

BOS No. Orig. #23-315; Amd1 # 24-291  
Contract No. 5234  
Cobblestone ID No. 1864

**SECOND AMENDMENT  
(BOS AGREEMENT NO. \_\_\_\_-\_\_\_\_)**

This Second Amendment to Agreement No. 23-315 (“Second Amendment”) is made and entered into as of the last date signed below, by and between the County of Yolo (“County”) and OLE Health, dba CommuniCare OLE (“Contractor”), jointly referred to as the “Parties” herein.

**WHEREAS**, on or about December 14, 2023 the Parties entered into Agreement No. 23-315 (“Agreement”); and

**WHEREAS**, on or about August 7, 2024, the County exercised its option to extend the Agreement under the same terms and conditions via Option Letter #1; and

**WHEREAS**, on or about October 22, 2024 the Parties amended the Agreement via the First Amendment; and

**WHEREAS**, the Parties would now like to amend the Agreement to, as previously amended to:

1. Revise **Section I. of Article 1.** to extend the term of the Agreement through June 30, 2026; and reflect remaining option years; and
2. Revise **Paragraph III.D.1. of Article 1** to add funding in the amount of \$605,000 for Fiscal Year (FY) 2024-25; and add funding in the amount of \$2,092,731 for FY 2025-26 for a new contract maximum of \$5,102,806.84; and
3. Revise **Paragraph III.D.2. of Article 1** to reflect remaining option years and update lifetime maximum; and
4. Revise **Paragraph III.A. of Article 2** to update contact for notices via mail; and
5. Revise **Exhibit B.2.** to correct an error in FY 2024-25 budgets and add rates for FY 2025-26 and option years FY 2026-27, FY 2027-28 and FY 2028-29; and
6. Revise **Paragraph 2.d.i. of Exhibit D** to update County Risk Manager email.

**NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:**

1. **Section I. of Article 1.** of the Agreement is hereby amended to read as follows:

**I. TERM**

The term of this Agreement shall be from **January 1, 2024 through June 30, 2026** unless sooner terminated as provided for in Article 2, Section VII. of this Agreement. At the County’s option, this Agreement may be extended for two (2) additional twelve (12) month periods and one (1) additional six (6) month period on the same terms and conditions as set forth in this Agreement upon written notice to the Contractor by the Yolo County Health and Human Services Agency Director or their designee (“Director”).

2. **Paragraph III.D.1. of Article 1.** of the Agreement is hereby amended to read as follows:

**D.1.** The maximum financial obligation of County under this Agreement for the term of this Agreement shall not exceed **FIVE MILLION ONE HUNDRED TWO THOUSAND EIGHT HUNDRED SIX DOLLARS AND EIGHTY- FOUR CENTS (\$5,102,806.84)** as follows:

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<b>Fiscal Year 2023-24</b> January 1, 2024 through June 30, 2024	<b>Fiscal Year 2024-25</b> July 1, 2024 through June 30, 2025	<b>Fiscal Year 2025-26</b> July 1, 2025 through June 30, 2026	<b>Total</b>
\$917,344.84	\$2,092,731.00	\$2,092,731.00	<b>\$5,102,806.84</b>

These amounts are not guaranteed but shall be paid only for services rendered and received in conformance with this Agreement.

**3. Paragraph III.D.2. of Article 1. of the Agreement is hereby amended to read as follows:**

**D.2. Option Years:** The County may exercise its option to extend the term of the Agreement pursuant to Paragraph I. above. In the event that the County elects to exercise an option, County shall notify the Contractor in writing. The notice shall include the revised agreement term, approved funding amount to be added to the Agreement; and revised agreement maximum payment obligation, subject to the maximums set forth below:

<b>Option Year/ Fiscal Year (OY/FY)</b>	<b>Revised Agreement Expiration Date Per OY/FY</b>	<b>Maximum Increased Funding Amount Per OY/FY</b>	<b>Revised Agreement Lifetime Maximum Per OY/FY</b>
OY/FY 2026-27	On or before June 30, 2027	Less than or equal to \$1,559,691.12	Less than or equal to \$6,662,497.96
OY/FY 2027-28	On or before June 30, 2028	Less than or equal to \$1,559,691.12	Less than or equal to \$8,222,189.08
6 months OY/FY 2028-29	On or before December 31, 2028	Less than or equal to \$779,845.56	Less than or equal to \$9,002,034.64

In no event shall the term of the Agreement extend beyond **December 31, 2028**, nor shall the total contract maximum exceed the amount of **NINE MILLION TWO THOUSAND THIRTY-FOUR DOLLARS AND SIXTY- FOUR CENTS (\$9,002,034.64)**, unless otherwise agreed to in writing by the parties and in conformity with the then-current Yolo County Procurement Policy approved by the Yolo County Board of Supervisors.

**4. Paragraph III.A. is hereby amended to read as follows:**

**A.** All notices shall be deemed to have been given when made in writing and delivered or mailed to the respective representatives of County and Contractor at their respective addresses as follows:

**Contractor:**

CommuniCare OLE  
 1141 Pear Tree Lane  
 Napa, CA 94558  
 Alicia Hardy, Chief Executive Officer

**County:**

Yolo County Health and Human Services Agency  
 137 N. Cottonwood Street  
 Woodland, CA 95695  
 Attn: HHSA Director

**5. Exhibit B.2. to the Agreement is hereby amended to read as attached.**

**6. Paragraph 2.d.i. of Exhibit D to the Agreement is hereby amended to read as follows:**

**i.** Risk Manager/Safety Officer via email at [Risk.Mgmt@yolocounty.gov](mailto:Risk.Mgmt@yolocounty.gov);

**7. All attachments to this Second Amendment are incorporated herein by this reference.**

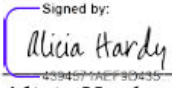
BOS No. Orig. #23-315; Amd1 # 24-291  
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Cobblestone ID No. 1864

8. Except as specifically amended by this Second Amendment and any prior amendments, the Agreement shall remain in full force and effect according to its terms.

**IN WITNESS WHEREOF** the Parties have executed this Second Amendment as of the day and year last set forth below.

**CONTRACTOR**

**COUNTY OF YOLO**

Signed by:  
  
Alicia Hardy, Chief Executive Officer  
CommuniCare OLE

\_\_\_\_\_  
Mary Vixie Sandy, Chair  
Board of Supervisors

Date: 6/11/2025

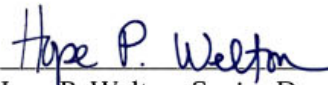
Date: \_\_\_\_\_

Signed by:  
  
Mónica Morales, Director  
Health and Human Services Agency

Attest:  
Julie Dachtler, Senior Deputy Clerk  
Board of Supervisors

By \_\_\_\_\_  
Deputy (Seal)

Approved as to Form:  
Philip J. Pogledich, County Counsel

By   
Hope P. Welton, Senior Deputy

**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**I. Rates and Budgets, Effective January 1, 2024 through June 30, 2024**

**A. Drug Medi-Cal Billable Services**

<b>SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE</b>		<b>PER HOUR</b>	<b>PER MINUTE</b>
SUD	Physician's Assistant	\$ 338.78	\$ 5.64
SUD	Nurse Practitioner	\$ 375.63	\$ 6.26
SUD	RN	\$ 306.82	\$ 5.11
SUD	Pharmacist	\$ 433.89	\$ 7.23
SUD	MD	\$ 604.49	\$ 10.07
SUD	Psychologist/Pre-licensed Psych	\$ 364.54	\$ 6.07
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$268.81	\$4.48
SUD	Alcohol and Drug Counselor	\$ 202.19	\$ 3.36
SUD	Peer Recovery Specialist	\$ 186.36	\$ 3.10

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph I.A., above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs.

**B. Budget**

<b>Recovery Incentives Coordinator</b>		
	Cost Items	Fiscal Year 2023-24 January 1, 2024 through June 30, 2024
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$90,774.87
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$13,616.23
2	Operating	\$14,607.21
3	Contingency Management start-up cost	\$51,621
4	<b>Total*</b>	<b>\$170,619.31</b>

**C. Access and Screening and SABG services to be billed at actuals**

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**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**II. Rates and Budgets for FY 2024-25 (July 1, 2024 through June 30, 2025)**

**A. Drug Medi-Cal Billable Services**

<b>SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE</b>		<b>PER HOUR</b>
SUD	Physician’s Assistant	\$438.00
SUD	Nurse Practitioner	\$529.00
SUD	RN	\$396.00
SUD	Pharmacist	\$467.00
SUD	MD	\$975.00
SUD	Psychologist/Pre-licensed Psych	\$392.00
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$277.00
SUD	Alcohol and Drug Counselor	\$253.00
SUD	Peer Recovery Specialist	\$201.00
SUD	Licensed Vocational Nurse	\$202.00
SUD	Medical Assistant	\$143.00
SUD	LPT	\$178.53
SUD	Occupational Therapist	\$338.11

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph II.A. above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs.

**B. Budget**

<b>Peer Advocate</b>		
	<b>Cost Items</b>	<b>Fiscal Year 2024-25 July 1, 2024 through June 30, 2025</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$40,868.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,130.20
2	Mileage Reimbursement	\$887.82
4	<b>Total</b>	<b>\$47,886.02</b>

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**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**C. Budget**

<b>Contingency Management</b>		
	<b>Cost Items</b>	<b>Fiscal Year 2024-25 July 1, 2024 through June 30, 2025</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$41,217.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,182.55
2	Drug Testing Supplies	\$9,071.36
4	<b>Total</b>	<b>\$56,470.91</b>

**D. For billable services, Access and Screening and SUBG Services are to be billed at actual rates. For non-billable services, staff time for access and screening is to be billed at cost.**

**III. Rates and Budgets for FY 2025-26 (July 1, 2025 through June 30, 2026)**

**A. Drug Medi-Cal Billable Services**

<b>SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE</b>		<b>PER HOUR</b>
SUD	Physician’s Assistant	\$451.53
SUD	Nurse Practitioner	\$545.35
SUD	RN	\$408.24
SUD	Pharmacist	\$481.43
SUD	MD	\$1,005.13
SUD	Psychologist/Pre-licensed Psych	\$404.11
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$285.56
SUD	Alcohol and Drug Counselor	\$260.82
SUD	Peer Recovery Specialist	\$207.21
SUD	Licensed Vocational Nurse	\$208.24
SUD	Medical Assistant	\$147.42
SUD	LPT	\$184.05
SUD	Occupational Therapist	\$348.56

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph III.A. above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs

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**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**B. Budget**

<b>Peer Advocate</b>		
	Cost Items	<b>Fiscal Year 2025-25</b> July 1, 2025 through June 30, 2026
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$40,868.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,130.20
2	Mileage Reimbursement	\$887.82
4	<b>Total</b>	<b>\$47,886.02</b>

**C. Budget**

<b>Contingency Management</b>		
	Cost Items	<b>Fiscal Year 2025-26</b> July 1, 2025 through June 30, 2026
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$41,217.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,182.55
2	Drug Testing Supplies	\$9,071.36
4	<b>Total</b>	<b>\$56,470.91</b>

**D. For billable services, Access and Screening and SUBG Services are to be billed at actual rates. For non-billable services, staff time for access and screening is to be billed at cost.**

**IV. Rates and Budgets for Optional Year FY2026-27 (July 1, 2026 through June 30, 2027)**

**A. Drug Medi-Cal Billable Services**

<b>SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE</b>		<b>PER HOUR</b>
SUD	Physician’s Assistant	\$451.53
SUD	Nurse Practitioner	\$545.35
SUD	RN	\$408.24
SUD	Pharmacist	\$481.43
SUD	MD	\$1,005.13
SUD	Psychologist/Pre-licensed Psych	\$404.11
continued		

**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$285.56
SUD	Alcohol and Drug Counselor	\$260.82
SUD	Peer Recovery Specialist	\$207.21
SUD	Licensed Vocational Nurse	\$208.24
SUD	Medical Assistant	\$147.42
SUD	LPT	\$184.05
SUD	Occupational Therapist	\$348.56

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph IV.A. above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs

**B. Budget**

<b>Peer Advocate</b>		
	Cost Items	<b>Optional Period Fiscal Year 2026-27 July 1, 2026 through June 30, 2027</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$40,868.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,130.20
2	Mileage Reimbursement	\$887.82
4	<b>Total</b>	<b>\$47,886.02</b>

**C. Budget**

<b>Contingency Management</b>		
	Cost Items	<b>Optional Period Fiscal Year 2026-27 July 1, 2026 through June 30, 2027</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$41,217.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,182.55
2	Drug Testing Supplies	\$9,071.36
4	<b>Total</b>	<b>\$56,470.91</b>

**D. For billable services, Access and Screening and SUBG Services are to be billed at actual rates. For non-billable services, staff time for access and screening is to be billed at cost.**

**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**V. Rates and Budgets for Optional Year FY 2027-28 (July 1, 2027 through June 30, 2028)**

**A. Drug Medi-Cal Billable Services**

<b>SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE</b>		<b>PER HOUR</b>
SUD	Physician’s Assistant	\$451.53
SUD	Nurse Practitioner	\$545.35
SUD	RN	\$408.24
SUD	Pharmacist	\$481.43
SUD	MD	\$1,005.13
SUD	Psychologist/Pre-licensed Psych	\$404.11
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$285.56
SUD	Alcohol and Drug Counselor	\$260.82
SUD	Peer Recovery Specialist	\$207.21
SUD	Licensed Vocational Nurse	\$208.24
SUD	Medical Assistant	\$147.42
SUD	LPT	\$184.05
SUD	Occupational Therapist	\$348.56

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph V.A. above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs

**B. Budget**

<b>Peer Advocate</b>		
	<b>Cost Items</b>	<b>Optional Year Fiscal Year 2027-28 July 1, 2027 through June 30, 2028</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$40,868.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,130.20
2	Mileage Reimbursement	\$887.82
4	<b>Total</b>	<b>\$47,886.02</b>

**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**C. Budget**

Contingency Management		
	Cost Items	<b>Optional Year Fiscal Year 2027-28</b> July 1, 2027 through June 30, 2028
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$41,217.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$6,182.55
2	Drug Testing Supplies	\$9,071.36
4	<b>Total</b>	<b>\$56,470.91</b>

**D. For billable services, Access and Screening and SUBG Services are to be billed at actual rates. For non-billable services, staff time for access and screening is to be billed at cost.**

**VI. Rates and Budgets for Optional Period FY2028-29 (July 1, 2028 through December 31, 2028)**

**A. Drug Medi-Cal Billable Services**

SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE		PER HOUR
SUD	Physician's Assistant	\$451.53
SUD	Nurse Practitioner	\$545.35
SUD	RN	\$408.24
SUD	Pharmacist	\$481.43
SUD	MD	\$1005.13
SUD	Psychologist/Pre-licensed Psych	\$404.11
SUD	LPHA (MFT, LCSW, LPCC/Intern or waived LPHA)	\$285.56
SUD	Alcohol and Drug Counselor	\$260.82
SUD	Peer Recovery Specialist	\$207.21
SUD	Licensed Vocational Nurse	\$208.24
SUD	Medical Assistant	\$147.42
SUD	LPT	\$184.05
SUD	Occupational Therapist	\$348.56

Contractor may only be reimbursed for Drug Medi-Cal billable services under the rates specified in Paragraph VI.A. above. By signing this Agreement, Contractor affirms that no costs for Drug Medi-Cal billable services are included in this Contract Budget, including any indirect costs

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**EXHIBIT B.2 – RATE SCHEDULE(S)/CONTRACT BUDGET(S)**

**B. Budget**

<b>Peer Advocate</b>		
	<b>Cost Items</b>	<b>Fiscal Year 2028-29 July 1, 2028 through December 31, 2028</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$20,434.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$3,065.10
2	Mileage Reimbursement	\$443.91.00
4	<b>Total</b>	<b>\$23,943.01</b>

**C. Budget**

<b>Contingency Management</b>		
	<b>Cost Items</b>	<b>Fiscal Year 2028-29 July 1, 2028 through December 31, 2028</b>
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$20,608.50
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$3,091.27
2	Drug Testing Supplies	\$4,535.68
4	<b>Total</b>	<b>\$28,235.45</b>

**D. For billable services, Access and Screening and SUBG Services are to be billed at actual rates. For non-billable services, staff time for access and screening is to be billed at cost.**

**[End of Exhibit B.2]**