

**EXHIBIT A1**

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

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

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

**SERVICE:** Contractor shall provide Art Therapy services for the Youth Empowerment Services Waiver (YES) program to children and adolescents.

**SERVICE DESCRIPTION:** Contractor shall provide intensive community-based therapy 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 specialized therapies attached as **Exhibit B2**.

**PERFORMANCE TARGETS:** At least 95% of all referred patients will be engaged within 3 days of receipt of referral. At least 95% of the time therapy notes will be submitted by the 5<sup>th</sup> day of the following month. At least 95% of the time, a Treatment plan will be completed within the first two sessions of treatment. Treatment plans will be revised no less than every 6 months. All required credentialing and training will be maintained and updated as needed. See also the attached **Exhibit C** for training requirements. At least 95% of patients will be seen no less than 2x per month.

**RATE AND RATE DESCRIPTION:** See the payment rates and billing for specialized therapies attached as **Exhibit D**.

**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 specialized services attached as **Exhibit D**.