



# Revision to ASR and/or Attachments

**Date:** 04/30/2026  
**To:** Clerk of the Board of Supervisors  
**From:** Veronica Kelley, Agency Director, Health Care Agency  
**Re:** Control #: 26001143, Meeting Date: 05/05/2026, Agenda Item No. #: 6  
**Subject:** Community Supports Services Agreement

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**Explanation:**

HCA would like to revise Recommended Action #1 and replace Attachment A.

**Revised Recommended Action(s):**

Approve Agreement with Kaiser Foundation Health Plan, Inc. for Community Supports Services, effective upon Board approval, through December 31, ~~2026~~ 2028.

**New and/or Revised Attachments (attach revised attachment(s) and redlined copy(s)):**

Attachment A – Community Supports Services Agreement  
Attachment A - Redline