

**AMENDMENT NO. 1
TO
ONE-E-APP
MAINTENANCE & ENHANCEMENT AGREEMENT
DATED JULY 1, 2005
BY AND BETWEEN
SAN MATEO COUNTY
AND
PUBLIC HEALTH INSTITUTE
("PROGRAM OFFICE")**

This Amendment No. 1 To One-e-App Maintenance and Enhancement Agreement By and Between San Mateo County and Public Health Institute ("Amendment") is made effective July 1, 2005, and amends that certain agreement entitled "One-e-App Maintenance and Enhancement Agreement" dated July 1, 2005 ("the Agreement") by and between San Mateo County ("Client") and Public Health Institute ("Program Office"). This Amendment amends the Agreement as set forth below.

This Amendment an integral part of the Agreement and except as set forth herein, is subject to its terms and conditions. In the event of any conflict between the Agreement and this Amendment, this Amendment shall control. Except as to those portions of the Agreement which are modified by this Amendment, the terms and conditions of the Agreement shall continue in full force and effect.

NOW, THEREFORE, in consideration of the mutual promises of the undersigned parties, and for other good and valuable consideration, the parties hereby enter into this Amendment as set forth below.

AMENDMENT TO EXHIBIT A OF THE AGREEMENT. The undersigned parties agree that the following will be added to Exhibit A of the Agreement:

Adult WELL Program and Other Customizations to One-e-App. Program Office shall modify One-e-App to integrate the screening for this program with Adult Medi-Cal. Client currently has not adopted or implemented the Adult Medi-Cal program in Client One-e-App. This functionality will have to be ported to Client and tested thoroughly to insure appropriate integration with other programs operated in Client. (It should be noted that this implementation of Adult Medi-Cal includes only Client configurations and does not include any customizations of this program at this point.)

It should be noted that this change order also does not address the interface to CalWin of which Client is a pilot county and this interface is being paid for by the California HealthCare Foundation through a grant to the Program Office.

In addition to integrating rules for determining Adult Medi-Cal so that Client can determine whether a person is eligible for this program prior to determining eligibility for the WELL Program, Client is also providing a new category of coverage, known as Discounted Health Care Program. This is a program for adults who are at or below 400% FPL who are seeking coverage. If an individual is determined eligible for this program, they will pay for 35% of their billed

medical charges. Finally, all other persons who apply and are not determined eligible for Adult Medi-Cal, the WELL Program, or Discounted Health Care Program will be identified as Self Pay.

Program Office will identify every 5th application for the WELL Program and Discounted Health Care Program and moved to a workload in order to enable Client to audit eligibility determinations. The person reviewing will have read only access to the application, but will have the capability to identify the basis for changing any previously established eligibility determination.

In addition to these modifications, Client is requesting certain management reports to support its these same reports analysis of this new program. These same reports will also be electrified so that the San Mateo Medical Center and Clinics will be able to support the upload of this information to its Siemens Invision System. This change order does not include work to develop and implement a Siemens Invision System Interface.

Description of Change(s)

The Program Office will perform the following modifications to One-e-App:

1. Changes in WELL Program Eligibility

Include the following questions for documented applicants between 21 and 64 years of age and undocumented applicants 19 years and above:

-Are you a patient of any of the following clinics?

- Fair Oaks Pediatric
- Fair Oaks Adult
- Sequoia Teen Clinic
- Willow Clinic
- Belle Haven
- Coastside Health Center
- South San Francisco Health Center
- Mike Nevin (Daly City) Health Center
- Daly City Youth Health Center
- SMMC Clinics
- Ron Robinson Senior Care Center

If applicant chooses Sequoia Teen Clinic and Daly City Youth Health Center, then system will generate the following question:

Do you seek other services that are not covered by Minor Consent Medi-Cal and Family PACT ? Yes No

-How long have you been a San Mateo County resident?
____ Months ____ Years (this will be a drop-down feature)

-Are you on General Assistance? Yes No

-Are you on any of these Alcohol & Other Drug Programs?

(drop down list feature)

- Asian American Recovery Services
- Avalon Counseling Services
- Catholic Charities- Behavioral Health Services
- Daytop (Adults)
- Daytop Village (Adolescent)
- El Centro de Libertad
- First Chance (YFES)
- Free at Last
- Hope House
- Latino Commission
- Palm Avenue
- Prenatal to Three Initiative
- Project 90 (Adults)
- Project 90 (Adolescents)
- Pyramid Alternatives
- Service League
- Sitike Counseling Center
- Walden House
- Women's Enrichment Center (YFES)
- Women's Recovery Association
- Youth and Family Assistance (Archway, Insights)

2. Modify WELL/DHC(Charity Care) logic so all applicants are determined eligible for enrollment for programs once all documentation has been received. Applications will then be forwarded to the "Submitted Applications Awaiting Pending Verifications Document" SAPVD workload where the assistors will then confirm that all faxes were received. Once the application leaves the SAPVD workload, the application will be considered approved and will have an eligibility period of one year from the declaration/application signature date. An applicant will be enrolled in the appropriate program when they present for services. This enrollment process will occur outside of One-e-App.
3. Generate a WELL Temporary Fax Cover Sheet listing required verifications
 - *Proof of Income
 - *Proof of County Residency
4. Incorporate Discounted Health Care Program eligibility requirements
 - *Ineligible WELL applicants with income below 400% FPL and with assets not exceeding \$15,000 per family
 - *Eligibility of non-County residents
 - *Ineligible DHC applicants will be dispositioned as Self Pay
5. Generate a Discounted Health Care Program Temporary Fax Cover Sheet listing required verifications:
 - *Proof of Income
 - *Proof of Assets
6. Implement Adult Medi-Cal screens

Process will be similar to Alameda County except for the following customizations

- Eligible MC applications will be forwarded to a Regional BA Supervisor Workload
- Regional BA Supervisor workload will be customized to perform the following functions:

-Print out the Universal Application Summary, which will serve as the MC210/SAWS1 Application

-View faxed documentations

- All MC210 questions will be mandatory

7. Modify screening process in the order listed below:

*Healthy Kids

*Medi-Cal for Children/ Healthy Families

*Adult Medi-Cal

* General Assistance, Alcohol and Other Drug, Teen Services requesting FPACT Confidential Services,

*WELL

*DHC/Charity Care

*Self-Pay

*Self-Pay, Expired Application (Failure to Complete)

8. Modify system to refer every 5th approved WELL and DHC application to HSA WELL Workload

9. Create new user type, WELL/DHC Liaison, to review every 5th approved WELL/DHC application. User type will only have read-access capability.

10. Create new workloads

*HSA WELL workload to review every 5th approved WELL application

*Regional MC Supervisor Workload to review WELL/MC applications

11. Incorporate new WELL, DHC, Self Pay Financial Application Assistance Forms (previously WELL Rights and Declaration Forms)

12. Incorporate eligibility for other clinic programs:

*CHDP (only screen for income linkage- uninsured child regardless of immigration status with income at or under 200%FPL)- no additional questions needed

*Presumptive Eligibility (pregnant woman with income at or below 200%FPL)

*CDP (female above the age of 40)

*PACT (female age 12- 55 and male below 60 years of age with income at or below 200%FPL)

*AIM (pregnant woman with income at or below 200 to 300%FPL)

--If person is found eligible for these

programs, the disposition displayed on the preliminary eligibility table will be displayed as program referral only.

13. Modify the One-E-App logic so that a WELL enrollment of a family member does not affect another family member's HK coverage or vice versa

14. Include a PDF link of the WELL and DHC program brochures
15. Include the WELL renewal process similar to HK renewal, but with separate workloads and nomenclature.
16. Create two notification letters (a 15-day letter and 30-day letter) in the CHA/CAA supervisor workload. CHA/CAA Supervisor will be given the ability to generate letters in batches. Applications will be considered expired after 15 days and will be forwarded to the CHA/CAA supervisor workload. The CHA/CAA Supervisor will have the ability to reassign applications before the 45 day period (45 days after the application creation date). After the 45th day, all applications will be converted to a "Expired Application/Self Pay" disposition. This logic will not be applied to HK renewal applications.
17. Create electronic reports (see below) providing data elements for every WELL/DHC/Self Pay application for County Health Department's use in registering client into the Siemens Invision system:
 - Dispositions of WELL/Medi-Cal applications to SMMC (i.e., pending, approvals, denials and failure to complete process)
 - Incomplete/Expired WELL/DHC applications (applications not resolved within 45 days of One-e-App start date).
18. Update the Health Plan Interface to make sure that all changes are made to appropriately reflect this change order.

Assumptions

Program Office shall complete this work on the schedule necessary to support Client's program start up. Client will provide answers to questions on a timely basis and will provide support to system testing that will occur prior to User Acceptance Testing. In the timeline identified below, this testing period is shown in yellow. It is expected that at least one subject matter expert is available to support this system testing activity.

Once the functionality is completed, Client shall perform one round of testing for a period of five total days over the course of this change order. All issues identified will be recorded as part of this testing and will be due to the Program Office within 24 hours of the conclusion of testing. The Program Office will categorize the issues identified as High, Medium, Low or Change Order based on previously established criteria. All High and Medium issues will be corrected by the Program Office prior to go live. Low priority items will be scheduled as part of regular production releases.

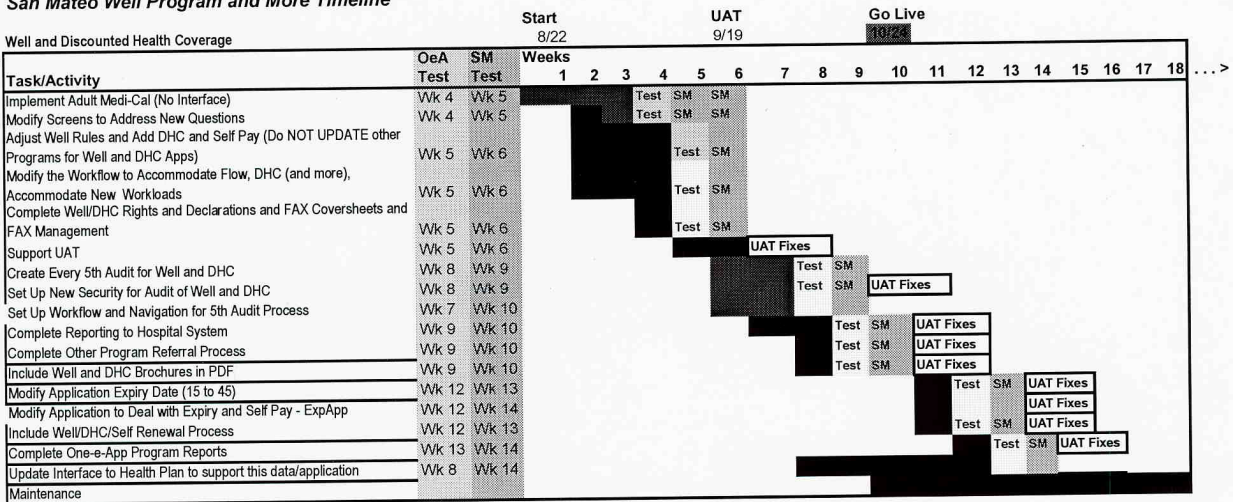
Client will have one day to re-validate that the High and Medium issues were corrected. No new issues or considerations that were not previously identified as part of the testing will be considered prior to go live. Items identified will be considered as part of future production releases.

1. This change order will supplement the One-e-App Agreement (Dated July 1, 2005). All the assumptions and agreements set forth in the aforementioned document are applicable to this agreement.
2. Any changes to the requirements specified herein will require an additional change order.

3. The Program Office will schedule the development once a signed copy of the Change Order is received. Once we have completed the changes, the Client will test these changes prior to the Program Office publishing the changes to the production system.
4. Cost estimates are contingent on timely review, testing and feedback on changes. Client is responsible for providing testers, managing the testing process and providing the feedback to the Program Office. Feedback must be received in written form in the timeframes specified above. If feedback is not provided in these timeframes, the changes will be deemed accepted.
5. Client will be responsible for conducting the user acceptance and testing of this enhancement.
6. Client will be responsible for providing the Spanish translations for the changes specified above.
7. Client will also responsible for providing the translation for all additional foreign languages for the changes.
8. The total period for UAT will be five total days. Documentation of issues will take place every day during UAT, but all issues must be reported within one day of the completion of UAT.
9. This change order, as shown in the timeline spans beyond the planned go-live. The requirements have been organized and are represented in the timeline below to show those that are pre- and post-go-live based on impact on the user to utilize the system at go-live.
10. This change order does not include an electronic interface to CalWin or InVision.
11. This change order includes configurations, but no customizations to the Adult Medi-Cal functionality; the items included in the requirements that are not included in this change order are highlighted in blue above.
12. Maintenance for this functionality will begin on go-live.

Timeline

San Mateo Well Program and More Timeline



Cost

These are complex changes touching every component of the application. Based on the changes requested above and the proposed solution we have provided the cost, which shall not exceed \$176,000.00, to develop, test and implement the request.

Well Program Changes and More Program Office Services	Price Allocation	Percentage of Effort
Implement Adult Medi-Cal (No Interface)	\$ 28,160	16%
Modify Screens to Address New Questions	\$ 17,600	10%
Adjust Well Rules and Add DHC and Self Pay (Do NOT UPDATE other Programs for Well and DHC Apps)	\$ 22,880	13%
Modify the Workflow to Accommodate Flow, DHC (and more), Accommodate New Workloads	\$ 22,880	13%
Complete Well/DHC Rights and Declarations and FAX Coversheets and FAX Management	\$ 7,040	4%
Support UAT	\$ 1,760	1%
Create Every 5th Audit for Well and DHC	\$ 12,320	7%
Set Up New Security for Audit of Well and DHC	\$ 5,280	3%
Set Up Workflow and Navigation for 5th Audit Process	\$ 10,560	6%
Complete Reporting to Hospital System	\$ 10,560	6%
Complete Other Program Referral Process	\$ 7,040	4%
Include Well and DHC Brochures in PDF	\$ 1,760	1%
Modify Application Expiry Date (15 to 45)	\$ 1,760	1%
Modify Application to Deal with Expiry and Self Pay - ExpApp	\$ 7,040	4%
Include Well/DHC/Self Renewal Process	\$ 8,800	5%
Complete One-e-App Program Reports	\$ 10,560	6%
Total	\$ 176,000	100%
Annual Maintenance	\$ 49,280	
Monthly Maintenance after Go-Live	\$ 4,107	

Any change in scope will be discussed with the Client, an estimated impact on resources, along with a cost estimate of the change in scope will be mutually agreed upon, before any additional work is initiated.

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COUNTERPARTS. The Amendment may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one instrument. This Amendment may be executed by facsimile transmission, and any such facsimile transmission shall have the same force and effect as an original counterpart hereof.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the Effective Date of August 22, 2005.

PUBLIC HEALTH INSTITUTE

SAN MATEO COUNTY

By: _____
Printed Name: _____
Title: _____

By: _____
Printed Name: _____
Title: _____

CONTRACT INSURANCE APPROVAL

DATE: 8/29/05
 TO: Steve Rossi FAX: 363-4864 PONY: EPS 163
 FROM: Marmi Bermudez
 PHONE: 650-573-2178 FAX: 650-573-3626 PONY: HLT324

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Public Health Institute One-e-App Program Office

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? No

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: 600

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:

The Public Health Institute One-E-App (OeA) Program Office will provide maintenance services for the OeA web-based application processing system. Services will include maintaining a production and testing technical environment to host the OeA application, maintaining a telecommunications infrastructure, providing technical support such as a user help desk, bugs fixes, server hardware and software maintenance, monitoring and reviewing system performance, telecommunications infrastructure management, monitoring of system architecture on a daily basis and performing database management.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	1 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	1 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Jasmine Keller 8/30/05

Risk Management Signature

Date

Jasmine Keller
 Inf & Cnt Mgr.

County Counsel Review Form

Date: August 29, 2005
 To: Brenda Carlson
 From: Marmi Bermudez
 Subject: Agreement Review and Approval

Contractor: Public Health Institute One-e-App Program Office

Maximum Amount: \$274,580.00

Rate of Payment: \$274,580.00

- No changes on the standard agreement form
- The following sections have been changed on the "standard" agreement:

Section No. & Title	Approved As Is [For County Counsel Use Only]	Modifications Required [For County Counsel Use Only]
One-E-App Software Sublicense Agreement		

Modifications (Please specify modifications to be made below. Use additional paper if needed.):

Amendment to Section 3.4 of the One-e-App Software Sublicense Agreement (see attached)

Approve Agreement/Exhibits/Attachments

Approve Agreement/Exhibits/Attachments with the modifications that have been described

in my e-mail Marmi Bermudez + confirm of "estimates" can be used

Brenda B. Carlson
Signature

8-30
Date

or use "not to exceed"

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: PUBLIC HEALTH INSTITUTE

Contact Person: Evelyn A. Ashcroft

Address: 555 12th Street, 10th Floor
Sacramento, CA 94607-4046

Phone Number: 510-285-5500 Fax Number: 510-285-5501

II Employees

Does the Contractor have any employees? Yes No

Does the Contractor provide benefits to spouses of employees? Yes No

If the answer to one or both of the above is no, please skip to Section IV.

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on _____ (date) and expires on _____ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 30th day of June, 2005 at Oakland, California
 (City) (State)



Signature

EVELYN A. ASHCROFT
 DIRECTOR, GRANTS &
 CONTRACTS

Evelyn A. Ashcroft

Name (Please Print)

94-1646278

Contractor Tax Identification Number