

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ Pages

AGREEMENT NUMBER MS-0405-13	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
California Department of Aging
CONTRACTOR'S NAME
County of San Mateo, Department of Health Services
- The term of this Agreement is July 1, 2004 through June 30, 2005
- The maximum amount of this Agreement after this amendment is: \$739,385.00
Seven hundred thirty-nine thousand, three hundred eighty-five dollars
- 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:

This Amendment increases funding for the Agreement because funding for the Multipurpose Senior Services Program (MSSP) was restored to the prior year level. The restored funding allows for the program services to be maintained without a reduction in client slots.

The Exhibit B, Budget Detail and Payment Provisions, Amendment 1, is attached and hereby incorporated by reference and supersedes the original Exhibit B

All other terms and conditions shall remain the same.

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



CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <u>County of San Mateo, Department of Health Services</u>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Richard Gordon, President, Board of Supervisors, San Mateo County</u>		
ADDRESS <u>225 37th Avenue, San Mateo, California 94403</u>		
STATE OF CALIFORNIA		
AGENCY NAME <u>California Department of Aging</u>		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <u>Rachel de la Cruz, Manager, Contracts and Business Services Section</u>		
ADDRESS <u>1600 K Street, Sacramento, California 95814</u>		

EXHIBIT B
Budget Detail and Payment Provisions
Amendment 1

SITE NAME: COUNTY OF SAN MATEO DEPARTMENT OF HEALTH SERVICES			
LINE ITEM TITLE	MS-0405-13		FY 04-05
	FTE	LINE	BUDGET
CARE MANAGEMENT			
Position Title			
SCM	0.400	[1]	\$32,310
SWCM	1.000	[2]	\$60,000
SWCM	1.000	[3]	\$60,000
SWCM	1.000	[4]	\$60,000
NCM	1.000	[5]	\$73,000
NCM	1.000	[6]	\$73,000
NCM		[7]	\$0
NCM		[8]	\$0
NCM		[9]	\$0
CMA		[10]	\$0
CMA		[11]	\$0
CMA		[12]	\$0
		[13]	\$0
		[14]	\$0
		[15]	\$0
		[16]	\$0
		[17]	\$0
		[18]	\$0
		[19]	\$0
		[20]	\$0
		[21]	\$0
		[22]	\$0
		[23]	\$0
		[24]	\$0
		[25]	\$0
Subtotal Care Management Salaries		[26]	\$358,310
Benefits		[27]	\$72,857
Salary Savings		[28]	\$0
TOTAL CARE MANAGEMENT		[29]	\$431,167
ADMINISTRATION/Care Management Support (CMS)			
Site Administrator Salary		[30]	\$20,096
Fiscal Officer Salary		[31]	\$38,312
Data Support Salaries		[32]	\$28,176
		[33]	\$0
		[34]	\$0
		[35]	\$0
Subtotal Administration/CMS Salaries		[36]	\$86,584
Administration Benefits		[37]	\$22,000
Salary Savings		[38]	\$0
Total Administration/CMS Salaries and Benefits		[39]	\$108,584
Office Supplies/Equipment		[40]	\$0
Library Purchases/Subscriptions		[41]	\$0
Equipment \$300 per Unit or More		[42]	\$0
Recruitment costs		[43]	\$0
Equipment Rental		[44]	\$0
Equipment Maintenance		[45]	\$0
Reproduction, Printing and Copy		[46]	\$0
Communications		[47]	\$0
Postage		[48]	\$0
Consultation/Professional Services		[49]	\$0
Insurance		[50]	\$0
Travel		[51]	\$0
Training without Associated Travel Costs		[52]	\$0
Facility, Rent and Operations		[53]	\$0
Indirect Costs (Indirect Costs/Base) 15% maximum		[54]	\$0
Base = Salaries and Benefits ([29] & [39])	539751.00	[55]	
Temporary Help		[56]	\$0
		[57]	\$0
		[58]	\$0
		[59]	\$0
TOTAL ADMINISTRATION/CMS		[60]	\$108,584
TOTAL WAIVED SERVICES		[61]	\$199,634
BUDGET TOTAL (LINES 29+60+61)		[63]	\$739,385

Budget Detail and Payment Provisions

Amendment 1

SITE NAME: COUNTY OF SAN MATEO
DEPARTMENT OF HEALTH SERVICES

MS-0405-13

CHANGES TO BE IMPLEMENTED ON OR AFTER 7-1-04											
CARE MANAGEMENT				MONTHLY WAGE	MERIT/STEP SALARY ADJUSTMENTS			COLA ADJUSTMENTS			TOTAL ANNUAL SALARY
Position Title	Last Name	FTE	As of 6-30-04		PERCENT OF INCREASE	DOLLAR AMOUNT	EFFECTIVE DATE	PERCENT OF INCREASE	DOLLAR AMOUNT	EFFECTIVE DATE	
[1]	SCM	Rodriguez	0.400	\$2,641				3%	\$622	11/21/04	\$32,310
[2]	SWCM	Heinrich	1.000	\$5,609				3%	\$1,215	11/21/04	\$60,000
[3]	SWCM	Kennelly	1.000	\$5,609				3%	\$1,215	11/21/04	\$60,000
[4]	SWCM	Trabucco	1.000	\$5,609				3%	\$1,215	11/21/04	\$60,000
[5]	NCM	Clendenin	1.000	\$7,748				4%	\$703	03/27/05	\$73,000
[6]	NCM	Manders	1.000	\$7,748				4%	\$703	03/27/05	\$73,000
[7]	NCM										
[8]	NCM										
[9]	NCM										
[10]	CMA										
[11]	CMA										
[12]	CMA										
[13]											
[14]											
ADMINISTRATION/Care Management Support											
Position Title	Last Name	FTE	As of 6-30-04		PERCENT OF INCREASE	DOLLAR AMOUNT	EFFECTIVE DATE	PERCENT OF INCREASE	DOLLAR AMOUNT	EFFECTIVE DATE	
[30]	Site Administrator	Borrelli	0.200	\$1,643				3%	\$387	11/21/04	\$20,096
[31]	Fiscal Officer	Lai	0.500	\$3,131				3%	\$737	11/21/04	\$38,312
[32]	Data Support	Miller	0.700	\$2,303				3%	\$542	11/21/04	\$28,176
[33]	Data Support										
[34]											
[35]											

[42]	Equipment \$300/unit or more	
[53]	Facility, Rent and Operations	
[56]	Temporary Help	

Remark: Line item 2-6: Total annual salary of case managers work are reduced by 5% which are chargeable to the other program.