

**AMENDMENT NO. 1 TO THE AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
RAVENSWOOD FAMILY HEALTH CENTER**

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Ravenswood Family Health Center, 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 purpose of providing enabling services on April 24, 2016; and

WHEREAS, the parties wish to amend the Agreement to extend services through December 31, 2017, and increase the amount by \$82,000 to a new maximum amount not to exceed \$164,000.

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

1. Section 3, Payments, of the Agreement is hereby 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 ONE HUNDRED SIXTY FOUR THOUSAND DOLLARS (\$164,000). 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.


2. Section 4, Term, of the Agreement is hereby amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from January 1, 2016, through December 31, 2017.

3. Revised Exhibit A (rev. 10/14/16) and Revised Exhibit B (rev. 10/14/16) are replaced in their entirety with Revised Exhibit A (rev. 10/17/16) and Revised Exhibit B (rev. 10/17/16), copies of which are attached hereto and incorporated into the agreement by this reference.
4. **All other terms and conditions of the agreement dated April 24, 2016, between the County and Contractor shall remain in full force and effect.**

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

For Contractor: RAVENSWOOD FAMILY HEALTH CENTER

  
Contractor Signature Luisa Bua

11/14/16  
Date

Ravenswood Family Health Center  
Contractor Name (please print)

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COUNTY OF SAN MATEO

By:  
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:  
Clerk of Said Board

**Revised Exhibit A (rev. 10/17/16)**

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

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide enabling health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide a full range of enabling services, centered on care coordination of health care services, to a minimum of **400 unduplicated homeless individuals** for a total of at least **1,200 visits**. RFHC will provide care coordination, including outreach, assessment and assistance of immediate needs & barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination. At least 50% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The enabling health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

**Objective 1:** Provide access to enabling services for homeless individuals. RFHC will deliver enabling services for at least 400 homeless individual annually through 1,200 encounters. This includes providing care coordination, health navigation, and community health worker services for homeless people to assist them in utilizing primary, integrated behavioral health, and dental care services, and improving their health status.

**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.

**Objective 2:** Provide **screenings** to identify access barriers and inform treatment plans for 70% (280) of the homeless patients served. This includes the use of open-ended interview questions to identify homeless patients' potential barriers to care and treatment plan compliance, and to inform health care providers of relevant barriers.

**Outcome Measure 2.A.** Of those clients identified with having a health care need, at least 95% will receive on going care coordination services and will create individualized **health care case plans**.

**Outcome Measure 2. B.** Of those clients receiving ongoing care coordination services, at least 70% will complete their health care case plan.

**Objective 3:** Improve the health outcomes of homeless patients diagnosed with **hypertension** through the provision of self-care education, reinforcement of medication instructions, and connecting patients to healthy food assistance programs.

**Outcome Measure 3.A.** Increase the percentage of homeless patients with most recent blood pressure levels below 140/90 from 76% to 80%

**Objective 4:** Improve the health status of homeless patients diagnosed with **diabetes** through the provision of self-care education; development of self-care plans tailored for their homeless living situations; and working with patients to attend appointments and lab tests, practice self-care, and use and refill medications as directed.

**Outcome Measure 4.A.** At least 70% of homeless diabetic patients will have hbA1c levels below 9.

**Objective 5:** Provide access to early **prenatal care** for homeless women through outreach to homeless women of childbearing age, and providing education about the importance and availability of prenatal care regardless of ability to pay and

immigration status, expediting appointments for pregnancy tests, and providing warm hand-offs to connect pregnant homeless women to the RFHC Comprehensive Perinatal Services Program.

**Outcome Measure 5.A.** At least 70% of pregnant homeless patients will have their prenatal care during their first trimester.

## **RESPONSIBILITIES:**

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC 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 on a quarterly basis.

**Site visits** will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH 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. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits

- Complaints or reports that raise concerning issues; etc.,

The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

**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.

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

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 information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

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

The following are the contracted reporting requirements that the **HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

**Revised Exhibit B (rev. 10/17/16)**

In consideration of the services provided by Contractor in Exhibit A, County shall pay Contractor based on the following fee schedule:

- A. County shall pay Contractor at a rate of \$205.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 400 individuals, and limited as defined in Exhibit A.
- B. 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 HCH/FH Program Director.

All invoices will be approved by the HCH/FH Program Director, Program Coordinator, or their designee, and paid within 30 days of receipt of the invoice.

**Invoices**

All invoices must be emailed to the following email address:

[SMMC-Accounts-Payable@smcgov.org](mailto:SMMC-Accounts-Payable@smcgov.org)

Processing time may be delayed if invoices are not submitted electronically.

Contractor is not entitled to payment for work not performed as required by this Agreement.