

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 21-011**

This Amendment to BOS Agreement No. 21-011 is entered into this 13TH day of July, 2021, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Quality Management Company**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 21-011 was entered into on January 1, 2021; 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, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in BOS Agreement No. 21-011, from June 30, 2021 to December 31, 2021; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in BOS Agreement No. 21-011, from \$740,000 to \$1,191,750; and

WHEREAS, the Exhibit B, Payment Terms has been updated to include increased funding and services; and

WHEREAS, CONTRACTOR will continue to provide services for the Whole Person Care Pilot Project as agreed upon in BOS Agreement No. 21-011.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in BOS Agreement No. 21-011 will be extended from June 30, 2021 to December 31, 2021.
2. The amount set out in BOS Agreement No. 21-011 will be increased from \$740,000 to \$1,191,750.
3. The Exhibit B, Payment Terms has been altered and a new Exhibit B is attached herein.

All other terms and conditions of BOS Agreement No. 21-011 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Jenine Miller, Psy.D.
Jenine Miller, Psy.D., HSA Assistant Director/
Behavioral Health Director

Date: 6/28/2021

Budgeted: Yes No
Budget Unit: 4072
Line Item: 86-2189
Org/Object Code: PC
Grant: Yes No
Grant No.: 17-14184-ME-23

COUNTY OF MENDOCINO

By: Dan Gjerde
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: JUL 14 2021

ATTEST:
CARMEL J. ANGELO, Clerk of said Board

By: Amap
Deputy JUL 14 2021

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: Amap
Deputy JUL 14 2021

INSURANCE REVIEW:

By: Christine Taylor
Risk Management

Date: 06/17/2021

CONTRACTOR/COMPANY NAME

By: Camille Schrader
Camille Schrader, Executive Director

Date: 6-25-2021

NAME AND ADDRESS OF CONTRACTOR:

Redwood Quality Management Company
350 E. Gobbi Street
Ukiah, CA 95482
707-472-0350
schraderc@rqmc.org

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:

CHRISTIAN M. CURTIS,
County Counsel

By: Charlotte Scott
Deputy

Date: 06/17/2021

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Amble
Deputy CEO

Date: 06/17/2021

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed EB# 21 - 211
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located within city limits in Mendocino County

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

A. Submission of claims and reports will comply as follows:

1. CONTRACTOR shall submit monthly invoices. Invoice template is subject to change at COUNTY's discretion. COUNTY will provide electronic invoice template to CONTRACTOR. First invoice must be accompanied by the Audit Checklist (Attachment 1).
2. Invoices submitted ninety (90) days after the due date 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 the late invoice.
3. COUNTY shall not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.

II. Reimbursement for services will be structured as follows:

Payment Structure Type	Criteria	Payment Terms
Tiered¹ Attendance at WPC Steering Committee Meetings: Max payment \$5,000 Attendance and facilitation of Adult Multidisciplinary Team Meetings: Max payment \$20,000	<u>Full participation</u> – 80% or more meetings attended. <u>Partial participation</u> – 45% to 79% of meetings attended. <u>Incomplete participation</u> – less than 45% of meetings attended.	Full: 100% of payment Partial: 50% of payment Incomplete: 0% of payment
Tiered² Participate in online Care Coordination/Data sharing platform: Max payment \$20,000	<u>Full participation</u> – Uploading data and making entries for >75% of assigned clients. <u>Meaningful participation</u> – Uploading data and making entries for <75% of assigned clients. <u>Partial participation</u> – View data and respond to prompts from other users.	Full: 100% of payment Meaningful: 75% of payment Partial: 25% of payment Incomplete: 0% of payment

	<u>Incomplete participation</u> – Ranging from no use to only completing primary login.	
Deliverable Provision of metric data for WPC enrollees in need of Follow-Up Care After Hospitalization: \$5,000 Provision of metric data for WPC enrollees in need of Suicide Risk Assessment: \$5,000	HEDIS Report received twice per year.	Complete: 100% of payment Incomplete: 0% of payment
Per Member Per Month A. Care coordination for Whole Person Care (WPC) enrollees, including: incentives for enrollees, vehicle maintenance, Wellness Coach staffing, Resource Center staffing support, and training for all relevant staff. B. Recruit, hire and supervise core administrative staff for WPC project. Max payment \$905,000	Monthly payment will be provided to CONTRACTOR for every enrollee who is enrolled and has received services for that month.	High Intensity Enrollees: \$575 per member for each month of enrollment during which services were provided. Maximum of 1480 member months. Short Term Care Coordination (Low Intensity) Enrollees: \$225 per member per month, during which services were provided. Maximum of 240 member months.
Fee For Service		

Mental Health Transitional Support: Max payment \$174,000	Mental Health Transitional Support: Payment will be provided at a daily rate for enrolled WPC members receiving the relevant service. Maximum continuous stay per participant is 90 days.	\$150 per member per day
Medical Respite: Max payment \$57,750	Medical Respite: Payment will be provided for enrolled WPC members receiving Medical Respite. Maximum continuous stay per participant is 30 days.	\$150 per member per day
Total Maximum Payment Allowed: \$1,191,750		

III. Invoices and reports shall be submitted to:

Heather Criss
Advocacy and Collaboration Team
Mendocino County Health and Human Services Agency
747 South State Street
Ukiah, CA 95482

IV. Additional funding is not committed or guaranteed in future years beyond the terms of this Agreement.

V. Payments under this Agreement shall not exceed One Million One Hundred Ninety-One Thousand Seven Hundred Fifty Dollars (\$1,191,750) for the term of this Agreement.

[END OF PAYMENT TERMS]