

AMENDMENT No. 3 TO AGREEMENT A-11549

This Amendment No. 3 to Agreement A-11549 is made and entered into by and between the County of Monterey (hereinafter referred to as "COUNTY"), and Staff Care, Inc. (hereinafter referred to as "CONTRACTOR").

WHEREAS, the County and the Contractor have heretofore entered into Agreement A-11549 dated October 10, 2009 (Agreement); Amendment No. 1 dated April 6, 2011; and Amendment No. 2 dated July 12, 2011.

WHEREAS the County and the Contractor wish to amend the Agreement to extend the term date to allow for existing services to continue.

WHEREAS the County and the Contractor wish to amend the Agreement to increase the maximum agreement amount due to the term extension and rate increases for services rendered.

NOW THEREFORE, the County and the Contractor hereby agree to amend the agreement in the following manner:

1. Paragraph 3 of the original agreement is amended to read as follows: "TERM OF AGREEMENT. The term of this Agreement is from July 1, 2009 to June 30, 2015, unless sooner terminated pursuant to the terms of this Agreement."
2. AMENDMENT No. 2 to EXHIBIT A of Agreement A-11459 is replaced with AMENDMENT No. 3 to EXHIBIT A-3. All references in the Agreement to EXHIBIT A shall be construed to refer to AMENDMENT No. 3 to EXHIBIT A-3.
3. The effective date of this Amendment is July 1, 2012.
4. All other terms and conditions of Agreement A-11459 shall remain in full force and effect.
5. A copy of this Amendment and all previous amendments shall be attached to the original Agreement dated October 9, 2009.

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

MONTEREY COUNTY

Mike Derr, Contracts/Purchasing Officer

Dated: _____

Ray Bullick, Director of Health

Dated: _____

Approved as to Fiscal Provisions:

Gary Giboney, Auditor/Controller

Dated: 8-18-12

Approved as to Liability Provisions:

Steve Mauck, Risk Management

Dated: _____

Approved as to Form:

Stacy L. Saeetta, Deputy County Counsel

Dated: 5/17/12

Approved as to Content:

Wayne Clark, Behavioral Health Bureau Chief

Dated: _____

CONTRACTOR

By: _____
Signature of Chair, President, or Vice-President

Paul Estrada Regional VP
Printed Name and Title

Dated: 5/1/12

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

Brian Scott, CFO
Printed Name and Title

Dated: 5/4/12

*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.

Amendment #3 to Agreement A-11549, Staff Care, Inc.
TERM: 7/1/2009 to 6/30/2011, Effective 7/1/12

MAY 21 2012 ✓

**AMENDMENT No. 3 TO EXHIBIT A-3
SCOPE OF SERVICES
&
PART 2 - PAYMENT PROVISIONS**

I. IDENTIFICATION OF CONTRACTOR

Name: Staff Care, Inc.
Address: 5001 Statesman Drive, Irving, TX 75063
800-685-2272 x8541

II. SCOPE OF SERVICE

1. WHEREAS, CONTRACTOR shall provide a locum tenens psychiatrist who shall provide community mental health services in accordance with the requirements of the Bronzan-McCorquodale Act (California Welfare and Institutions Code § 5600, *et seq.*), Part 2.5 of Division 5 of the California Welfare & Institutions Code, and Titles 9 and 22 of the California Code of Regulations.
2. Subject to the terms and conditions of this Agreement, CONTRACTOR agrees to provide locum tenens to COUNTY in the following category:
 - Physician
 - Psychiatrist

III. SERVICES/OBJECTIVES BY CONTRACTOR

1. CONTRACTOR shall search, screen, and pre-qualify potential Provider (hereinafter referred to as "Provider") meeting job specifications provided by COUNTY.
2. CONTRACTOR shall fully inform COUNTY of Provider's qualifications and provide a copy of an up-to-date Curriculum Vitae to COUNTY for review, at all times.
3. CONTRACTOR shall process a Disciplinary Action report from the Federation of State Medical Boards for each Provider presented. COUNTY will be notified of any discrepancies or disciplinary actions against presented physician(s), at all times, at presentation and/or during the course of COUNTY work.
4. CONTRACTOR shall provide to COUNTY copy of current provider specific credentialing information as follows:
 - a) Professional Liability Insurance
 - b) California Medical License
 - c) National Provider Identifier (NPI)
 - d) Drug Enforcement Administration (DEA)
 - e) Board Certification Certificate (if applicable)
 - f) Driver's License
5. CONTRACTOR shall verify the Provider's Tuberculosis test and send updated results to COUNTY, within one (1) year of exam, at all times.

6. CONTRACTOR shall provide to COUNTY three (3) written references and two (2) facility verifications (current, within a two-year time frame) for the Provider at the time physician is referred to COUNTY, at all times.
7. CONTRACTOR shall conduct preliminary Provider's reference checks and State of California medical license verification and provide the results of all checks and verifications to COUNTY, upon COUNTY request.
8. CONTRACTOR shall process a full American Medical Association (AMA) Credentials Verification Report for each Provider presented to verify physician Curriculum Vitae (CV), upon COUNTY request.

IV. SERVICES/OBJECTIVES BY COUNTY

1. COUNTY shall provide CONTRACTOR an accurate practice description, upon CONTRACTOR request.
2. COUNTY shall provide CONTRACTOR background information regarding the work site, hospital and/or the community (which ever is applicable), upon CONTRACTOR request.
3. COUNTY shall be responsible for credential verification and privileging of hired applicants, at all times.

AMENDMENT No. 3 TO EXHIBIT A-3 – Part 2
Payment Provisions

I. PAYMENT PROVISIONS

A. PAYMENT TYPE

Negotiate Rate (NR) with rate established in contract.

B. PAYMENT CONDITIONS

1. In order to receive any payment under this Agreement, CONTRACTOR shall submit claims in such form as may be required by the County of Monterey, Department of Health, Behavioral Health Division. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Behavioral Health Division no later than the 30th day of the month following the month of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services.
2. If CONTRACTOR fails to submit claims for services provided under the term of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
3. COUNTY shall review and certify CONTRACTOR's claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The Auditor shall pay the claim in the amount certified by the COUNTY.
4. 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 20 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.
5. Either CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive reimbursement for travel, lodging, or meal expenses.

II. MAXIMUM LIABILITY

Subject to the limitation set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$450,000** for services authorized pursuant to this Exhibit.

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2009 to June 30, 2010	\$75,000
July 1, 2010 to June 30, 2011	\$75,000
July 1, 2011 to June 30, 2012	\$75,000
July 1, 2012 to June 30, 2013	\$75,000
July 1, 2013 to June 30, 2014	\$75,000
July 1, 2014 to June 30, 2015	\$75,000
TOTAL AGREEMENT MAXIMUM LIABILITY	\$450,000

AMENDMENT No. 3 EXHIBIT A-3 Part 2 - Payment Provisions		COVERAGE				CALL		HOLIDAY	OTHER	
		All Inclusive Daily Rate	Daily/Hourly Rate	Overtime/Premium Rate	Weeknight Call	Weekend Call	Administrative Services/Day		Reassignment (Permanent Placement) Fee	
STAFF CARE, Inc. locum Tenens Psychiatry Specialty	Psychiatry Inpatient	\$1,360.00	\$170.00	\$191.00	\$185.00	\$541.00	\$680.00	\$22.00	\$22,000	
	Psychiatry Outpatient	\$1,304.00	\$163.00	\$183.00	N/A	N/A	\$652.00	\$22.00	\$22,000	
	Psychiatry Child & Adolescent Inpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Psychiatry Child & Adolescent Outpatient	\$1,384.00	\$173.00	\$194.00	N/A	N/A	\$692.00	\$22.00	\$22,000	

*Neither CONTRACTOR nor PROVIDER assigned by CONTRACTOR shall receive separate reimbursement for travel, lodging, or meal expenses.

DEFINITIONS:

All Inclusive Rate:	Charged daily and defined as an 8-hour work day.
Overtime/Premium Hourly Rate:	Hourly overtime/premium rate after a 40-hour week.
Weeknight On-Call:	Charged nightly to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-call.
Weekend On-Call:	Charged by 24-hour period to have PROVIDER on-call. Overtime/premium hourly rate is charged for all hours of patient contact on-call.
24 Hour-Call:	Used for call-only assignments. Charged per 24-hour period. overtime/premium rate is charged for all hours of on-call patient contact in a 24-hour period.
Holidays:	A rate of one-half of the Daily Rate will be charged as a premium for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, or any holiday that is recognized by the COUNTY if PROVIDER remains in the assignment community, whether or not services are actually provided on those days. If PROVIDER is required to be on-call, COUNTY will pay the full Daily Rate for PROVIDER for each holiday. If PROVIDER has any patient contact or is required to report to COUNTY's facility on one of these holidays, COUNTY will pay the full Daily Rate for PROVIDER plus the Holiday Premium, which includes up to 4 hours of professional services. COUNTY will be charged at the overtime/premium Hourly Rate for all hours performed over 4 hours on any of these holidays.
Administrative Services:	The administrative service fee is applicable for each calendar day the PROVIDER delivers services through either patient contact or call availability and includes, but is not limited to, the following services: maintenance of medical malpractice insurance policy, referencing, verifying licensure, forwarding COUNTY's verification forms to third parties and continuous follow-up to ensure completed forms are returned to COUNTY in a timely manner, and coordinating travel itineraries.
Reassignment (Permanent Placement) Fee:	COUNTY agrees to pay CONTRACTOR a Reassignment Fee as indicated on payment provisions of Exhibit A for the reassignment of PROVIDER presented to COUNTY or any organization affiliated with COUNTY if such PROVIDER becomes a permanent employee of COUNTY or an affiliate of COUNTY within eighteen (18) months after such PROVIDER is presented to COUNTY or after PROVIDER ceases to provide services to COUNTY.