

BOS No. Orig. #23-321 (Delegated Authority)
Infor Contract No. 5235

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

This Third Amendment to Agreement No. 23-321 (“Third Amendment”) is made and entered into as of the last date signed below, by and between the County of Yolo (“County”) and Yolo Wayfarer Center, dba Fourth and Hope (“Contractor”), jointly referred to as the “Parties” herein.

WHEREAS, on or about December 14, 2023, the Parties entered into Agreement No. 23-321 (“Agreement”); and

WHEREAS, on or about August 12, 2024, the County exercised its option to extend the Agreement under the same terms and conditions via First Option Letter; and

WHEREAS, on or about September 11, 2024, the Parties amended the Agreement via the First Amendment; and

WHEREAS, on or about October 11, 2024, the Parties amended the Agreement via the Second Amendment; and

WHEREAS, on or about August 4, 2025, the County exercised its option to extend the Agreement under the same terms and conditions via the Second Option Letter; and

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

1. Revise **Section I. of Article I.** to reflect the current term of the Agreement and remaining option years; and
2. Revise **Paragraph III.D. of Article I.** to add funding in the amount of \$85,000 for Fiscal Year (FY) 2025-26, for a new contract maximum of \$4,115,000, and update the lifetime maximum; and
3. Revise **Paragraphs III.A. and III.B. of Article II.** to update County contacts for notices; and
4. Revise **Paragraph IV.A.** to update exhibit list to include **Exhibit A.7**; and
5. Revise **Section I. of Exhibit A.1** to update service location and add reference to bed capacity; and
6. Revise **Section I. of Exhibit A.2** to update service location and add reference to bed capacity; and
7. Revise **Section I. of Exhibit A.3** to update service location; and
8. Revise **Section I. of Exhibit A.4** to update service location; and
9. Revise **Section I. of Exhibit A.5** to update service location; and
10. Revise **Exhibit A.6** to update service locations, target population and requirements; and
11. Add **Exhibit A.7** to include additional services; and
12. Revise **Section IV. of Exhibit B.1.** to update invoicing requirements effective July 1, 2025; and
13. Revise **Exhibit B.2** to add a budget for services provided at the Women’s Recovery House and add rates effective July 1, 2025 for all other service locations; and
14. Revise **Paragraph 2(d)(i) of Exhibit D** to update email address for County Risk Manager.

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NOW, THEREFORE, THE PARTIES HEREBY AGREE AS FOLLOWS:

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

D.1. The maximum financial obligation of County under this Agreement shall not exceed **FOUR MILLION ONE HUNDRED FIFTEEN THOUSAND DOLLARS (\$4,115,000)** as follows:

Fiscal Year 2023-24 January 1, 2024 through June 30, 2024	Fiscal Year 2024-25 July 1, 2024 through June 30, 2025	Fiscal Year 2025-26 July 1, 2025 through June 30, 2026	Total
\$820,000	\$1,570,000	\$1,725,000	\$4,115,000

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

2. **Optional Extensions:** 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 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 2026-27	On or before June 30, 2027	Less than or equal to \$1,640,000	Less than or equal to \$5,755,000
OY/FY 2027-28	On or before June 30, 2028	Less than or equal to \$1,640,000	Less than or equal to \$7,395,000
6 months OY/FY 2028-29	On or before December 31, 2028	Less than or equal to \$820,000	Less than or equal to \$8,215,000

In no event shall the term of the Agreement extend beyond **December 31, 2028** nor shall the total contract maximum exceed the amount of **EIGHT MILLION TWO HUNDRED FIFTEEN THOUSAND DOLLARS (\$8,215,000)**, 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.

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3. Paragraphs III.A. and III.B. of Article II. 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:

Yolo Wayfarer Center dba Fourth and Hope
P.O. Box 1248
Woodland, CA 95776
Attn: Doug Zeck, Executive Director

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 the following email addresses are used:

Contractor:

Doug.zeck@FourthandHope.org

County:

Contracts Unit: HHSAContracts@yolocounty.org

Contract Administrator: Julie.Freitas@yolocounty.gov

4. Paragraph IV. A. is hereby revised to read as follows:

A. The complete Agreement shall include the following exhibits and attachment(s) attached hereto and incorporated herein:

Exhibit A – Scope of Services, including:

Exhibit A.1 – Clinically Low-Intensity Residential Treatment Services (ASAM Level 3.1)

Exhibit A.2 – Clinically Managed High-Intensity Residential Treatment Services (ASAM Level 3.5)

Exhibit A.3 – Care Coordination Services

Exhibit A.4 – Clinician Consultation Services

Exhibit A.5 – Recovery Services

Exhibit A.6 – Recovery Residences

Exhibit A.7 – Withdrawal Management Services (ASAM Level 3.2-WM)

Exhibit B-1 – Terms of Payment

Exhibit B-2 – Rate Schedule

Exhibit C – Indemnification and Insurance

Exhibit D – Business Associate/Qualified Services Organization Agreement Addendum

Exhibit E – Performance Measures

Attachment I – State Contract DHCS-Yolo DMC-ODS Intergovernmental Agreement

5. Section I. of Exhibit A.1 to the Agreement is hereby amended to read as follows:

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
1905 East Beamer Street

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Woodland, CA 95776

Provider Number: 575702
NPI Number: 1831543578

Service Hours:
24 hours a day, 7 days a week

Facility has expanded the bed capacity from 45 to 60 beds.

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

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
1905 East Beamer Street
Woodland, CA 95776

Provider Number: 575702
NPI Number: 1831543578

Service Hours:
24 hours a day, 7 days a week

Facility has expanded the bed capacity from 45 to 60 beds.

7. Section I. of Exhibit A.3 to the Agreement is hereby amended to read as follows:

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
1905 East Beamer Street
Woodland, CA 95776

Provider Number: 575702
NPI Number: 1831543578

Service Hours:
24 hours a day, 7 days a week

8. Section I. of Exhibit A.4 to the Agreement is hereby amended to read as follows:

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
1905 East Beamer Street
Woodland, CA 95776

Provider Number: 575702
NPI Number: 1831543578

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Service Hours:
24 hours a day, 7 days a week

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

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s)

Yolo Wayfarer Center
1905 East Beamer St
Woodland, CA 95776

Provider Number: 575702
NPI Number: 1831543578

Service Hours:
24 hours a day, 7 days a week

10. Exhibit A.6 to the Agreement is hereby amended to read as attached.

11. Exhibit A.7 is hereby added to the Agreement to read as attached.

12. Section IV. of Exhibit B.1. is hereby added to read as follows:

IV. INVOICING

A. For Rate Billable Services Contractor shall submit monthly invoices for payment to County no later than fifteen (15) days after the completion of the month in which services have been rendered. Invoices for claims that must first be billed to a third party, e.g. Medicare, insurance, etc., must be submitted no later than sixty-five (65) days after services have been rendered. Any invoice for claims that is submitted and rejected due to lack of necessary information must be resubmitted immediately upon rejection.

1. County reserves the right to deny any late claim. Any late claims submitted to County must be submitted separately from the regular monthly claim, grouped by month of service, and supported with evidence of good cause.
2. Invoices for payment may be submitted to County in an electronic format to 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 member information, the invoice and supporting documentation must be encrypted for transmission.
3. Invoices shall be complete and accurate and must include all required information regarding the claimed services, including:
4. The invoice must be accompanied with the following required supporting documentation.
 - a. Yolo County Claim Form
 - b. AVATAR Member Template Report (if Contractor has access to AVATAR)
 - c. AVATAR Member Daily Charges Report (if Contractor has access to AVATAR)
 - d. AVATAR Member Template Form (if Contractor does not have access to AVATAR)
 - e. Medi-Cal Swipes (determine if member is a Yolo County member)

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- f. If applicable, Explanation of Benefits (EOB) (determine if member has Medicare or other health coverage)
- 5. Upon request by County, Contractor shall also provide additional supporting documentation which may include, but is not necessarily limited to:
 - a. written authorization for services,
 - b. daily transactions certified by the individual service providers,
 - c. progress notes,
 - d. time sheets,
 - e. labor distribution,
 - f. general-ledger printouts.
- 6. All supporting documentation created by Contractor must be retained for audit purposes, as specified in Article 5 and Article 6, even if not requested by County during the claiming/invoicing process.

B. For recovery residences services provided at 913 Court St. Woodland, CA 95695, Contractor shall submit a claim/invoice for payment to County no later than thirty (30) days after completion of the month in which services have been rendered. Any claim/invoice that is submitted and rejected due to lack of necessary information must be resubmitted within fifteen (15) days of the date of the initial rejection.

- 1. Claims/invoices for payment shall be submitted to County in an electronic format on a form approved by County. Any County required supporting documentation, shall accompanying the claim/invoice. If a claim/invoice or the supporting documentation contains confidential client information, the submission must be encrypted for transmission.
- 2. Claims/invoices for womens recovery residences services shall be submitted to HHSAContractsPayables@yolocounty.gov.
- 3. County shall pay Contractor for actual expenditures in conformance with the contract budget(s), see Exhibit B.2. Section IV.
- 4. Contractor shall track and invoice these services separately.

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

14. 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

15. All attachments to this Third Amendment are incorporated herein by this reference.

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

[Signatures Follow]

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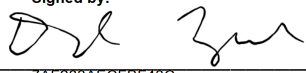
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IN WITNESS WHEREOF the Parties have executed this Third Amendment as of the day and year last set forth below.

CONTRACTOR

COUNTY OF YOLO

Signed by:

7AF283AECFBF43C...
Doug Zeck, Executive Director
Yolo Wayfarer Center dba Fourth and Hope

Mary Vixie Sandy, Chair
Board of Supervisors

Date: 10/14/2025 _____

Date: _____

Signed by:

11711BEA9F074CE...
Mónica Morales, HHSA 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

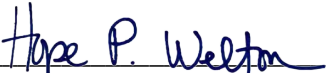
By: 
Hope P. Welton, Senior Deputy

EXHIBIT A.6 – RECOVERY RESIDENCES

Contractor shall provide services in accordance with the following provisions.

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
814 Court Street
Woodland, CA 95695
Provider Number: 575702
NPI Number: 1831543578
Service Hours:
24 hours a day, 7 days a week

Yolo Wayfarer Center
913 Court Street
Woodland, CA 95695

Service Hours:
24 hours a day, 7 days a week

II. PURPOSE

The goal of the Program is to provide safe and sober housing services to support Yolo County residents 18 years and older with successful treatment and recovery.

III. TARGET POPULATION FOR SERVICES AT 814 Court Street, Woodland CA 95695

These services will be provided to any eligible Criminal Justice Involved (AB109) or CalWORKs eligible Yolo County resident referred through an access point established by Yolo County or referred by the Sheriff Department for direct placement. Members who meet recovery residence criteria and have an open outpatient or recovery services episode may use opioid settlement funding if they are not probation or CalWORKs.

IV. TARGET POPULATION FOR SERVICES AT 913 Court Street, Woodland CA 95695

This specific recovery residence program is for women. Any eligible Yolo County resident or any member referred by Probation, CalWorks, and the Criminal Justice Behavioral Health system who meet recovery residence criteria and have an open outpatient or recovery services episode may be entitled to this program.

V. SERVICES

- A.** There is no formal treatment provided at these facilities, however, residents are required to actively participate in outpatient treatment and/or recovery supports during their stay. While meant to be a transitional living situation, maximum stay is twenty-four (24) months.
- B.** Contractor must have the ability to identify member referral sources.
- C.** Contractor must track who is open to an outpatient episode and report that back to the county monthly.
- D.** Contract shall have an orientation process that clearly communicates residents’ rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information.
- E.** Drug testing of members at appropriate intervals, as determined by the treatment provider.
- F.** Ensure the transitional housing facility is secure, safe, and alcohol and drug free.

EXHIBIT A.6 – RECOVERY RESIDENCES

G. Should a member provide a positive urine screen while living in transitional housing, the contractor will support member in obtaining an assessment to determine appropriate level of care for substance use services. A positive urine screen does not necessitate automatic discharge from transitional housing, but member may be discharged as deemed appropriate by contractor and/or Criminal Justice partners.

H. Contractor shall establish policies and procedures for members to adhere to while residing in transitional living, including but not limited to:

1. No alcohol or illegal drugs on the premises at any time
2. Attendance at house meetings to address any concerns or issues as they arise for members
3. A signed residential agreement with each member
4. Contractor shall monitor member's participation in 12-step groups or other pro-social activities to support ongoing recovery. Contractor shall also monitor open outpatient episodes of care.
5. Contractor shall maintain sign-in and sign-out sheets to monitor member's location and engagement in pro-social activities throughout the day

VI. REQUIREMENTS

1. Contractor shall adhere to any applicable city, county, and state building, fire, and zoning code.
2. Services provided at 913 Court Street shall be invoiced per Paragraph IV.B. of Exhibit B.1. in conformance with the contract budget(s) in Exhibit B.2. Section IV.

**EXHIBIT A.7 – WITHDRAWAL MANAGEMENT SERVICES
(ASAM Level 3.2-WM)**

Contractor shall provide services in accordance with the following provisions.

I. SERVICE LOCATIONS

Services rendered pursuant to this Agreement shall be provided at the following location(s):

Yolo Wayfarer Center
1905 East Beamer Street
Woodland, CA 95695

Service Hours:
24 hours a day, 7 days a week

II. PURPOSE

To provide withdrawal management services to members as medically necessary.

III. TARGET POPULATION

These services will be provided to any eligible Yolo County resident referred through an access point established by Yolo County or directly requesting services through the provider and will include, but not be limited to the following populations/programs: CalWORKs; Child Welfare Services; Perinatal; Criminal Justice Involved (AB109), including PC1000; Indigent; and Co-Occurring severely mentally ill and substance using members.

IV. SERVICES

Contractor shall provide the following medically necessary covered SUD services, as defined in the Drug Medi-Cal Billing Manual available in the DHCS County Claims Customer Services Library page at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, or using subsequent updates to this billing manual, to members who meet access criteria for receiving SUD services.

A. Withdrawal Management Program Requirements

1. Withdrawal Management (WM) services are provided as a part of a continuum of care to members experiencing withdrawal in the following outpatient, residential, and inpatient settings. Member shall be monitored during the detoxification process.
2. A full Yolo County assessment based on American Society of Addiction Medicine (ASAM) Criteria shall not be required as a condition of admission to a facility providing WM.
3. Service activities focus on the stabilization and management of psychological and physiological symptoms associated with withdrawal, engagement in care and effective transitions to a level of care where member can receive comprehensive treatment services.
4. Providers shall either offer medications for addiction treatment directly or have effective referral mechanisms in place for the most clinically appropriate MAT services.
5. Licensed and/or certified SUD recovery or treatment facilities are required to follow the additional MAT requirements as outlined in BHIN 23-054, including but not limited to requirements to assess for MAT needs within the specified timeframes and providing transportation for MAT services when the program is unable to provide MAT directly.
6. Care transitions to facilitate additional services or transition to a comprehensive treatment program.

**EXHIBIT A.7 – WITHDRAWAL MANAGEMENT SERVICES
(ASAM Level 3.2-WM)**

7. WM services are urgent and shall be provided on a short-term basis.
8. Practitioner shall conduct a Yolo County SUD Assessment Tool (based on ASAM criteria), brief screening, or other tools to support referral to additional services as appropriate.
9. Contractor shall ensure that all members receiving withdrawal management services are provided in an outpatient, residential or inpatient setting. If member is receiving withdrawal management in a residential or inpatient setting, each member shall reside at the facility. All members receiving Withdrawal Management services, regardless in which type of setting, shall be monitored during the detoxification process.
10. Contractor shall ensure all providers delivering Residential Treatment services under DMC-ODS shall also be designated as capable of delivering care consistent with the ASAM Criteria. Residential treatment providers licensed by DHCS offering ASAM levels 3.1, 3.3, 3.5, and 3.2-WM shall also have a DHCS Level of Care (LOC) Designation and/or an ASAM LOC Certification that indicates that the program is capable of delivering care consistent with the ASAM Criteria
11. **Problem List.** See Article 4, Section V. of the Agreement.
12. **Episode Management** Providers are responsible for their own episode management in AVATAR. This includes opening and closing member episodes.
13. **Drug Testing** of members, at appropriate intervals, as determined by the treatment provider.
14. **Coordination with Other HHSA Programs** To facilitate an appropriate care transition, a full ASAM assessment, brief screening, or other tool to support referral to additional services is appropriate.

B. Withdrawal Management Service Components. Contractor shall provide a Withdrawal Management (WM) Program that contains all of the following service components:

1. **Assessment.** Contractor shall provide assessment activities to evaluate or monitor the status of a member’s behavioral health and determine the appropriate level of care and course of treatment for that member. Assessments shall be conducted in accordance with applicable State and Federal laws, and regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the member.
 - a. Assessment services may include one or more of the following components:
 - i. Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
 - ii. Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination necessary for treatment and evaluation.
 - iii. Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the member’s needs, planned interventions and to address and monitor a member’s progress and restoration of a member to their best possible functional level.
2. **Care Coordination.**
 - a. Contractor shall provide care coordination. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the member with linkages to services and supports designed to restore the member to

**EXHIBIT A.7 – WITHDRAWAL MANAGEMENT SERVICES
(ASAM Level 3.2-WM)**

their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and can be provided in person, by telehealth, or by telephone.

- b.** Care coordination shall be provided to a member in conjunction with all levels of treatment. Care coordination may also be delivered and claimed as a standalone service. Through executed memoranda of understanding, Contractor shall implement care coordination services with other SUD, physical, and/or mental health services in order to ensure a member-centered and whole-person approach to wellness.
 - c.** Care coordination services shall be provided by an LPHA or a registered/certified counselor.
 - d.** Care coordination services shall include one or more of the following components:
 - i.** Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
 - ii.** Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
 - iii.** Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- 3. Medication Services.** Contractor shall provide Medication Services
- a.** Medication Services includes:
 - i.** Prescription or administration of medication related to use disorder services or
 - ii.** The assessment of the side effects or results of the medication or
 - iii.** Monitoring medication used in the treatment or management of SUD and or/or withdrawal management not included in the definitions of MAT for OUD or MAT for AUD Services.
 - b.** Medication Services does not include:
 - i.** MAT for Opioid Use Disorders (OUD)
 - ii.** MAT for Alcohol Use Disorders (AUD)
 - iii.** MAT for other Non-Opioid Substance Use disorders.
- 4. MAT for OUD.** Contractor shall provide MAT for OUD services. These services may be provided in a clinical or non-clinical setting and can be delivered as a standalone service or as a service delivered as part of a level of care. When MAT is being provided as a standalone service, MAT includes the following components:
- a.** Assessment
 - b.** Care Coordination
 - c.** Counseling (individual and group)
 - d.** Family therapy
 - e.** Medication Services
 - f.** Patient Education
 - g.** Prescribing and monitoring for MAT for OUD
 - h.** Recovery Services
 - i.** SUD Crisis Intervention Services
 - j.** Withdrawal Management Services

**EXHIBIT A.7 – WITHDRAWAL MANAGEMENT SERVICES
(ASAM Level 3.2-WM)**

5. **MAT for AUD and Non-Opioid Substance Use Disorders.** Contractor shall provide MAT for AUD services and Non-Opioid Substance Use Disorders. These services may be provided in a clinical or non-clinical setting and can be delivered as a standalone service or as part of a level of care. When MAT is being provided as a standalone service, MAT includes the following components:
 - a. Assessment
 - b. Care Coordination
 - c. Counseling (individual and group)
 - d. Family therapy
 - e. Medication Services
 - f. Patient Education
 - g. Prescribing and monitoring for MAT for OUD
 - h. Recovery Services
 - i. SUD Crisis Intervention Services
 - j. Withdrawal Management Services

6. **Observation.** Contractor shall provide Observation Services. Observation means the process of monitoring the bene the member’s course of withdrawal. Contractor shall ensure observation be conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the member’s health status.

7. **Recovery Services.** Contractor shall provide Recovery Services. These services are designed to support recovery and prevent relapse with the objective of restoring the member to their best possible functional level.
 - a. Recovery Services emphasize the member’s central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
 - b. Members may receive Recovery Services based on self-assessment or provider assessment of relapse risk.
 - c. Members do not need to be diagnosed as being in remission to access Recovery Services.
 - d. Members may receive Recovery Services while receiving MAT services, including NTP services.
 - e. Members may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD.
 - f. Services may be provided in person, by telehealth, or by telephone.
 - g. Recovery Services can be delivered and claimed as a standalone service, concurrently with the other levels of care described in this “Covered DMC-ODS Services”, or as a service delivered as part of these services:
 - i. Assessment
 - ii. Care Coordination
 - iii. Counseling (individual and group)
 - iv. Family therapy
 - v. Recovery monitoring, which includes recovery coaching and monitoring designed for maximum reduction of the member’s SUD.

**EXHIBIT A.7 – WITHDRAWAL MANAGEMENT SERVICES
(ASAM Level 3.2-WM)**

- vi.** Relapse Prevention, which includes interventions designed to teach members with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the member's SUD.

[END OF EXHIBIT A.7]

EXHIBIT B.2 – RATES AND BUDGETS

I. Rates Effective January 1, 2024 through June 30, 2024

SUD RESIDENTIAL RATES		DAILY RATE	R&B DAILY RATE
3.1	Residential	\$170.00	\$36.00
3.5	Residential	\$231.00	\$36.00
	Recovery Residences		\$38.00

SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE		PER HOUR	PER MINUTE
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

II. Rates effective July 1, 2024 through June 30, 2025

SUD RESIDENTIAL RATES		DAILY RATE	R&B DAILY RATE
3.1	Residential	\$177.00	\$37.50
3.5	Residential	\$239.00	\$37.50
	Recovery Residences		\$38.00

SUD OUTPATIENT AND NTP COUNSELING RATES BY PROVIDER TYPE		PER HOUR
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

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EXHIBIT B.2 – RATES AND BUDGETS

III. Rates Effective July 1, 2025

SUD RESIDENTIAL RATES		DAILY RATE	R&B DAILY RATE
3.2	Withdrawal Management	\$245.35	
3.1	Residential	\$182.74	\$38.63
3.5	Residential	\$246.38	\$38.63
	Recovery Residences		\$39.19

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	\$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

IV. Budget Fiscal Year 2025-26 for Housing Services Provided at The Women’s Recovery House.

Fiscal Year 2025-26 (July 1, 2025 through June 30, 2026)			
Yolo Wayfarer Center -Women’s Recovery Residences Services			
	Cost Items	Monthly	Not to exceed Full Year
1	a. Personnel (Salary, Benefits, and Payroll Taxes)	\$2,392.00	\$28,704.00
	b. Indirect/Overhead/Administration, not to exceed 15% of Personnel Costs (Item 1a)	\$456.33	\$5,476.00
2	Rent	\$2,900.00	\$34,800.00
3	Utilities	\$600.00	\$7,200.00
4	Rental Insurance	\$192.00	\$2,304.00
5	Food	\$460	\$5,520.00
6	Emergency expenses	As needed not to exceed full year amount	\$996.00
4	Total		\$85,000

***The First months payment may be used as start-up costs.**