

**AGREEMENT
BETWEEN THE COUNTY OF TEHAMA
AND
HOMECARE PROFESSIONALS**

This Agreement is entered into between **HomeCare Professionals**, (“Contractor”) and the County of Tehama, acting on behalf of the **Tehama County Health Services Agency, Public Health Division** (“Provider”), for the purpose of providing Hepatitis A and/or B Vaccinations, Tuberculin Skin Testing / PPD Testing, and Rabies Vaccinations to certain employees of Contractor.

Hepatitis A and/or B: Vaccinations will be administered to employees whom Contractor has designated to be at risk of exposure to bloodborne pathogens (Hepatitis A and/or B). These injections will be administered by a Registered Nurse or a Public Health Nurse in conformance with current guidelines established for administering Hepatitis A and/or B Vaccine injections.

It is understood that each employee of Contractor requesting Hepatitis A and/or B Vaccine series of injections must have specific written permission from Contractor in order to receive each injection. A designated employee of Contractor must sign the written permission slip, attached hereto as **Exhibit A**. Written permission must accompany the employee at the time of each injection.

Tuberculin Skin Testing / PPD Testing: The Tuberculin Skin Testing/PPD application will be administered by a Registered Nurse or a Public Health Nurse in conformance with current guidelines established for administering Tuberculin Skin Testing/PPD applications.

It is understood that each employee of Contractor requesting Tuberculin Skin Testing/ PPD Testing must have specific written permission from Contractor in order to receive each test. A designated employee of Contractor must sign the written permission slip, attached hereto as **Exhibit A**. Written permission must accompany the employee at the time of each Tuberculin Skin Testing / PPD Testing.

Rabies Vaccinations: Vaccinations will be administered to employees whom Contractor has designated to be at risk of exposure. These injections will be administered by a Registered Nurse or a Public Health Nurse in conformance with current guidelines established for administering Rabies Vaccine injections.

It is understood that each employee of Contractor requesting Rabies Vaccine series of injections must have specific written permission from Contractor in order to receive each injection. A designated employee of Contractor must sign the written permission slip, attached hereto as **Exhibit A**. Written permission must accompany the employee at the time of each injection.

Appointments for Hep A and/or B vaccinations, and/or Tuberculin Skin Testing/PPD Testing, and/or Rabies vaccinations can be scheduled utilizing the Tehama County Health Services Agency's Vaccination Management System, and an account can be created for each employee. If an employee does not utilize the Vaccination Management System, the employee can call Tehama County Public Health directly to make the appointment(s) over the phone.

BILLING AND PAYMENT

Contractor will be responsible for payment of Hepatitis A and/ or B Vaccines administered to its employees and Provider may bill Contractor for all Hepatitis A and/or B vaccines used for its employees. Contractor agrees to pay Provider for the **cost of the vaccine plus an administration fee per injection, in accordance with the published fee schedule, attached hereto as Exhibit B**. Provider will bill Contractor on a quarterly basis. Payments for Hepatitis A and/or B Vaccine will be made as soon as practicable after receiving the billing, but in no case later than 30 (thirty) days after receiving the billing.

It is also understood that Contractor will be responsible for payment for Tuberculin Skin Testing / PPD Testing administered to its employees and that Provider may bill Contractor for all testing supplies used for its employees. Contractor agrees to pay Provider for the **cost of the Tuberculin Skin Testing/PPD application testing supplies** used for its employees **plus an**

administration fee per application, in accordance with the published fee schedule, attached hereto as Exhibit B. Provider will bill Contractor on a quarterly basis. Payments for Tuberculin Skin Testing / PPD Testing will be made as soon as practicable after receiving the billing, but in no case later than 30 (thirty) days after receiving the billing.

TERM OF AGREEMENT

This Agreement shall commence on **January 1, 2025**, and shall terminate at midnight on **December 31, 2029**.

TERMINATION OF AGREEMENT

If Contractor fails to perform its duties to the satisfaction of the Provider, or if Contractor fails to fulfill in a timely and professional manner its obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the Provider shall have the right to terminate this agreement effective immediately upon the Provider giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. Contractor shall pay Provider for all work satisfactorily completed as of the date of notice. Provider may terminate this contract immediately upon oral notice should funding cease or be materially decreased or should the Tehama County Board of Supervisors decline to appropriate funding for this agreement in any fiscal year.

INDEMNIFICATION

Contractor shall hold harmless and indemnify Tehama County, its elected officials, officers, and employees, against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees by reason of any person's or persons' bodily injury, including death, or property being damaged by Contractor or any person employed by Contractor in any capacity during the progress of the work, whether by negligence or otherwise. Contractor shall also indemnify County of any adverse determination made by the Internal Revenue Service or the State

Franchise Tax Board against the county with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding.

NOTICES

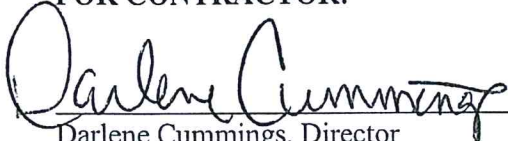
Any notice required or permitted to be given pursuant to the terms and provisions of this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:

IF TO PROVIDER: Tehama County Health Services Agency
Attn: Executive Director
P.O. Box 400
Red Bluff, CA 96080
(530) 527-8491

IF TO CONTRACTOR: HomeCare Professionals
715 Jackson St.
Red Bluff, CA 96080
(530) 966-9885

IN WITNESS WHEREOF, the parties hereto have executed or have caused to be executed by their duly authorized official or agent, this Agreement on the respective dates indicated below.

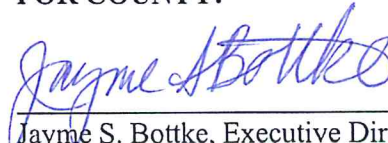
FOR CONTRACTOR:



Darlene Cummings, Director
HomeCare Professionals

Date: 1-27-25

FOR COUNTY:



Jayme S. Bottke, Executive Director,
Tehama County Health Services Agency

Date: 2-21-25

TEHAMA COUNTY HEALTH SERVICES AGENCY



1850 Walnut Street ▪ Red Bluff, CA 96080

(530) 527-8491 ▪ Fax (530) 527-0362

EXHIBIT A CONTRACT PERMISSION SLIP – PUBLIC HEALTH

Date: _____ Employee Name: _____

Agency: _____

Supervisor's Name: _____
(Printed) (Signature)

Contact Public Health when you have an employee needing any immunization to ensure vaccine is in stock and to schedule an appointment. If an employee needs MMR and/or Varicella vaccine in addition to the TB test, the vaccines must be given on the same day as the TB test or any time after the TB test is read.

PUBLIC HEALTH – **RED BLUFF** Office. 1850 Walnut St. Bldg. E. Phone: 530-527-8491

PUBLIC HEALTH – **CORNING** Office. 275 Solano St. Phone: 530-824-4890

Appointment date: _____ **Time:** _____

Check requested service below: (Your agency may not be contracted for all services listed below. Please verify contracted services before sending employee):

YOU MUST BRING A SIGNED PERMISSION SLIP FOR EACH DOSE.

THE PERMISSION SLIP MUST BE COMPLETED ACCURATELY BY THE EMPLOYER/CONTRACTOR BELOW: CONTRACTOR TO CHECK OFF WHICH SERVICE IS NEEDED – THE REST WILL BE COMPLETED BY THE NURSE

HEPATITIS A	DATE GIVEN	SITE	LOT #	NURSE
First Dose				
Second Dose (24+ wks after 1 st dose)				

HEPATITIS B	DATE GIVEN	SITE	LOT #	NURSE
First Dose				
Second Dose (4+ wks after 1 st dose)				
Third Dose (16+ wks after 1 st /8+ wks after 2 nd)				

TB TEST (Tuberculin Skin Test)	DATE GIVEN	SITE	LOT #	NURSE
Placement (read 48-72 hrs after placement)				

MMR (Measles, Mumps, Rubella)	DATE GIVEN	SITE	LOT #	NURSE
First Dose				
Second Dose (28+ days after 1 st dose)				

VARICELLA (Chickenpox)	DATE GIVEN	SITE	LOT #	NURSE
First Dose				
Second Dose (28+ days after 1 st dose)				

TETANUS (Td)	DATE GIVEN	SITE	LOT #	NURSE
Booster				

RABIES	DATE GIVEN	SITE	LOT #	NURSE
First Dose (Day 0)				
Second Dose (Day 7)				
Third Dose (Day 21 or 28)				

Exhibit B

Vaccination Fee Schedule 2025

<i>Name of Vaccine</i>	<i>Common Name</i>	<i>Admin Fee</i>	<i>Cost per Dose</i>	<i># of doses</i>	<i>Total Cost</i>
Havrix Hep A 1 ml	Hep A Vaccine	\$ 38.00	\$ 35.00	2	\$ 146.00
Engerix-B/Recombivax Hep B 1 ml	Hep B Vaccine	\$ 38.00	\$ 53.12	3	\$ 273.36
Tubersol	Tuberculosis Test	\$ 34.00	\$ 10.47	1	\$ 44.47
N/A	TB Consulation	\$ 34.00	-	1	\$ 34.00
Rabavert Rabies Vaccine	Rabies Vaccine	\$ 38.00	\$ 334.31	3	\$ 1,116.93