BOS AGREEMENT N	10
AMENDMENT #1	
Original Agreement	BOS-24-122

DOG AODEENENT NO

FIRST AMENDMENT TO COUNTY OF MENDOCINO AGREEMENT NO. BOS-24-122

This First Amendment to Agreement No. BOS-24-122 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **UKIAH ADVENTIST HOSPITAL**, a California nonprofit religious corporation, **d.b.a. ADVENTIST HEALTH UKIAH VALLEY**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, the parties entered into Agreement No. BOS-24-122 effective July 9, 2024 (the "Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date from June 30, 2026 to June 30, 2027; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$100,000 from \$150,000 to \$250,000; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update the Exhibit A, Definition of Services, and the Exhibit B, Payment Terms, to include one (1) full time Master of Social Work.

NOW, THEREFORE, we agree as follows:

- 1. The termination date set out in the Agreement is hereby extended from June 30, 2026 to June 30, 2027.
- 2. The total contracted amount set out in the Agreement is hereby increased by \$100,000 from \$150,000 to \$250,000.
- 3. The Exhibit A, Definition of Services, set out in the Agreement is hereby altered and a new Exhibit A-1 is attached herein. Any referral to Exhibit A in the Agreement shall now reference Exhibit A-1.
- 4. The Exhibit B, Payment Terms, set out in the Agreement is hereby altered and a new Exhibit B-1 is attached herein. Any referral to Exhibit B in the Agreement shall now reference Exhibit B-1.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF					
DEPARTMENT FISCAL REVIEW:	CONTRACTOR/COMPANY NAME				
By: DeNeese Parker, Social Services Director	By: PRichard Riter Jeff Mock, Treasurer- Richard Riter, Treasure				
Date: 9 25 25	Date: <u>09/23/2025</u>				
Budgeted: Yes Budget Unit: 0446 Line Item: 86-2189 Org/Object Code: VRHHIP Grant: Yes Grant No.: BOS-23-013	NAME AND ADDRESS OF CONTRACTOR: Ukiah Adventist Hospital, d.b.a. Adventist Health Ukiah Valley 275 Hospital Drive Ukiah, CA 95482 707-995-5752 BuchhoMC@ah.org				
By: JOHN HASCHAK, Chair BOARD OF SUPERVISORS Date:	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				
ATTEST: DARCIE ANTLE, Clerk of said Board	COUNTY COUNSEL REVIEW:				
By: Deputy I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made. DARCIE ANTLE, Clerk of said Board	By: Chalotte Scott COUNTY COUNSEL Date: 09/19/2025				
By:					
INSURANCE REVIEW:	EXECUTIVE OFFICE/FISCAL REVIEW:				
By: Nanagement Ontle	By: Depúty CEO or Designee				
Date: 09/19/2025	Date: 09/19/2025				

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

Exception to Bid Process Required/Completed ⊠ EB# 26-26

Mendocino County Business License: Valid □

Exempt Pursuant to MCC Section: Located within city limits in Mendocino County

EXHIBIT A-1

DEFINITION OF SERVICES

Overview

- A. The State of California submitted, and the federal government approved, a Home and Community Based Plan to allow for a variety of programs administered by the Medicaid program, including the Housing and Homelessness Incentive Program ("HHIP"). HHIP is intended to improve health outcomes and access to services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to reduce and prevent homelessness and to ensure that Medi-Cal managed care plans, including Partnership HealthPlan of California, develop the necessary capacity and partnerships to connect their members to needed housing services.
- B. This Agreement is funded through COUNTY's allocation of HHIP funding from Partnership HealthPlan of California (the "**Grant**"). As such, CONTRACTOR must comply with all rules and regulations of the Grant.
- II. CONTRACTOR shall perform the "Services" as follows:
 - A. Provide a Street Medicine Program ("SM Services") to unhoused, unsheltered Medi-Cal members enrolled in Partnership HealthPlan of California ("Patients"). SM Services shall include:
 - Interdisciplinary outreach including medical coordination, wound care, medication administration, review, and instruction, as well as health education.
 - A Registered Nurse ("RN") made available to facilitate care to Patients in coordination with the Street Medicine Interdisciplinary Team.
 - 3. A Master of Social Work ("MSW") made available to facilitate weekly case conferences with the Street Medicine Interdisciplinary Team.
 - 4. Patient references to primary care and community-based programs that can assist with housing navigation and homelessness-related services.
 - B. Provide SM Services in Ukiah, California initially. CONTRACTOR shall use best efforts to expand SM Services to other areas in Mendocino County within the first year of this Agreement, provided CONTRACTOR has sufficient staffing and availability to do so.
 - C. Provide SM Services a minimum of forty (40) hours per month.

- D. Make available a Care Management Coordinator, nonclinical staff support for data collection, operations, and reporting, which include but are not limited to the following data elements to support the Grant funding requirements:
 - 1. Number of unduplicated Patients served per month.
 - 2. Number of encounters completed per month for the SM Services.
 - 3. Number of total referrals to housing resources. Referral report will include the names of referred Patients, dates of referral services, and the specific housing resources Patients were referred to.
- Ensure grant funds are not used for SM Services currently reimbursable under Medi-Cal.
- F. CONTRACTOR agrees to refrain from distributing any items to patients other than medically required apparel or durable medical equipment ("DME").

III. COUNTY shall:

- A. Provide HMIS Lead staff as trainers and support for the collection of data required for reporting purposes.
- B. Provide payment based on invoices/reports submitted by CONTRACTOR, and the attached Budget (Exhibit B).
- C. Appoint a representative of the Social Services Department to act as a liaison with the CONTRACTOR for HHIP-related services.
- D. Provide project monitoring as required by the Grant.

IV. Mutual Obligations:

A. Concurrent with the execution of this Agreement, CONTRACTOR and COUNTY agree to enter into the Business Associate Agreement attached hereto as **Exhibit E**: The Business Associate Agreement is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-91 and related regulations (45 CFR Parts 160, 162, and 164)) and Health Information Technology for Economic and Clinical Health Act (HITECH), including all applicable rules and regulations issued by the U.S. Department of Health and Human Services. The parties agree that Protected Health Information may be used or disclosed only in accordance with this Agreement, the Business Associate Agreement and applicable provisions of HIPAA and HITECH. The parties further agree to take such action as is necessary to amend this Agreement and the Business Associate Agreement from time to time as is necessary to comply with the applicable requirements of any applicable provisions of HIPAA and HITECH. If any conflict exists between this

Agreement and the Business Associate Agreement, the terms of the Business Associate Agreement shall govern.

[END OF DEFINITION OF SERVICES]

EXHIBIT B-1

PAYMENT TERMS

I. COUNTY, through Grant, will pay CONTRACTOR the following compensation to offset expenses associated with the Services:

Α	PERSONNEL SALARIES AND BENEFITS:	\$225,943.83	
	Wages and benefits (37%) of Street Medicine personnel that are		
	not billable to Medi-Cal including:		
	 RN (.50 FTE) 		
	 Care Management Coordinator (nonclinical staff support 		
	for data collection, operations, and reporting) (.20 FTE)		
	MSW (1FTE)		
В	OPERATING EXPENSES: Outreach supplies, equipment,	\$9,000.00	
	telecommunications		
С	TRAVEL EXPENSES: Mileage	\$1,419.80	
D	OTHER COSTS:	\$0	
E	INDIRECT COSTS: Grant Management. Not to exceed 10% of	Estimated	
	modified direct costs, and not to extend the overall total of the	\$13,636.36	
	Agreement over \$250,000.		
CO	NTRACT TOTAL	\$250,000.00	

- II. Submission of claims and reports will comply as follows:
 - A. CONTRACTOR will submit quarterly invoices to:

Program Administrator or Designee Social Services – Special Projects Team 747 S. State Street Ukiah, CA 95482

- B. Original receipts and invoices for actual costs will need to be provided for reimbursement.
- C. Invoices submitted greater than ninety (90) days from end of relevant quarter must be accompanied by a letter explaining why the invoice is late. COUNTY has the sole authority to determine whether to approve or disapprove payment of late invoices.
- D. COUNTY will not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.

- E. Line-item budget shifts up to ten percent (10%) do not require COUNTY approval. Line-item budget shifts greater than ten percent (10%) require a preapproval email from COUNTY's Program Administrator or designee.
- F. Services and payments under this Agreement shall not exceed Two Hundred Fifty Thousand Dollars (\$250,000) for the term of this Agreement.

[END OF PAYMENT TERMS]