

BOS No. Orig. #24-202
 Infor Contract No. 5449

**SECOND AMENDMENT
 (BOS AGREEMENT NO. ____ - ____)**

This Second Amendment to Agreement No. 24-202 (“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 July 9, 2024, the Parties entered into Agreement No. 24-202 (“Agreement”); and

WHEREAS, on or about January 26, 2025, the Parties amended the Agreement via the First Amendment; and

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

1. Revise **Paragraph III.D.** of **Article 1** to reduce funding in the amount of \$441,878 for Fiscal Year (FY) 2025-26 for a new contract maximum of \$3,718,478.67; and
2. Revise **Paragraph III.E.** of **Article 1** to update the lifetime maximum; and
3. Revise **Paragraphs III.A.** and **III.B.** of **Article 2** to update County contact and Contractor email addresses for notices; and
4. Revise **Paragraph IV.E.** of **Exhibit B.1** to update County email address for invoice submissions; and
5. Revise **Section I.** of **Exhibit B.2** to add rates for FY 2025-26; and
6. Revise **Paragraph 2.d.i.** of **Exhibit D** to update County Risk Manager/Safety Officer email address.

NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

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

D. The maximum financial obligation of County under this Agreement for the term of this Agreement shall not exceed **THREE MILLION SEVEN HUNDRED EIGHTEEN THOUSAND FOUR HUNDRED SEVENTY-EIGHT DOLLARS AND SIXTY-SEVEN CENTS (\$3,718,478.67)**, as follows:

Fiscal Year 2024-25 August 1, 2024 through June 30, 2025	Fiscal Year 2025-26 July 1, 2025 through June 30, 2026	Fiscal Year 2026-27 July 1, 2026 through June 30, 2027	Total
\$1,307,540.67	\$984,530.00	\$1,426,408.00	\$3,718,478.67

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

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

E. OPTION YEARS: The County may exercise its option to extend the term of the Agreement pursuant to Section 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

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amount to be added to the Agreement; and revised agreement maximum payment obligation, subject to the maximums set forth below:

Option Year/ Fiscal Year (OY/FY)	Revised Agreement Expiration Date Per OY/FY	Maximum Increased Funding Amount Per OY/FY	Revised Agreement Lifetime Maximum Per OY/FY
OY/FY 2027-28	On or before June 30, 2028	Less than or equal to \$1,426,408	Less than or equal to \$5,144,886.67
OY/FY 2028-29	On or before June 30, 2029	Less than or equal to \$1,426,408	Less than or equal to \$6,571,294.67

In no event shall the term of the Agreement extend beyond **June 30, 2029**, nor shall the total contract maximum exceed the amount of **SIX MILLION FIVE HUNDRED SEVENTY-ONE THOUSAND TWO HUNDRED NINETY-FOUR DOLLARS AND SIXTY-SEVEN CENTS (\$6,571,294.67)**, 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.

3. Paragraphs III.A. and III.B. of Article 2 of the Agreement are 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:
 OLE Health dba CommuniCare OLE
 1141 Pear Tree Lane, Suite 100
 Napa, CA 94558
 Attn: Alicia Hardy, Chief Executive Officer

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

B. In lieu of written notice to the above addresses, any Party may provide notices by email provided all the following email addresses are used:

Contractor:
Shannon.Garza@communicareole.org
Rose.Maclsaac@communicareole.org
Alicia.Hardy@communicareole.org

County:
 Contracts Unit: HHSACONTRACTS@Yolocounty.gov
 Contract Administrator: MARY.YUNG@Yolocounty.gov

4. Paragraph IV.E. of Exhibit B.1 to the Agreement is hereby amended to read as follows:

E. Invoices for payment may be submitted to County in an electronic format at HHSA-BHClaims@yolocounty.gov. All invoices shall be submitted with any required supporting documentation accompanying the invoice. If an invoice or any of the supporting documents contains confidential client information, the invoice and supporting documentation must be encrypted for transmission.

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5. Section I. of Exhibit B.2 to the Agreement is hereby amended to read as follows:

I. Rates for Medi-Cal Billable Services

A. Rates effective August 1, 2024

SMHS Outpatient Services Hourly Rates	
Provider Type	Hourly Rate
Psychiatrist	\$1,153.15/hour
Physician’s Assistant	\$477.51/hour
Nurse Practitioner	\$529.44/hour
Registered Nurse	\$432.46/hour
Certified Nurse Specialist	\$529.44/hour
Licensed Vocation Nurse	\$227.18/hour
Pharmacist	\$509.63/hour
Licensed Psychiatric Technician	\$194.77/hour
Psychologist (licensed/pre-licensed)	\$428.18/hour
Licensed Practitioner of the Healing Arts (LMFT/AMFT, LPCC/APCC, LCSW/ACSW)	\$277.09/hour
Occupational Therapist	\$368.84/hour
Mental Health Rehab Specialist	\$208.48/hour
Certified Peer Recovery Specialist	\$218.89/hour
Other Qualified Providers (i.e., MHW)	\$208.48/hour

B. Rates effective July 1, 2025

SMHS Outpatient Services Hourly Rates	
Provider Type	Hourly Rate
Psychiatrist	\$1,188.78/hour
Physician’s Assistant	\$492.26/hour
Nurse Practitioner	\$545.80/hour
Registered Nurse	\$445.82/hour
Clinical Nurse Specialist	\$545.80/hour
Licensed Vocational Nurse	\$234.20/hour
Pharmacist	\$525.38/hour
Licensed Psychiatric Technician	\$200.78/hour
Psychologist (licensed/waivered)	\$441.39/hour
Licensed Practitioner of the Healing Arts (LMFT/AMFT, LPCC/APCC, LCSW/ACSW)	\$285.65/hour
Occupational Therapist	\$380.24/hour
Mental Health Rehabilitation Specialist	\$214.91/hour
Peer Support Specialist	\$225.65/hour
Other Qualified Practitioner (i.e., MHW)	\$214.91/hour

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

- i. Yolo County Risk Manager/Safety Officer at Risk.Mgmt@yolocounty.gov; and

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7. 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
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Alicia Hardy, Chief Executive Officer
OLE Health dba CommuniCare OLE

Date: 9/30/2025

Mary Vixie Sandy, Chair
Board of Supervisors

Date: _____

Signed by:
Mónica Morales
11711BEA9F074CE...

Mónica Morales, Director
Health and Human Services Agency

Attest:
Julie Dachtler, Senior Deputy Clerk

By _____
Deputy (Seal)

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

By *Hope P. Welton*
Hope P. Welton, Senior Deputy