AMENDMENT NO. 2
TO AGREEMENT BETWEEN SANTA FE COUNTY
AND LA FAMILIA MEDICAL CENTER

THIS AMENDMENT is entered into this 27th day of August, 2024, between **Santa Fe County** (the "County"), and **La Familia Medical Center** (the "Contractor").

WHEREAS, on August 30, 2022, the County and Contractor entered into Agreement No. 2023-0010-CSD/CW (the "Agreement") as part of the Health Care Assist (HCAP) navigation services initiative by the Santa Fe County Community Services Division. Under the Agreement the Contractor is to provide navigation services to County residents, including utilizing our CONNECT network to meet the needs of County residents for the social determinants of health, such as food, housing, utilities, and transportation; and

WHEREAS, Article 15 (No Oral Modifications; Written Amendments Required) of the Agreement allows the parties to amend the Agreement by an instrument in writing signed by the parties; and

WHEREAS, Amendment No. 1 increased the compensation payable to the Contractor by a sum of $746,050.00 for services performed in FY 2024, and extended the term to August 30, 2024; and

WHEREAS, the County would like to continue to benefit from the Contractor's services and extend the term to August 30, 2025, and increase the compensation payable to the Contractor in the amount of $746,050.00 for services performed in FY 2025.

NOW THEREFORE, the parties agree to amend the Agreement as follows:

1. Article 3.A.1 (Compensation, Invoicing and Set-Off), insert a subpart ii to read:

> (ii) By Amendment No. 2 the compensation payable to the Contractor is increased by the sum of $746,050.00. The total compensation payable to the Contractor for the term of this Agreement will not exceed **$2,238,150.00,** *inclusive* of NM GRT.

2. Following the table in Article 3.B.2 (Compensation, Invoicing and Set-Off), insert a subpart ii to read:

> (ii) By Amendment No. 2 of the $746,050.00 of additional compensation for FY 2025, $706,036.32 will be available in FY 2025 to compensate Contractor for the above-described navigation services.

3. Article 3.B.3 (Compensation, Invoicing and Set-Off), insert a subpart ii to read:

(ii) By Amendment No. 2, of the $746,050.00 of additional compensation for FY 2025, $10,000.00 will be available in FY 2025 to reimbursement Contractor for costs relating to providing DME for HCAP-eligible patients for a maximum of 3 months per patient per year.

4. Article 3.B.4 (Compensation, Invoicing and Set-Off), insert a subpart ii to read:

(ii) By Amendment No. 2 of the $746,050.00 of additional compensation for FY 2025, $30,000.00 will be available in FY 2025 to reimburse Contractor for expenses incurred from the Flexible Fund.

5. Article 4 (Effective Date and Term) insert a subparagraph B to read:

B. By Amendment No. 2 the term is extended to August 30, 2025.

6. All other provisions of the Agreement not specifically amended or modified by this Amendment No. 2 will remain in full force and effect.

IN WITNESS WHEREOF, the parties have duly executed this Amendment as of the date of last signature by the parties.

SANTA FE COUNTY:

Hank Hughes, Chair
Santa Fe County Board of County Commissioners

ATTESTATION

Katharine E. Clark
Santa Fe County Clerk

Date: 08/20/2024

Approved as to form:

Roberta D. Joe for J.Y.
Jeff Young
Santa Fe County Attorney

August 15, 2024
Date

CONTRACTOR— LA FAMILIA MEDICAL CENTER:

DocuSigned by:
Brandy Van Pelt
4A1562C7226B4DD...

Signature

8/19/2024

Date

Brandy Van Pelt Chief Executive Officer

Print name and title

Santa Fe County Purchasing Process Request Form

Date Submitted:	8/7/24	**Requesting User Agency:**	CSD
Name & Phone of Contact Person:	Jennifer N. Romero 995-9526		
Contract Tracking #/Buyer (Purchasing)	2023-0010-CSD/CW La Familia Medical Center Amendment 2	**BCC Approval? Yes X** **No** □ Please indicate date	TBD

AGENCY REQUEST: (Lease, MOU, Grant, Professional Services Agreement, Construction, Application, etc.) Describe the County, Public and/or Agency need. Describe what you are attempting to purchase, obtain or accomplish. Attach additional information relating to your request (scope of work, specifications, bid items on etc.)

REQUEST: The Community Services Department (CSD) requests to amend (Amendment No. 2) the current Agreement No. 2023-0010-CSD/CW between Santa Fe County and La Familia Medical Center to increase compensation by $746,050 ($716,050 from 223-0420-461-50-03 and $30,000 from 232-0421-461-50-03) to be encumbered and expended in FY25 and extend the term to August 30, 2025. The total contract amount shall not exceed $2,238,150 ($2,118,150 in navigation services, 90,000 in flexible funds, and $30,000 for costs related to Durable Medical Equipment). The funds will be used to provide primary care services, durable medical equipment, navigation and flexible funds to individuals who are low-income.

Does this request require IT approval? □ Yes □No If yes, is the approved work order attached? □ Yes □ No

PURCHASING STATUS:

FINANCIAL / BUDGETARY INFORMATION: (If applicable, include a breakdown of project cost estimates; is funding already appropriated? If this action will result in revenue to the County, include the total compensation and timetable. Include funding information (GF, GRT, Grant, Grant Match, In Kind requirements, etc.)

Grants	**Capital, Fund & Cost Center Approval**	**Budget Approval:**
Is this grant related? □ **Yes** **X No** If yes: provide fund(s) _____ Grant approval: _____	Is this a capital project? □ **Yes** **X No** Capital approval: _____ Fund/Cost Center approval: _____	

Please provide account number(s) for this request: $746,050 ($716,050 from 223-0420-461-50-03 and $30,000 from 232-0421-461-50-03) should be encumbered in FY25. The total amount payable to the Contractor under this Agreement shall not exceed $2,238,150 inclusive of NM GRT.

LEGAL FORM: (Is this a new contract or an amendment or change of a previously submitted procurement or contract? Identify any known liabilities and/or risks to the County.

LEGAL APPROVAL: (sign and date)

FINANCE DIRECTOR APPROVAL: (sign and date)

COUNTY MANAGER APPROVAL: (sign and date)

PURCHASE REQUISITION NBR: 0000251460

STATUS: REQ-APRVL >$10000

REQUISITION BY: TCARSON
REASON: CONTRACTUAL SERVICES
DATE: 8/07/24

SHIP TO LOCATION: HEALTH & HUMAN SERV DIV. SUGGESTED VENDOR: 722 LA FAMILIA MEDICAL/DENTAL CENT DELIVER BY DATE: 8/07/24

LINE NBR	DESCRIPTION	QUANTITY	UOM	UNIT COST	EXTEND COST	VENDOR PART NUMBER
1	HANNA PADILLA Being a part of the Accountable Health Community (AHC) within Santa Fe County the Contractor shall provide primary care and navigation services to a minimum of 1,392 indigent residents, using 223-0420-461. COMMODITY: SUBCOMMOD: MISC	716050.00	EA	1.0000	716050.00	
2	HANNA PADILLA Emergency flexible funds to address social determinants of health such as immediate housing, transportation, food, utility and interpersonal safety needs, using 232-0421-461. Contract #2023-0010. COMMODITY: SUBCOMMOD: MISC	30000.00	EA	1.0000	30000.00	

REQUISITION TOTAL: 746050.00

ACCOUNT INFORMATION

LINE #	ACCOUNT		PROJECT	%	AMOUNT
1	22304204615003	SERVICES CONTRACTUAL/PROFESSIONAL		100.00	716050.00
2	23204214615003	SERVICES CONTRACTUAL/PROFESSIONAL		100.00	30000.00
					746050.00

REQUISITION IS IN THE CURRENT FISCAL YEAR.

Jennifer Romero 8/7/24