

STATE OF CALIFORNIA  
**STANDARD AGREEMENT AMENDMENT**  
 STD 213A, CDPH (7/07)

Check here if additional pages are added: 2 Page(s)

Agreement Number <b>07-65080</b>	Amendment Number <b>A01</b>
Registration Number:	



1. This Agreement is entered into between the State Agency and Contractor named below:
- State Agency's Name California Department of Public Health (Also known as CDPH, CDHS, DHS or the State)
- Contractor's Name County of San Mateo (Also referred to as Contractor)
2. The term of this Agreement is: July 1, 2007 through June 30, 2010
3. The maximum amount of this Agreement after this amendment is: \$ 5,119,734  
Five Million, One Hundred Nineteen Thousand, Seven Hundred Thirty-Four 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:** July 1, 2007
- II. **Purpose of amendment:** This amendment reflects an increase in dollars to compensate the Contractor for expanded services as outlined in Exhibit A, Scope of Work, including HIV Prevention, Early Intervention and AIDS Case Management programs. CDPH is obtaining more of the same services shown in the original agreement.
- 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 (maximum amount payable) on the face of the original STD 213 is increased by **\$798,081** and is amended to read: ~~\$4,321,653 (Four Million, Three Hundred Twenty-One Thousand, Six Hundred Fifty-Three Dollars)~~ **\$5,119,734 (Five Million, One Hundred Nineteen Thousand, Seven Hundred Thirty-Four 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		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</u>			
By (Authorized Signature) 	Date Signed (Do not type)		
Printed Name and Title of Person Signing <del>Rose Jacobs-Gibson</del> , <u>Adrienne J. Tissier</u> , President, Board of Supervisors			
Address <u>C/O Ellen Sweetin, San Mateo AIDS Program 225 37<sup>th</sup> Avenue, San Mateo, CA 94403</u>			
STATE OF CALIFORNIA			
Agency Name <u>California Department of Public Health</u>			
By (Authorized Signature) 	Date Signed (Do not type)		
Printed Name and Title of Person Signing <u>In Chinn, Chief, Contracts and Purchasing Services Section</u>		<input checked="" type="checkbox"/> Exempt per: OOA Transaction is PCC exempt per applicable Budget Act.	
Address <u>1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</u>			

- V. Paragraph D. of Provision 5 (Services to be Performed) of the Exhibit A – Scope of Work is amended to read as follows:

D. Project: Early Intervention MOU Number: EIP 07-41/4

Prolong the health and productivity of HIV-infected persons and interrupt the transmission of HIV through a coordinated, interdisciplinary approach to regular assessments and ongoing services in the following areas: medical, transmission risk reduction, psychosocial, health and treatment education, and case management. Early intervention services may also include related, specialized services at selected sites via Positive Changes, Bridge Program or ~~Learning Immune Function Enhancement (LIFE)~~ **Pathways (Integrated substance abuse/mental health services)**.

- VI. Paragraph E. of Provision 5 (Services to be Performed) of the Exhibit A – Scope of Work is amended to read as follows:

E. Project: AIDS Case Management MOU Number: CMP 07-41/5

AIDS Case Management provides comprehensive case management, home- and community-based care to individuals with a written diagnosis from his/her attending physician of HIV Disease or **primary care practitioner of HIV Disease or**, AIDS with current symptoms related to HIV Disease, AIDS, or HIV Disease/AIDS treatment in lieu of placement in a nursing facility or hospital. The purpose of the program is to maintain clients safely in their homes or a residential setting and to avoid more costly institutional care. Services to be provided include case management, skilled nursing care, attendant care, psychotherapy, homemaker services, nutritional counseling, nutritional supplements, home delivered meals, specialized medical equipment and supplies, minor physical adaptations to the home, and non-emergency medical transportation.

VII. Provision 4 (Amounts Payable) of the 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:

Program	Year 1	Year 2	Year 3	Total
HIV Prevention	\$544,472	\$544,472	\$544,472	\$1,633,416
HIV Counseling and Testing	\$178,016	\$178,016	\$178,016	\$ 534,048
HIV/AIDS Surveillance	\$134,400	\$134,400	\$134,400	\$ 403,200
Early Intervention	\$382,300	\$382,300	\$382,300	\$1,146,900
AIDS Case Management	\$451,363	\$451,363	\$451,363	\$ 1,354,089
Studying Youth	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000
	<u>\$629,207</u>	<u>\$556,625</u>	<u>\$556,625</u>	<u>\$1,718,151</u>
		<u>\$214,820</u>	<u>\$214,820</u>	<u>\$ 644,460</u>

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.

VIII. All other terms and conditions shall remain the same.