

**FOURTH AMENDMENT TO THE AGREEMENT BETWEEN
THE COUNTY OF SAN MATEO AND
THE SAN MATEO COMMUNITY HEALTH AUTHORITY
TO ADMINISTER THE HEALTHY KIDS PROGRAM**

This Amendment to the Agreement between the County of San Mateo and The San Mateo Community Health Authority is entered into this _____ day of _____, 2014.

WITNESSETH:

WHEREAS, on January 1, 2010, the parties entered into an Agreement for the San Mateo Community Health Authority to provide health insurance to Healthy Kids members for the period of January 1, 2010 through December 31, 2012 (hereafter "the Agreement") pursuant to the San Mateo County Board of Supervisor's Resolution No. 070601; and

WHEREAS, this agreement has been amended three times since originally executed; and

WHEREAS, the parties now wish to further amend the agreement to extend the agreement from January 1, 2010 through December 31, 2014 to January 1, 2010 through December 31, 2017, increase the amount of the agreement by \$13,597,500 to \$38,412,142 and to reflect changes to the Family Contribution Levels;

NOW, THEREFORE, the parties agree that the Agreement for administration of the Healthy Kids Program is further amended as follows:

1. The first paragraph of Section 4.5.1 of the agreement is amended in its entirety to read as follows:

"The Children's Health Initiative Oversight Coalition and the Authority sets the Family Contribution amount per Member per Quarter. The family contribution shall be waived for Healthy Kids members with household income under 138% of the Federal Poverty Level. For those above 138% of the Federal Poverty Level, the family contribution shall be \$12, \$39, \$63 or \$150 per quarter, based on the Member's family size and family income as determined through the application process".

2. Attachment B is amended in its entirety as set forth in the Attachment B attached to this amendment and incorporated herein by reference.
3. This Amendment shall be effective on January 1, 2015. The change in the Family Contributions described in section 4.5 of the agreement was effective on January 1, 2014.
4. All other terms, conditions, and provisions of said Amendment shall remain in full force and effect so that all rights, duties, obligations, and liabilities of the parties hereto remain unchanged.

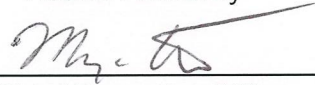
NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES, that the Agreement of January 1, 2010 be amended accordingly, and that these Amendments are hereby incorporated and made a part of the original Agreement and any Amendments thereto, and subject to all provisions therein.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date and year written below.

County of San Mateo

San Mateo Community
Health Authority

By: _____
President, Board of Supervisors
Board of Supervisors, San Mateo County

By:  _____
Chief Executive Officer
Health Plan of San Mateo

Date: _____

Date: 10/23/14 _____

ATTEST:

By: _____
Clerk of Said Board

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- ☐ a. Employs fewer than 15 persons.
- ☒ b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person: **Ron Robinson**

Name of Contractor(s): **San Mateo Community Health Authority**

Street Address or P.O. Box: **701 Gateway Boulevard, Suite 400**

City, State, Zip Code: **South San Francisco, CA 94080**

I certify that the above information is complete and correct to the best of my knowledge

Signature:

Title of Authorized Official: **Chief Financial Officer**

Date: **10/30/2014**

*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."