

**EXHIBIT A2\_\_**

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**CONTRACTOR:** \_\_\_\_\_

**CONTRACT ID#:** \_\_\_\_\_

**CONTRACT PERIOD:** \_\_\_\_\_ – **August 31, 2016**

**SERVICE:** Contractor shall provide Family Support service for the Youth Empowerment Services Waiver (YES) program to children and adolescents.

**SERVICE DESCRIPTION:** Contractor shall provide intensive community-based Family Support services to assist children and adolescents with severe emotional disturbances to be able to live in the community with their families as outlined in DSHS’s Family Support description attached as **Exhibit B3**.

**PERFORMANCE TARGETS:** **At least 95% of all referred patients will be engaged within three (3) days of receipt of referral. At least 95% of the time Family Support notes will be submitted by the 5<sup>th</sup> day of the month. All required credentialing and training will be maintained and updated as needed. At least 95% of patients will be seen according to need identified on Wraparound Plan IPC.**

**RATE AND RATE DESCRIPTION:** **See the payment rates and billing for Family Support services attached as Exhibit C3.**

**POOLED NOT TO EXCEED:** \$200,000.00

**UNITS INVOLVED:** **2200**

**PAYMENT DOCUMENTATION:** Billing for monthly reimbursement is due by 5<sup>th</sup> working day of the month proceeding services. Invoice shall include all supporting documentation detailing the services provided as outlined in DSHS’ billing of Family Support services attached as **Exhibit C3**.