

**STANDARD AGREEMENT AMENDMENT**

STD 213 A (DHS Rev 5/06)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ADDED **1** PAGES

AGREEMENT NUMBER

**06-55364**

AMENDMENT NUMBER

**A01**

REGISTRATION NUMBER:

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

California Department of Health Services

(Also referred to as CDHS, DHS, or the State)

CONTRACTOR'S NAME

El Dorado County

(Also referred to as Contractor)

2. The term of this Agreement is 07/01/06 through 06/30/09

3. The maximum amount of this Agreement is: \$ 268,000  
Two hundred sixty-eight thousand dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. Amendment effective date: October 1, 2006.

II. Purpose of amendment: This amendment reflects an expansion of Preventive Health Care for the Aging program services in the Scope of Work, and an increase in the budget to compensate the Contractor for performing the additional services over the 3-year contract period. The added work is related to Health Promotion, participating in the Arthritis self-help program and providing at least 4 programs annually.

III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).IV. Paragraph 3 on the face of the original STD 213 is increased by \$43,000 and amended to read ~~\$225,000 two hundred twenty-five thousand dollars~~ **\$268,000 Two hundred sixty-eight thousand dollars.**

(Continued on next page)

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.****CONTRACTOR**

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

El Dorado County

BY (Authorized Signature)



DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

James R. Sweeney, Chairman, Board of Supervisors

ADDRESS

929 Spring Street  
Placerville, CA 95667**STATE OF CALIFORNIA**

AGENCY NAME

California Department of Health Services

BY (Authorized Signature)



DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Allan Chinn, Chief, Contracts and Purchasing Services Section

ADDRESS

1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413  
Sacramento, CA 95899-7413CALIFORNIA  
Department of General Services  
Use Only☐ Exempt per:

- V. The Exhibit A – Scope of Work is replaced in its entirety and reflects expanded responsibilities, additional activities, and altered due dates and/or time lines for certain deliverables and performance measures for Years 1, 2 and 3.
- VI. Provision 4 (Amounts Payable) of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

**4. Amounts Payable**

A. The amounts payable under this agreement shall not exceed:

- 1) ~~\$75,000~~ **87,000** for the budget period of 07/01/06 through 06/30/07.
- 2) ~~\$75,000~~ **91,000** for the budget period of 07/01/07 through 06/30/08.
- 3) ~~\$75,000~~ **90,000** for the budget period of 07/01/08 through 06/30/09.

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

- VII. Exhibit B, Attachment I, entitled "Budget (Year 1)" is replaced in its entirety by the attached revised Budget.
- VIII. Exhibit B, Attachment II entitled "Budget (Year 2)" is replaced in its entirety by the attached revised Budget.
- IX. Exhibit B, Attachment III entitled "Budget Year 3)" is replaced in its entirety by the attached revised Budget.
- X. All other terms and conditions shall remain the same.

**Exhibit A**  
**Scope of Work**

**1. Service Overview**

Contractor agrees to provide to the California Department of Health Services (CDHS) the services described herein.

Operate a Preventive Health Care for the Aging (PHCA) program of preventive health services to individuals aged 50 and over in senior citizen facilities, senior centers, and senior residences.

**2. Service Location**

The services shall be performed at various locations convenient to older persons within the Contractor's service area.

**3. Service Hours**

The services shall be provided during County working hours and days.

**4. Project Representatives**

A. The project representatives during the term of this agreement will be:

<b>California Department of Health Services</b> Mariann Cosby, MPA, MSNe, RN, PHN Nurse Consultant III Telephone: (916) 552-9892 Fax: (916) 552-9996 E-mail: mcosby@dhs.ca.gov	<b>El Dorado County</b> <del>Valerie Rudd, PHN</del> <b><u>Michael Ungeheuer,</u></b> <b><u>Program Manager</u></b> Telephone: <del>530-573-3160</del> <b><u>530-621-6129</u></b> Fax: <del>530-543-6819</del> <b><u>530-642-0892</u></b> E-mail: <del>vruddtahoe@aol.com</del> <b><u>munger@co.el-dorado.ca.us</u></b>
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B. Direct all inquiries to:

<b>California Department of Health Services</b> <del>Center for Gerontology</del> <b><u>Preventive Health</u></b> <b><u>Care for the Aging</u></b> Attention: <del>Carol Motylewski-Link, MPH</del> <b><u>Mariann Cosby, MPA, MSN, RN, PHN</u></b> Mail Station Code 7210 P.O. Box Number 997413 Sacramento, CA 95899-7413  Telephone: (916) 552-9944 <b><u>552-9892</u></b> Fax: (916) 552-9940 <b><u>552-9996</u></b> E-mail: <del>Cmotylew@dhs.ca.gov</del> <b><u>mcosby@dhs.ca.gov</u></b>	<b>El Dorado County</b> Michael Ungeheuer, Program Manager Public Health Dept. 929 Spring Street Placerville, CA 95667  Telephone: 530-621-6129 Fax: 530-642-0892 E-mail: munger@co.el-dorado.ca.us
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C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

**Exhibit A**  
**Scope of Work**

**5. Services to be Performed**

Contractor shall perform the following services:

- A. Outreach to underserved.
  - 1. Establish and maintain a minimum of 12 clinic sites according to the work plan submitted by the Contractor and kept on file at the State.
- B. Networking with community organizations
  - 1. PHCA will network with a minimum of 2 community organizations focused on aging services and report to the State according to the work plan submitted by the Contractor and kept on file at the State.
- C. Health Promotion
  - 1. Contractor activities will be completed and reported to the State according to the PHCA work plan submitted by the Contractor and kept on file at the State.
  - 2. **The Contractor will participate in the Arthritis self-help program, and will provide at least 4 programs annually to a minimum of 50 seniors.**
- D. Health Assessments
  - 1. Complete a minimum of 433 Comprehensive Health Assessments (CHAs) each year and report them to the State according to the work plan submitted by the Contractor and kept on file at the State.
- E. Data Collection
  - 1. Data will be collected from CHAs and submitted to the PHCA data manager **analyst** at the University of California, San Francisco (UCSF) according to program timelines and deadlines.
  - 2. Data will be used in evaluating effectiveness of outreach and other activities from year to year.
  - 3. The Total Population Served worksheet will be completed and submitted annually.
- F. The Contractor shall complete required data forms (CHA Encounter Form DHS 8034, Non-CHA Encounter Form DHS 8574, and Referral Follow-Up Form DHS 8448 with each comprehensive health assessment (CHA) or non-CHA client encounter with referrals and submit batched forms regularly to:

UCSF—Institute for Health and Aging  
3333 California Street, Suite #340  
San Francisco, CA 94118

**the address in provision 5H below.**

- G. The Contractor shall submit to the State an annual report describing compliance with each of the approved work plan objectives; hardcopy attachments, such as newspaper articles or promotional flyers, to be mailed separately.

**Exhibit A**  
**Scope of Work**

- H. All correspondence relative to the administration of this agreement shall be submitted in writing and directed to the addresses below:

U.S. Mail

California Department of Health Services  
Preventive Health Care for the Aging  
Mail Station 7210  
PO Box 997413  
Sacramento, CA 95899-7413

Courier Deliveries Only (FedEx, UPS, etc.)

California Department of Health Services  
Preventive Health Care for the Aging  
1616 Capitol Ave., MS 7210, Suite 74.317  
Sacramento, Ca 95814

**5. 6. Allowable Informal Scope of Work Changes**

- A. The Contractor or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work, provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder shall not require a formal agreement amendment, provided the Contractor's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the State.
- E. In implementing this provision, the State may provide a format for the Contractor's use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

Exhibit B, Attachment I  
Budget  
(Year I)  
(7/1/06 through 6/30/07)

Personnel	\$46,310	<u>\$53,346</u>
Fringe Benefits (30% of Personnel)	\$13,893	<u>\$15,987</u>
Operating <b>General</b> Expenses	\$7,878	<u>\$10,482</u>
Equipment	\$0	
Travel	\$899	<u>\$1,850</u>
Subcontracts	\$0	
Other Costs	\$0	
Indirect Costs (10% of the total of Personnel and Fringe Benefits)	\$6,020	<u>\$5,335</u>
Total	\$75,000	<u>\$87,000</u>

Exhibit B, Attachment II  
Budget  
(Year 2)  
(7/1/07 through 6/30/08)

Personnel	\$47,699	<u>\$55,422</u>
Fringe Benefits (30% Of Personnel)	\$14,310	<u>\$16,626</u>
Operating <u>General</u> Expenses	\$5,941	<u>\$11,435</u>
Equipment	\$0	
Travel	\$850	<u>\$1,975</u>
Subcontracts	\$0	
Other Costs	\$0	
Indirect Costs (10% of the total of Personnel and Fringe Benefits)	\$6,200	<u>\$5,542</u>
Total	\$75,000	<u>\$91,000</u>

Exhibit B, Attachment III  
Budget  
(Year 3)  
(7/1/08 through 6/30/09)

Personnel	\$49,130	<u>\$57,638</u>
Fringe Benefits (30% of Personnel)	\$14,739	<u>\$17,291</u>
Operating <u>General</u> Expenses	\$3,894	<u>\$8,825</u>
Equipment	\$0	
Travel	\$850	<u>\$1,050</u>
Subcontracts	\$0	
Other Costs	\$0	
Indirect Costs (10% of the total of Personnel and Fringe Benefits)	\$6,387	<u>\$5,196</u>
Total	\$75,000	<u>\$90,000</u>