

**AMENDMENT No. 1 TO AGREEMENT FOR SERVICES
COUNTY OF MONTEREY & UNIVERSITY CORPORATION AT MONTEREY BAY**

THIS AMENDMENT No. 1 is made to the AGREEMENT for services by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “COUNTY”, and the **University Corporation at Monterey Bay**, hereinafter “CONTRACTOR”.

WHEREAS, CONTRACTOR shall operate the Community Health and Engagement program (CHE) to provide medical, mental health, and ancillary health assessment and treatment, in collaboration with COUNTY’S Whole Person Care and Targeted Case Management programs, and

WHEREAS, COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend services through December 31, 2021, increase the total maximum obligation by \$319,902, and revise Exhibit A, Scope of Services, Exhibit B, Payment and Billing Provisions and Exhibit C, Budget and Maximum Obligations, to meet the current service needs for the extended term.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the Agreement in the following manner:

1. Section 2.0, “PAYMENT PROVISIONS” shall be amended by removing, “*The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$99,678.00.*” and replacing it with “*The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$419,580.00.*”
2. EXHIBIT A-1: Scope of Services/Payment Provisions replaces EXHIBIT A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-1.
3. EXHIBIT B-1: Payment and Billing Provisions replaces EXHIBIT B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-1.
4. EXHIBIT C-1: Budget and Maximum Obligation of the County replaces EXHIBIT C. All references in the Agreement to EXHIBIT C shall be construed to refer to EXHIBIT C-1.
5. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.

6. A copy of the AMENDMENT shall be attached to the original AGREEMENT fully executed by the County on January 5, 2021.

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IN WITNESS WHEREOF, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY

CONTRACTOR

Contracts/Purchasing Officer

By: *Cynthia E. Lopez*

Signature of Chair, President, or Vice-President (designee)

Dated:

Cynthia E. Lopez; Director, Sponsored Programs Office

Printed Name and Title

Approved as to Fiscal Provisions:

DocuSigned by:

Gary Giboney

Chief Deputy Auditor-Controller

Deputy Auditor/Controller

Dated:

Dated: 2/18/2021 | 8:54 PM PST

By: *Kevin Saunders*

(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Kevin Saunders; Executive Director, University Corporation at Monterey Bay & VP for Administration & Finance

Printed Name and Title

Approved as to Liability Provisions:

Risk Management

Dated:

Dated:

Approved as to Form:

DocuSigned by:

Stacy Saitta

Deputy County Counsel

Deputy County Counsel

Dated: 2/18/2021 | 8:38 PM PST

Approved:

Department Head

Dated:

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

UCORP at CSUMB Agreement for CHE Operation
Amendment #1

Maximum Obligation: \$419,580.00

Term: January 1, 2021 – December 31, 2021

Exhibit A-1: Scope of Services/Payment Provisions

1. **Program Name:** Community Health and Engagement Program

2. **Program Description:**

Address of Delivery Sites: 22 Soledad Street, Salinas, CA 93901

Program Schedule: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Limitation of Service: Monterey County residents who are homeless, including those enrolled in Whole Person Care.

The University Corporation at Monterey Bay (CONTRACTOR) exists to enhance the educational program of California State University, Monterey Bay (CSUMB) by directly serving students, faculty, and staff and providing services to the public. The CONTRACTOR is a 501(c)(3) status nonprofit corporation that is a fully integrated part of the California State University, Monterey Bay campus with grant revenues of approximately \$15 million annually. The CONTRACTOR complies with federal regulations as stated in 2 CFR 200 and undergoes an annual federal audit as required in subpart F.

The Community Health and Engagement program (CHE), located at 22 Soledad Street in Salinas, California, is an academic program of CSUMB and a community engagement activity of the CONTRACTOR. The CHE exists to alleviate homelessness by providing unsheltered people with direct services including outreach, medical and mental health assessment and treatment, education, and links to social and housing services. The CHE additionally provides a rich learning environment for CSUMB's Master of Social Work (MSW) and Department of Nursing students.

The WPC Pilot Program is authorized under California's Medi-Cal 2020 Waiver to test locally-based initiatives that will coordinate physical health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple systems and continue to have or are at risk of poor health outcomes. The WPC Pilot Program is in effect through December 31, 2021. The WPC focus population includes high cost, high utilizers of hospital emergency department and inpatient services who are exclusively homeless/chronically homeless Medi-Cal recipients or Medi-Cal-eligible persons with no medical health home (including those released from jail) and having two or more of the following characteristics:

- diagnosed mental illness,
- diagnosed substance use disorder,
- two or more mental health unit admissions in the prior twelve months,
- two or more chronic health diagnoses,
- two or more emergency department visits within the prior twelve months,
- one or more hospital admissions within the prior twelve months, or
- two or more significant medications prescribed.

The CHE will serve the WPC focus population as described above. Recipients of CHE services include WPC-enrolled and potential WPC-enrolled individuals; however, CHE services are reserved for Monterey County residents who are unsheltered.

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3. Grant Objective and Goals

The grant objective is to support the operation of the CHE featuring direct medical and mental health services, outreach, and education to eligible persons in need, housing support services, links to other homeless support services and providers. A further objective is to further CSUMB's community engagement through MSW field practicum and Department of Nursing community service activities in the CHE "community classroom" setting. The COUNTY staff, CSUMB academic staff, and CHE staff will work together to create the CHE as a valued and lasting integration of mutual objectives.

Grant goals include:

- Maintaining operations of CHE to meet medical, mental health, support services, and educational functions;
- Maintaining a management and operational structure to provide seamless and comprehensive case management services;
- Maintaining a staffing plan and staff management systems to provide quality services;
- Implementing financial stability plan to assure reliable continuance of services beyond 2021.

4. Scope of Work:

CONTRACTOR shall maintain operations of the CHE in a manner to support direct medical and mental health services, outreach, and education to eligible persons in need, housing support services, and links to other homeless support services and providers. Within CHE operations, CONTRACTOR shall provide CSUMB with opportunity for community engagement through MSW field practicum and Department of Nursing community service activities in the CHE "community classroom" setting. In partnership, CONTRACTOR shall work in collaboration with County Health Department's Whole Person Care staff and CSUMB academic staff to create the CHE as a valued and lasting integration of mutual objectives.

CONTRACTOR will recruit up to three physicians, practicing under their own licenses, to practice pro bono up to 1.5 hours weekly. Physicians will not be considered employees or independent contractors of COUNTY and COUNTY assumes no responsibility or liability for their engagement or for any services that they may provide. CONTRACTOR will have a written agreement describing the terms, conditions, and responsibilities of each party. CONTRACTOR shall be responsible for assuring that physicians are appropriately licensed, are not excluded from participation in the Federal healthcare programs or suspended or ineligible for participation in the California Medi-Cal program, are not debarred from any federal program, and have sufficient insurance to cover their volunteer activities. CONTRACTOR shall be responsible for providing non-clinical supervision of the physician and taking any actions that may be necessary to protect the best interests of CHE's clients.

On-site physicians will provide wound care, primary health diagnosis, diabetic foot care, plus diagnoses and referral to primary care and specialty clinics. At least one of these physicians will be invited to sit on the CHE Advisory Board.

Other anticipated site medical/mental health and social services staff may include the following; CONTRACTOR shall insure that staff and students listed below are not excluded from participating in federal health care programs, on the list of suspended or ineligible Medi-Cal providers, or debarred by any federal program:

- Up to **four (4) Master of Sciences Physician Assistant (MSPA) students**, each working up to **4 hours per academic month**. Specific duties include taking vital signs as part of the health screening, taking a complete medical history, performing a problem-oriented physical examination, performing wound care and diabetic foot care, managing patient diabetic and

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hypertension medications, managing acute illnesses, performing minor surgical office procedures, developing a differential diagnosis list, and developing a treatment management plan. CSUMB MSPA students will be monitored and observed closely by their Preceptor at all times.

- **Up to four (4) CSUMB Nursing students (BSN)** working a total of about 16 hours per academic week will provide approximately 80 appointments per month. Specific duties will include conducting health assessments, coordinating care, and connecting clients to health services, The Interim Chair of the CSUMB Nursing Department will participate on the CHE advisory board. CSUMB Nursing students will be monitored and observed closely by their respective field instructor at least 1 hour per week.
- **Up to four (4) CSUMB Public Health undergraduates** working a total of about **16 hours per academic week** will provide approximately **40 appointments** per month and **6 groups per month**. Specific duties will include providing several ancillary, evidence-based health education and coaching modalities to accompany the walk-in health assessment and mental health consultations. CONTRACTOR shall insure that students are not excluded from participating in federal health care programs, on the list of suspended or ineligible Medi-Cal providers, or debarred by any federal program.
- CONTRACTOR will facilitate the provision of alternative pain management services such as non-invasive chair massages, acupuncture and acupressure services, for about **four (4) hours** a week, with **eight (8) appointments** per month. CONTRACTOR and volunteer providers will have a written agreement describing the terms, conditions and responsibilities of each party.
- Up to **four (4) CSUMB Master of Social Work (MSW)** students and **one (1) on-site Licensed Clinical Social Worker** will provide about **66 hours per academic week** and about **30 appointments** per month. Specific duties will include providing individual and group counseling. Clients with severe mental health challenges and substance use disorders will be referred to appropriate service agencies. MSW students will be monitored and observed closely by their respective field instructor at least one hour per week.
- CONTRACTOR anticipates having an HIV/AIDS counselor on-site up to **4 hours per week**, providing approximately **20 appointments** per month. Under a formal MOU, the counselor will provide HIV/AIDS education, and counseling.

Clients will be advised of the credentials and professional or student status of any individual providing clinical services. Clients will be advised that clinical services are not provided by COUNTY employees or contractors.

5. CONTRACTOR shall provide the following documents.

CHE Facility documents:

- A. CONTRACTOR will maintain CHE's 2,240 square feet of leased space at 22 Soledad Street, Salinas, California 93901, to be open Monday through Friday from 9:00 am to 5:00 pm. and on occasional weekends for special events.

CHE Management documents:

- A. Management structures shall consist of creating administrative guidelines; mission, vision, goal statements; organizational charts; budgeting and accounting guidelines; and Advisory Board responsibilities and rules and public meetings with representation by invested partners and clients;
- B. Management structures shall also consist of creating policies and procedures; program descriptions, program evaluation plans; HIPAA training and procedures adoption, website presence and ongoing updating, client case management record storage systems and procedures; operational and reporting IT systems; purchasing procedures; standard contracting and memorandum of understanding formats.
- C. Program evaluation plans that shall consist of process and outcome measures, as appropriate.

CHE Staffing plan and staff management documents:

- A. Staffing plan shall consist of creating job descriptions, staff classifications, and salary schedules to support the functions described herein.
- B. Staff management systems shall consist of creating employee scheduling plan; payroll reporting; personnel manual describing benefits, employment, health and safety, reimbursements; staff professional development; recruitment and hiring; and mediation.

CHE Financial stability planning documents:

- A. Create annual budgets and monthly financial reports in accord with standard accounting practices; develop three-year and five-year financial plans.
- B. Develop sustainability plans that identify a mix of funding sources including but not limited to public and private grants, fees for services, and potential revenue-generating sub-leasing.

6. Tasks and Responsibilities

CONTRACTOR will be engaged in services Monday through Friday, from approximately 9:00 am to 5:00 pm, for a total of 40 hours per week. CONTRACTOR may also support occasional special events on weekends.

CONTRACTOR will attend monthly WPC Social and Clinical partner meetings conducted by Monterey County Health Department and held at 1270 Natividad Road, Salinas, California to stay informed of the activities of WPC partners.

CONTRACTOR will CONTINUE lease agreement for 2,240 square feet of ground floor space at 22 Soledad Street, Salinas, California 93901, for a minimum of five (5) years tenancy beginning in 2020. The CHE will occupy space designed with a lobby, intake area, treatment rooms, medical lab, classroom, and business offices. Functions will include health assessment, treatment, and referral; coordination with WPC case management teams (who will also occupy space within the CHE), patient/client referrals to comprehensive and specialty clinical care, behavioral health services, and substance use treatment, along with the current education programs and referrals to housing support/ placement services, and social services. CONTRACTOR will provide WPC Public Health Nurse Case Managers with a private office to use when working with enrollees and potential enrollees.

CONTRACTOR will conduct all functions at the Community Health Engagement facility in HIPAA compliance with the Standards for Privacy of Individually Identifiable Health Information, 45 Code of Federal

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Regulations (C.F.R.) Part 160 and Part 164, Subparts A and E as amended from time to time (the "Privacy Rule"), and with the Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C as amended from time to time (the "Security Rule"), under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act and its implementing regulations ("HITECH"). CONTRACTOR acknowledges that, pursuant to HITECH, 45 C.F.R. §§ 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), 164.316 (policies and procedures and documentation requirements) and 164.502 et. seq. apply to CONTRACTOR in the same manner that such sections apply to Covered Entity. The additional requirements of Title XIII of HITECH contained in Public Law 111-005 that relate to privacy and security and that are made applicable with respect to covered entities shall also be applicable to CONTRACTOR. CONTRACTOR shall be committed to complying with the California Confidentiality of Medical Information Act, Ca. Civil Code §§ 56 et seq. ("CMIA"), where applicable. CONTRACTOR acknowledges that the CMIA prohibits CONTRACTOR from further disclosing the Protected Health Information (PHI) it receives from Covered Entity where such disclosure would be violative of the CMIA. The Parties are also committed to complying with applicable requirements of the Red Flag Rules issued pursuant to the Fair and Accurate Credit Transactions Act of 2003 ("Red Flag Rules"). This Agreement sets forth the terms and conditions pursuant to which Protected Health Information (PHI), and, when applicable, Electronic Protected Health Information ("E PHI"), shall be handled. CONTRACTOR further acknowledge that state statutes or other laws or precedents may impose data breach notification or information security obligations, and it is their further intention that each shall comply with such laws as well as HITECH and HIPAA in the collection, handling, storage, and disclosure of personal data of patients or other personal identifying information exchanged or stored in connection with their relationship.

~~CONTRACTOR shall provide HIPAA, 45 CFR parts 160 and 2164, and 42 CFR Part 2 training to all staff with a refresher course annually.~~ Initial: _____ Date: _____ Initial: _____ Date _____

6. Reporting

- A. CONTRACTOR will provide monthly progress reports to the WPC program manager via email using a reporting form provided by County. Progress reports are due on or before 4 pm on the 10th of each month for the preceding month. If the date falls on the weekend, the progress report will be due on the following business day.
- B. ~~No personally identifiable information or protected health information shall be included in any reports, spreadsheets, emails, or other communication materials shared with any County departments, employees, staff, or agents.~~ CSUMB must provide a client-signed and dated WPC enrollment and consent to share for every client served by the CHE. A WPC Enrollment and Consent to Share form is attached as page 7 of this Exhibit A.

Initial: _____ Date: _____ Initial: _____ Date: _____



WHOLE PERSON CARE

M O N T E R E Y C O U N T Y

Physical Wellness • Behavioral Health • Social Services

Agreement to Receive Services funded through Whole Person Care
Complete and sign both sides and FAX to (831) 796-8511

I understand that if I am eligible and provide my consent by signing below, I may voluntarily participate in programs and services provided through Whole Person Care Pilot (WPC) funding.

I understand that housing supports include referrals and appointment setting for housing education, preparation, intake, counseling, and other supports to apply for permanent housing. I understand that social services include referrals and appointment setting with the Monterey County Department of Social Services to determine your eligibility for government supports. I understand that medical/mental health assessments, social supports, and treatment may be available to me through the organizations listed on the following page.

I understand that the services provided to me are confidential and that my privacy is protected under state and federal laws that limit how information about myself may be used. I understand that the WPC program routinely performs certain administrative activities, including review of outcomes and quality oversight by WPC administrative staff that oversees the management of the program.

I understand that I can immediately discontinue this program at any time, either verbally or in writing; if I do this in writing I can submit my revocation to Monterey County Health Department, WPC Program Manager, 1270 Natividad Road, Salinas, Ca 93906.

My signature below indicates that I have read and understand the information provided to me in this form.

Signature: _____ Date: _____
(enrollee or legal representative)

Print Name: _____

If signed by a person other than the enrollee, indicate relationship: _____

Unless revoked sooner, this authorization expires one year from the date of signature above.



WHOLE PERSON CARE

M O N T E R E Y C O U N T Y

Physical Wellness • Behavioral Health • Social Services

**Authorization to Use, Disclose, or Exchange
Limited Personally Identifiable Information**
Complete and sign both sides and FAX to (831) 796-8511

By voluntarily completing this document I authorize the use, disclosure, and exchange of my limited PERSONALLY IDENTIFIABLE INFORMATION for the purpose of participating in services funded through the Monterey County Health Department Whole Person Care Pilot (WPC) Program.

I understand that participation is dependent on my authorization of the use, disclosure, or exchange of my **first and last name, birthdate, and Medi-Cal Number**, as is required by the Department of Health Care Services, which is the WPC program funder.

I understand that I will receive a copy of this authorization form.

Name of enrollee: _____

Birth Date: _____ **Medi-Cal Number** _____

I hereby authorize Monterey County Whole Person Care Program to use, disclose, or exchange my legal name, birth date, and Medi-Cal number, as required by program funder, with the entities specifically named directly below:

• California Department of Health Care Services	• CHISPA Housing
• Housing Authority for Monterey County	• MidPen Housing
• Central California Center for Independent Living	• Community Health and Engagement Program
• Franciscan Workers of Junipero Serra	• Community Homeless Solutions

Signature: _____ **Date:** _____
(enrollee or legal representative)

Print Name: _____

If signed by a person other than the enrollee, indicate relationship: _____

Unless revoked sooner, this authorization expires one year from the date listed above.

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Exhibit B-1: Payment and Billing Provisions

1. Payment Type:

A. Cost reimbursement related to staffing, taxes, benefits, and ongoing operations will be paid on monthly invoices up to and including the month of December 2021, with a total not-to-exceed obligation of **\$419,580.00**.

2. **Payment Authorization for Services:** The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-1 is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

3. Payment Conditions:

A. In order to receive any payment under this Agreement, CONTRACTOR shall submit invoices in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health. Specifically, **all invoices must be accompanied by a general ledger report indicating all Salaries, Wages, and Fringe benefits, all Operating expenses including rentals, leases, supplies, and services, taxes, fees, and all Indirect Costs.**

B. CONTRACTOR shall submit monthly invoices on a Cost Reimbursement Invoice Form provided as Exhibit D, to this Agreement, along with backup documentation **specified in 3.A. above**, on a monthly basis. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

B. CONTRACTOR shall submit via email a monthly claim using Exhibit D, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to: Joe Ripley, RipleyJL@co.monterey.ca.us

C. CONTRACTOR shall submit all invoices for reimbursement under this Agreement within thirty calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations incurred" included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.

- D. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- E. COUNTY shall review and certify CONTRACTOR'S invoices either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement and shall then submit such certified invoice to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- F. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit an invoice for payment, or COUNTY may make corrective accounting transactions.
- G. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR'S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

Exhibit C-1: Budget and Maximum Obligation of the County**1. Monthly Budget**

Budget Category	Description	Monthly
PERSONNEL	Project Director: Kai Martinez (approx. 20% FTE) Maria Gurrola (approx. 13% FTE) Program Coordinator (25% FTE) Case Manager (100% FTE @ \$30/hr.) Case Manager (6 mo.) (50% FTE@ \$30/hr.) Case Manager (6 mo.) (50% FTE@ \$30/hr.) Office Manager (55% FTE) IT staff (40% FTE)	\$1,555.08 \$1,682.67 \$1,787.92 \$5,200.00 \$2,600.00 \$2,600.00 \$3,813.33 \$1,594.67
FRINGE BENEFITS	Varies by individual	\$8,283.17
SUPPLIES	Office and exam room supplies	\$989.83
OTHER	Medical Practice Software Utilities, telephone Flat Amount Biomedical waste management pick-up Computer maintenance and software Rent/common usage fee	\$416.67 \$670.00 \$600.00 \$275.00 \$1,232.00
	TOTAL DIRECT COSTS INDIRECT COSTS @ 5% TOTAL COSTS	\$33,300.00 \$1,665.00 \$34,965.00

2. Maximum Obligation of the County

Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$419,580.00** for services rendered under this Agreement.

Program Year (Jan to Dec)	# of Units	Billable per Month	Total PY
FY 20-21-- 21-22 (Jan-Dec)	12 months	\$34,965.00	\$ 419,580.00
TOTAL AGREEMENT MAXIMUM LIABILITY			\$ 419,580.00

If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

3. Billing and Payment Limitations

Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, and billing system data.

COUNTY and CONTRACTOR may allow for adjustments between Exhibit C-1: Budget and Maximum Obligation of the COUNTY budget category and line items that will achieve the AGREEMENT Exhibit A-1 Scope of Services/Payment Provisions based on current costs and needs,

4. Authority to Act for the County

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee."

Exhibit D: Cost Reimbursement Form

Example of Cost Reimbursement Form:

EXHIBIT D: CWC COST REIMBURSEMENT INVOICE FORM Monterey County Health Department, Administration Bureau						
		Invoice Number:				
Contractor:	University Corporation at Monterey Bay					
Address Line 1		County PO No:				
Address Line 2		Invoice Period:				
Tel. No.:						
Fax No.:						
Contract Term:	3/1/21 through 12/31/21		(Check if Yes)		<input type="checkbox"/>	
Service Description	Rates of Payment	Total Contract Amount FY	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% of Total Contract Amount
TOTALS						
<p>I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract claims that are maintained in our office at the services and claims represented in this invoice are available upon request.</p>						
Signature: _____		Date: _____				
Title: _____		Telephone: _____				
Email to: Joe Ripley, Finance Manager, at RipleyJL@co.monterey.ca.us		Authorization for Payment			_____	
		Authorized Signatory			Date	

NOTE: All invoices must be accompanied by a general ledger report indicating all Salaries, Wages, and Fringe benefits, all Operating expenses including rentals, leases, supplies, and services, taxes, fees, and all Indirect Costs.

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