

**AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. MH-17-008, PA NO. 18-11**

This Amendment to Agreement No. MH-17-008, PA No. 18-11 is entered into this 24th day of April, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Telecare Corporation**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. MH-17-008, PA No. 18-11 was entered into on July 26, 2017; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, COUNTY desires to retain CONTRACTOR for its services as a Skilled Nursing Facility to individuals with neurological and mental health disorders..

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original Agreement No. MH-17-008, PA No. 18-11 will be changed from \$50,000 to \$93,000.
2. **Payment Terms:** The Payment Terms, Exhibit B, set out in the original Agreement No. MH-17-008, PA No. 18-11 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of Agreement No. MH-17-008, PA No. 18-11 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., HHS Assistant Director/
Behavioral Health Director

Date: 2/13/18

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS75

Grant: ☐ Yes ☒ No

Grant No.:

CONTRACTOR/COMPANY NAME

By: [Signature]
Signature

Printed Name: Leslie Davis

Title: SVP, CFO

Date: 3/19/18

NAME AND ADDRESS OF CONTRACTOR:

Telecare Corporation
1080 Marina Village Parkway
Suite 100
Alameda, CA 94501
510-747-0517
ymosby@telecarecorp.com

COUNTY OF MENDOCINO

By: [Signature]
DAN HAMBURG, Chair
BOARD OF SUPERVISORS APR 26 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy

I hereby certify that according to the provisions of
Government Code section 25103, delivery of this
document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy MAY 02 2018

By signing above, signatory warrants and
represents that he/she executed this
Agreement in his/her authorized capacity and
that by his/her signature on this Agreement,
he/she or the entity upon behalf of which
he/she acted, executed this Agreement.

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM::

By: [Signature]
Katharine L. Elliott, County Counsel

Date: 2/16/18

INSURANCE REVIEW:

By: [Signature]
Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: [Signature]
Deputy CEO

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☒ EB# 18-10

Mendocino County Business License: Valid ☒

Exempt Pursuant to MCC Section: _____

EXHIBIT B

PAYMENT TERMS

COUNTY will pay CONTRACTOR:

Per client:

\$248.34/day	Enhanced treatment services (patch), including bed hold*
\$290.53/day	Additional if client is not Medi-Cal eligible**
\$28.00/hour	1:1 Services rate***
\$28.00/hour	Escort service rate****

* Examples of bed hold include hospital stays or home leave prescribed by Clinicians, not to exceed seven (7) days.

** This additional charge of \$290.53 is set at the State Medi-Cal rate and will be adjusted if the Medi-Cal rate changes.

*** When a Client requires a dedicated staff member for any period of time.

**** Escort service is billed when Telecare staff has to provide personal support for clients' outside appointments such as court dates, conservators and medical. This is a per hour rate.

1. CONTRACTOR will bill COUNTY on a monthly basis on a COUNTY approved invoice.
2. Invoices are due by the 10th of the month following the month of services. Invoices not received within thirty (30) days will not be honored.
3. Invoices are to be sent to:

COUNTY OF MENDOCINO
Behavioral Health and Recovery Services
1120 S. Dora Street
Ukiah, CA 95482
Attn: Jenine Miller

The compensation payable to CONTRACTOR hereunder shall not exceed Ninety – Three Thousand Dollars (\$93,000) for the term of this Agreement.

[END OF PAYMENT TERMS]