

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
SAMARITAN HOUSE**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2020, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Samaritan House, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for enabling services on June 19, 2018 for the term of January 1, 2018, through December 31, 2020, in an amount not to exceed \$243,000; and

WHEREAS, the parties wish to amend the Agreement to extend the term of the agreement by six (6) months, through June 30, 2021, and to increase the maximum amount payable by \$56,300, to an amount not to exceed \$ \$299,300.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3. Payments, of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement exceed TWO HUNDRED NINETY-NINE THOUSAND THREE HUNDRED DOLLARS (\$299,300). In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this Agreement. All invoices must be approved by the Program Manager of Health Care for the Homeless and Farmworkers or their designee and paid within 30 days of receipt of the invoice. Invoices must be sent to: SMMC-Accounts-Payable@smcgov.org. Processing time may be delayed if invoices are not submitted electronically.

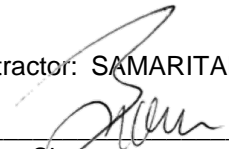
2. Section 4. Term of the agreement is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from January 1, 2018, through June 30, 2021.

3. Original Exhibit A and Exhibit B are hereby replaced in their entirety with Revised Exhibit A, (rev. 8/21/20) and Revised Exhibit B (rev. 8/21/20) respectively, copies of which are attached hereto and incorporated into this Amendment to the Agreement by this reference.
4. **All other terms and conditions of the Agreement dated June 19, 2018, between the County and Contractor shall remain in full force and effect.**

In witness of and in agreement with this Amendment's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: SAMARITAN HOUSE



Contractor Signature
SIGNATURE DIGITALLY

8/26/2020
Date

Bart A. Charlow, CEO
Contractor Name (please print)

COUNTY OF SAN MATEO

By:
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:
Clerk of Said Board

Revised Exhibit A
(rev. 8/21/20)

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as:

- First reporting period: Calendar Year (CY) 2018
- Second reporting period: CY 2019
- Third reporting period: CY 2020
- Fourth reporting period: January 1, 2021 – June 30, 2021

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Samaritan House for a full range of enabling services to homeless individuals, centered on health care coordination and patient education. Samaritan House, through Safe Harbor Shelter, will provide care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services as defined by BPHC and as necessary for the client, to at least 210 unduplicated homeless individuals annually who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals in the first three reporting periods and 145 individuals in the fourth reporting period.

The services to be provided by Samaritan House will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments and on-going health care coordination services to a minimum of 210 homeless individuals in the first three reporting periods and 145 in the fourth reporting period in order to better access primary care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of 360 on-going health care coordination encounters will be provided to these 210 individuals annually in the first three reporting periods, and each patient shall have a minimum of at least one such encounter.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Health care services delivery is provided upon individual's consent.

OBJECTIVE 1.1: Intensive Care Coordination- Of the 210 homeless individuals served annually in the first three reporting periods and 145 individuals in the fourth reporting period, assist at least 10 new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of 30 on-going encounters will be provided to these 10 individuals.

Each care coordination encounter must meet BPHC criteria for a case management visit to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines a case management encounter (visit) as an encounter between a case management provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. These encounters must be face-to-face with the patient. Third party interactions on behalf of a patient are not counted in case management encounters.

Outcome Measure 1.A: All (100%) homeless clients will receive an assessment to identify medical, dental, behavioral health (mental health and AOD services), and other health care needs.

Outcome Measure 1.B: Of those clients identified with having a health care need, at least 95% will receive ongoing care coordination services and will create individualized health care case plans.

Outcome Measure 1.C: Of those clients receiving ongoing care coordination services, at least 70% will complete their health care case plan.

Outcome Measure 1.D: Of the homeless individuals that do not currently have a medical home, a minimum of 60% will establish medical homes, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.E: All homeless clients with a health care need will be linked and referred to health care services as identified in their health care case plan. At least 70% of clients with scheduled primary care appointments will attend at least one of these appointments.

OBJECTIVE 2: Provide clients with health education program to increase knowledge of healthy behaviors and increase awareness of available resources in the community. Health education program will include information regarding nutrition, HIV/AIDS and STD/STI testing, tobacco cessation, Well Body program, etc.

Outcome Measure 2.A: At least 70% of clients with an identified health care need will participate in the health education program at Safe Harbor.

Outcome Measure 2.B: A minimum of 85% will improve their knowledge of healthy behaviors as evidenced by pre- and post-test results.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Samaritan House must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include

data for homeless individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a sliding fee scale policy must be in place.

Any revenue received from services provided under this contract must be reported.

Site visits will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

In response to staff turn-over, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

If determined by the County, the contract may require entering into an amendment upon County's review of the contract expenditure after the second quarter of the contract period.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.)

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Revised Exhibit B
(rev. 8/21/20)

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of \$380.00 for each unduplicated homeless individual invoiced per reporting period, for delivery of enabling services, up to the maximum of 200 annually in the first three reporting periods and 135 individuals in the fourth reporting period, limited as defined in Exhibit A for "unique unduplicated." Contractor shall not be paid the unduplicated homeless individual rate if Contractor has also received payment in the same reporting period for the same person under the new unduplicated homeless individual rate described below

County shall pay Contractor at a rate of \$500.00 for each new (client not currently receiving or participating in any health program) unduplicated homeless individual invoiced, per reporting period, for delivery of intensive care coordination services, up to the maximum of 10 per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director.

Budget Overview:

Calendar Year 2018	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

Calendar Year 2019	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

Calendar Year 2019	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

January 1, 2021 – June 30, 2020	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	135 patients	\$380/patient	\$51,300
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$56,300