosages, blood levels if available, and treatment duration), and current medication usage. Medication management includes the discussion of indications and contraindications for treatment, risks, and management strategies with the recipient or other responsible persons.

The following services may also be provided to Polk HealthCare Members. Certified peer specialists and specialists or certified recovery support specialists who are certified by the Florida Certification Board may provide services listed below, under the supervision of a qualified professional or a certified recovery peer specialist with a minimum of three (3) years of experience providing recovery support services to individuals with substance use disorders. Recovery support specialists and recovery peer specialists are allowed one year from the date of their employment to obtain certification through the Florida Certification Board.

**Outreach Individual Services** – Outreach services are provided to both individuals and the community. Community outreach services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective individuals who show an indication of substance abuse and mental health problems or needs.

**Outreach Group Services** – Group services are designed to: encourage, educate, and engage prospective individuals who show an indication of substance abuse and mental health problems or needs.

**Recovery Support Individual Services** – These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. These services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

**Recovery Support Group Services** – Group services are group discussions regarding drugs of abuse, effects on the body, disease concepts and progressions, stress and anger management problem solving, coping skills, core beliefs/morals/principles, relapse signs and prevention, aftercare concepts and other adaptive life skill issues as documented by group work sheets and client file progress notes. Time necessary for client file documentation is included in the average one - two-hour session time.

## FEE SCHEDULE

Service	CPT	Rate	Limits
ASAM Continuum	H0001-HN (Substance Abuse) H0031-HN (Mental Health)	\$200.00 per assessment	1 per recipient per county fiscal year
Bio-Psychosocial Evaluation	H0001-HN (Substance Abuse) H0031-HN (Mental Health)	\$87.00 per assessment	1 per recipient per county fiscal year
Case Management	T1016	\$22.00 per episode	Per 15 min episode. No limits
Family Therapy	H2019-HR	\$87.00 per therapy	26 per recipient per county fiscal year
Group Therapy	H2019-HQ	\$87.00 per therapy	26 per recipient per county fiscal year
In-depth Assessment	H0031-TS (Mental Health) H0031-HO (Substance Abuse)	\$125.00 per assessment	1 per recipient per county fiscal year
Individual Therapy	H2019-HR	\$87.00 per therapy	26 per recipient per county fiscal year
Labs for required medications		100% of costs	Up to 4 labs per recipient per county fiscal year
Medication Management	T1015	\$85.00 per event	No limits
Medications		100% of cost	Brand name medications covered up to 90 days per recipient per county fiscal year. Generic medications will be covered, with no limit, if equivalent medication is not available through the Prescription Assistance Program. Medications may be provided to PHP members for medications not otherwise covered under the PHP.
Psychiatric Evaluation	H2000	\$339.00 per evaluation	1 per recipient per county fiscal year
Treatment Plan Initial (Clinical)	H0032 (Mental Health) T1007 (Substance Abuse)	\$87.00 per event	1 per recipient per county fiscal year
Treatment Plan Initial (Psych)	H0032 (Mental Health) T1007 (Substance Abuse)	\$87.00 per event	1 per recipient per county fiscal year
Treatment Plan Review (Psych or Clinical)	H0032-TS (Mental Health) T1007-TS (Substance Abuse)	\$44.00 per event	Up to 4 per recipient per county fiscal year
Brief behavioral health status exam	H2010-HO	\$14.66 per quarter hour	There is a maximum of 10 quarter-hour units annually (2.5 hours) per recipient per fiscal year. There is a maximum daily limit of two quarter-hour units. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner.
Urinalysis Drug Testing	H0048	\$25.00 per test	No limits
Oral Drug Screening	H0049	\$25.00 per test	No limits
Vitals	G8359	\$10.00 per event	No limits
Services also available for reimbursement for Polk HealthCare Plan Members.			
Outreach - Individual		\$43.72 per hour	
Outreach - Group		\$10.93 per hour per client	
Recovery Support - Individual		\$43.96 per hour	
Recovery Support - Group		\$10.99 per hour per client	

\*\*Any exception to the service limits needs prior approval by County

INVOICE SAMPLE



Invoice

Tri-County Human Services, Inc.

[Street Address]  
[City, ST ZIP Code]

Date: February 13, 2025

Invoice #: [100]

Service Period: 2/1/2025 to 2/28/2025

Contract Number: 22-539-IHC

To: Polk Co., a political subdivision of the State of Florida  
Community Health Care  
Attn: Fiscal Services  
2135 Marshall Edwards Drive  
Bartow, FL 33830

Service	CPT	Rate	Units	Total Invoice
ASAM Continuum	H0001-HN (Substance Abuse) H0031-HN (Mental Health)	\$ 200.00		\$ -
Bio-Psychosocial Evaluation	H0001-HN (Substance Abuse) H0031-HN (Mental Health)	\$ 87.00		\$ -
Case Management	T1016	\$ 22.00		\$ -
Family Therapy	H2019-HR	\$ 87.00		\$ -
Group Therapy	H2019-HQ	\$ 87.00		\$ -
In-depth Assessment	H0031-TS (Mental Health) H0031-HO (Substance Abuse)	\$ 125.00		\$ -
Individual Therapy	H2019-HR	\$ 87.00		\$ -
Labs for required medications		100% Cost		\$ -
Medication Management	T1015	\$ 85.00		\$ -
Medications		100% Cost		\$ -
Psychiatric Evaluation	H2000	\$ 339.00		\$ -
Treatment Plan Initial (Clinical)	H0032 (Mental Health) T1007 (Substance Abuse)	\$ 87.00		\$ -
Treatment Plan Initial (Psych)	H0032 (Mental Health) T1007 (Substance Abuse)	\$ 87.00		\$ -
Treatment Plan Review (Psych or Clinical)	H0032-TS (Mental Health) T1007-TS (Substance Abuse)	\$ 44.00		\$ -
Brief Behavioral Health Status Exam	H2010-HO	\$ 14.66		\$ -
Urinalysis Drug Testing	H0048	\$ 25.00		\$ -
Oral Drug Screening	H0049	\$ 25.00		\$ -
Vitals	G8359	\$ 10.00		\$ -
Outreach - Individual		\$ 43.72		\$ -
Outreach - Group		\$ 10.93		\$ -
Recovery Support - Individual		\$ 43.96		\$ -
Recovery Support - Group		\$ 10.99		\$ -
<b>Total:</b>				\$ -

I certify the above to be accurate and in agreement with this agency's record and with the terms of this agreement. Additionally, I certify that any reports accompanying this invoice are true and correct reflection of this period's activities, as stipulated by this agreement.

Authorized Name (Print)

Title

Authorized Signature

Date