DPH Business Office
Frequently Asked Questions
from the "What's New in Contracting FY21-22" for DPH Contractors

CONTRACTING (1 – 7)

1. What is the status of DPH funding notifications for FY21/22 and ongoing impact of COVID-19?

Funding Notification letter issuance is in progress. FN letters are issued following the completion of outstanding funding decisions, and/or negotiations, where applicable. COVID-19 should not impact the issuance of FN letters, except to the degree that unspent prior year COVID-19 funding is being added to current year funding, in which case there is more follow-up required.

2. Do we as contractors have flexibility in determining unit rates and autonomy when choosing between Fee-for-Service (FFS) or Cost Reimbursement (CR) invoices?

DPH vendors/contractors do not have the autonomy or flexibility to select FFS vs. CR invoice template. These issues are discussions that should occur between the agency and the assigned System of Care Manager. For example, for Behavioral Health Services, the practice is to utilize FFS with only some exceptions, to meet State billing requirements, whereas HIV Health Services may require cost reimbursement to meet grantor funding requirements.

3. How do we add or expand types of services to the contract?

An agency may initiate a request using a Contract Change Request form. This request will be submitted to the CDTA Program Manager and reviewed and approved or denied by the applicable System of Care Program Manager.

4. Would modifications to subcontractors/consultants or rates result in a budget modification? If so, how long would we expect the turnaround for that review to take and is the agreement able to be retroactive?

Yes, a contract modification is required. It is the same process as when other changes are made to the contract. If it is just adding the subcontractor/consultant's name to the Appendix B, then it may be quicker and take less time. If there are changes other than just adding the subcontractor/consultant's name, then it may take longer because the contract modification is reviewed and processed by multiple sections including CDTA, Budget, Cost Report, and System of Care, Contracts, and Fiscal.

5. Please provide examples of how to calculate the indirect on contracts w/ federal funds & subcontract?

Please see the links below for BHS Fee-for-Service and Cost Reimbursement contracts:

- Fantasy Company 1000012345 Sample CR.xlsx
- Invention Organization 1000011111 Sample FFS.xlsx

6. What is a Ryan White Grant?

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act provides for grants to support programs for persons with HIV. Ryan White HIV/AIDS Program grantees receive Federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. San Francisco DPH is a RW grantee, and the grant is administered by the HHS section.

7. How long after a communication is sent will it be available on the CDTA website?

Providers will receive an email notification alerting them to new information that is available on the CDTA website.

COVID-19 IMPACT (8 – 20)

8. How will the department handle compliance and performance during all of the pandemic years? What will the monitoring process look like?

DPH is handling compliance and performance issues routinely during the pandemic years. Most issues are being handled virtually but sometimes in-person site visits are necessary. The monitoring process continues with the same format as it has had in years before the pandemic, with the exception that there is some change in the point scoring within monitoring reports; performance objectives continue to be rated as before but, due to the possible affect the pandemic might have on unduplicated client counts and staffing levels, the scoring of the monitoring categories as well as an overall score on the monitoring report have been suspended until further notice.

9. In terms of the legal enforcement of certain COVID-19 guidelines/requirements such as proof of vaccination, etc. how can my organization be prepared for lawsuits for religious discrimination or other lawsuits regarding these new rules? Is mandating vaccinations or enforcing other potentially unconstitutional or discriminatory practices cause for legal concern?

Please consult with your agency's legal counsel.

10. What is the City's budget picture one year out of the pandemic? How will this impact our budget request?

The Mayor's Office will complete its revenue/deficit projections in late November/early December, followed by the issuance of Departmental budget instructions. At that point, DPH will have enough information to determine the

pandemic's impact on its available funding, and whether the Department will be able to support new budget requests.

11. COVID-19 impacts how people can access services. How can funds be shifted, and budgets amended to cover the change?

This is a discussion that should occur with your System of Care Program Manager. At the beginning of COVID-19, the Mayor allowed for full reimbursement regardless of service levels. When this ended in September 2020, the Department allowed flexibility through reductions to units of services (and increased rates) to ensure flexibility as needed for the rest of FY20-21. DPH is committed to working with its contractors to mitigate the effects of the pandemic that are outside of its control. There is no across-the-board set of instructions in FY21-22.

12. How will the ongoing pandemic continue to impact contract compliance and deliverables?

DPH is committed to working with its contractors to mitigate the effects of the pandemic that are outside of their control. Please follow-up with your System of Care Program Manager to discuss your individual needs.

13. Will telehealth continue to be allowed?

Yes, providing services by Telehealth is still an option to ensure the safety of staff and clients and where it is effective as clients and families are engaged.

14. Continuing impact on providing services, concerns about in person group services and space

Health and safety concerns will continue as COVID-19 guidelines are in place requiring masking, social distancing, etc. Consideration for in-person groups should include the ability to meet outdoors or in a very large well-ventilated space with clear protocols (no food, masks at all times, etc.). Group therapy, especially for youth who are not yet eligible for vaccine should be minimized and telehealth should be leveraged.

15. What are allowable costs for COVID-19 assistance for SUD clients?

DPH is committed to working with its contractors to mitigate the effects of the pandemic that are outside of their control. Please follow-up with your System of Care Program Manager to discuss your individual needs.

16. Due to COVID-19 our programming had to change approach and impacted our Units of service - what flexibility will be given this year given the current variant?

DPH is committed to working with its contractors to mitigate the effects of the pandemic that are outside of their control. Please follow-up with your System of Care Program Manager to discuss your individual needs.

17. Will we be allowed to charge a premium this fiscal year due to ongoing COVID-19 impacts to our services?

No. The Department does not have any plans to pay a premium. However, as noted above, DPH is committed to working with its contractors to mitigate the effects of the pandemic that are outside of its control.

18. As a Contractor with a residential/supportive housing program, are there documented procedural activities required by CBOs while caring for a COVID-19 residents.

CDC and DPH guidelines should be followed. HHS does not require documentation of activities related to clients/residents with COVID-19.

19. How does the new Delta variant impact the current COVID-19 policies?

For specific questions about COVID-19, it is always a good idea to refer to the most current SFDPH Health Order, which can be found on the DPH website at sfdph.org under the heading "COVID-19 Information".

20. What's the expectation for mental health staff who have been remote?

We continue to support telehealth and telecommuting. Throughout the pandemic, all AOA clinics have remained open with minimal staffing to

provide essential services. The minimal expectation for staff now is to report to work in-person at least two days per work week. This may look different per agency/program given modality and client needs.

The DPH policy has always been that if you are needed in-person to ensure good quality care, then you should be available in-person. Therefore, if clinically indicated, clinician/case manager should plan to see client in-person, including outreach field and/or office visits.

CONTRACT COMPLIANCE (21 – 26)

21. Does compliance compare program performance across Providers (delivering similar services) as well as across fiscal years?

If by "compliance" you mean Business Office Contract Compliance (BOCC), we have the capacity to prepare data that compares program performance across providers (for example, within similar treatment modalities), but we do not do it routinely; we have done that as a special request of a system of care. BOCC does compare program performance within a monitoring report for a program for the fiscal year being monitored and compare it with results from the previous fiscal year. If you mean by "compliance" the BHS Compliance Office, they do not perform these functions currently.

22. I heard Tom mention that providers are expected to survey clients annually. The state mental health consumer satisfaction survey occurs twice a year. Does this mean providers only have to participate in the process once out of the two survey periods?

For client satisfaction surveys, programs that participate in the state-sponsored twice-per-year surveys are required to participate in both (basically fall and spring survey periods set by the state). For some providers, such as in the substance abuse system of care, the state-sponsored client satisfaction survey process for treatment programs is only once per year. For many providers, typically those that are not standard treatment programs, and who therefore create their own customized client satisfaction survey process, the requirement is to survey their clients at least once annually; many providers choose to do so more frequently.

23. Compliance guidelines for contractors in detail, please.

This question is similar to question #8. Please refer to that response.

24. Want to make sure I understood that FY 20-21 BOCC scoring has been suspended in the 4 domains, but that we will still be scored on our Performance Objectives and Client Satisfaction. Can you explain that very important piece again? Will there be a BOCC Monitoring visit for FY 20-21 with a review of the Admin Binder and premises? Or is that suspended as well?

Across DPH, due to the pandemic, BOCC has suspended the category scoring of the four domains as well as the overall program score; this is because of how the pandemic may have affected staffing levels as well as unduplicated client counts. We continue to measure the performance objectives and provide a rating for each of them on the usual sliding scale of 5 points for performance achievement within a specific program objective of 91% of the target, or 4 points for 81-90% achievement of a target, etc. However, we are not totaling the performance objective ratings and calculating a category (domain) score. We are measuring performance objective ratings for two reasons: (a) to maintain an historical record of how a program is performing from fiscal year to fiscal year, even during the pandemic (some programs pivoted spectacularly to telehealth for example), and (2) especially for those performance objectives regarding regulatory documentation, we need to be able to refer those program codes with significant documentation deficiencies to the BHS Compliance Office. This is at the request of the Board of Supervisors who suggested this strategy to encourage more timely analysis by the BHS Compliance Office of each of the clinicians within a program code who may be unfortunately responsible for the overall program code deficiency and thus who may need guidance regarding proper documentation. With the state being more aggressive about disallowing billings that are not properly documented, this was viewed by the Board analysts as a risk management strategy due to lost revenue. In other words, BOCC's program monitoring is of each program code in the aggregate but not of individual clinicians. We are not scoring the client satisfaction domain, but we are documenting the process and results.

25. What is "ADM 99" from Tom's Presentation?

ADM99 is a billing code used in Mental Health to account for productivity even though there is no billing revenue; BOCC documents this at the request of Systems of Care as they conduct productivity analyses.

26. I heard that there is a separate Declaration of Compliance (DOC) for SABG grants, but I don't recall seeing anything different in our DOC this year. Was new info just inserted in the DOC that we need to pay close attention to?

At the SUD Providers meeting on 9/27/21, the Business Office of Contract Compliance (BOCC) presented that from now on there will be two (2) Declaration of Compliance documents (DOC). There is a completely new DOC: a separate one for SABG, which is different than the traditional one for SUD (ODS-DMC funded programs/contracts). And there a few new clarifications within both of those Declarations.