

Redline Summary to Attachment A

Original Agreement: Standard Agreement 08-85076 with the California Department of Public Health

Board Meeting

Date Approved: 7/29/08, 04/20/10 – A01

An editable file of the above-mentioned agreement is not available. The following is a summary of contract changes to the agreement that are incorporated into the proposed agreement of ASR #12-000109

- **Provision 2 on the Face Sheet**

Delete: The term of this Agreement is: June 1, 2008 through September 30, 2011

Add: The term of this Agreement is: June 1, 2011 through September 30, 2014

- **Provision 3 on the Face Sheet**

Delete: The maximum amount of this Agreement is: \$2,830,613
Two Million Eight Hundred Thirty Thousand Six Hundred Thirteen Dollars

Add: The maximum amount Agreement after this amendment is: \$2,503,220
Two Million Five Hundred Three Thousand Two Hundred Twenty-Two Dollars

- **Provision 4 on the Face Sheet**

Add:

Exhibit H – Contractor Equipment Purchased with CDPH Funds	2 Pages
Exhibit I – Inventory/Disposition of CDPH-Funded Equipment	2 Pages
Exhibit J – Glossary of CLPPB Related Acronyms and Terms	4 Pages

- **Exhibit A, Page 2 of 18, Provision 5 - 8**

Add:

5. Scope of Work Changes

- A. Pursuant to Health and Safety code Section 38077(b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the "allowable cost payment system", may be proposed by the Contractor in writing. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.
- B. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the date the request is first received in the Department. Should the State fail to respond to the Contractor's request within 30 calendar days of receipt, the Contractor's request shall be deemed approved.
- C. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.
- D. No changes to the Scope of Work agreed to pursuant to this paragraph shall take effect Until the cooperative agreement is amended and the amendment is approved as required by law and this agreement

6. Required Deliverables for Program Review and Evaluation

- A. The Contractor will submit as deliverables to the Childhood Lead Poisoning Prevention Branch the following documents:
 - 1) Biannual Progress Reports using the CLPPB Progress Report format.
 - 2) Quarterly invoices as outlined in Exhibit B, Provision 1, page 1 of 4.
 - 3) Status report, case management information, and other contract-related information as requested by CLPPB for program review.

7. Subcontracts Requirements

No subcontracts requirements.

8. See the following pages for a detailed description of the services to be performed.

- **Exhibit A, Page 3 of 18, Objective 1 – I.**

Add:

- H. Assure that required CLPPP documentation is submitted in a timely manner and according to CLPPB requirements including, but not limited to, case management forms and documents, and bi-annual CLPPP Progress Reports.

Delete:

- H. Submit semi-annual CLPPP progress reports according to CLPPB requirements.

- **Exhibit A, Page 4 of 18, Objective 2 – I. Provision #1 Letter B**

Add:

... Activities should be appropriate for the jurisdiction. The breadth and extent of the activities should be proportional to the applicant's resources.

Activities should primarily focus on children and families targeted by California's most current blood lead screening regulations. In its application, the CLPPP may propose activities for other children and families, if resources permit or if a high risk is demonstrated.

Delete:

NOTE: As a group, children eligible for or enrolled in government-assisted health care programs are known to be at high risk of lead exposure and poisoning. These children are more likely to live or spend time in older housing with deteriorating, lead-based paint or lead-contaminated dust and soil. In its application, the CLPPP may propose activities for other children, if resources permit or if a high risk is demonstrated.

- **Exhibit A, Page 4 of 18, Objective 2 – I. Provision #1 Letter F**

Delete:

f. Local Health Jurisdictions are encouraged to collaborate with other health programs and with environmental or housing programs, to maximize resources and populations reached.

- **Exhibit A, Page 11 of 18, Objective 4 – I. Provision #1**

Add:

d. Assure that when notified of a lead-exposed child with a single blood lead level of 15-19 mcg/dL, that these children receive appropriate follow-up blood lead testing.

e. Assure that children meeting CLPPB case criteria receive appropriate case management as delineated in the PHN Manual and updates.

f. Assure that children meeting case criteria whose blood lead levels do not decline as expected receive appropriate follow-up including repeat home visits and targeted environmental investigations including secondary addresses if indicated

g. Assure that children with elevated blood lead levels, but not meeting the criteria for full case management, receive appropriate services as delineated in CLPPB Program letters.

h. Assure that the CLPPB is notified if a child is found to have been designated as a "case" in error, or on follow-up does not achieve "case" status.

i. Assure that CLPPB is notified if a child identified as a "case", or with a single blood lead level of 15-19 mcg/dL, has been designated in error as residing in your jurisdiction but actually lives elsewhere or has moved before case management or follow up is started.

- j. Assure that, when a lead-poisoned child moves out of the jurisdiction, case management is coordinated with other CLPPPs as described in the PHN Manual.
- k. Assure that follow-up information is provided to the primary care physician on case management and status.
- l. Submit Follow-up Forms and related documentation to CLPPB in a timely fashion, as specified in the PHN Manual and in CLPPB Program Letters. CLPPPs with write capability are to enter case data into RASSCLE II as per objective 6-1.
- m. Assure that if the child receives services through a government-assisted health care program (Medi-Cal, CHOP, Healthy Families or local plan), that program is notified of the elevated blood lead level as soon as possible on a case-by-case basis.
- n. Assure that if there are significant changes in the status of a case, that an updated Lead Poisoning Follow-Up Form is submitted to the CLPPB in a timely manner. Significant changes would include chelation and updated source information.
- o. Assure that if the child is eligible for, but does not receive services through, a government-assisted health care or nutrition program (Medi-Cal, CHOP, Healthy Families or local plan, and WIC) the family is advised of the availability of such services.
- p. Assure that a lead-poisoning case is referred to California Children's Services for determination of eligibility and medical case management, as appropriate.
- q. Assure that, if take-home lead exposure is suspected as the source of the child's elevated blood lead level, the PHN will contact the California Occupational Lead Poisoning Prevention Program, as per the PHN Manual.
- r. Review and reconcile the list from the State database of open and closed lead poisoning cases for the Local Health Jurisdiction as requested.
- s. If the applicant is or applies to be a participant in the X-Ray Florescent (XRF) Instrument Loan Program, the applicant shall participate fully in that program, as specified in CLPPB Program Letters and the Guidance Manual for Environmental Professionals 2005 and updates, including monthly submittal of XRF print-outs for quality assurance.
- t. CLPPPs are encouraged to partner with non-governmental organizations (such as community groups) to enhance education on lead and prevent further lead exposure, particularly in children whose blood lead levels do not reach CLPPB case definition.
- u. Case records shall be retained and handled according to CLPPB requirements, including those set forth in program letters and the contract.
- v. The Local Health Jurisdiction is encouraged to add additional activities to support this objective for other lead-exposed children, as resources allow.

Delete:

- d. Assure that the CLPPB is notified, if a child is found to have been designated as a "case" in error or on follow-up, does not achieve "case" status.
- e. Assure that if the child receives services through a government assisted health care program (Medi-Cal, CHDP, Healthy Families or local plan), that program is notified of the elevated blood lead level as soon as possible on a case-by-case basis.

- f. Assure that if the child is eligible for, but does not receive services through, a government-assisted health care or nutrition program (MediCal, CHDP, Healthy Families or local plan, and WIC) the family is advised of the availability of such services.
- g. Assure that a lead-poisoning case is referred to California Children's Services for determination of eligibility and medical case management, as appropriate.
- h. Assure that, if take-home lead exposure is suspected as the source of the child's elevated blood lead level, the PHN will contact the California Occupational Lead Poisoning Prevention Program, as per the PHN Manual.
- i. Submit Follow-up Forms to CLPPB in a timely fashion, as specified in the PHN Manual and the CLPPB Binder of Program Letters.
- j. Submit a semi-annual list of open and closed lead poisoning cases for state and county comparison and tracking, if requested by the state.
- k. Assure that, when a lead-poisoned child moves out of the jurisdiction, case management is coordinated with other CLPPPs as described in the PHN Manual.
- l. If the applicant is or applies to be a participant in the X-Ray Florescent (XRF) Instrument Loan Program, the applicant shall participate fully in that program, as specified in the CLPPB Binder of Program Letters.
- m. The Local Health Jurisdiction is encouraged to add additional activities to support this objective for other lead-exposed children, as resources allow.
- n. CLPPPs are encouraged to partner with non-governmental organizations (such as community groups) to enhance education on lead and prevent further lead exposure, particularly in children whose blood lead levels do not reach case definition.

- **Exhibit A, Page 12 of 18, Objective 4 – II.**

Add:

Objective 4-II.

Assure that non-environmental sources of lead exposure are eliminated.

A. Timeline – ongoing

B. Major activities

1. All CLPPPs-

- a. Monitor blood lead levels to be sure that all sources of lead exposure have been identified and removed.
 - b. Ensure that family is informed of possible sources of lead such as remedies or potentially lead contaminated food, spices, dishware and other consumer products.
- C. Ensure that CLPPB is notified of newly suspected or identified sources of lead as outlined in Objective 2-V.**

- **Exhibit A, Page 17 of 18, Objective 6 – I Provision #1**

Add:

- a. Use RASSCLE II to receive email alerts for new cases and reports for children with increased blood lead levels who need further follow up, as specified by the CLPPB, and ensure that the appropriate CLPPP staff have signed up to receive RASSCLE II alerts.
- b. Use RASSCLE II to monitor medical and environmental information related to cases, including LPFF data entered by the CLPPB.
- c. Report any RASSCLE II data discrepancies immediately to the CLPPB, including duplicate patients, blood lead record content, case status, and incorrect jurisdiction assignment.
- d. Data discrepancies reported by email should never include protected health information, instead, the RASSCLE II Patient Identification Number should be used to identify records.
- e. Using a mutually agreed timeline and at the direction of the CLPPB, enter medical and environmental information into RII, and adhere to any future changes in data entry protocol and requirements.
- f. Include RASSCLE II training, policies, and procedures in CLPPP staff turnover and new employee orientation plans.
- g. Notify the RASSCLE II group at the CLPPB immediately of any new user account requests.
- h. Attend RASSCLE web-based and regional trainings. When possible, attendance will comprise a broad spectrum of user types, including PHNs, data entry personnel, EPs, epidemiologists, and nutritionists.
- i. Coordinate with the CLPPP's Information Technology department or the local department that supports CLPPP data functions, to ensure that any CLPPP system on which RASSCLE II is run conforms to CLPPB technical and security standards.

Delete:

- a. Enter into the new web-based RASSCLE II system, if data is not already in the system, and manage all data regarding lead poisoning cases and screening tests.
 - b. Attend RASSCLE Regional Trainings. When possible, attendance will comprise a broad spectrum of user types, including PHNs, data entry personnel, EPs, epidemiologists, and nutritionists.
 - c. Coordinate with the CLPPP's Information Technology department or the local department that supports CLPPP data functions, to ensure the department's maintenance of Branch technical infrastructure recommendations, as specified in the CLPPB *Surveillance and Data Management Manual*.
 - d. Prior to conversion to the new web-based RASSCLE II system, participate in training on the new system and validation of data migration from the prior system to the new system.
 - e. At the direction of CLPPB, the CLPPP may upgrade its equipment to remain in compliance with CLPPB technical infrastructure recommendations as specified in the *Surveillance and Data Management Manual*.
2. If the Local Health Jurisdiction has not yet been transitioned over to the new web-based RASSCLE II system, it is recommended that the Local Health Jurisdiction utilize the legacy data system, RASSCLE. Jurisdictions using RASSCLE shall maintain it as follows:

- a. Electronically store and manage all data regarding lead poisoning cases and screening tests.
- b. At the direction of CLPPB, have or obtain the capability for accomplishing the electronic transfer of data **from** the CLPPB.
- c. At the direction of CLPPB, have or obtain the capability for accomplishing the electronic transfer of data **to** the CLPPB.
- d. Attend RASSCLE Regional Trainings. When possible, attendance will comprise a broad spectrum of user types, including PHNs, data entry personnel, EPs, epidemiologists, and nutritionists.
- e. Coordinate with the CLPPP's Information Technology Department or the local department that supports CLPPP data functions, to ensure the department's participation in the installation, upgrade, and maintenance of CLPPB information technology systems, as specified in the CLPPB *Surveillance and Data Management Manual*.

CLPPPs using RASSCLE may be asked by CLPPB during the contract period to support Objective 6-1 through additional activities, as resources allow. Examples of such requests are in f. and g., below. If interested in these activities, the CLPPP should so indicate in this Work Plan and the budget, in consultation with CLPPB.

- f. Prior to the implementation or substantial upgrade of electronic surveillance, case, and environmental management systems, participate in the testing of such systems. Testing may involve participating in new, CLPPB-supported technical applications and providing feedback on such applications.
- g. At the direction of CLPPB, the CLPPP may upgrade its equipment to remain in compliance with CLPPB technical infrastructure recommendations as specified in the *Surveillance and Data Management Manual*.

- 3. Jurisdictions are strongly encouraged to use RASSCLE II or RASSCLE, but jurisdictions not yet using RASSCLE II or RASSCLE shall maintain data as follows:
 - a. Store data using Minimum Data Fields referenced in the CLPPB *Surveillance and Data Management Manual*.
 - b. If additional data elements contained on the Lead Poisoning Follow-up Form are stored electronically, they must be stored or readily exportable in a format compatible with RASSCLE.
 - c. Coordinate with the CLPPP's Information Technology Department, or the local department that supports CLPPP data functions, to ensure that department's participation in the installation, upgrade, and maintenance of CLPPB information technology systems, as specified in the *Surveillance and Data Management Manual*.
 - d. Consult with CLPPB for approval in the design of this local data storage system. *CLPPPs not using RASSCLE-II or RASSCLE may be asked by CLPPB during the contract period to support Objective 6-1 through additional activities, as resources allow. An example of such a request is in e., below. If interested in this activity, the CLPPP should so indicate in this Work Plan and the budget, in consultation with CLPPB.*
 - e. As necessary to meet Objective 6-1, make modifications to existing electronic local data storage systems. (For example, modifications to data elements to standardize existing storage systems to conform with RASSCLE.)

- **Exhibit A, Attachment 1 Work Plan**

The work plan format/layout has been modified to be consistent with the scope of work. Please replace entire Work plan (pages 1-35) with new work plan (pages 1 – 51)

- **Exhibit B, Provision #1**

Add:

C. Invoices shall:

2) Bear the Contractor's name as shown on the agreement.

Delete:

C. Invoices shall:

2) Be signed by the Program Coordinator and an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the services performed under this contract.

D. The State, at its discretion, may designate an alternate invoice submission address. A change in the invoice address shall be accomplished via a written notice to the Contractor by the State and shall not require an amendment to this agreement.

- **Exhibit B, Provision #4**

Add:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$838,740 for the budget period of 07/01/11 through 06/30/12
- 2) \$832,240 for the budget period of 07/01/12 through 06/30/13
- 3) \$832,240 for the budget period of 07/01/13 through 06/30/14

Delete:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$912,701 for the budget period of 07/01/08 through 06/30/09.
- 2) \$958,956 for the budget period of 07/01/09 through 06/30/10.
- 3) \$958,956 for the budget period of 07/01/10 through 06/30/11.

- Exhibit B, Attachment I – III**

Add:

Exhibit B, Attachment I
Budget
(Year 1)
(07/01/11 through 06/30/12)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Administrative Manager, (Admin. Mgr.)	1	\$107,813	15%	\$ 16,172
Sup Public Health Nurse I, CLPPP Coordinator (CC)	1	\$94,994	100%	\$ 94,994
Public Health Nurse III (PHN III)	1	\$90,043	50%	\$ 45,022
Sr. Public Health Nurse (Sr. PHN)	1	\$90,043	50%	\$ 45,022
Health Education Associate, (HE Assoc.)	1	\$53,747	100%	\$ 53,747
Health Education Assistant, (HE Assist.)	1	\$43,514	50%	\$ 21,757
Information Process Technician (IPT)	1	\$41,621	100%	\$ 41,621
Public Health Chemist (PHC)	1	\$68,827	20%	\$ 13,765
Sup. Registered Environmental Health Specialist (Sup. REHS II)	1	\$82,950	25%	\$ 20,738
REHS II –A	1	\$70,762	100%	\$ 70,762
REHS II –B	1	\$70,762	75%	\$ 53,072
REHS II –C	1	\$70,762	25%	\$ 17,691

Total Salary \$ 494,363

Fringe Benefits (40%) \$ 197,745

Total Personnel \$ 692,108

Operating Expenses

General Expenses (Office Supplies \$849, Postage \$1,000 telephone, utilities, accounting, and facilities Expenses for \$1,200). \$3,049

Space/Rent (481.57 sq. ft. x \$1.99 X 12) \$11,500

Equipment, Minor & Electronic Equipment (Upgrade computer for \$2,000, as needed; projector/laptop \$1,500, computer chairs \$500, & retractable posters \$950). \$4,950

Printing (Outreach \$1,000 & office forms \$455) \$1,455

Training (Lead Inspector/Assessor \$3,000 & other lead-related trainings \$2,000, Refer to Goal 4, Objectives 4-I & 4-II & Goals 5, Objectives 5-I, 5-II, & 5-III). \$5,000

Total Operating Expenses \$ 25,954

Travel (PHN visits, environmental investigations \$2,000 Refer Goal 4, Objectives 4-I & 4-II, Goal 5, Objectives 5-I, 5-II & 5-III; Outreach /Education events \$2,500 at DPA rates, Refer to Goal 1, Objective 1-I, Goal 2, Objectives 2-I, 2-II, 2-IV, & 2-V; Tier 3 Travel for \$1,000, Refer to Goal 5-II and Goal 5-III.

Total Travel \$ 5,500

Other Costs

Tier 3: Disposable supplies \$862, Minor Equipment \$500, Printing \$500, Refer to Goal & Objectives 5-II & 5-III. \$1,862
Educational Materials \$1,000
XRF Quality Control and Quality Assurance \$1,000
XRF Maintenance/Resource \$7,500

Total Other Costs \$ 11,362

Indirect Costs (15% of Total Personnel)

Indirect Costs \$ 103,816

Annual Budget Total \$ 838,740

Exhibit B, Attachment II
Budget
(Year 2)
(07/07/12 through 06/30/13)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Administrative Manager (Admin. Mgr.)	1	\$107,813	15%	\$ 16,172
Sup Public Health Nurse I, CLPPP Coordinator (CC)	1	\$94,994	100%	\$ 94,994
Public Health Nurse III (PHN III)	1	\$90,043	50%	\$ 45,022
Sr. Public Health Nurse (Sr. PHN)	1	\$90,043	50%	\$ 45,022
Health Education Associate, (HE Assoc.)	1	\$53,747	100%	\$ 53,747
Health Education Assistant, (HE Assist.)	1	\$43,514	50%	\$ 21,757
Information Process Technician (IPT)	1	\$41,621	100%	\$ 41,621
Public Health Chemist (PHC)	1	\$68,827	20%	\$ 13,765
Sup., Registered Environmental Health Specialist II (Sup. REHS II)	1	\$82,950	25%	\$ 20,738
REHS II-A	1	\$70,762	100%	\$ 70,762
REHS II-B	1	\$70,762	75%	\$ 53,072
REHS II-C	1	\$70,762	25%	\$ 17,691

Total Salary \$ 494,363

Fringe Benefits (40%) \$ 197,745

Total Personnel \$ 692,108

Operating Expenses

General Expenses (Office Supplies \$1,500, Postage \$1,000, telephone, utilities, accounting, and facilities expenses for \$1,500).

\$4,000

Space/Rent (481.57 sq. ft. x \$1.99 X12)

\$11,500

Equipment, Minor & Electronic Equipment
(Upgrade computers for \$1,500; projector/laptop \$1,500, ergo chairs \$200, & retractable posters \$800)

\$4,000

Printing (Outreach \$1,000 & office forms \$455)

\$1,455

Training (Lead Inspector/Assessor \$3,000 & other lead-related trainings \$2,000, Refer Goal 4, Objectives 4-I & 4-II and Goals 5, Objectives 5-I, 5-II & 5-III.)

\$5,000

Total Operating Expenses \$ 25,955

Travel (PHN visits, environmental investigations for \$2,000;

Refer to goal 4, Objectives 4-I & 4-II, Goal 5, Objectives 5-I 5-II, & 5-III; Outreach/Education events \$2,500 at DPA rates, Refer to Goal 1, Objective 1-I, Goal 2, Objectives 2-I, 2-II, 2-IV, & 2-V; Tier 3 Travel for \$1,000, Refer to Goal 5-II & Goal 5-III of Work Plan.

Total Travel \$ 5,500

Other Costs

Tier 3: Disposable supplies \$861, Minor Equipment \$500, Printing \$500, Refer to Goal 5-II and Goal 5-III.

\$1,861

Educational Materials

\$1,000

XRF Quality Control and Quality Assurance

\$1,000

XRF Maintenance/Resource

\$1,000

Total Other Costs \$ 4,861

Indirect Costs (15% of Total Personnel)

Indirect Costs \$ 103,816

Annual Budget Total \$ 832,240

Orange County
11-10303Exhibit B, Attachment III
Budget
(Year 3)
(07/01/13 through 06/30/14)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Administrative Manager (Admin. Mgr.)	1	\$107,813	15%	\$ 16,172
Sup Public Health Nurse I, CLPPP Coordinator (CC)	1	\$94,994	100%	\$ 94,994
Public Health Nurse III (PHN III)	1	\$90,043	50%	\$ 45,022
Sr. Public Health Nurse (Sr. PHN)	1	\$90,043	50%	\$ 45,022
Health Education Associate, (HE Assoc.)	1	\$53,747	100%	\$ 53,747
Health Education Assistant, (HE Assist.)	1	\$43,514	50%	\$ 21,757
Information Process Technician (IPT)	1	\$41,621	100%	\$ 41,621
Public Health Chemist (PHC)	1	\$68,827	20%	\$ 13,765
Sup., Registered Environmental Health Specialist II (Sup. REHS II)	1	\$82,950	25%	\$ 20,738
REHS II-A	1	\$70,762	100%	\$ 70,762
REHS II-B	1	\$70,762	75%	\$ 53,072
REHS II-C	1	\$70,762	25%	\$ 17,691

Total Salary \$ 494,363

Fringe Benefits (40%) \$ 197,745

Total Personnel \$ 692,108

Operating Expenses

General Expenses (Office Supplies \$700, Postage \$1,000, telephone, utilities, & facilities for \$1,500) \$3,200

Space/Rent (481.57 sq. ft. x \$1.99 X 12) \$11,500

Equipment, Minor & Electronic Equipment
(Upgrade computers for \$2,000; projector/laptop \$1,300, ergo furniture \$500, & retractable posters \$1,000) \$4,800

Printing (Outreach \$1,000 & office forms \$455) \$1,455

Training (Lead Inspector/Assessor \$3,000 & other lead-related trainings \$2,000). Refer to Goal 4, Objectives 4-I & 4-II and Goal 5, Objective 5-I, 5-II & 5-III \$5,000

Total Operating Expenses \$ 25,955

Travel (PHN visits, environmental investigations for \$2,000 Refer to Goal 4, Objectives 4-I & 4-II, Goal 5, Objectives 5-I, 5-II & 5-III; Outreach/Education Events \$2,500 at DPA rates. Refer to Goal 1, Objective 1-I, Goal 2, Objectives 2-I, 2-II, 2-IV & 2-V; Tier 3 Travel for \$1,000, Refer to Goal 5-II and 5-III of Work Plan).

Total Travel \$ 5,500

Other Costs

Tier 3: Disposable supplies \$861, Minor Equipment \$500, Printing \$500, Travel \$1,000 Refer to Goal 5, Obj. 5-II & 5-III. \$1,861

Educational Materials \$1,000

XRF Quality Control and Quality Assurance \$1,000

XRF Maintenance/Resource \$1,000

Total Other Costs \$ 4,861

Indirect Costs (15% of Total Personnel)

Indirect Costs \$ 103,816

Annual Budget Total \$ 832,240

Delete:

Orange County
08-85076

Exhibit B, Attachment I
Budget
(Year 1)
 7/1/08 Through 6/30/09

	Medi-Cal Lead Program					Total Budget
	Primary Contract	PHN Case Mgt Services	Administrative Activities			
			Non-Enhanced	Enhanced		
Personnel	\$ 204,055	\$ 57,299	\$ 159,991	\$ 56,754	\$ 478,099	
Fringe Benefits (41.50%)	\$ 84,683	\$ 23,779	\$ 66,396	\$ 23,553	198,411	
Indirect Costs (15%)	\$ 43,311	\$ 12,162	\$ 33,958	\$ -	89,431	
Indirect Costs associated with Enhanced (15% Personnel & Fringe)	\$ -	\$ -	\$ 12,046	\$ -	12,046	
Operating Expenses	\$ 72,306	\$ -	\$ -	\$ -	72,306	
Equipment	\$ 12,000	\$ -	\$ -	\$ -	12,000	
Travel	\$ 15,408	\$ -	\$ -	\$ -	15,408	
Subcontracts	\$ -	\$ -	\$ -	\$ -	-	
Other Costs	\$ 35,000	\$ -	\$ -	\$ -	35,000	
	\$ 466,763	\$ 93,240	\$ 272,391	\$ 80,307	\$ 912,701	

Exhibit B
Attachment II A1
Year 2 Budget
(7/01/09 Through 6/30/10)

Original Budget	Primary Contract	Medi-Cal Lead Program			Total Original Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	204,055	57,299	159,991	56,754	478,099
Fringe Benefits (45% of Personnel)	91,825	25,784	71,996	25,539	215,144
Indirect Costs (15% of Personnel & Fringe)	44,382	12,462	34,798	0	91,642
Indirect Costs associated with Enhanced (15%)	0	0	12,344	0	12,344
Operating Expenses	72,306	0	0	0	72,306
Equipment	15,000	0	0	0	15,000
Travel and Training	15,676	0	0	0	15,676
Subcontracts	0	0	0	0	0
Other Costs	18,500	0	0	0	18,500
	461,744	95,545	279,129	82,293	918,711

Budget Changes	Primary Contract	Medi-Cal Lead Program			Total Budget Changes
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	(7,305)	(107)	57,091	(6,074)	43,605
Fringe Benefits (45% of Personnel)	(3,288)	(47)	25,691	(2,733)	19,623
Indirect Costs (15% of Personnel & Fringe)	(1,589)	(23)	12,417	0	10,805
Indirect Costs associated with Enhanced (15%)	0	0	(1,321)	0	(1,321)
Operating Expenses	(36,827)	0	0	0	(36,827)
Equipment	(3,000)	0	0	0	(3,000)
Travel and Training	9,524	0	0	0	9,524
Subcontracts	0	0	0	0	0
Other Costs	(2,164)	0	0	0	(2,164)
Total:	(44,649)	(177)	93,878	(8,807)	40,245

Amended Budget	Primary Contract	Medi-Cal Lead Program			Total Amended Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	196,750	57,192	217,082	50,680	521,704
Fringe Benefits (45% of Personnel)	88,537	25,737	97,687	22,806	234,767
Indirect Costs (15% of Personnel & Fringe)	42,793	12,439	47,215	0	102,447
Indirect Costs associated with Enhanced (15%)	0	0	11,023	0	11,023
Operating Expenses	35,479	0	0	0	35,479
Equipment	12,000	0	0	0	12,000
Travel and Training	25,200	0	0	0	25,200
Subcontracts	0	0	0	0	0
Other Costs	16,336	0	0	0	16,336
	417,095	95,368	373,007	73,486	958,956

Exhibit B
Attachment III A1
Year 3 Budget
(07/01/10 Through 06/30/11)

Original Budget	Primary Contract	Medi-Cal Lead Program			Total Original Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	204,055	57,299	159,991	56,754	478,099
Fringe Benefits (45% of Personnel)	91,825	25,784	71,996	25,539	215,144
Indirect Costs (15% of Personnel & Fringe)	44,382	12,462	34,798	0	91,642
Indirect Costs associated with Enhanced (15%)	0	0	12,344	0	12,344
Operating Expenses	72,306	0	0	0	72,306
Equipment	15,000	0	0	0	15,000
Travel and Training	15,676	0	0	0	15,676
Subcontracts	0	0	0	0	0
Other Costs	18,500	0	0	0	18,500
	461,744	95,545	279,129	82,293	918,711

Budget Changes	Primary Contract	Medi-Cal Lead Program			Total Budget Changes
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	(7,305)	(107)	57,091	(6,074)	43,605
Fringe Benefits (45% of Personnel)	(3,288)	(47)	25,691	(2,733)	19,623
Indirect Costs (15% of Personnel & Fringe)	(1,589)	(23)	12,417	0	10,805
Indirect Costs associated with Enhanced (15%)	0	0	(1,321)	0	(1,321)
Operating Expenses	(36,827)	0	0	0	(36,827)
Equipment	(3,000)	0	0	0	(3,000)
Travel and Training	9,524	0	0	0	9,524
Subcontracts	0	0	0	0	0
Other Costs	(2,164)	0	0	0	(2,164)
Total:	(44,649)	(177)	93,878	(8,807)	40,245

Amended Budget	Primary Contract	Medi-Cal Lead Program			Total Amended Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	196,750	57,192	217,082	50,680	521,704
Fringe Benefits (45% of Personnel)	88,537	25,737	97,687	22,806	234,767
Indirect Costs (15% of Personnel & Fringe)	42,793	12,439	47,215	0	102,447
Indirect Costs associated with Enhanced (15%)	0	0	11,023	0	11,023
Operating Expenses	35,479	0	0	0	35,479
Equipment	12,000	0	0	0	12,000
Travel and Training	25,200	0	0	0	25,200
Subcontracts	0	0	0	0	0
Other Costs	16,336	0	0	0	16,336
	417,095	95,368	373,007	73,486	958,956

- **Exhibit E, Provision #1 Paragraph A**

Add:

1) CDPH Health Administrative Manual Section 6-1000

Delete:

- A. The following additional exhibits are attached, incorporated herein, and made a part hereof by this reference:

1) Exhibit H	Contractor Equipment Purchased with CDPH Funds	2 page(s)
2) Exhibit I	Inventory/Disposition of CDPH-Funded Equipment	2 page(s)
3) Exhibit J	Glossary of CLPPB Related Acronyms and Terms	4 page(s)

- **Exhibit E, Provision #2**

Add:

- B. CDPH reserves the right to cancel or terminate this agreement immediately for cause. The Contractor may submit a written request to terminate this agreement only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of this agreement.
- D. Agreement termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Contractor. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. Upon receipt of a notice of termination or cancellation, the Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent agreement costs.
- F. In the event of early termination or cancellation, the Contractor shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this agreement.

Delete:

- A.Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements.
- B. Upon receipt of a notice of termination or cancellation from CDPH, Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.
- C. Contractor shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.