

**AMENDMENT NUMBER ONE**  
**TO**  
**COMMUNITY SUPPORTS SERVICES AGREEMENT**  
**BETWEEN**  
**SAN MATEO HEALTH COMISSION**  
**AND**  
**AGING AND ADULT SERVICES**

This Amendment Number One (“Amendment”) to the Community Supports Services Agreement (“Agreement”) between Aging and Adult Services (“Provider”), and San Mateo Health Commission, d.b.a. Health Plan of San Mateo, an independent public agency established by the San Mateo County Board of Supervisors, pursuant to WIC section 14087.51 (HPSM or “PLAN”). HPSM and Provider are sometimes individually referred to as “Party” and collectively referred to as “Parties”. This Amendment shall be effective this 1<sup>st</sup> day of June 2024.

**RECITALS**

**WHEREAS**, Parties entered into a Community Supports Services Agreement made effective February 1, 2024; and

**WHEREAS**, the Parties wish to amend the Agreement to add Community Supports services related to Community Transition Services/Nursing Facility Transition to a Home; and

**WHEREAS**, the Parties wish to amend the Agreement to reflect these changes.

**NOW THEREFORE**, in consideration of the mutual terms set forth below, the Parties agree to amend the Agreement as follows:

**TERMS**

1. Attachment A Scope of Services is deleted in its entirety and replace with the attached “Attachment A Scope of Services”.
2. “Attachment B Reimbursement” is deleted in its entirety and replaced with the attached “Attachment B Reimbursement”.

3. Except as amended by hereby, all other terms and conditions of the Agreement are to remain in full force and effect. In the event there are any conflicting terms between this Amendment and the Agreement, this Amendment shall control.
  
4. The Parties certify that the individuals signing below have the authority to execute this Amendment on behalf of their respective organizations.

**IN WITNESS WHEREOF**, the Parties have duly executed this Amendment by their authorized representatives.

**Provider**

Executed by:



Resolution No. 080492

\_\_\_\_\_  
Signature

Warren Slocum

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
President, Board of Supervisors

\_\_\_\_\_  
Title

June 25, 2024

\_\_\_\_\_  
Date

**Commission**

Executed by:

*Patrick Curran*

1BE3733697FF9F63D32BDDFB563F410E contractworks.

\_\_\_\_\_  
Authorized Signature for Health Plan of San Mateo

Patrick Curran

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
CEO

\_\_\_\_\_  
Title

05/08/2024

\_\_\_\_\_  
Date

TIN#	94-6000532
NPI#	1609290030

## **Attachment A**

### **Scope of Services**

Provider may elect to offer the following DHCS-authorized Community Supports to Members (check as applicable):

- i.  Housing Transition Navigation Services – Exhibit A
- ii.  Housing Deposits – Exhibit B
- iii.  Housing Tenancy and Sustaining Services – Exhibit C
- iv.  Respite Services - Exhibit D
- v.  Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF) – Exhibit E
- vi.  Community Transition Services/Nursing Facility Transition to a Home – Exhibit F
- vii.  Personal Care and Homemaker Services - Exhibit G
- viii.  Environmental Accessibility Adaptations (Home Modifications) – Exhibit H
- ix.  Medically Supportive Food/Meals/Medically Tailored Meals – Exhibit I

Exhibits A through Exhibit I provide a description and overview of Community Supports Services. These Exhibits are hereby incorporated by reference into this Agreement.

## Attachment B Reimbursement

**Medi-Cal:**

PLAN shall pay Provider for the provision of Community Supports or ILOS in accordance with DHCS guidelines. Provider shall not receive payment from PLAN for the provision of any Community Supports or ILOS not authorized by PLAN. Provider must have a system in place to accept payment from PLAN for Community Supports or ILOS rendered.

<b>HCPCS Level II Code</b>	<b>HCPCS Description</b>	<b>Modifier(s)</b>	<b>Modifier Description</b>	<b>Rate</b>
<b>Respite Services</b>				
<b>S5151</b>	<b>Unskilled respite care, not hospice; per diem</b>	U6	Used by Managed Care with HCPCS code S5151 to indicate Community Supports Respite Services.	\$40 per hour
<b>Personal Care/Homemaker Services</b>				
<b>S5130</b>	<b>Homemaker services; per 15 minutes</b>	U6	Used by Managed Care with HCPCS code S5130 to indicate Community Supports Personal Care/Homemaker Services.	\$10.00 per time unit
<b>Community Transition Services/Nursing Facility Transition to a Home</b>				
<b>T2038</b>	<b>Community transition; per service. Requires billed amount(s) to be reported on the encounter. Modifier used to differentiate from Nursing Facility Transition/Diversion to Assisted Living Facilities.</b>	U5	Used by Managed Care with HCPCS code T2038 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home.	\$472 Per Member Per Month (PMPM) – first 8 months.  \$350 Per Member Per Month (PMPM) for Months 9 + months  Maximum once per month.

Plan shall pay 90 percent of all clean claims and invoices within 30 days of receipt and 99 percent of clean claims and invoices within 90 days of receipt. PLAN will provide expedited payments for urgent Community Support services (e.g. recuperative care services for an individual who no longer requires hospitalization, but still needs to heal from an injury or illness, including behavioral health conditions, and whose condition would be exacerbated by an unstable living environment), pursuant to its Contract with DHCS and any other related DHCS guidance.

Payment under Medi-Cal, CareAdvantage, and HealthWorx shall be subject to applicable state and federally-mandated payment reductions and pricing rules, when applicable.