## AMENDMENT TO AGREEMENT NO. PH-20-066, PA No. 21-107

WHEREAS, Agreement No. PH-20-066, PA No. 21-107 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 the original Agreement No. PH-20-066, PA No. 21-107, 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 the original Agreement No. PH-20-066, PA No. 21-107 from \$50,000 to \$68,000; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to replace Exhibit B, Payment Terms, set out in the original Agreement No. PH-20-066, PA No. 21-107; and

WHEREAS, CONTRACTOR will continue to participate in the Whole Person Care Pilot Project.

NOW, THEREFORE, we agree as follows:

- 1. The termination date set out in the original Agreement No. PH-20-066, PA No. 21-107 will be extended from June 30, 2021 to December 31, 2021.
- 2. The amount set out in the original Agreement PH-20-066, PA No. 21-107 will be increased from \$50,000 to \$68,000.
- 3. The Exhibit B, Payment Terms, set out in original Agreement No. PH-20-066, PA No. 21-107 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of Agreement No. PH-20-066, PA No. 21-107 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have expear first above written.	recuted this Agreement as of the day and
DEPARTMENT FISCAL REVIEW:	CONTRACTOR/COMPANY NAME:
Mary Alice Willeford, HHSA Assistant Director	By: Victoria Kelly, Executive Director
Date: 6/7/21	Date: 0 4 2021
Budgeted: ∑ Yes ☐ No	
Budget Unit: 4072	NAME AND ADDRESS OF CONTRACTOR:
Line Item: 86-2189  Org Code: PC  Grant: ☑ Yes ☐ No  Grant No.: DHCS WPC 17-14184-ME-23	Redwood Community Services PO Box 2077 Ukiah, CA 95482 707-467-2010; kellyv@redwoodcommunityservices.org
By: DAN GJERDE, Chair BOARD OF SUPERVISORS	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: CARMEL J. ANGELO, Clerk of said Board  By: Deputy  JUN 2 5 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: Deputy  Deputy	COUNTY COUNSEL REVIEW:  APPROVED AS TO FORM:  CHRISTIAN M. CURTIS, County Counsel  By:  Deputy
INSURANCE REVIEW: JUN 2 5 2021	EXECUTIVE OFFICE/FISCAL REVIEW:
By: Risk Management	By: Deputy CEO
Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Perception to Bid Process Required/Completed EB 20-75 Mendocino County Business License: Valid Exempt Pursuant to MCC Section: 501(c)(3)	

## **EXHIBIT B**

## **PAYMENT TERMS**

- I. COUNTY will pay CONTRACTOR as per the following instructions:
  - A. Submission of claims and reports will comply as follows:
    - a. CONTRACTOR shall submit one (1) invoice quarterly (Attachment 1) within thirty (30) days of the conclusion of each quarter. First quarter is January 1, 2021 through March 31, 2021. Second quarter is April 1, 2021 through June 30, 2021. Third quarter is July 1, 2021 through September 30, 2021. Fourth quarter is October 1, 2021 through December 31, 2021. Invoice template is subject to change at COUNTY's discretion. COUNTY will provide electronic invoice template to CONTRACTOR.
    - b. Invoice must be accompanied by Audit Checklist (Attachment 2).
    - c. 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.
    - d. COUNTY shall not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.
  - B. Reimbursement for services will be structured as follows:

Payment Structure Type	Criteria	Payment Terms
Tiered <sup>1</sup>	Full Participation - Care Managers attend 90% or more of WPC enrollees' quarterly case	Full: 100% of payment
Attendance at	conferences.	
Whole Person	Meaningful Participation - Care	Meaningful: 75% of
Care (WPC) Case	Managers attend 60-89% of WPC	payment
Conferences:	enrollees' quarterly case	
Max payment	conferences.	
\$4,500 1st Qtr	Partial Participation - Care	Partial: 50% of payment
\$4,500 2nd Qtr	Managers attend 45-59% of WPC	
\$3,000 3rd Qtr	enrollees' quarterly case	
\$3,000 4th Qtr	conferences.	
\$15,000 total	Limited Participation - Care	Limited: 25% of payment
	Managers attend 25-44% of WPC	
	enrollees' quarterly case	
	conferences.	
	Incomplete Participation - Care	
	Managers attend less than 25% of	Incomplete: 0% of

	WPC enrollees' quarterly case conferences.	payment
Tiered <sup>2</sup> Documentation of	Full Participation - Care Managers document 90% or more of WPC enrollees' monthly coordination of care.	Full: 100% of payment
Care Coordination: Max payment \$4,500 1st Qtr	Meaningful Participation - Care Managers document 60-89% of WPC enrollees' monthly coordination of care.	Meaningful: 75% of payment
\$4,500 2 <sup>nd</sup> Qtr \$3,000 3 <sup>rd</sup> Qtr \$3,000 4 <sup>th</sup> Qtr \$15,000 total	Partial Participation - Care Managers document 45-59% of WPC enrollees' monthly coordination of care.	Partial: 50% of payment
	Limited Participation - Care Managers document 25-44% of WPC enrollees' monthly coordination of care.	Limited: 25% of payment
	Incomplete Participation - Care Managers document less than 25% of WPC enrollees' monthly coordination of care.	Incomplete: 0% of payment
Tiered <sup>3</sup> Documentation of	Full Participation - Care Managers document 90% or more of WPC enrollees' charts, and at least one	Full: 100% of payment
Behavioral Health (BH) Services: Max payment \$4,500 1st Qtr \$4,500 2nd Qtr	monthly BH service in Exym.  Meaningful Participation - Care  Managers document 60-89% of  WPC enrollees' charts, and at least one monthly BH service in  Exym.	Meaningful: 75% of payment
\$3,000 3 <sup>rd</sup> Qtr <u>\$3,000</u> 4 <sup>th</sup> Qtr \$15,000 total	Partial Participation - Care Managers document 45-59% of WPC enrollees' charts, and at least one monthly BH service in Exym.	Partial: 50% of payment
	Limited Participation - Care Managers document 25-44% of WPC enrollees' charts, and at least one monthly BH service in Exym.	Limited: 25% of payment
	Incomplete Participation - Care Managers document less than 25% of WPC enrollees' charts,	Incomplete: 0% of payment

	and at least one monthly BH service in Exym.	
Actual Costs	Shelter Services - Payment will be provided for each WPC enrollee receiving a shelter bed.	\$50 per member per day
Homeless	3	
Services		
Infrastructure:		
Max payment		
\$23,000		
		Total Maximum Payment Allowed: \$68,000

C. Invoices and receipts shall be submitted to:

Megan Van Sant
Advocacy and Collaboration Team
Mendocino County Health and Human Services Agency
747 South State Street
Ukiah, CA 95482

- II. Payments under this Agreement shall not exceed Sixty-Eight Thousand Dollars (\$68,000).
- III. Additional funding is not committed or guaranteed in future years beyond the terms of this contract.

[END OF PAYMENT TERMS]