



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
Department of Hospital and Clinics

DATE: April 5, 2002

BOARD MEETING DATE: April 30, 2002

TO: Honorable Board of Supervisors
FROM: Nancy J. Steiger, CEO, Hospital and Clinics *Nancy Steiger*
SUBJECT: Amendment to the Agreement with El Concilio

Recommendation

Adopt a resolution authorizing the President of the Board to execute an amendment to the agreement with El Concilio

Background

On August 21, 2001 your Board approved an agreement with El Concilio to expand community-based chronic disease services to other geographic areas within the County and to African American, Filipino, and Asian/Pacific Islander residents with chronic conditions.

El Concilio, a non-profit umbrella for 23 Latino organizations, has been at the forefront of providing chronic disease management services to San Mateo residents and has worked closely with Health Services on various projects such as the nurse-managed, chronic disease clinic at the Fair Oaks Health Center. With the recent funding of a federal Community Access Program (CAP) Grant, which attempts to expand health care access and integrate health care services, Health Services has had the opportunity to work with El Concilio on expanding its chronic disease management services.

Discussion

In January 2002, the US Department of Health and Human Services (DHHS) notified San Mateo County Health Services that it would receive a three-month extension on its one year Community Access Program (CAP) grant, which was originally awarded in March 2001. DHHS provided all of its March 2001 grantees, including San Mateo County, with this extension because the federal government did not allocate funding to its grantees until late April 2001. Consequently, DHHS realized that this late start date has made it difficult for communities, like San Mateo County, to complete all grant activities within a one-year time frame. This fact has been true for El Concilio, a sub-contractor under the San Mateo County CAP grant, which has not been able to complete all of its required services by March 1, 2002. In order to allow El Concilio to fulfill contract service objectives that it could not meet in a limited time frame, Health Services plans to extend the El Concilio contract by 3 months. This extension will not increase the dollar amount of the contract but will rather allow Health Services and El Concilio to meet CAP grant performance targets. The El Concilio contract includes the following performance measures.

Measure #1	Expand and integrate chronic disease management services into 2 to 4 additional County Clinic sites.
Measure #2	Train and provide technical assistance to two ethnic based agencies/groups— Pacific Islander Outreach and African American Health Initiative
Measure #3	Train 15 additional African Americans, Filipinos, Asian/Pacific Islanders, and Latinos to become certified health educators
Measure #4	Develop 1 additional grant proposal to expand disease management
Measure #5	Develop third-party payment strategies to receive Medi-Cal reimbursement for chronic disease management services.

Vision Alignment

This agreement with El Concilio keeps the commitment of Ensuring Basic Health and Safety for All and goal number 5: Residents have access to healthcare and preventive care. The agreement contributes to this commitment and goal expanding community-based chronic disease services to other geographic areas within the County and to African American, Filipino, and Asian/Pacific Islander residents with chronic conditions.

Fiscal Impact

This amendment extends the term of the agreement from February 28, 2002 to May 31, 2002. The maximum amount for this agreement remains the same at \$120,000. Costs are completely covered by federal Community Access Program grant from the Health Resources Services Agency. There is no net county cost.

RESOLUTION NO. _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

**RESOLUTION AUTHORIZING EXECUTION OF AN AMENDMENT TO AN
AGREEMENT WITH EL CONCILIO**

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an amendment to an agreement, reference to which is hereby made for further particulars, whereby El Concilio shall expand chronic disease management services to other geographic areas and other minority populations in order to better manage chronic conditions and increase the proportion of uninsured utilizing outpatient care; and

WHEREAS, this Board has been presented with a form of the Amendment to the Agreement and has examined and approved it as to both form and content and desires to enter into the Amendment to the Agreement:

NOW THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the Board hereby authorizes the President of this Board of Supervisors to execute said Amendment to the Agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

* * * * *

AMENDMENT TO THE AGREEMENT
WITH EL CONCILIO

THIS AGREEMENT, entered into this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and _____ (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 21, 2001, the parties hereto entered into an agreement (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Section 13, Term of the Agreement, of the Original Agreement is hereby amended to read as follows:

“13. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2001 through May 31, 2002. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days' written notice to the other party.”

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of August 21, 2001, be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

EL CONCILIO

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

By:  _____

Date: _____

Date: 3-5-02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO

HEALTH SERVICES
Hospital and Clinics Division

MEMORANDUM

Date: March 14, 2002
To: Priscilla Morse, Risk Management/ Pony # EPS 163 Fax # 363-4864
From: Tere Larcina, Hospital and Clinics/ Pony # IOS316/Fax # 2267
Subject: Contract Insurance Approval

CONTRACTOR: El Concilio

DO THEY TRAVEL:

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: More than one.

DUTIES (SPECIFIC): Contractor shall expand chronic disease management services to other geographic areas and other minority populations in order to better manage chronic conditions and increase the proportion of uninsured utilizing outpatient care.

<u>COVERAGE:</u>	Amount	Approve	Waive	Modify
Comprehensive Liability:	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability:	1,000,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation:	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Priscilla Morse
SIGNATURE

Client#: 44241

ELCONCI

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/11/01

PRODUCER

HRH of Central California 11
P O Box 40022
Fresno, CA 93755-4022
559 432-1800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Great American - Non Profit

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

El Concilio Of San Mateo County
1419 Burlingame Ave. Suite N
Burlingame, CA 94010

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS:
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAC225449903	05/29/01	05/29/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP344859701	05/29/01	05/29/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				IWC STATU-TORY LIMITS OTH-EP E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Attn: Tere Larcina
Certificate Holder is Included as Additional Insured per form CG2026 Attached as respects Liability Coverage.

CERTIFICATE HOLDER

San Mateo County General
Hospital Division of Hospital
and Clinics
Contract Coordinator (HOS316MM)
222 W. 39th Avenue
San Mateo, CA 94403

ADDITIONAL INSURED/INSURER LETTER:

CANCELLATION Ten Day Notice for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Johnnie F. Steinert

04699

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JULY 6, 2001

POLICY NUMBER: 469-01 UNIT 0001571
CERTIFICATE EXPIRES: 7-1-02

SAN MATED COUNTY GENERAL HOSPITAL
DIV OF HOSPITAL & CLINICS/CONTR COORD (HDS315MM)
222 W 29TH AVENUE
SAN MATED CA 94403

This is to certify that we have issued a valid Workers' Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days' advance written notice to the employer.

We will also give you 30 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Tom Hansen
AUTHORIZED REPRESENTATIVE

KC Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 07/06/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.
NAME OF ADDITIONAL INSURED: SAN MATED COUNTY GENERAL HOSPITAL

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 07/01/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

HISPANIC CONGILLO OF SAN MATED COUNTY
1419 BURLINGAME AVENUE #N
BURLINGAME CA 94010

64639

SCIF 10262 (REV. 3-95)
FILE COPY

POLICY NUMBER: PAC225449903

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

San Mateo County General
Hospital Division of Hospital
and Clinics
Contract Coordinator (HOS316MM)
222 W. 39th Avenue
San Mateo, CA 94403

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your operations or premises owned by or rented to you.

Attn: Tere Larcina
Certificate Holder is Included as Additional Insured per form
CG2026 Attached as respects Liability Coverage.

64699

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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