

**CONTRACT BETWEEN COUNTY OF LAKE HEALTH SERVICES AND TRINA MAIA  
FOR PHYSICAL THERAPY SERVICES IN SUPPORT OF THE CALIFORNIA CHILDREN'S  
SERVICES PROGRAM (CCS) AND THE MEDICAL THERAPY PROGRAM (MTP)**

THIS AGREEMENT, is entered into this First Day of July 2019, by and between the County of Lake, hereinafter "COUNTY" and Trina Maia, Registered Physical Therapist, hereinafter "CONTRACTOR".

**RECITALS**

WHEREAS, COUNTY is in need of a contractor to provide medically necessary physical therapy to Medical Therapy Program (MTP) clientele as authorized by CCS Sacramento Regional Office onsite at the Lake County MTU.

WHEREAS, CONTRACTOR has a Master's Degree in Physical Therapy from Loma Linda University; and

WHEREAS, CONTRACTOR has over seventeen years of experience with providing physical therapy including working with pediatric and special needs children; and

WHEREAS, CONTRACTOR is experienced, qualified and willing to provide said services.

NOW, THEREFORE, based on the foregoing recitals, the parties hereto agree as follows:

**ARTICLE 1 – CONTRACTOR'S RESPONSIBILITIES:**

CONTRACTOR shall work closely with the CCS Administrator and the Public Health Nursing Director in all aspects of this agreement.

CONTRACTOR shall:

- A. Provide medically necessary physical therapy to MTP clientele as authorized by CCS Dependent County Integrated Systems of Care Division (ISCD) onsite at the Lake County Medical Therapy Unit (MTU) and for a one time per client home assessment for DME as needed.
- B. Work twenty (20) hours per week on mutually agreed upon work days.
- C. Provide physical therapy to several pre-scheduled MTP clients per week for therapy/parental consultation and functional goal documentation.
- D. Document and enter therapy plans, progress notes, and/or reports including FISC scores into CMSNet which is a full-scope case management system for California Children's Services or client files. Utilize dictation services exclusively for required reports.
- E. Coordinate and attend each Medical Therapy Conference (MTC). (MTC attendance replaces one work day for that week.)
- F. Collaborate with CCS Administrator, Public Health Aide, Orthotist and CCS authorized vendors as needed.
- G. Maintain licensure with the State of California as established by the California Board of Physical Therapy.
- H. Maintain CCS paneling.

- 1 I. Contractor shall notify the CCS Administrator or Director of Nurses in that order by the end of the  
2 first fifteen (15) minutes of his/her work shift if he/she is ill and/or unable to attend work that day.  
3  
4 J. Inform the County of planned time off at least two weeks in advance.  
5  
6 K. Contractor shall submit monthly invoices to Lake County Health Services by the tenth of each month  
7 for the prior month's work and expenses. Invoices will show actual expenses and shall be  
8 accompanied by supporting documentation including mileage logs and time study logs.  
9

10 **ARTICLE 2 - COUNTY RESPONSIBILITIES:**

11 A. COUNTY shall compensate CONTRACTOR at the hourly rate of \$108.50 per hour for  
12 services provided herein. Maximum compensation during the term of this Agreement shall be \$108,500.00  
13 for 1000 hours worked over 50 weeks, 20 hours per week. Payment will be made to contractor based on the  
14 current County policy of 30 days from receipt and verification of invoice.  
15

16 **ARTICLE 3 - TERM:**

17 The term of this Agreement shall be from July 1, 2019 through June 30, 2020, unless earlier  
18 terminated as hereinafter provided.  
19

20 **ARTICLE 4 - TERMINATION:**

21 This Agreement may be terminated as follows:

22 A. By mutual consent of the parties.

23 B. By the COUNTY Board of Supervisors or the Health Services Director:

- 24 (1) At any time upon refusal of CONTRACTOR to accept an assignment; or  
25 (2) At any time upon material breach of the provisions hereof; or,  
26 (3) At any time upon fifteen (15) days written notice to COUNTY by Contractor; or,  
27 (4) At any time upon fifteen (15) days written notice to CONTRACTOR by  
28 COUNTY.

**ARTICLE 5 - STANDARD OF CARE:**

CONTRACTOR represents that she is specially trained, licensed, experienced and competent to  
perform all the services, responsibilities and duties specified herein and that such services, responsibilities  
and duties, shall be performed, whether by CONTRACTOR or designated subcontractors, in a manner  
according to generally accepted health and dental health practices.

1 **ARTICLE 6 - INDEMNIFICATION-HOLD HARMLESS:**

2 CONTRACTOR shall indemnify and defend COUNTY and its officers, employees, and agents  
3 against and hold them harmless from any and all claims, losses, damages, and liability for damages,  
4 including attorney fees and other costs of defense incurred by COUNTY, whether for damage to or loss of  
5 property, or injury to or death of person, including properties of COUNTY and injury to or death of COUNTY  
6 officials, employees or agents, arising out of or alleged to arise out of, or resulting from or in any way  
7 connected with CONTRACTOR's operations hereunder or the performance of the work described herein,  
8 unless such damage, loss, injury or death is caused solely by the negligence of COUNTY.  
9

10 **ARTICLE 7 - ASSIGNMENT:**

11 CONTRACTOR shall not assign any interest in this Agreement and shall not transfer any interest in  
12 the same without the prior written consent of COUNTY, except that claims for money due or to become due  
13 CONTRACTOR from COUNTY under this Agreement may be assigned by CONTRACTOR to a bank,  
14 trust company, or other financial institution without such approval. Written notice of any such transfer shall  
15 be furnished promptly to COUNTY. Any attempt at assignment of rights under this Agreement except for  
16 those specifically consented to by both parties or as stated above shall be void.  
17

18 **ARTICLE 8 - INDEPENDENT CONTRACTOR:**

19 It is specifically understood and agreed that in the making and performance of this Agreement,  
20 CONTRACTOR is an independent contractor and is not an employee, agent or servant of COUNTY.  
21

22 **ARTICLE 9 - MODIFICATION:**

23 This Agreement may only be modified by a written amendment hereto, executed by both parties;  
24 however, matters concerning scope of services which do not affect the agreed price may be modified by  
25 mutual written consent of CONTRACTOR and COUNTY, executed by the Health Services Director.

26 **ARTICLE 10 - NON-DISCRIMINATION:**

27 In the performance of the work authorized under this Agreement, CONTRACTOR shall not  
28 unlawfully discriminate against any qualified worker because of race, religious creed, color, sex, national  
origin, ancestry, physical disability, mental disability, medical condition, marital status or age.

1  
2 **ARTICLE 11 - ATTORNEY FEES AND COSTS:**

3 If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement, the  
4 prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in  
5 addition to any other relief to which party may be entitled.  
6

7  
8 **ARTICLE 12 - INTEREST OF CONTRACTOR:**

9 CONTRACTOR hereby covenants that she has, at the time of the execution of this Agreement, no  
10 Interest, and that she shall not acquire any interest in the future, direct or indirect, which would conflict in  
11 any  
12 Manner or degree with the performance of services required to be performed pursuant to the Agreement.  
13 CONTRACTOR further covenants that in the performance of this work, no person having any such interest  
14 shall be employed.

15 **ARTICLE 13 - SEVERABILITY:**

16 If any provision of this Agreement is held to be unenforceable, the remainder of this  
17 Agreement shall be severable and not affected thereby.

18 **ARTICLE 14 - NOTICES:**

19 All notices that are required to be given by one party to the other under this Agreement shall be in  
20 writing and shall be deemed to have been given if delivered personally or enclosed in a properly addressed  
21 envelope and deposited with a United State Post Office for delivery by registered or certified mail addressed  
22 to the parties at the following addresses, unless such addresses are changed by notice, in writing, to the  
23 other party.

24 Department of Health Services  
25 922 Bevins Court  
26 Lakeport, CA 95453

Trina Maia, MPT  
340 McReynolds Dr.  
Angwin, CA 94508

27 **ARTICLE 15 - ADDITIONAL PROVISIONS:**  
28

**A. This Agreement shall be governed by the laws of the State of California. It constitutes the entire Agreement, supersedes all proposals, oral and written, and all negotiations, conversations and discussions heretofore and between the parties related to the subject matter of this Agreement.**

**B. COUNTY shall retain all rights to all patient information acquired by CONTRACTOR during the term of this Agreement.**

**ARTICLE 16 - INSURANCE:**

CONTRACTOR shall not commence work under this Agreement until CONTRACTOR has obtained all of the insurance required herein, certificates of insurance have been submitted to COUNTY, and said insurance has been approved by COUNTY. The certificates of insurance shall contain a provision that coverage afforded under the policies will not be canceled until at least twenty (20) days prior written notice Has been given to COUNTY.

CONTRACTOR shall not allow any subcontractor to commence work on her subcontract until the insurance required of subcontractor has been obtained.

Any failure of CONTRACTOR to maintain the insurance required by this paragraph, or to comply with any of the requirements of this paragraph, shall constitute a material breach of the entire Agreement.

Certificates evidencing the issuance of the following insurance shall be filed with COUNTY within ten (10) days after the date of execution of this Agreement by CONTRACTOR:

A. Compensation Insurance: CONTRACTOR shall procure and maintain, at CONTRACTOR's own expense during the term hereof, Workers' Compensation Insurance for all employees to be engaged in work. In case of any such work sublet, the CONTRACTOR shall require subcontractor similarly to provide Workers' Compensation Insurance for all of the latter employees to be engaged in such work unless such employees are covered by the protection afforded by CONTRACTOR's Workers' Compensation Insurance.

B. Automobile Liability Insurance: CONTRACTOR shall procure and maintain, at CONTRACTOR's own expense during the term hereof, Comprehensive Automobile Liability Insurance, both bodily injury and property damage, on owned, hired, leased and non-owned vehicles used in connection

with CONTRACTOR's business in an amount of not less than three-hundred thousand dollars (\$300,000.00) combined single limit coverage per occurrence.

C. General Liability Insurance: CONTRACTOR shall have at least \$1,000,000 combined single limit per occurrence coverage for bodily injury, personal injury and property damage. If a general aggregate limit is used, then either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required per occurrence limit. Contractor or contractor's insurance carrier shall notify County if incurred losses covered by the policy exceed 50% of the annual aggregate limit.

CONTRACTOR shall not commence work under this Agreement until it has had delivered to COUNTY an "Additional Insured Endorsement" naming COUNTY, its officers, employees, and agents as additional insured under each of the aforesaid policies in this sub-paragraph.

#### **ARTICLE 17 - HIPAA COMPLIANCE:**

**ADHERENCE TO APPLICABLE LAW:** Contractor will adhere to Title 22 and all other Applicable Federal and State statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and will make his/her best efforts to preserve data integrity and the Confidentiality of protected health information.

**EXECUTED** at Lakeport, California, on the day and year first written above.

**COUNTY OF LAKE**

**CONTRACTOR**  
**Trina Maia, MPT**

By: \_\_\_\_\_  
Chair, Board of Supervisors

By: \_\_\_\_\_

**ATTEST: CAROLYN PURDY**  
Clerk of the Board of Supervisors

**APPROVED AS TO FORM:**  
**ANITA L. GRANT**  
County Counsel

By: \_\_\_\_\_  
Deputy

By: \_\_\_\_\_