



**AMENDMENT NO. 13
TO
CONTRACT NO. MA-042-20011019
FOR
HIV Care Services**

This Amendment ("Amendment No. 13") to Contract No. MA-042-20011019 for HIV Care Services is made and entered into on November 19, 2024 ("Effective Date") between «SUBRECIPIENT_NAME» «SUBRECIPIENT_DBA», «CORP_STATUS» ("Subrecipient"), and the County of Orange, a political subdivision of the State of California ("County"), through its Health Care Agency, with a place of business at 405 W. 5th St., Ste. 600, Santa Ana, CA 92701. Subrecipient and County may sometimes be referred to individually as "Party" or collectively as "Parties."

RECITALS

WHEREAS, the Parties executed Contract No. MA-042-20011019 for HIV Care Services, effective March 1, 2020, through February 28, 2023, in an amount not to exceed \$10,198,908, renewable for two additional one-year periods ("Contract"); and

WHEREAS, on March 1, 2020, the Parties executed Amendment No. 1 to amend Exhibit B of the Contract to revise the budget allocation; and

WHEREAS, on April 15, 2020, County received a notification of award for Ryan White HIV/AIDS Program Part A/Minority AIDS Initiative (MAI) HIV Emergency Relief Grant from the Health Resources and Services Administration (HRSA); and

WHEREAS, on May 13, 2020, the Parties executed Amendment No. 2 to decrease the Period One Aggregate Maximum Obligation, Period Two Aggregate Maximum Obligation and Period Three Aggregate Maximum Obligation each by \$255,541 from \$3,399,636 to \$3,144,095, for a revised total aggregate maximum obligation of \$9,432,285, and to amend Exhibit B of the Contract to reflect this decrease; and

WHEREAS, on October 14, 2020, the Parties executed Amendment No. 3 to decrease the Period One Aggregate Maximum Obligation by \$63,634 from \$3,144,095 to \$3,080,461, for a revised total aggregate maximum obligation of \$9,368,651, and to amend Exhibit B of the Contract to reflect this decrease; and

WHEREAS, on January 13, 2021, the Parties executed Amendment No. 4 to decrease the Period One Aggregate Maximum Obligation by \$257,182 from \$3,080,461 to \$2,823,279, for a revised total aggregate maximum obligation of \$9,111,469, and to amend Exhibit B of the Contract to reflect this decrease; and

WHEREAS, on July 1, 2021, the Parties executed Amendment No. 5 to decrease the Period Two Aggregate Maximum Obligation by \$96,220 from \$3,144,095 to \$3,047,875, for a revised total aggregate maximum obligation of \$9,015,249, to amend Exhibit B of the Contract to reflect this decrease, and to amend Exhibit A of the Contract to revise the Identification of Services; and

WHEREAS, on December 1, 2021, the Parties executed Amendment No. 6 to increase the Period Two Aggregate Maximum Obligation by \$21,297 from \$3,047,875 to \$3,069,172, for a revised total aggregate maximum obligation of \$9,036,546, and to amend Exhibit B of the Contract to reflect this increase and changes in payments and Mental Health Services; and

WHEREAS, due to Ryan White reporting requirements, on February 28, 2022, the Parties executed Amendment No. 7 to amend Exhibit B of the Contract to change the Payments structure to allow for year-end supplemental payments based on actual costs reported for all services provided in addition to the negotiated fee-for-service rates; and

WHEREAS, on March 1, 2022, the Parties executed Amendment No. 8 to increase the Period Three Aggregate Maximum Obligation by \$85,187 from \$3,144,095 to \$3,229,282, for a revised total aggregate maximum obligation of \$9,121,733, and to replace Exhibit A, Exhibit B, and Exhibit C in their entirety; and

WHEREAS, on October 18, 2022, the Parties executed Amendment No. 9 to increase the Period Three Aggregate Maximum Obligation by \$258,780, from \$3,229,282 to \$3,488,062, for a revised total aggregate maximum obligation of \$9,380,513, and to amend Exhibit A of the Contract to reflect the increase; and

WHEREAS, on March 1, 2023, the Parties executed Amendment No. 10 to renew the Contract for two years, effective March 1, 2023 through February 28, 2025, in an aggregate maximum obligation of \$6,976,124, for a revised total aggregate maximum obligation of \$16,356,637, and to amend Paragraph VII., Paragraph XVIII., and Exhibit A of the Contract; and

WHEREAS, on August 8, 2023, the Parties executed Amendment No. 11 to increase the Period Four Aggregate Maximum Obligation by \$126,218 from \$3,488,062 to \$3,614,280, for a revised total aggregate maximum obligation of \$16,482,855, and to amend Exhibit A of the Contract to reflect the increase; and

WHEREAS, on September 1, 2024, the Parties executed Amendment No. 12 to add administrative language in accordance with Federal Uniform Guidance requirements; and

WHEREAS, the Parties now desire to enter into this Amendment No. 13 to increase the Period Five Aggregate Maximum Obligation by \$341,604, and to amend Exhibit A of the Contract to reflect the increase; and

NOW THEREFORE, Subrecipient and County agree to amend the Contract as follows:

- 1) All references in the Contract to "Aggregate Maximum Obligation" shall be deleted and replaced with "Aggregate Amount Not to Exceed".
- 2) The Contract's Period Five Aggregate Amount Not to Exceed is increased by \$341,604 from \$3,488,062 to \$3,829,666, for a revised total aggregate maximum obligation of \$16,824,459.
- 3) Referenced Contract Provisions, Aggregate Amount Not to Exceed provision, of the Contract is deleted in its entirety and replaced with the following:

"Aggregate Amount No to Exceed

| | |
|--|--------------|
| Period One Aggregate Amount Not to Exceed: | \$ 2,823,279 |
| Period Two Aggregate Amount Not to Exceed: | 3,069,172 |

| | |
|--|------------------------|
| Period Three Aggregate Amount Not to Exceed: | 3,488,062 |
| Period Four Aggregate Amount Not to Exceed: | 3,614,280 |
| Period Five Aggregate Amount Not to Exceed: | 3,829,666 |
| TOTAL AGGREGATE AMOUNT NOT TO EXCEED: | <u>\$ 16,824,459 "</u> |

4) Exhibit A, Paragraph II. Budget, Subparagraph A., of the Contract is deleted in its entirety and replaced with the following:

“A. The following Budget is set forth for informational purposes only, and may be adjusted by mutual agreement, in writing, by SUBRECIPIENT and ADMINISTRATOR.

1. Case Management (Linkage to Care)

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

2. Case Management (Medical Retention) - Ryan White

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

3. Case Management (Medical Retention) – HOPWA

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |

| | |
|-----------------------|--------------|
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

4. **MAI Case Management (Linkage to Care)**

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

5. **MAI Case Management (Medical Retention) - Ryan White**

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

6. **MAI Case Management (Medical Retention) – HOPWA**

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |

| | |
|-----------------------|--------------|
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

7. Case Management (Non-Medical Client Support)

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |

| | |
|-----------------------|--------------|
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

8. Referral for Healthcare (Client Advocacy)

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |

| | |
|-----------------------|--------------|
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

9. Referral for Healthcare (Benefits Counseling)

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |

| | |
|---------------|------------|
| PROGRAM COSTS | |
| Salaries | «SALARIES» |

| | |
|-----------------------|--------------|
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

10. Referral for Healthcare (Eligibility Screening)

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

11. Health Insurance Premium/Cost Sharing

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

12. EFA - Medications

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |

| | |
|-----------------------|--------------|
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

13. Home and Community Based Health Services

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

14. Medical Nutrition Therapy

| | |
|-----------------------|--------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| TOTAL COST | «TOTAL COST» |

15. Food Order - Core (Ryan White)

| | |
|-----------------------|------------|
| ADMINISTRATIVE COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |
| Services and Supplies | «S&S» |
| SUBTOTAL | «SUBTOTAL» |
| PROGRAM COSTS | |
| Salaries | «SALARIES» |
| Benefits | «BENEFITS» |

| | | |
|---|-----------------------|--------------|
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 16. Food Order - Core (HOPWA) | | |
| | ADMINISTRATIVE COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 17. Food Bank - Support (Ryan White) | | |
| | ADMINISTRATIVE COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 18. Food Bank - Support (HOPWA) | | |
| | ADMINISTRATIVE COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |

| | | |
|---|--------------------------|--------------|
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 19. Nutritional Supplements | | |
| | ADMINISTRATIVE COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 20. Home Delivered Meals - Fee-for-Service | | |
| | PROGRAM COSTS | |
| | Home Delivered Meals | «MEALS» |
| | TOTAL COST | «TOTAL COST» |
| 21. Mental Health - Fee-for-Service (Ryan White) | | |
| | PROGRAM COSTS | |
| | Mental Health Counseling | «COUNSELING» |
| | TOTAL COST | «TOTAL COST» |
| 22. Mental Health - Fee-for-Service (EHE) | | |
| | PROGRAM COSTS | |
| | Mental Health Counseling | «COUNSELING» |
| | TOTAL COST | «TOTAL COST» |
| 23. Medical Transportation | | |
| | ADMINISTRATIVE COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM COSTS | |
| | Salaries | «SALARIES» |
| | Benefits | «BENEFITS» |
| | Services and Supplies | «S&S» |

| | | |
|-----|------------|-----------------|
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL COST | «TOTAL COST» |
| 24. | TOTAL | «TOTAL BUDGET»" |

5) Exhibit A, Paragraph II. Budget, Subparagraph F.1., of the Contract is deleted in its entirety and replaced with the following:

CFDA Year: 2023-2025
 CFDA No: 93-914
 FAIN No.: H8900019
 Program Title: HIV Emergency Relief Project Grants (B)
 Federal Agency: Department of Health and Human Services
 Award Name: HIV Emergency Relief Projects Grants (B) (Ryan White Part A)
 Indirect Rate: California Department of Public Health Approved Indirect Cost Rate 20.717%
 Amount: \$ 5,989,088 (estimated)
 R&D Award: No

CFDA Year: 2024-2025
 CFDA No.: 14.242
 FAIN No.: CAH24-F010
 Program Title: Housing Opportunities for Persons with AIDS (indirect)
 Federal Agency: Department of Housing and Urban Development
 Award Name: Housing Opportunities for Persons with AIDS (indirect)
 Indirect Rate: California Department of Public Health Approved Indirect Cost Rate 20.717%
 Amount: \$806,662 (estimated)
 R&D Award: No

CFDA Year: 2023-2025
 CFDA No.: 93.686
 FAIN: 1 UT8HA33953-01-00
 Program Title: Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
 Federal Agency: Department of Health and Human Services
 Award Name: Ending the HIV Epidemic
 Indirect Rate: California Department of Public Health Approved Indirect Cost Rate 20.717%
 Amount: \$340,748 (estimated)
 R&D Award: No”

6) Exhibit A, Paragraph VIII. Staffing, Subparagraph C., of the Contract is deleted in its entirety and replaced with the following:

“C. STAFFING LEVELS – SUBRECIPIENT shall, at minimum, provide the following staff expressed in FTEs, which shall be equal to an average of forty (40) hours worked per week per Period.

| | |
|--|---|
| <p>1. Case Management (Linkage to Care) ADMINISTRATIVE STAFF SUBTOTAL</p> <p>PROGRAM STAFF SUBTOTAL</p> <p>TOTAL FTEs</p> | <p>«FTEs» «SUBTOTAL»</p> <p>«FTEs» «SUBTOTAL»</p> <p>«TOTAL FTEs»</p> |
| <p>2. Case Management (Medical Retention) - Ryan White ADMINISTRATIVE STAFF SUBTOTAL</p> <p>PROGRAM STAFF SUBTOTAL</p> <p>TOTAL FTEs</p> | <p>«FTEs» «SUBTOTAL»</p> <p>«FTEs» «SUBTOTAL»</p> <p>«TOTAL FTEs»</p> |
| <p>3. Case Management (Medical Retention) - HOPWA ADMINISTRATIVE STAFF SUBTOTAL</p> <p>PROGRAM STAFF SUBTOTAL</p> <p>TOTAL FTEs</p> | <p>«FTEs» «SUBTOTAL»</p> <p>«FTEs» «SUBTOTAL»</p> <p>«TOTAL FTEs»</p> |
| <p>4. MAI Case Management (Linkage to Care) ADMINISTRATIVE STAFF SUBTOTAL</p> <p>PROGRAM STAFF SUBTOTAL</p> <p>TOTAL FTEs</p> | <p>«FTEs» «SUBTOTAL»</p> <p>«FTEs» «SUBTOTAL»</p> <p>«TOTAL FTEs»</p> |
| <p>5. MAI Case Management (Medical Retention) - Ryan White ADMINISTRATIVE STAFF SUBTOTAL</p> <p>PROGRAM STAFF SUBTOTAL</p> <p>TOTAL FTEs</p> | <p>«FTEs» «SUBTOTAL»</p> <p>«FTEs» «SUBTOTAL»</p> <p>«TOTAL FTEs»</p> |
| <p>6. MAI Case Management (Medical Retention) - HOPWA ADMINISTRATIVE STAFF</p> | <p>«FTEs»</p> |

| | | |
|--|----------------------|--------------|
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 7. Case Management (Non-Medical Client Support) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 8. Referral for Healthcare (Client Advocacy) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 9. Referral for Healthcare (Benefits Counseling) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 10. Referral for Healthcare (Eligibility Screening) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 11. Health Insurance Premium/Cost Sharing | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |

| | | |
|---|----------------------|--------------|
| | TOTAL FTEs | «TOTAL FTEs» |
| 12. EFA - Medications | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 13. Home and Community Based Health Services | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 14. Medical Nutrition Therapy | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 15. Food Order - Core (Ryan White) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 16. Food Order - Core (HOPWA) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |

| | | |
|---|----------------------|---------------|
| 17. Food Bank - Support (Ryan White) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 18. Food Bank - Support (HOPWA) | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 19. Nutritional Supplements | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs» |
| 20 Medical Transportation | | |
| | ADMINISTRATIVE STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | PROGRAM STAFF | «FTEs» |
| | SUBTOTAL | «SUBTOTAL» |
| | TOTAL FTEs | «TOTAL FTEs»” |

7) Exhibit A, Paragraph IX. Units of Service, of the Contract is deleted in its entirety and replaced with the following:

"IX. UNITS OF SERVICE

A. SUBRECIPIENT shall, at a minimum, provide the following units of service:

1. Case Management (Linkage to Care)

| | |
|------------------------------|---------------|
| 15-min Face-to-Face Contacts | «FF-UNITS» |
| 15-min Service Coordination | «COORD-UNITS» |
| Unduplicated Clients | «CLIENTS» |

- 2. **Case Management (Medical Retention) - Ryan White**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 3. **Case Management (Medical Retention) - HOPWA**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 4. **MAI Case Management (Linkage to Care)**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 5. **MAI Case Management (Medical Retention) - Ryan White**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 6. **MAI Case Management (Medical Retention) - HOPWA**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 7. **Case Management (Non-Medical Client Support)**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 8. **Referral for Healthcare (Client Advocacy)**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - 15-min Service Coordination - Other Agency «COORD-OTHER»
 - Unduplicated Clients «CLIENTS»

- 9. **Referral for Healthcare (Benefits Counseling)**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 10. **Referral for Healthcare (Eligibility Screening)**
 - 15-min Face-to-Face Contacts «FF-UNITS»
 - 15-min Service Coordination «COORD-UNITS»
 - Unduplicated Clients «CLIENTS»

- 11. **Health Insurance Premium/Cost Sharing**
 Insurance Premium - One Payment «IP-UNITS»
 Unduplicated Clients - Ins. Premium «CLIENTS-PREMIUM»
 Medical/Dental Co - Payments «MH CO-PAYS»
 Unduplicated Clients – Medical/Dental Co-Pays «CLIENTS-COPAYS»

- 12. **EFA – Medications**
 Medication Payments - One Payment «UNITS»
 Unduplicated Clients - EFA Medications «UNITS»

- 13. **Home and Community Based Health Services**
 Home Health Aid Worker - 15 min «HHA UNITS»
 Unduplicated Clients «HHA CLIENTS»
 Durable Medical Equipment (DME) «DME UNITS»
 Unduplicated Clients «DME CLIENTS»

- 14. **Medical Nutrition Therapy**
 Face-to-Face Contacts «FF-UNITS»
 Service Coordination «COORD-UNITS»
 Unduplicated Clients «CLIENTS»

- 15. **Food Order - Core (Ryan White)**
 Food Orders «CORE UNITS»
 Unduplicated Clients «CLIENTS»

- 16. **Food Order - Core (HOPWA)**
 Food Orders «CORE UNITS»
 Unduplicated Clients «CLIENTS»

- 17. **Food Bank - Support (Ryan White)**
 Food Support «SUPPORT UNITS»
 Unduplicated Clients «CLIENTS»

- 18. **Food Bank - Support (HOPWA)**
 Food Support «SUPPORT UNITS»
 Unduplicated Clients «CLIENTS»

- 19. **Nutritional Supplements**
 30 Cans or 30-day supply of Supplements «SUPPLEMENT UNITS»
 Unduplicated Clients «CLIENTS»

- 20. **Home Delivered Meals - Fee-for-Service**
 Home Delivered Meals «UNITS»
 Unduplicated Clients «CLIENTS»

21. Mental Health - Fee-for-Service (Ryan White)

- 15-min Face-to-Face Initial Assessment «UNITS»
- Unduplicated Clients «CLIENTS»
- 15-min Face-to-Face Individual Counseling «UNITS»
- Unduplicated Clients «CLIENTS»
- 15-min Face-to-Face Group Counseling «UNITS»
- Unduplicated Clients «CLIENTS»
- 60-min Psychological Assessment «UNITS»
- Unduplicated Clients «CLIENTS»

22. Mental Health - Fee-for-Service (EHE)

- 15-min Face-to-Face Initial Assessment «UNITS»
- Unduplicated Clients «CLIENTS»
- 15-min Face-to-Face Individual Counseling «UNITS»
- Unduplicated Clients «CLIENTS»
- 15-min Face-to-Face Group Counseling «UNITS»
- Unduplicated Clients «CLIENTS»
- 60-min Psychological Assessment «UNITS»
- Unduplicated Clients «CLIENTS»

23. Medical Transportation

- Reduced Fare One-Day Bus Pass «UNITS»
- Regular Fare One-Day Bus Pass «UNITS»
- Reduced Fare 30-Day Bus Pass «UNITS»
- Regular Fare 30-Day Bus Pass «UNITS»
- Unduplicated Clients – Bus Pass «CLIENTS»
- ACCESS Services «UNITS»
- Unduplicated Clients - ACCESS «CLIENTS»
- Ride-Shares «UNITS»
- Unduplicated Clients - Rideshares «CLIENTS»

B. SUBRECIPIENT and ADMINISTRATOR may mutually agree, in writing, to modify the Units of Service Paragraph in this Exhibit A to the Agreement.”

This Amendment No. 13 modifies the Contract, including all previous amendments, only as expressly set forth herein. Wherever there is a conflict in the terms or conditions between this Amendment No. 13 and the Contract, including all previous amendments, the terms and conditions of this Amendment No. 13 prevail. In all other respects, the terms and conditions of the Contract, including all previous amendments, not specifically changed by this Amendment No. 13, remain in full force and effect.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Amendment No. 13. If Subrecipient is a corporation, Subrecipient shall provide two signatures as follows: 1) the first signature must be either the Chairman of the Board, the President, or any Vice President; 2) the second signature must be either the Secretary, an Assistant Secretary, the Chief Financial Officer, or any Assistant Treasurer. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution or by-laws demonstrating the legal authority of the signature to bind the company.

«SUBRECIPIENT_NAME» «SUBRECIPIENT_DBA»

BY: _____ DATED: _____

TITLE: _____

BY: _____ DATED: _____

TITLE: _____

COUNTY OF ORANGE

BY: _____ DATED: _____

HEALTH CARE AGENCY

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL
ORANGE COUNTY, CALIFORNIA

Signed by:

BY: _____
71CFE638662E411...
DEPUTY

DATED: 10/15/2024
