

Exhibit B-5

Wraparound Approach Services – Payment Schedule and Acknowledgement

We _____ (Name of Contractor) hereby confirm and acknowledge and agree to the Wraparound Approach Services payment/case rate schedule as detailed below:

- I. Payment for the first contract year effective May 1, 2015 through April 30, 2016. The first year of the Wraparound Approach Services contract number _____ will be called the Transition Year. Payment for the transition year will be as follows:
 - a. The Wraparound Program Transition year payment/case rate is \$2,100.00 for youth eligible to receive services billed to the Medi-Cal billed Program component of Medicaid (as stated in this RFSQ, Part G, Sample Master Contract, Part I, Section 3.0, Contract Sum).
 - b. This payment/case rate will not be adjusted for inpatient hospitalization or for a juvenile delinquency commitment. However, Wraparound services may be suspended by the Interagency Screening Committee (ISC) if the inpatient hospitalization or juvenile commitment lasts for a period of thirty (30) days or more.
 - c. The consideration for this transition year payment/case rate is the Contractor’s internal coaching and training to be completed during this transition year to finalize Contractor’s Wraparound Approach Services Program.
 - d. This transition year payment/case rate will be effective May 1, 2015 through April 30, 2016.

- II. Payment for the second contract year, effective May 1, 2016, through April 30, 2017 of the Wraparound Approach Services contract number _____ will be as follows:
 - a. The Wraparound Payment/Case Rate will be reduced to \$1,680 for youth eligible to receive services billed to the Medi-Cal Program component of Medicaid (as stated in this RFSQ, Part G, Sample Master Contract, Part I, Section 3.0, Contract Sum).
 - b. We _____(name of Contractor) agree to fund any further or additional internal coaching and training required to maintain our Wraparound Approach Services Program delivery service model.
 - c. This payment/case rate will not be adjusted for inpatient hospitalization or for a juvenile delinquency commitment. However, Wraparound services may be suspended by the Interagency Screening Committee (ISC) if the inpatient hospitalization or juvenile commitment lasts for a period of thirty (30) days or more.

- III. Payment for all subsequent contract years, effective May 1, 2017, through August 31, 2020 of the Wraparound Approach Services contract number _____ will be at the Wraparound payment/case rate of \$1,680 for youth eligible to receive services billed to the Medi-Cal Program component of Medicaid (as stated in this RFSQ, Part G, Sample Master Contract, Part I, Section 3.0, Contract Sum).

We _____ acknowledge and agree to this Wraparound Approach Services payment/case rate schedule for contract number _____.

Printed name of Contractor

Authorized signer

Date

Authorized signer

Date