

**SECOND ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS SECOND ADDENDUM is to that Contract for Services entered into on July 7, 2020 and as amended on October 21, 2021 by and between the County of Siskiyou (“County”) and The Sail House, Inc. (“Contractor”) and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect the provided rates effective July 1, 2022; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 3.01 of the Contract, Scope of Services, Exhibit “A”, shall be deleted and replaced in its entirety with the new Exhibit “A”, Scope of Services, attached hereto and hereby incorporated by reference.

All other terms and conditions of the Contract shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this SECOND_ addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: _____

BRANDON A. CRISS, CHAIR
Board of Supervisors
County of Siskiyou
State of California


ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

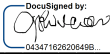
Date: _____
3/24/2022

Date: _____
3/24/2022

CONTRACTOR: The Sail House, Inc.

DocuSigned by:


Chris Carey, Owner

DocuSigned by:


Julie Wilcox, Vice-President

License No.: 525002362
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. On File

ACCOUNTING:

Fund	Organization	Account	Activity Code (if applicable)
2122	401030	740200	
2129	401031	740000	163A

Encumbrance number: E2200247

If not to exceed, include amount not to exceed: Rate Agreement

FY 20/21	\$0.01 (Rate)
FY 21/22	\$0.01 (Rate)
FY 22/23	\$0.01 (Rate)
FY 23/24	\$0.01 (Rate)
FY 24/25	\$0.01 (Rate)

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.

Exhibit "A"

I. Scope of Services

- A. Board and Care: Contractor, in a competent and professional manner, promises to provide County clientele board and care, including but not limited to, meeting personal needs, housekeeping, and laundry services. Contractor agrees to comply with any and all directives of the Siskiyou County Health and Human Services Agency Director and her/his designee, hereinafter referred to as "HHSA Director", regarding placement.
- B. Shared Housing: Contractor, in a professional manner will provide shared housing for County consumers transitioning from a higher level of care back into the community or those at risk of requiring a higher level of care. Contractor will provide for basic housing needs to prevent homelessness or admission into a higher level of care, including psychiatric inpatient hospitalization. Additional homemaker services may be provided and will include supervision, cooking skills instruction, cleaning, shopping, and medication compliance. Contractor agrees to comply with any and all directives of the HHSA Director and her/his designee, regarding placement.
- C. Contractor agrees to cooperate with the HHSA Director or her/his designee in developing a facility program plan to meet the goals, objectives, and activities outlined in the client's service plan subsequent to referral and authorization by County. The service plan shall be developed with the client and the facility administrator by County designated case manager.
- D. Contractor agrees to provide initial assessment of all County clientele within the facility, including application of the California Level-of-Care Assessment Tool and to provide case management and treatment services as required by each client(s) service plan as agreed upon.
- E. If a sudden, marked change in client's health or condition, illness, death, serious personal injury, or substantial property damage occurs in connection with the performance of this Agreement, Contractor shall immediately notify the HHSA Director or his/her designee, by telephone. Contractor shall promptly submit to County a written report in such form as may be required by it of all accidents which occur in connection with the performance of this Agreement.
- 1) Name and address of the injured or deceased person;
 - 2) Name and address of Contractor's subcontractor, if any;
 - 3) Name and address of Contractor's liability insurance carrier believed to be involved; and
 - 4) A detailed description of the incident and whether any of County's equipment, tools, material, or employees was involved.

II. Compensation

- A. Board and Care: County shall pay Contractor the following rate per client, per day, for clients placed at the Sail House or Gilmore Place locations.

Sail House
\$37.00 per day

Gilmore Place
\$40.00 per day

- B. Shared Housing: County shall pay Contractor the following rate per client, per month, for rental assistance at the HHSA Director's discretion.

Shared Housing
\$750.00 per month

- C. Additional Housemaker Service: County shall pay Contractor the following rate per client, per day, for additional homemaking services.

Homemaker Service
\$10.00 per day

- D. Contractor will provide an invoice to County for the amount of payment due within thirty (30) days of the date the services are provided. Such invoice shall include a description of the services provided each month, including number of clients served and hours of service provided. A County representative shall evaluate the quality of the service performed, and if found to be satisfactory, shall initiate payment processing. County shall pay invoices or claims of satisfactory work upon thirty (30) days of presentation.
- E. Contractor shall reserve the right to refuse to accept persons who are combative, destructive, noisy, or otherwise present a threat or disrupt the Contractor's normal business environment. Contractor shall consult with County before removing or refusing any County clientele shelter. County's contact person shall be the Health and Human Services Agency Director or his/her designee.

III. Compliance and Audits

Contractor shall ensure that all services and documentation shall comply with all applicable requirements in the DHCS-MHP Contract No. 17-94617 located at:

https://www.co.siskiyou.ca.us/sites/default/files/fileattachments/behavioral_health/page/1381/bhs-20180905_specialty_mental_health_service_agreement.pdf

- A. Contractor shall comply with all applicable Medicaid laws, regulations, and contract provisions, including the terms of the 1915(b) Waiver and any Special Terms and Conditions.
- B. Contractor shall be subject to audit, evaluation, and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 CFR §§ 438.3(h) and 438.230(c)(3).
- C. Contractor shall make available, for the purposes of an audit, evaluation, or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries.

- D. Should the State, CMS, or the HHS Inspector General determine that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the Contractor at any time.
- E. County will monitor performance of Contractor on an ongoing basis for compliance with the terms of the DHCS-MHP Contract. Contractor's performance shall be subject to periodic formal review by County.
- F. Contractor and any of its officers, agents, employees, volunteers, contractors, or subcontractors agree to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste, or abuse as determined for that category of provider.
- G. Contractor shall allow inspection, evaluation, and audit of its records, documents, and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later.
- H. Should Contractor create a Federal or State audit exception during the course of the provision of services under this agreement, due to an error or errors of omission or commission, Contractor shall be responsible for the audit exception and any associated recoupment. Should a Contractor-caused audit exception result in financial recoupment, County shall invoice Contractor for the associated amount and Contractor shall reimburse County the full amount within 30 days. The County will not offset future billings for repayment under this agreement.
- I. All provisions in this section shall survive the termination, expiration, or cancellation of this agreement.

IV. Contract Amendments

Contractor and County may mutually agree, in writing, to amend the rates and/or services in this contract during the term of this contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InterWest Insurance Serv., LLC License #0B01094 P.O. Box 8110 Chico CA 95927-8110	CONTACT NAME: Lisa Bailey PHONE (A/C, No, Ext): 530-722-2607 FAX (A/C, No): 530-722-3558 E-MAIL ADDRESS: lbailey@lwins.com														
License#: 0B01094 SAILH-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Care West Insurance Company</td> <td style="text-align: center;">10520</td> </tr> <tr> <td>INSURER B : Philadelphia Indemnity Ins. Co.</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Care West Insurance Company	10520	INSURER B : Philadelphia Indemnity Ins. Co.	18058	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** 1931515710 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2243671	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	PHPK2243671	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		W12203000596	3/5/2022	3/5/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability	N	N	PHPK2243671	3/1/2022	3/1/2023	Incident & Agg Limit
B	Building & Property	N	N	PHPK2384668	3/1/2022	3/1/2023	Property Deductible 1M/1M 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder as additional insured respects liability only when required by written contract or agreement only per the attached policy forms.

CERTIFICATE HOLDER County of Siskiyou Attn: Behavioral Health Services 2060 Campus Drive Yreka CA 96097-9538	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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