

Contract Summary Form

OC Expediter Requisition #: 1722515 (North) & 1722513 (South)

Telecare Corporation

SUMMARY OF SIGNIFICANT CHANGES

1. These contracts resulted from a solicitation released by the Health Care Agency on 12/8/2025
2. Term for each contract:
 Period 1 effective July 1, 2026 through June 30, 2027
 Period 2 effective July 1, 2027 through June 30, 2028
 Period 3 effective July 1, 2028 through June 30, 2029

3. Total Cost:

	North	South
Period One Amount Not to Exceed	\$1,590,407	\$1,680,676
Period Two Amount Not to Exceed	\$1,590,407	\$1,680,676
Period Three Amount Not to Exceed	\$1,590,407	\$1,680,676
GRAND TOTAL	\$4,771,221	\$5,042,028

SUBCONTRACTORS

This contract allows for subcontracting pursuant to Section VIII. Delegation, Assignment and Subcontracts of the Contract within the contract amount for the term specified. Should the addition of a subcontractor impact the scope of work and/or contract amount, the department will bring the item back to the Board of Supervisors for approval.

CONTRACT OPERATING EXPENSES

Contract is reimbursed through a Fee-for-Service Rate structure based on Medi-Cal billable units.

MEDI-CAL REIMBURSEMENT RATES

Provider Type

Contractor

	Baseline Rate per Billable Unit
Licensed Physician	\$124.95
Registered Nurse	\$83.70
Licensed Vocational Nurse	\$57.45
Peer Support Specialists	\$55.05
Licensed Psychiatric Technician	\$49.95
Other	
Bed Day Rate	\$830 per day

North Budget

	PERIOD ONE	PERIOD TWO	PERIOD THREE
TOTAL PROGRAM COST	\$1,680,676	\$1,680,676	\$1,680,676
REVENUE			
FFP Medi-Cal	\$840,338	\$840,338	\$840,338
BHSA	<u>\$840,338</u>	<u>\$840,338</u>	<u>\$840,338</u>
TOTAL REVENUE	\$1,680,676	\$1,680,676	\$1,680,676
TOTAL AMOUNT NOT TO EXCEED*	\$1,680,676	\$1,680,676	\$1,680,676

South Budget

	PERIOD ONE	PERIOD TWO	PERIOD THREE
TOTAL PROGRAM COST	\$1,590,407	\$1,590,407	\$1,590,407
REVENUE			
FFP Medi-Cal	\$795,203.50	\$795,203.50	\$795,203.50
BHSA	<u>\$795,203.50</u>	<u>\$795,203.50</u>	<u>\$795,203.50</u>
TOTAL REVENUE	\$1,590,407	\$1,590,407	\$1,590,407

	PERIOD ONE	PERIOD TWO	PERIOD THREE
TOTAL AMOUNT NOT TO EXCEED*	\$1,590,407	\$1,590,407	\$1,590,407