

FIRST AMENDMENT TO THE AGREEMENT WITH  
MEDICAL CARE PROFESSIONALS

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MEDICAL CARE PROFESSIONALS, (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on September 14, 2004 by Resolution 66913, 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 3, Payments, of the Original Agreement is hereby amended to read as follows:
  - "3. Payments. In full consideration of Contractor's performance of the services described in Exhibits "A1" and "A2" for the Multipurpose Senior Services Program, Adult Protective Services, Linkages, Family Caregiver Support, Public Guardian, and the AIDS Waiver/Case Management Program the maximum the County shall be obligated to pay collectively for the period of July 1, 2005 to June 30, 2006 to all Contractors for services is NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000). County shall make payment to Contractor based on the rates and in the manner specified in Exhibits "B1" and "B2." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable.

Maximum Amount. In full consideration of Contractor's performance of the services described in Exhibits "A1" and "A2," the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE MILLION NINE HUNDRED FORTY THOUSAND DOLLARS (\$1,940,000) for the contract term July 1, 2004 through June 30, 2007."

2. Exhibit "A2," I. DESCRIPTION OF SERVICES FOR THE MULTIPURPOSE SENIOR SERVICES PROGRAM, ADULT PROTECTIVE SERVICES/CENTRALIZED INTAKE, LINKAGES, FAMILY CAREGIVER SUPPORT AND PUBLIC GUARDIAN is revised and incorporated herein as Exhibit "A2" as attached.

3. Exhibit "B2," I. PAYMENTS AND RATES FOR THE MULTIPURPOSE SENIOR SERVICES PROGRAM, ADULT PROTECTIVE SERVICES/CENTRALIZED INTAKE, LINKAGES, FAMILY CAREGIVER SUPPORT AND PUBLIC GUARDIAN is revised and incorporated herein as Exhibit "B2" as attached:

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 MEDICAL CARE PROFESSIONALS 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

MEDICAL CARE PROFESSIONALS

By: \_\_\_\_\_

Richard Gordon  
President, Board of Supervisors

By: 5 - 4 ▽ ▽ , RD

Date: \_\_\_\_\_

Date: 6/22/05

ATTEST:

By: \_\_\_\_\_

Clerk of Said Board

Date: \_\_\_\_\_

## Exhibit "A2"

In consideration of the payments set forth in Exhibit "B2," Contractor shall provide the following services:

- I. **DESCRIPTION OF SERVICES FOR THE MULTIPURPOSE SENIOR SERVICES PROGRAM, ADULT PROTECTIVE SERVICES/CENTRALIZED INTAKE, LINKAGES, FAMILY CAREGIVER SUPPORT AND PUBLIC GUARDIAN.**
  - A. **CHORE (3.1)** is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Chore activities include household cleaning, laundry, shopping, food preparation, and household maintenance.
  - B. **PERSONAL CARE (3.2)** This service provides assistance to maintain bodily hygiene, personal safety, and activities of daily living. These tasks are limited to nonmedical personal services such as feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place. Client instruction in self-care and with meal preparation may also be provided. This service may also include such housekeeping chores as bedmaking, dusting and vacuuming, which are essential to the health and welfare of the recipient.
  - C. **HEALTH CARE (3.3)** addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided by authorized individuals when such care is prescribed or approved by a physician. Persons providing such health care may include: pharmacists, registered nurses, licensed vocational nurses, nutritionists, and occupational, physical, and speech therapists.
  - D. **PROTECTIVE SUPERVISION (3.7)** ensures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency, to prevent immediate placement in an acute care hospital, skilled nursing facility, or other 24-hour care facility. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency. This service may include making a visit to the client's home to assess a medical situation during an emergency; includes assisting a fallen client, assessing extent of injuries, and arranging transportation for the client to a medical facility for treatment when there is no other means for summoning aid.
  - E. **PROFESSIONAL CARE ASSISTANCE (3.9)** is provided to those clients who are also receiving services under the Personal Care Services Program (PCSP) (Fund Code 6). PCA is a comprehensive skilled service delivered by a home health aide (HHA). The specific tasks provided are the same as listed under Personal Care (3.2) above.
  - F. **PURCHASED CARE MANAGEMENT (4.3)** for the vast majority of MSSP clients, care management services are provided solely by site care management staff. However, clients may request that this service be delivered by another qualified provider under contract or provider agreement with the MSSP site.

- G. RESPITE (5.1, 5.2)** The purpose of respite care is to relieve the client's informal caretaker and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a client while the family or other individuals who normally provide primary care take short-term relief or respite which allows them to continue as caretakers. Respite may also be needed in order to cover emergencies and extended absences of the caretaker.
- H. TRANSPORTATION (6.3 AND 6.4)** these services provide access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

Exhibit "B2"

In consideration of the services provided by Contractor in Exhibit "A2," County shall pay Contractor based on the following fee schedule:

**I. RATES**

**MULTIPURPOSE SENIOR SERVICES PROGRAM, ADULT PROTECTIVE SERVICES/  
CENTRALIZED INTAKE, LINKAGES AND FAMILY CAREGIVER SUPPORT**

Code	Unit	Service	Rate	Mileage
3.1	Hour	Chore	\$18.25	
3.2	Hour	Personal care	\$18.25	
3.3	Visit	Health care – Registered Nurse	\$85.00	
	Visit	Health care – Licensed Vocational Nurse	\$70.00	
	Visit	Health care – Occupational Therapist	\$90.00	
	Visit	Health care PT	\$90.00	
	Visit	Health care ST	\$96.00	
3.7	Hour	Protective supervision	\$18.25	
3.9	Hour	Professional care assistance	\$18.25	
4.3	Month	Case Management-Registered Nurse, M.A.	\$85.00	
5.1	Hour	Respite in-home care (3 hours or more)	\$18.25	
	Day	Respite in-home care 24-hour live-in	\$185.00	
	Day	Respite in-home, sleep over 12 hours (night)	\$140.00	
6.3	Hour	Transportation-escort	\$18.25	.375

**PUBLIC GUARDIAN**

Public Guardian Services are to be supervised and assessed by a registered nurse. The nurse will make an initial visit to determine the appropriate level of care and establish the care plan.

Additional nursing services included with caregiver:

- In-home nursing assessment,
- Periodic supervisory nursing visits,
- Consultation with client's primary physician and specialist,
- Filling med box (2 times per month and as needed),
- Confirming medical appointments and any follow up appointment,
- Implementation of medical orders or changes, including medication orders and lab work,
- Arranging transportation to and from doctors' appointments and other approved outings, and
- Reporting to the deputy public guardian regarding patient condition, medical appointments, household issues and coordination of services.

Unit	Service	Rate	Mileage	Holiday Rate
Hour	Caregiver (min. 4 hours)	\$18.25		\$26.00
Visit	Initial Nurse Assessment	\$42.00		\$60.00
Day	24-hour live-in Caregiver/heavy care	\$250.00		\$350.00
Day	24-hour live-in Caregiver base rate	\$210.00		\$300.00
Day	Sleepover Caregiver 12 hours (night)	\$180.00		\$250.00
Visit	Transportation (2 hours or less)	\$40.00	.375	\$55.00
Hour	Transportation (More than 2 hours)	\$20.00	.375	\$28.00

There is no overtime charge for shifts greater than 8 hours.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

## II. PAYMENTS

All invoices for services rendered shall be submitted by the Contractor within 30 days after service and/or product is provided. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than forty-five (45) days from the date of service.

Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

1. The title of the program: Multipurpose Senior Services Program, Adult Protective Services/Centralized Intake, Linkages, Public Guardian, or Family Caregiver Support,
2. Names and titles of all personnel for which reimbursement is being requested,
3. Names of clients, dates of service, and hours of services provided, and
4. The signature of approval of the subcontractor's project director or an individual acting in his/her behalf.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County  
 Attention: Lillian Lira, Community Program Specialist  
 225 37<sup>th</sup> Avenue  
 San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this contract (or persons acting on their behalf) for any services reimbursed in whole or in part under this contract. Supplementation of existing rates from other funding sources is not allowable under current regulations.

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

**I Vendor Identification**

Name of Contractor: Medical Care Professionals  
Contact Person: Sharon Youngberg, RN  
Address: 363 El Camino Real Ste. 215  
So. San Francisco, Ca 94080  
Phone Number: (650) 583-9898  
Fax Number: (650) 583-9940

**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.

S - Y J J , RN

Signature

Administrator

Title

Sharon Youngberg, RN

Name (Please Print)

6/22/05

Date



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DE  
MEDIC-2

DATE (MM/DD/YYYY)  
06/28/05

**PRODUCER**  
Crist Elliott Machette Ins.  
License #OB17224  
2201 Broadway, Suite 725  
Oakland CA 94612  
Phone: 510-832-8000 Fax: 510-832-5054

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.

**INSURED**  
  
Medical Care Professionals  
363 El Camino Real #215  
South San Francisco CA 94080

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	CNA Insurance Companies	
INSURER B:	Progressive Casualty	27804
INSURER C:	Hartford Insurance Company	
INSURER D:		
INSURER E:		

## 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	HMA2066248904	06/27/05	06/27/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 3,000,000
					PRODUCTS - COMP/OP AGG	\$ 3,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B B	AUTOMOBILE LIABILITY	027162220 027162220	06/27/05 06/27/05	06/27/06 06/27/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
	OTHER				E.L. DISEASE - EA EMPLOYEE	\$
A	Prof. Liability	HMA2066248904	06/27/05	06/27/06	Prof Liab	1000000 Occ
B	Fidelity \$25,000	57BDDCY8702	06/27/05	06/27/06	Prof Liab	3000000 Agg

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

## CERTIFICATE HOLDER

SANMAT1  
  
County of San Mateo  
Aging & Adult Services  
225 37th Ave.  
San Mateo CA 94403

## CANCELLATION

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  
*[Signature]*

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-2005

GROUP: 000761  
POLICY NUMBER: 0000082-2005  
CERTIFICATE ID: 3  
CERTIFICATE EXPIRES: 01-01-2006  
01-01-2005/01-01-2006

MSSP PROGRAM SAN MATEO COUNTY NA  
ATTN: ANNA DA MOTA  
225 W. 37TH AVENUE  
SAN MATEO, 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.

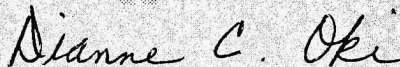
This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 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.



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

MEDICAL CARE PROFESSIONALS, INC.  
363 EL CAMINO REAL STE 215  
SOUTH SAN FRANCISCO CA 94080

MEDICAL CARE PROFESSIONALS, INC.