

FIRST AMENDMENT
AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS FIRST AMENDMENT (hereafter First Amendment to the Agreement) for Services of Independent Contractor, **BC #19-219**, is made by and between the **County of Santa Barbara** (County) and **Telecare Corporation** (Contractor), for the continued provision of services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County, and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein;

WHEREAS, the County Board of Supervisors authorized the County to enter into a Board Contract for Services of Independent Contractor, referred to as BC19-219, on June 18, 2019 for the provision of mental health and residential services, for a total Maximum Contract Amount not to exceed **\$5,422,110.00** for the period of July 1, 2019 to June 30, 2022; inclusive of **\$1,807,370.00** per fiscal year for FYs 2019-2022;

WHEREAS, this First Amendment to Agreement revises language in Exhibit A-2 Statement of Work: MHS McMillan Ranch to state that clients at McMillan Ranch will receive services from Ranch staff and also to specify that at no time will a McMillan Ranch client also be an ACT client. This First Amendment also increases funds for McMillan Ranch for FY 21-22 by **\$119,128.00** to allow for increased services;

WHEREAS, this First Amendment to Agreement revises Exhibit A-3 Statement of Work: MHS Santa Maria ACT to add medication support services, increase staffing, and to increase program funding by **\$797,493.00** for FY 21-22, for a new FY 21-22 amount of **\$2,723,991.00**.

WHEREAS, this First Amendment to Agreement revises Exhibit B Financial Provisions, Exhibit B-1 Schedule of Rates and Contract Maximum, and Exhibit B-2 Entity Budget by Program FY 21-22, and revises the Maximum Contract Amount not to exceed **\$6,338,731.00** for the period of July 1, 2019 through June 30, 2022; inclusive of **\$1,807,370.00** for FY 19-20, **\$1,807,370.00** for FY 20-21, and **\$2,723,991.00** for FY 21-22; and

WHEREAS, the First Amendment to Agreement incorporates the terms and conditions set forth in the Agreement approved on June 18, 2019, except as modified in this First Amendment to Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, County and Contractor agree as follows:

I. Delete Section 1. PROGRAM SUMMARY: MCMILLAN RANCH of Exhibit A-2 Statement of Work: MHS McMillan Ranch and replace with the following:

- 1. PROGRAM SUMMARY: MCMILLAN RANCH.** McMillan Ranch is a residential program offering comprehensive mental health services. These services are set in a welcoming and safe home-like residential setting for adults with serious behavioral health challenges (hereafter the “Program”). No client at McMillan Ranch will also be an ACT client. At all times applicable to this Agreement, the Program shall be licensed as an Adult Residential Facility by the California Department of Social Services Community Care Licensing Division (CCLD). The Program is located in Santa Maria, California.

Under its re-design, McMillan Ranch clients will receive most services on site from Ranch staff. When applicable, community-based services will be engaged to support clients’ recovery goals. Services are targeted to build skills and knowledge to prepare individuals for readiness for discharge to less intense settings and services. Ranch staff will engage clients using Telecare’s Recovery Centered Clinical Services (RCCS) Conversation guides that awaken and build hope and teach skills that will support individuals’ recovery goals.

A. A daily and weekly schedule of services (i.e., Attachment A) will be developed by the Ranch Manager, staff and clients. The schedule will be reviewed and revised quarterly based on feedback from clients and Ranch staff. Services to clients will be provided as follows:

1. All Clients will be assigned to groups and activities based on their unique recovery goals. Groups will be educational and skill-building as well as recreational and involve leisure activities.
2. Services provided by Ranch staff will be augmented with clients participating in community-based services as well as on-site services (e.g., AA/NA, horticultural therapy, pet therapy, etc.).
3. Ranch staff will record clients’ participation and monitor satisfaction with the services offered. Clients’ participation in groups and activities will be summarized and reported as requested by County.

II. Delete Section 2. PROGRAM GOALS: MCMILLAN RANCH of Exhibit A-2 Statement of Work: MHS McMillan Ranch and replace with the following:

2. PROGRAM GOALS.

- A.** Increased client satisfaction.
- B.** Improved daily living skills.
- C.** Individualized Recovery Plans.
- D.** Discharges to less intensive settings in the community.
- E.** Increased community engagement.
- F.** Increased family and other supports engagement.
- G.** Increased client activation and program participation.

III. Add ATTACHMENT A SAMPLE to Exhibit A-2 Statement of Work: MHS McMillan Ranch as follows:

Attachment A

McMillian Ranch: Group/Activity Schedule

Weekly Calendar						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
7:30am: Breakfast Served	7:30am: Breakfast Served	7:30am: Breakfast Served	7:30am: Breakfast Served	7:30am: Breakfast Served	7:30am: Breakfast Served	7:30am: Breakfast Served
9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up	9am: Grooming/Hygiene, Bedroom/House Clean-Up
10:00 Spirituality group at the Ranch <i>(Church service in town)</i>	10:00 Community Meeting	10:00: Outing into town	10:00 COEG 11:30am: Lunch Prep Noon: Lunch Served	10:00: Outing into town 11:30am: Lunch Prep Noon: Lunch Served	10:00 Community Meeting 11:30am: Lunch Prep Noon: Lunch Served	10:00 Community Outing 11:30am: Lunch Prep Noon: Lunch Served
11:30am: Lunch Prep Noon: Lunch Served	1:30 Our Health 4:00 WRAP Planning	1:30 Next Steps (Transition Planning) 4:00 Meds and Me	1:30 RCCS 4:00 Pet Therapy	1:30 Seeking Safety 4:00 Healthy Living and Eating	1:30 Expressive Art 4:00 Recovery Library	1:30 Make our Garden Grow 4:00 Music for Recovery
1:30 Baking for the Week 4:00 Mindfulness	5:00: Dinner Prep 5:30: Dinner Served 7pm: Expressive Art	5:00: Dinner Prep 5:30: Dinner Served 7pm: Movie Night	5:00: Dinner Prep 5:30: Dinner Served 7pm: Board Game Night	5:00: Dinner Prep 5:30: Dinner Served 7pm: Family Night	5:00: Dinner Prep 5:30: Dinner Served 7pm: AA/NA Panel	5:00: Dinner Prep 5:30: Dinner Served 7pm: Menu Planning for Next Week
5:00: Dinner Prep 5:30: Dinner Served 7pm: Movie Night						

IV. Delete Section 7. Staffing Requirements of Exhibit A-3 Statement of Work: MHS Santa Maria ACT and replace with the following:

7. STAFFING REQUIREMENTS.

- A.** Contractor shall adhere to the Program staffing requirements outlined below unless otherwise approved by the Director of the Department of Behavioral Wellness or designee in writing. Amendments to these requirements do not alter the Maximum Contract Amount and do not require a formal amendment to this Agreement:
1. The Program shall include qualified bilingual and bicultural clinicians and staff able to meet the diverse needs represented in the local community. Contractor shall work towards filling 40% of direct service positions with bilingual staff in County's second threshold language, Spanish, per MHSA requirements. As needed, the Program shall have access to qualified translators and translator services, experienced in behavioral healthcare, appropriate to the needs of the clients served. Contractor shall maintain a list of qualified translators to be used in the event the Program must seek translation services outside of the ACT Team.
 2. In hiring all positions for the ACT Team, Contractor shall give strong consideration to qualified clients who are or have been recipients of mental health services.
- B.** For FY 2019-20 and FY 2021-22, the Program shall include a combination of Contractor and County staff, with County staff assuming responsibility for psychiatric treatment functions (functions performed by a psychiatrist, nurse, or psychiatric technician) as described below. With these combined resources, the ACT Team will have a total of 12.4 full time equivalent (FTE) staff.
1. Contractor shall employ 12.4 FTE, as described below ("Program staff"). Staff shall work collaboratively with County staff as part of the ACT Team, as follows:
 - a. One (1.0) FTE Team Leader/Program Administrator who is the clinical and administrative supervisor of the ACT Team. The Team Leader/Program Administrator shall be a licensed/waivered/ registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254. The Team Leader/Administrator shall have at least two years of direct experience treating adults with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting.
 - b. 0.1 FTE Regional Director Administrator.
 - c. One (1.0) FTE Clinical Director who shall be a licensed/waivered/registered mental health professional as described in Title 9, CCR 1810.223 and 1810.254, to assist the Psychiatrist and Team Leader/Program Administrator to provide clinical leadership during client service planning meetings, conduct psychosocial assessments, assume oversight of the more challenging Individual Treatment Team assignments, assist with the provision of side-by-side supervision and work interchangeably with the lead Registered Nurse (County staff). The Lead Clinician will provide support and back-up to the Team Leader/Program Administrator in his or her absence.

- d. Two (2.0) FTE Mental Health Professionals with designated responsibility for the role of Vocational Specialist, who shall be at minimum Qualified Mental Health Workers (QMHWs) with experience in providing individualized job development and supported employment on behalf of persons with physical or mental disabilities. QMHWs is the equivalent to the County's job classification of Case Worker and meets the education requirements as an "Other Qualified Provider." The qualifications for a QMHW are set at the discretion of the County. A QMHW qualifies for the position by meeting one of the following employment standards:
 - i. Possession of a B.A. degree in social or behavioral sciences, including psychology, social work or sociology, and six (6) months of experience performing work on a full-time basis providing client care in a mental health setting; or
 - ii. Possession of a high school diploma or equivalent degree and two (2) years of experience performing work on a full-time basis providing client care in a mental health setting and/or support services to mental health clients and their families.
- e. Two (2.0) FTE Mental Health Professionals with designated responsibility for the role of Substance Abuse Specialist, who shall be at a minimum QMHWs, as defined in Section 7.B.1.d with experience providing substance abuse treatment interventions to persons with co-occurring psychiatric and addictions disorders.
- f. 3.8 FTE Personal Service Coordinators who may be individuals who do not meet the qualifications of QMHW, as described in Section 7.B.1.d, and may be classified as Mental Health Workers (MHW). MHWs shall have at minimum one year of experience working with individuals with serious mental illness and experience working in a community setting. MHWs may only provide services under this Agreement with prior approval of the Behavioral Wellness Quality Care Management (QCM) Division and Contractor shall ensure they comply with all standards/requirements established by the Behavioral Wellness QCM Division. These staff should have experience working with clients with serious mental illness or related training/work/life experience.
- g. One and one-half (1.5) FTE Peer Specialists who are or have been recipients of mental health services for serious mental illness. Peer Specialists may be individuals who do not meet the qualifications of QMHW, as described Section 7.B.1.d, and may be classified as Mental Health Workers (MHW), as defined in Section 7.B.1.f. Peer Specialists provide essential expertise and consultation to the entire team to promote a culture in which each client's subjective experiences, points of view and preferences are recognized, respected and integrated into all treatment, rehabilitation and support services. Peer Specialists participate in all program planning processes and provide direct services in the community that promote client self-determination and decision-making.
- h. One (1.0) FTE Office Coordinator who is responsible for coordinating, organizing, and monitoring all non-clinical operations of the Program, providing receptionist activities including triaging calls and coordinating communication between the ACT Team and clients.

C. For FY 2019-20 and a portion of FY 2020-21, County shall staff the program with the following four (4.0) FTE staff (“County staff”) who, along with the Contractor’s 12.4 FTE staff, will comprise the ACT Team. The County shall assume the responsibility for financial oversight and supervision for these 4.0 FTE staff. County staff shall work in conjunction with Contractor staff to assure provision of seamless multi-disciplinary treatment, rehabilitation and support services.

1. One (1.0) FTE Psychiatrist who works with the Team Leader/Program Administrator to oversee the clinical operations of the ACT Team, to provide clinical services to all ACT clients, to monitor each client’s clinical status and response to treatment, supervise staff delivery of services, to provide supervision in the community during routine and crisis interventions, and to direct psychopharmacologic and medical treatment.
2. Two (2.0) FTE Registered Nurses, who work with the Team Leader/Program Administrator and Psychiatrist to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.
3. One (1.0) FTE Psychiatric Technician, who works with the Psychiatrist and the Registered Nurses to ensure proper medication monitoring, timely medications refills, and the development and implementation of medication policies and procedures.

D. Beginning sometime in FY 20-21 and continuing for all of FY 21-22, contractor staff increased, adding:

1. 3.0 FTE Personal Service Coordinators who may be individuals who do not meet the qualifications of QMHW and may be classified as MHW.
2. One (1.0) FTE Licensed Clinician.
3. 0.9 FTE Nurse Practitioner.
4. Two (2.0) FTE Nurses (One Registered Nurse and One Licensed Vocational Nurse), who will work with the Team Leader/Program Administrator and Psychiatrist to ensure systematic coordination of medical treatment and the development, implementation and fine-tuning of the medication policies and procedures.

E. **Graduate Student Interns/Trainees and Interns/Trainees.** Except as provided below in subsection iii, Contractor may utilize Graduate Student Interns/Trainees or Interns/Trainees as staff to provide services but only as is consistent with any and all applicable laws, regulations, and policies, as may be amended, and as follows:

1. Graduate Student Interns/Trainees under the direct supervision of Contractor’s licensed, registered or waived Mental Health clinicians; and
2. Interns/Trainees who have graduated and are in the 90-day period prior to obtaining their associate number if a Livescan is provided by the Contractor for the Interns/Trainees.
3. Assessment/Reassessment and Therapy services, described below in Section 9 (Services), may only be provided by Graduate Student Interns/Trainees who are under the direct supervision of Contractor’s licensed mental health professionals or waived/registered professionals.

V. Add Subsection O. Medication Support Services to Section 9 Services of Exhibit A-3 Statement of Work: MHS Santa Maria Assertive Community Treatment (ACT):

O. Medication Support Services. Medication support services are services that include prescribing, administering, dispensing and monitoring psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness, as defined in Title 9 C.C.R. Section 1810.225. Service activities may include, but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the client.

VI. Delete Section II. Maximum Contract Amount of Exhibit B Financial Provisions: MHS and replace with the following:

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$6,338,731.00** in Mental Health funding, inclusive of **\$1,807,370.00** for FY 19-20; **\$1,807,370.00** for FY 20-21; and **\$2,723,991.00** for FY 21-22, and shall consist of County, State, and/or Federal funds as shown in Exhibit B-1–MH and subject to the provisions in Section I (Payment for Services). Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor’s performance hereunder without a properly executed amendment.

VII. Delete Subsection A. Pre-audit Cost Report Settlements to Section VIII. PRE-AUDIT COST REPORT SETTLEMENTS of Exhibit B and replace with the following:

VII. PRE-AUDIT COST REPORT SETTLEMENTS.

A. Pre-audit Cost Report Settlements. Based on the original and final/reconciled Annual Cost Report(s) submitted pursuant to this Exhibit B MHS Section VII (Cost Report) and State approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the County will perform pre-audit cost report settlement(s). Such settlements will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable Federal and/or State programs. In no event shall the settlement exceed the maximum amount of this Agreement. Settlement for services shall be adjusted to the lower of:

1. Contractor’s published charge(s) to the general public, as approved by the Contractor’s governing board; unless the Contractor is a Nominal Fee Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.
2. The Contractor's actual costs.
3. The County Maximum Allowable rate, unless Director or designee approves in writing in the year end cost settlement, that use of the County Maximum Allowable rate was waived for settlement purposes.

VIII. Delete Exhibit B-1 MHS Schedule of Rates and Contract Maximum FY 19-22 in its entirety and replace it with the following:

**EXHIBIT B-1- MHS SCHEDULE OF RATES AND CONTRACT
MAXIMUM
(Applicable to programs described in Exhibit A2-A3)**

**EXHIBIT B-1 MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME:

Telecare Corporation

FISCAL YEAR: 2019-2020

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.51
			Collateral	Minutes	10	\$3.25
			*MHS- Assessment	Minutes	30	\$3.25
			MHS - Plan Development	Minutes	31	\$3.25
			*MHS- Therapy (Individual, Group)	Minutes	40, 50	\$3.25
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.25
			Crisis Intervention	Minutes	70	\$4.82

	PROGRAM					
	McMillan Ranch	Santa Maria ACT				
GROSS COST:	\$ 689,448	\$ 1,241,507				\$1,930,955
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						
CONTRIBUTIONS						
Other (LIST): SSI Revenue	\$ 123,585					\$ 123,585
OTHER (LIST):						
TOTAL CONTRACTOR REVENUES	\$ 123,585	\$ -				\$123,585
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 565,863	\$ 1,241,507	\$ -	\$ -	\$ -	\$ 1,807,370

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 373,470	\$ 918,715				\$ 1,292,185
NON-MEDI-CAL						\$ -
SUBSIDY	\$ 192,393	\$ 322,792				\$ 515,185
OTHER (LIST):						\$ -
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 565,863	\$ 1,241,507				\$ 1,807,370

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

(4) CMA does not apply in FY 2019/20.

*MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician. Interns/trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the intern/trainee.

**EXHIBIT B-1 MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME:

Telecare Corporation

FISCAL YEAR: 2020-2021

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.58
			Collateral	Minutes	10	\$3.33
			*MHS- Assessment	Minutes	30	\$3.33
			MHS - Plan Development	Minutes	31	\$3.33
			*MHS- Therapy (Individual, Group)	Minutes	40, 50	\$3.33
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.33
			Medication Eval/Management- Psychiatrist	Minutes	60	\$6.15
			Training	Minutes	61, 62	\$6.15
			Crisis Intervention	Minutes	70	\$4.95

	PROGRAM					
	McMillan Ranch	Santa Maria ACT				
GROSS COST:	\$ 689,448	\$ 1,241,507				\$1,930,955
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						
CONTRIBUTIONS						
Other (LIST): SSI Revenue	\$ 123,585					\$ 123,585
OTHER (LIST):						
TOTAL CONTRACTOR REVENUES	\$ 123,585	\$ -				\$123,585
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 565,863	\$ 1,241,507	\$ -	\$ -	\$ -	\$ 1,807,370

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 373,470	\$ 918,715				\$ 1,292,185
NON-MEDI-CAL						\$ -
SUBSIDY	\$ 192,393	\$ 322,792				\$ 515,185
OTHER (LIST):						\$ -
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 565,863	\$ 1,241,507				\$ 1,807,370

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

(4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.

*MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician. Interns/trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the intern/trainee.

**EXHIBIT B-1 MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME:

Telecare Corporation

FISCAL YEAR: 2021-2022

Contracted Services(1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	24-Hour Services	05	Adult Residential	Bed Day	60	\$219.86
	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.64
			Collateral	Minutes	10	\$3.41
			*MHS - Assessment	Minutes	30	\$3.41
			MHS - Plan Development	Minutes	31	\$3.41
			*MHS- Therapy (Individual,Group)	Minutes	40, 50	\$3.41
			MHS - Rehab (Individual, Group)	Minutes	41, 51	\$3.41
			Medication Eval/Management- Psychiatrist	Minutes	60	\$6.29
			Medication Support and Training	Minutes	61, 62	\$6.29
			Crisis Intervention	Minutes	70	\$5.06

	PROGRAM					
	McMillan Ranch	Santa Maria ACT				
GROSS COST:	\$ 808,576	\$ 2,039,000				\$2,847,576
LESS REVENUES COLLECTED BY CONTRACTOR:						
PATIENT FEES						
CONTRIBUTIONS						
Other (LIST): SSI Revenue	\$ 123,585					\$ 123,585
OTHER (LIST):						
TOTAL CONTRACTOR REVENUES	\$ 123,585	\$ -				\$123,585
MAXIMUM ANNUAL CONTRACT AMOUNT PAYABLE:	\$ 684,991	\$ 2,039,000	\$ -	\$ -	\$ -	\$ 2,723,991

SOURCES OF FUNDING FOR MAXIMUM ANNUAL CONTRACT AMOUNT (2)						
MEDICAL (3)	\$ 452,094	\$ 1,508,860				\$ 1,960,954
NON-MEDICAL						\$ -
SUBSIDY	\$ 232,897	\$ 530,140				\$ 763,037
OTHER (LIST):						\$ -
TOTAL CONTRACT AMOUNT PAYABLE:	\$ 684,991	\$ 2,039,000				\$ 2,723,991

CONTRACTOR SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

- (1) Additional services may be provided if authorized by Director or designee in writing.
 - (2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.
 - (3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.
 - (4) Director or designee may increase or remove the CMA based on operating needs. Modifications to the CMA do not alter the Maximum Contract Amount and do not require an amendment to the contract.
- *MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician. Interns/trainees who have graduated and are in the 90-day period prior to obtaining their associate number are eligible to provide assessment and therapy services if a Livescan is provided by the Contractor for the intern/trainee.

IX. Add Exhibit B-2 Entity Budget by Program FY 21-22 to contract as follows:

**Santa Barbara County Department of Behavioral Wellness
Contract Budget Packet
Entity Budget By Program**

AGENCY NAME: TELECARE CORPORATION

COUNTY FISCAL YEAR: FY 2021-22

Gray Shaded cells contain formulas, do not overwrite				
LINE #	COLUMN #	1	2	3
		I. REVENUE SOURCES:	SANTA MARIA ACT	MCMILLAN RANCH
1		Behavioral Wellness Funding	\$ 2,039,000	\$ 684,991
2		Total Other Revenue	\$ 2,039,000	\$ 684,991
3		II. Client and Third Party Revenues:		
4		Client Fees		
5		SSI		\$ 123,585
6		Other (specify)		
7		Total Client and Third Party Revenues	\$ -	\$ 123,585
8		GROSS PROGRAM REVENUE BUDGET	\$ 2,039,000	\$ 808,576

	III. DIRECT COSTS	SANTA MARIA ACT	MCMILLAN RANCH
	III.A. Salaries and Benefits Object Level		
9	Salaries (Complete Staffing Schedule)	\$ 1,133,743	\$ 250,487
10	Employee Benefits	\$ 197,761	\$ 65,651
11	Payroll Taxes	\$ 99,191	\$ 19,901
12	Salaries and Benefits Subtotal	\$ 1,430,695	\$ 336,039
	III.B Services and Supplies Object Level		
13	Professional Fees	\$ -	\$ 2,327
14	Supplies	\$ 6,413	\$ 21,048
15	Telephone/ Communications	\$ 44,324	\$ 7,825
16	Utilities	\$ -	\$ 7,775
17	Facility Costs (Rent/Lease/Mortgage)	\$ 62,047	\$ 44,498
18	Repairs and Maintenance	\$ -	\$ 7,224
19	Printing/Publications	\$ -	\$ 2,203
20	Transportation and Travel	\$ 44,918	\$ 11,603
21	Depreciation	\$ 27,265	\$ 5,971
22	Insurance	\$ 26,536	\$ 13,225
23	Benefit Processing and Payroll	\$ 39,644	\$ 18,599
24	Conferences, Meetings	\$ -	\$ 2,997
25	General and Admin:office supplies,postage,computer software, computer repairs,licensing fees	\$ 62,018	\$ -
26	Physical Plant: janitorial, repairs and maintenance, utilities	\$ 27,710	\$ -
27	Taxes, Fees and Licenses		\$ 350
28	Services and Supplies Subtotal	\$ 340,875	\$ 145,645
	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)	\$ 1,474	\$ 232,528
29	Board and Care (not Medi-Cal reimbursable)	\$ -	\$ 232,528
30	Client Expense	\$ 1,474	\$ -
31	SUBTOTAL DIRECT COSTS	\$ 1,773,044	\$ 714,212
	IV. INDIRECT COSTS		
32	Administrative Indirect Costs (Reimbursement limited to 15%)	\$ 265,956	\$ 94,364
33	GROSS DIRECT AND INDIRECT COSTS	\$ 2,039,000	\$ 808,576

X. All other terms and conditions remain in full force and effect.

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SIGNATURE PAGE

First Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Telecare Corporation**.

IN WITNESS WHEREOF, the parties have executed this First Amendment to Agreement to be effective on the date executed by the County.

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN, CHAIR
BOARD OF SUPERVISORS

Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk

Date: _____

CONTRACTOR:

TELECARE CORPORATION

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

RACHEL VAN MULLEM
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

BETSY M. SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ANTONETTE NAVARRO, LMFT, DIRECTOR
DEPARTMENT OF BEHAVIORAL
WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

GREG MILLIGAN, ARM
RISK MANAGER

By: _____
Risk Manager