

**NAPA COUNTY AGREEMENT NO. 230094B  
AMENDMENT NO. 1**

**THIS AMENDMENT NO. 1 TO AGREEMENT NO. 230094B** is effective as of the \_\_\_\_ day of \_\_\_\_\_ 2024, by and between NAPA COUNTY, a political subdivision of the State of California, hereinafter referred to as “COUNTY” and **COMMUNITY HEALTH INITIATIVE NAPA COUNTY, INC.**, a California nonprofit corporation, whose address is 2140 Jefferson Street, Suite D, Napa, CA 94559, hereinafter referred to as “CONTRACTOR.” COUNTY and CONTRACTOR may be referred to below collectively as “Parties” and individually as “Party.”

**RECITALS**

**WHEREAS**, as of July 1, 2022, COUNTY and CONTRACTOR entered into Napa County Agreement No. 230094B (hereinafter referred to as “Agreement”) for CONTRACTOR to provide outreach activities to obtain information on behalf of clients who have applied or are re-applying for Medi-Cal; and

**WHEREAS**, as of the effective date of this Amendment No. 1, the Parties wish to amend the Agreement to increase the contract maximum payable to CONTRACTOR to reflect an increased State allocation; modify Section 3 of the Agreement’s Specific Terms and Conditions Section 3.1(l) to reflect an increase in federal funding; replace Exhibit A with Exhibit “A-1” (Scope of Work) to revise the description of services; and replace Exhibit B with Exhibit “B-1” (Compensation) to revise the Agreement’s budget and contract maximum.

**TERMS**

**NOW THEREFORE**, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, COUNTY and CONTRACTOR hereby amend the Agreement as follows:

1. The maximum amount of payment on Page 1 of the Agreement shall be **Two Hundred Thousand Dollars (\$200,00.00)**, reflecting an increase of **Twenty-Five Thousand Dollars (\$25,000.00)** provided however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and expenses actually incurred.

2. Specific Terms and Conditions 3.1(l) is modified to read as follows:

[ X] (l) Services have been determined by the Department Director that CONTRACTOR is a subrecipient or pass-through entity and is therefore required to meet all of the requirements found in 2 C.F.R. § 200.331. (General Terms and Conditions 2.40 applies.) COUNTY shall notify CONTRACTOR in accordance with General Terms and Conditions Paragraph 2.13 (Notices), of any change in designation as a subrecipient, and any subsequent increase to the amount of Federal funding CONTRACTOR shall receive under the terms of this Agreement. CONTRACTOR shall be bound thereby upon receipt of notice.

- Assistance Listing # 93.778 - \$100,000
3. Exhibit A is hereby replaced with “Exhibit A-1” attached hereto and incorporated by this reference as set forth herein, and all references in the Agreement to Exhibit “A” shall refer to “Exhibit A-1” commencing as of the effective date of this Amendment No. 1.
  4. Exhibit B is hereby replaced with “Exhibit B-1” attached hereto and incorporated by this reference as set forth herein, and all references in the Agreement to Exhibit “B” shall refer to “Exhibit B-1” commencing as of the effective date of this Amendment No. 1.
  5. Except as provided above, the terms and conditions of the Agreement shall remain in full force and effect as originally approved and last amended.

**[SIGNATURE PAGE TO FOLLOW]**

**IN WITNESS WHEREOF**, the Parties hereto have executed this Amendment No. 1 of Napa County Agreement No. 230094B as of the first date written above.

COMMUNITY HEALTH INITIATIVE NAPA  
COUNTY, INC.

By ELBA GONZALEZ-MARES,  
Executive Director

By Elizabeth Y. Healy  
ELIZABETH HEALY,  
Treasurer

“CONTRACTOR”

NAPA COUNTY, a political subdivision of  
the State of California

By \_\_\_\_\_  
JOELLE GALLAGHER,  
Chair of the Board of Supervisors

"COUNTY"

<p>APPROVED AS TO FORM Office of County Counsel</p> <p>By: <i>Jo Ann Iwasaki Parker</i> Deputy County Counsel Date: November 18, 2024</p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____ Processed By: _____ _____ Deputy Clerk of the Board</p>	<p>ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors</p> <p>By: _____</p>
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**EXHIBIT A-1**  
**SCOPE OF WORK**  
**Medi-Cal Application & Retention Assistance**  
**Upon Approval through June 30, 2025**  
**(and each subsequent automatic renewal)**

Community Health Initiative Napa County, Inc. (“CONTRACTOR”) shall provide Health and Human Services Agency (HHSA) Self Sufficiency Services Division (SSSD) (“COUNTY”) with the following services:

**1. Goal**

To improve the health of low-income individuals residing in Napa County by improving access to health care services through enrollment and retention.

**2. Number of unduplicated households to be served**

9,000

**3. Target Population**

Napa County residents receiving Medi-Cal or potentially eligible to Medi-Cal. Individuals will be referred to CONTRACTOR by COUNTY staff.

**4. Services to be provided**

**Enrollment:** CONTRACTOR will assist applicants with the completion of the Medi-Cal application (either electronically, over the phone, or through paper applications) and contact applicants who were referred to CONTRACTOR from COUNTY staff who have documentation pending.

**Retention:** CONTRACTOR will contact Medi-Cal beneficiaries at the following times to engage individuals and provide information and education regarding how to maintain Medi-Cal benefits, if eligible.

- Annual renewal, via a monthly list;
- When a client reports a change is reported, and any time additional information is requested by COUNTY staff;
- When a beneficiary is losing Modified Adjusted Gross Income (MAGI) Medi-Cal or Advanced Premium Tax Credit (APTC) due to the receipt of Medicare as referred by COUNTY (via quarterly “turning 65” list) or whenever a Medi-Cal applicant or recipient requests assistance with Medicare enrollment; and
- Prior to or after discontinuance to encourage individuals to regain eligibility within the ninety (90) day cure period, via a monthly list.

CONTRACTOR will verify contact information, including address and phone number, of those individuals they contact.

CONTRACTOR will provide applicants and beneficiaries with information and assistance related to BenefitsCal, including how to apply, renew, report changes, and upload documents as it relates to the customers circumstances.

CONTRACTOR will provide services over the phone and on-site at the following locations:

- HHSA South Campus, 2751 Napa Valley Corporate Drive, Napa, CA 94558 – Two (2) days per week
- American Canyon, 4381 Broadway Street, Suite 101, American Canyon, CA 94503 – One (1) day per week
- Comprehensive Services for Older Adults (CSOA), 650 Imperial Way, Napa CA 94559 – Four (4) days a week
- CHI Office, 2140 Jefferson Street, Suite D, Napa, CA 94559 – Three (3) days a week, limited to the following assistance:
  - Covered California enrollment and plan selection; and
  - Medicare enrollment and plan selection.

Days and locations can be changed if mutually agreed upon by both parties.

## **5. Roles and Responsibilities**

### **CONTRACTOR**

**Reporting:** CONTRACTOR will provide reports to COUNTY within ten (10) days after the end of each month to include number of customers reached out to, and number of successful contacts made for both enrollment and retention services. For services rendered at the CHI office, reports to include for each customer served: date of referral, type of services provided, who customer was referred by, and date service provided.

**Meetings:** CONTRACTOR will participate in quarterly or as needed meetings with COUNTY staff to discuss the progress and participation of activities.

**Compliance:** CONTRACTOR will agree to and participate in site review and/or contract compliance visits with designated COUNTY staff.

**Personally Identifiable Information:** CONTRACTOR will ensure compliance with COUNTY Personally Identifiable Information (PII) policies.

- CONTRACTOR staff will have limited access to the department's automated public assistance system (CalSAWS) to be able to look up case information and document contacts while located at HHSA sites.

- CONTRACTOR staff who have access to CalSAWS will be held to the same standards as COUNTY staff and will attend all mandated compliance and privacy trainings.
- CONTRACTOR will ensure information regarding any client will not leave SSSD and all PII will be locked up at night. CONTRACTOR will ensure that staff will only access information on households referred to them by COUNTY and only information that is needed to conduct business on behalf of this agreement. CONTRACTOR staff shall not access information for any other customer that is not referred directly by COUNTY. Accessing information should be done within the timeframe for the activity. Example: If calls for January renewals are being conducted in December and a report is sent to SSSD by January 10<sup>th</sup>, cases on the lists should not be accessed after January 10<sup>th</sup>.

**Other:**

- Provide culturally appropriate services to the population served.
- Conduct ongoing training, supervision, and quality assurance to ensure consistency and compliance with COUNTY procedures and Medi-Cal regulations.
- Hire and train staff with the skills and experience necessary to provide Medi-Cal outreach, enrollment, and retention services.

**COUNTY**

COUNTY will be responsible for providing CONTRACTOR with all applicable policies and procedures, mandated trainings, and provide necessary access.

COUNTY will provide CONTRACTOR with the referral list of customers who have documentation pending for Medi-Cal applications.

COUNTY will provide CONTRACTOR with a monthly list of recipients who have annual renewals to contact and provide information on how to maintain Medi-Cal benefits.

**EXHIBIT B-1**  
**COMPENSATION**  
**Medi-Cal Application & Retention Assistance**  
**Upon Approval through June 30, 2025**  
**(and each subsequent automatic renewal)**

Payment shall be made after the submission of an original invoice that includes copies of appropriate back-up documentation as required.

CONTRACTOR shall submit invoices **within thirty (30) days** of the end of each month.

<b>PROGRAM EXPENSES</b>	<b>FTE</b>	<b>BUDGET</b>
<b>Personnel Staff</b>		
Executive Director	0.03	\$5,500
Health Services Manager	0.15	\$12,000
Health Access Assistors	2.00	\$115,322
Benefits		\$39,846
<b>Total Personnel Expenses</b>	<b>2.18</b>	<b>\$172,669</b>
<b>Non-Personnel – Direct Costs</b>		
Rent and Utilities		\$1,244
<b>Total Direct Costs</b>		<b>\$1,244</b>
<b>Non-Personnel – Indirect Costs</b>		
Indirect		\$26,086
<b>Total Indirect Costs</b>		<b>\$26,087</b>
<b>Total Personnel Expenses</b>		\$172,669
<b>Total Direct Costs</b>		\$1,244
<b>Total Indirect Costs @ 15%</b>		\$26,087
<b>TOTAL BUDGET</b>		<b>\$200,000</b>

Funding for subsequent fiscal years is based on a State allocation that varies from year to year. CONTRACTOR understands that the contract maximum will be adjusted annually accordingly, through written amendment, and that future performance shall be contingent upon receipt of

sufficient State funds for subsequent fiscal years.

With the written approval of the Director of COUNTY's Health and Human Services Agency or designee, CONTRACTOR may modify the maximum amount of individual budget items in its final approved budget. The dollar amount of any individual budget item may be reduced without limitation, provided the total dollar amount for all budget items shall remain unchanged, such changes in the budget shall not add a new type of service to the program description, and the administrative cost line item shall remain unchanged. Such changes shall not be effective unless and until notice of consent by Health and Human Services Agency has been given to CONTRACTOR in writing.