



WELCOME TO

CONTRACTING 101

FY23-24

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

LAND ACKNOWLEDGEMENT

The San Francisco Department of Public Health acknowledges that we are on the unceded ancestral homeland of the Ramaytush Ohlone who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

LIVE EVENT

This meeting is
being recorded.

By continuing to be
in the meeting, you
are consenting to be
recorded.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

Question and Answer Room

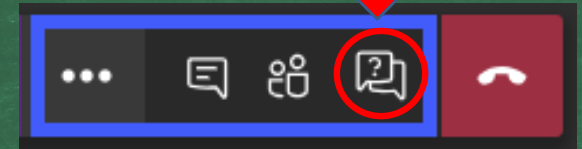
There will be a Q&A Room for you to ask questions to the presenters.

When entering a question to a specific presenter -
Use: #(Name of Presenter) - Question

Example:

#MichelleLong – Where can I find the Contract Change Request Form?

Q&A
Room



Due to time, not all questions can be answered. If your question was not answered, please reach out to your CDTA Program Manager.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023



Today's Objectives



By the end of today's presentation, you will know how to make a set of contract documents that, if done correctly, should proceed through the certification process with minimal delays. This includes familiarity with:

- ★ The role and function of each of the Business Office sections.
- ★ The role of the CDTA website
- ★ The role of the CDTA Program Manager

- ★ The contract development documents: when and how to use them
- ★ The solicitation process
- ★ The contract monitoring process
- ★ The key elements of a Funding Notification

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Welcome and Introductions

Michelle Long

Director
Contract Development and Technical Assistance

Overview of the Business Office

Michelle Ruggels

Director
DPH Business Office

Solicitations

Kelly Hiramoto

Acting PSC Coordinator and Special Projects Manager
Office of Contracts Management & Compliance

**Overview of Contract Monitoring
(BOCC)**

Michelle Ruggels

Director
DPH Business Office

**Overview of DPH Contract and Understanding
your Contract**

Dean Goodwin

Manager of Community-Based Organization Contracting
Office of Contracts Management & Compliance

How Do I Get Help?

Michelle Long

Director
Contract Development and Technical Assistance

Funding Notification & Appendix B (BHS)

Judy Perillo

Budget Analyst
Budget

Budget (BHS)

Shirley Giang

DPH Business Office Budget Director

Budget (Non-BHS)

Dean Goodwin

Manager of Community-Based Organization Contracting
Office of Contracts Management & Compliance

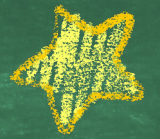
Coming Up...



Overview of the Business Office

MICHELLE RUGGELS

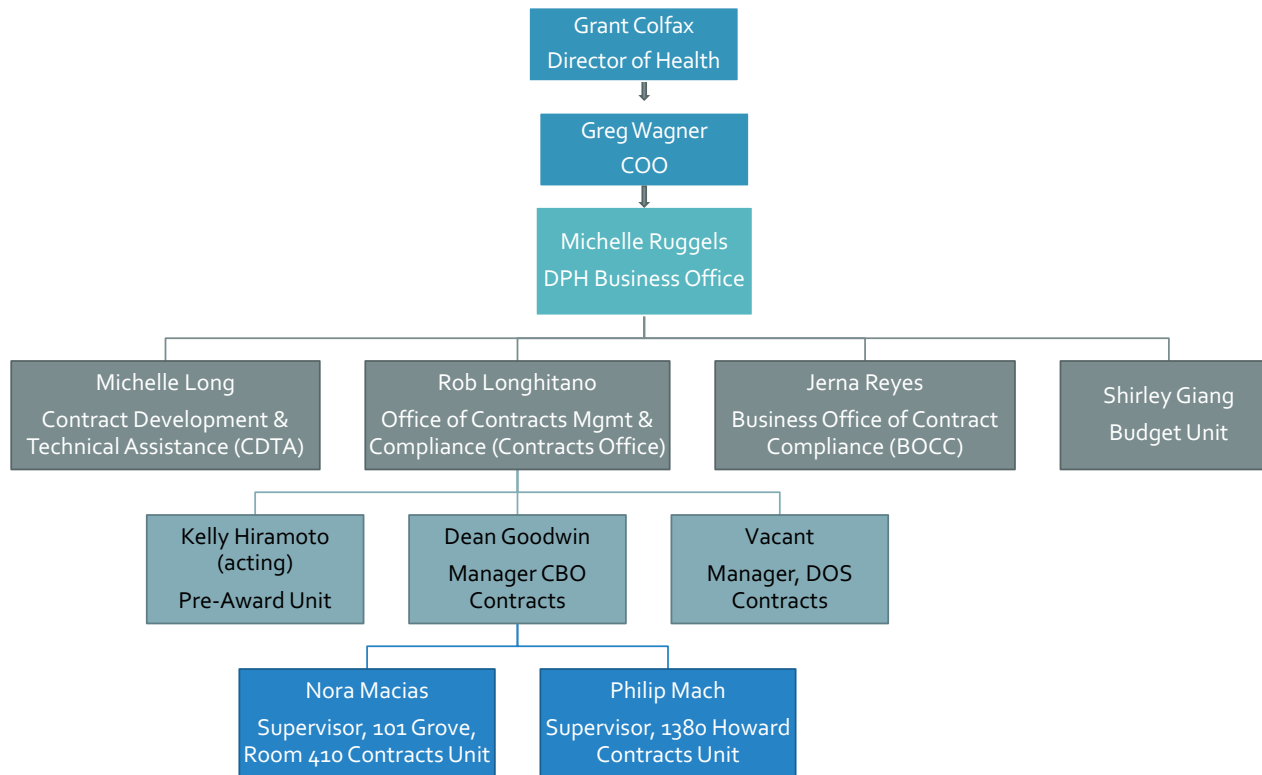
Business Office, Director



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DPH Business Office, September 6, 2023

DPH Business Office



MICHELLE RUGGELS

Department of Public Health
Greg Wagner, COO

Director of DPH Business Office
Michelle Ruggels, Director

Business Office Contract Compliance (BOCC)
Director, Jerna Reyes

- Conduct comprehensive annual program monitoring for all nonprofit contractors and Behavioral Health Services Civil Service clinics.
- Produce individual monitoring reports for 400+ programs and clinics.
- Conduct data analysis on program deliverables, objectives, compliance, and client satisfaction. Produce reports about contract and program performance.
- Conduct fiscal monitoring for nonprofit contractors. Participate in and serve on steering committee for Controller's Nonprofit Monitoring and Capacity Building Program.
- Advise on the development of technical assistance and Corrective Action Plans for struggling organizations.
- Consult on the development of effective performance objectives.
- Facilitate Medi-Cal site certification for contractors and Civil Service clinics.
- Implement provisions of Proposition I (notification of new or expanded services for neighborhood residents and merchants).

Contract Development and Technical Assistance (CDTA)
Director, Michelle Long

- Principal Point of Contact for contracting organizations
- Develop standardized contracting policies and procedures
- Liaison across DPH sections to ensure consistency of contract documents and policies
- Coordination of contract development process, including negotiations, planning and implementation
- Liaison with Contracts Office and Budget Unit through certification
- Review and follow-up for Appendix A and B for all contracts
- Maintain and manage calendar of activities that affect contract development
- Plan technical assistance resources and methods of deployment; Offer technical assistance as needed
- Develop/monitor Corrective Action Plans; update Health Commission
- Coordinate budget revision requests
- Assist contractors in specific Medi-Cal Certification process.

Budget Unit Director
Director, Shirley Giang

- Oversee expenditures to ensure are incurred appropriately within the budget and prepare projections as necessary.
- Oversee the preparation of contracting agency funding notification letters and invoice templates; approve invoice payments.
- Monitor and determine contract funding mix and modalities.
- Oversee and approve contract budget and approve changes.
- Develop and monitor budget related policies.
- Maintain and reconcile position control; coordinate with Fiscal; and approve vacancy and index code correction requests.
- Monitor and analyze revenue projections to determine financial impact on funding shortfall or funding losses.
- Monitor and oversee the preparation of the annual budget narratives, write-ups and analyses.
- Liaison to Fiscal

Contracts Office of Management and Compliance
Director, Rob Longhitano

- Contracting Out: Secures Civil Service Commission approval; works with program staff, prepares/tracks requests, meets with unions
- Contractor Selection: Manages competitive selection processes (RFPs/RFQs) and obtains approval for sole source contracts
- Contract Negotiation: Negotiates changes to City boilerplate with City Attorney, and/or scope changes
- Compliance with City requirements: Ensures vendor compliance, including business tax registration, entry into City vendor database; Equal Benefits, Locally-owned Business Enterprise (LBE), Minimum Compensation, and others
- Contract Certification: Manages/implements/tracks City contract approvals processes; prepares purchase and change orders, obtains signatures upon review of City approvers (e.g., OCA)

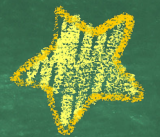
Coming Up...



Solicitations

KELLY HIRAMOTO

Acting PSC Coordinator and Special Projects Manager



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

Business Office of Contract Compliance Pre-Award Unit

Solicitations

- What is a Solicitation?
- Why is it Necessary?
- How does it work?

What is a Solicitation?

Solicitation

- **competitive process** with defined procedures, timelines/deadlines, implemented according to City regulations to select a vendor(s) to perform contracted services
- all results and documents are **part of the public record**
- takes place **near the beginning of the procurement process**

Purpose

- **required** by SF Admin Code, Chapter 21, "Sec. 21.1 Competitive Solicitation Required" and Chapter 21G.3, "Competitive Solicitation"
- used for the **acquisition of goods/services** from qualified contracted service provider(s) through a fair and equitable manner

What are the main Types of Solicitations we use at DPH?

Note: No solicitation required for services under \$10k.

Request for Proposal (RFP)/Request for Grant Application

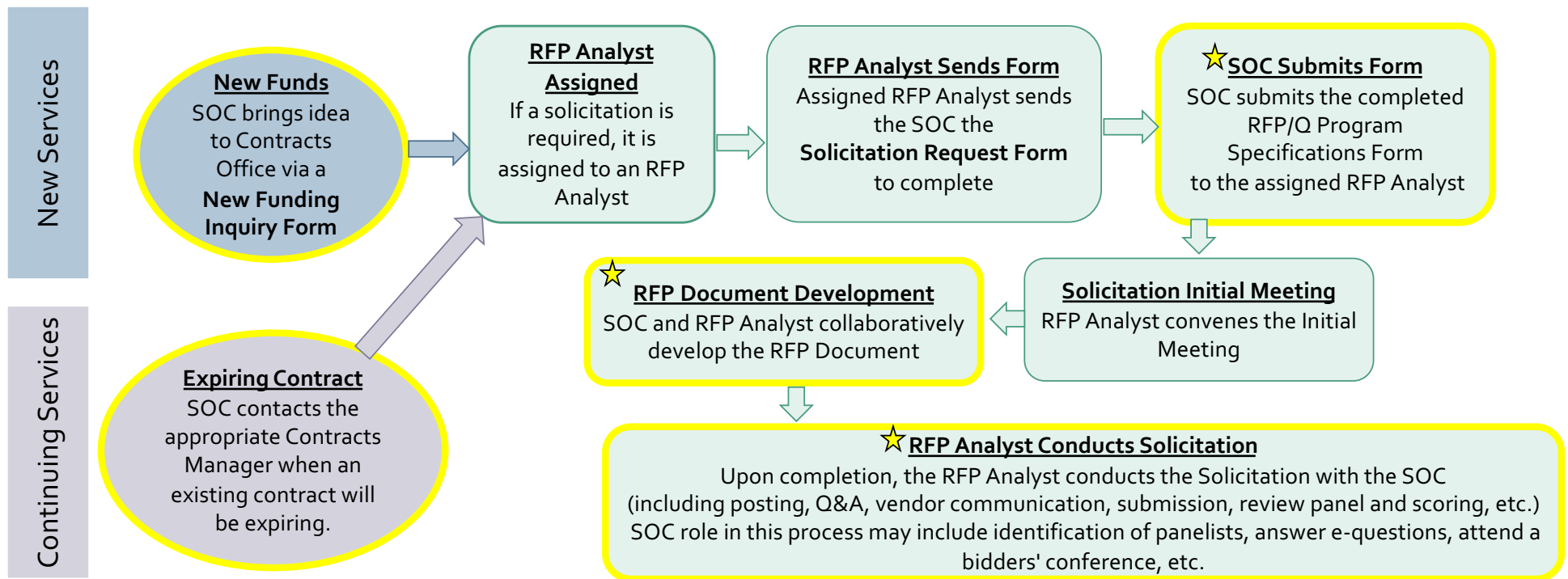
- Used when the **services needed are immediate and well-defined**
- Used to **solicit service proposals** that meet specified requirements and qualifications for how the services will be provided
- Process: vendors selected based on **ranking by average scores**
- Results: successful bidders that receive **contract awards**

Request for Qualifications (RFQ)

- Used when we have **less-defined needs** in the present; to prepare for future
- Used to **solicit qualifications** that meet specified criteria for anticipated services/categories and potential funding
- Results: a **list of qualified candidates** for consideration/ canvassing when service needs and funding are more defined
- **Requires further competition**, through a mini-RFP, restricted to the list of pre-qualified vendors

Solicitation Process

from Business Owner “System of Care” (SOC) Request through Solicitation Processing

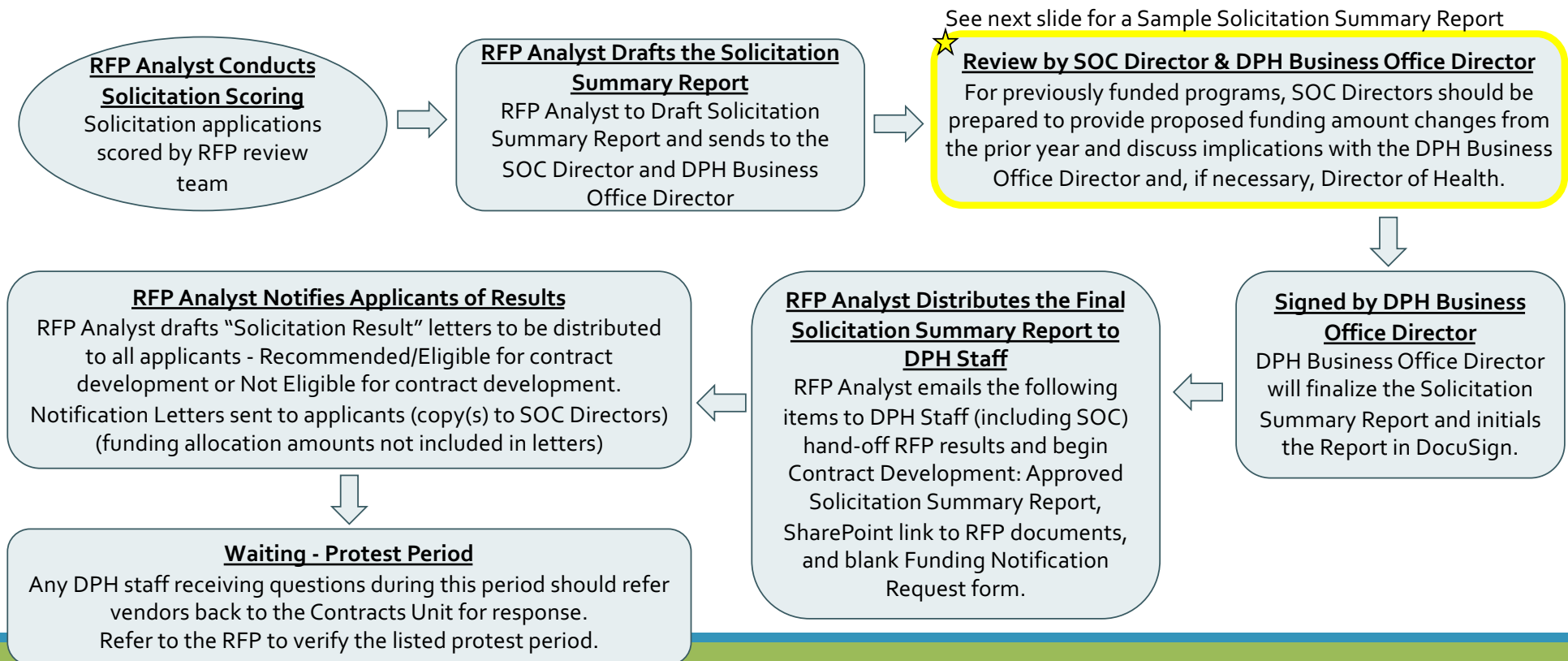


The next slides will review your role in the starred ★ steps.

KELLY HIRAMOTO

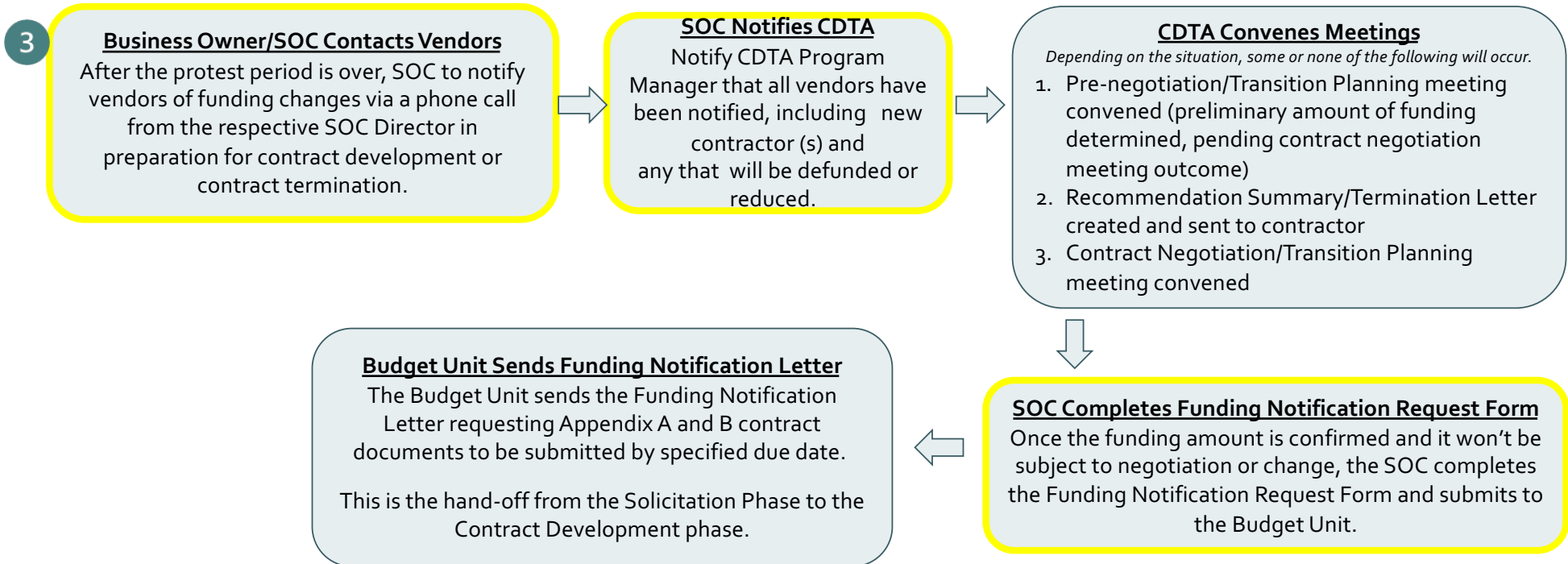
RFP to Contract Development Process

from Solicitation Scoring to Protest Period



RFP to Contract Development Process, *continued*

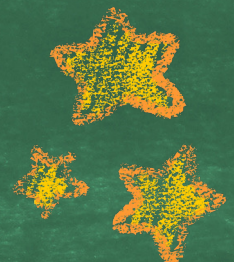
from Protest Period to Issuance of Funding Notification Letter





KELLY HIRAMOTO
Acting PSC Coordinator and Special Projects Manager

Q & A



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DPH Business Office, September 6, 2023

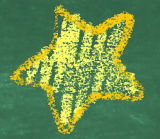




Coming Up...

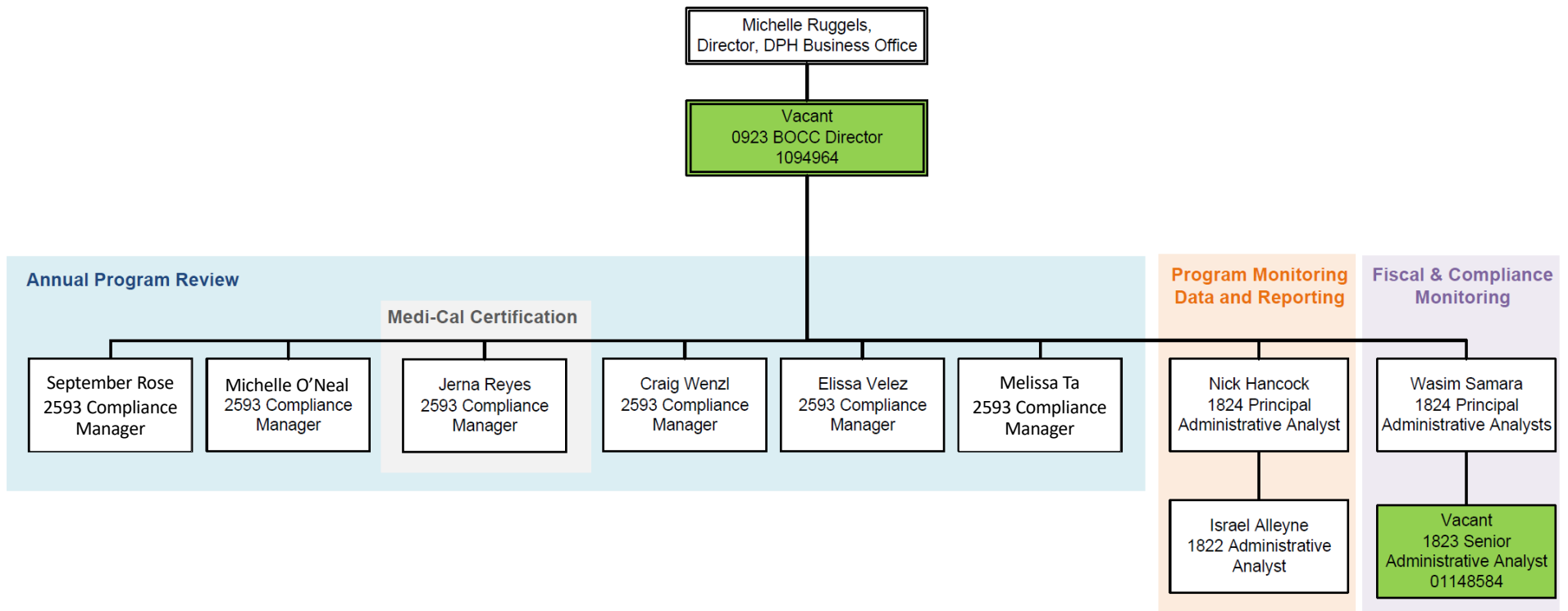
An Overview of DPH Contract Monitoring

MICHELLE RUGGELS
DPH Business Office, Director



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

Business Office of Contract Compliance Org Chart



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Business Office of Contract Compliance (BOCC) Monitoring Responsibilities

Mission

Program Compliance

- **To ensure that (individual) programs are accountably serving priority populations**, as indicated by their contracts or civil service clinic requirements.

Fiscal Accountability

- **To ensure that public dollars are spent in accordance with funding requirements** as well as local, state, and federal laws/policies and regulations.

Role and Responsibilities

1. **Annual Program Monitoring:** Assess an agency's individual program compliance with performance objectives, deliverables, and other requirements on the annual Program Declaration of Compliance.
2. **Fiscal and Compliance Monitoring:** Assess the overall agency's financial stability, proper invoicing to the City, and compliance with tax filings through Audited Financial analysis and participation in the Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building program.

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DPH Program Areas/Units/Branches Monitored through Annual Program Monitoring via BOCC

Currently Monitored

Contracted Programs	Ambulatory Care	Population Health Division	Behavioral Health Services
	<ul style="list-style-type: none"> • HIV Health Services - Ryan White • HIV Health Services - General Fund 	<ul style="list-style-type: none"> • Community Health Equity and Promotion - HIV Prevention Services • Community Health Equity and Promotion - Wellness Programs 	<ul style="list-style-type: none"> • Mental Health • Substance Use Disorder / Substance Abuse Block Grant • Mental Health Services Act • Transitional Aged Youth • Forensic and Justice-Involved BHS
Civil Service Programs	Population Health Division	Behavioral Health Services	
	<ul style="list-style-type: none"> • Community Health Equity and Promotion-HIV Prevention Services Civil Service Programs, including SFDPH Jail Health Services, SFDPH STD Prevention and Control, SFDPH Tom Waddell 	<ul style="list-style-type: none"> • Civil Service Clinic Programs 	

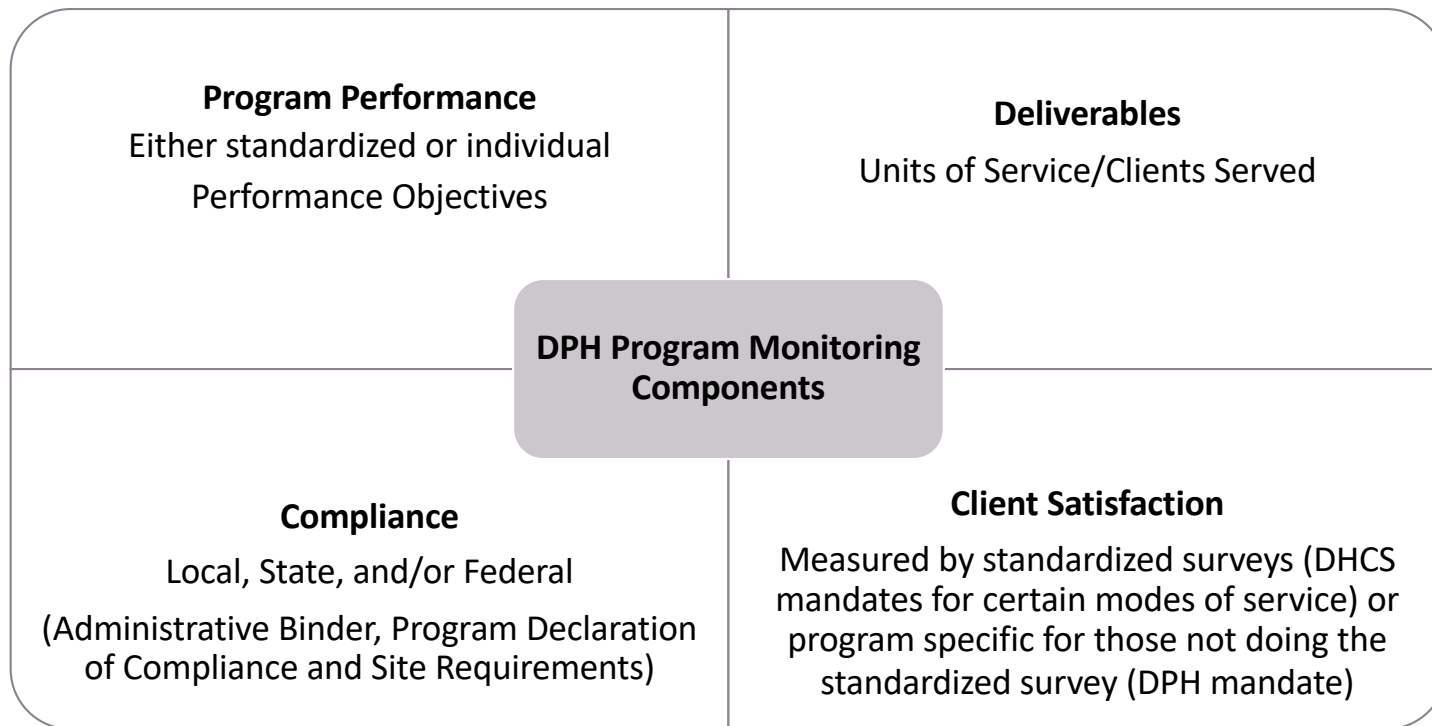
Coming Soon

- Maternal Child and Adolescent Health
- Primary Care
- Whole Person Integrated Care
- BHS Population Behavioral Health
- Note: these DPH sections will have their own dedicated review cycle to reflect new contracts/programs that have been added in the past two years.

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Four Components of Annual Program Monitoring

These items are monitored for each unique stand-alone program in a DPH contract or applicable civil service unit



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BOCC Program Monitoring Report: Scoring

The **Overall Program Score** derives from the performance on the four monitoring Categories:

Monitoring Category	Points Possible	Items Reviewed
Program Performance	30	Performance on standardized and individualized objectives
Program Deliverables	20	Comparison of contracted units of service and number of clients, if applicable, to delivered per final invoice
Program Compliance	40	Compliance with site premises and administrative binder requirements as outlined in Program Declaration of Compliance (PDC)
Client Satisfaction	10	A standardized or individualized client satisfaction survey was conducted and analyzed
Total Points	100	

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BOCC Program Monitoring Report: Compliance Checklist

- During the site visit the BOCC Compliance Manager will utilize a compliance check list that details all the compliance items expected of the program.
- These requirements are as listed in the annual Program Declaration of Compliance (PDC) the program receives and acknowledges at the beginning of the monitoring period.
- That checklist is divided into the **Site Premises** and **Administrative Binder** portions.
- *NOTE: Where an item is only applicable to a particular section, that section is indicated in parentheses at the beginning of the label.*

Site Checklist (15 items)

Availability of Interpretation Signage
(SUD) Clinic Medication Rooms (Programs with a medication room/medication)
Computer Antivirus Software
Consumer Handouts for Drug Medi-Cal programs; Or Provider List for MH programs
Grievance/Appeal Posters, Forms, Envelopes & Handouts
HIPAA Posters
Hours of Operation Posted
Monitoring and Invoice Backup Documentation
(SUD) Participant Rights Posted
Payments (Payment Sign - Receipts for Payments Provided)
Policy and Procedure Manual
(MH) Program Utilization Quality Review Committee
Site/Building Rules Posted
(SUD) Site/Facility Licenses
Vocational Training Opportunities

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BOCC Program Monitoring Report: Compliance Checklist – Administrative Binder

Administrative Binder (51 items)

Ensure Access to Services for Persons with Disabilities: ADA Form	Perinatal Services Guidelines
(SABG) Byrd Anti-Lobbying Amendment (31 USC 1352)	(SABG) Political Activities Limitation (Hatch Act)
BHS Policy and Procedure Table of Contents	(SUD) Possible Duplicate Services Report - Avatar Report
(SUD) Care Coordination	Quality Assurance Plan and Activities
(SABG) Charitable Choice	(SABG) Regulatory Control Requirements (NEW)
(MH) Child and Adolescent Needs & Strengths Training (CANS) (MH Only)	Required Disclosures
Client Satisfaction Survey and Analysis Documentation	(SABG) Restriction on Distribution of Sterile Needles
Client Transportation	Separation and Hiring Notification (NEW)
Compliance, Privacy and Data Security	(SABG) Separation Notification of Staff and/or Interns from Agency/Program
Code of Conduct	(SUD) Service Billing Errors by Program Report
Copies of Staff Clinical Licenses or Registrations	(SUD) Service Verification
Counselor Certification	(SABG) State Law Requirements (NEW)
Credentialing and Re-Credentialing (UPDATE)	Timely Access Documentation
(SABG) Cultural and Linguistic Proficiency (CLAS)	(SABG) Trafficking Victims Protection Act of 2000
Cultural Competency Staff Report	(SABG) Tuberculosis Treatment
(SABG) Drug and Alcohol Treatment Access Report (DATAR)	(SABG) Unlawful Messaging Regarding Drugs / (Limitation on Use of Funds for Promotion of Legalization)
Emergency Response Plan	(SUD) Volunteers and Interns (NEW)
Ensure Access to Services for Persons with Disabilities (ADA Form)	Site/Facility Licenses
(SABG) Federal Law Requirements (NEW)	SOGI or Transgender Training
Fire Clearance	12N Ordinance (LGBTQ Youth Sensitivity) Training
Harm Reduction Policy (UPDATED)	(MH) Transitional Youth Activity
Infection Control, Health and Safety Policies	Trauma Informed Systems Initiative & Workforce Training
(SABG) Intravenous Drug Use {IVDU} Treatment	Waiver Requested (if applicable)
Latest Program Monitoring and Plan of Action (if applicable)	(SABG) Year End Report
Notice of Adverse Benefit Determination (NOABD)	(SABG) Youth Treatment Guidelines
(SABG) Outreach Strategies	

MICHELLE RÜGGELS

4 Components of the Site Visit or Desk Audit

- A. BOCC Compliance Manager meets with the program on the appointed date, reviews the monitoring checklist, and works with staff to review the required items.
- B. BOCC Compliance Managers are always available to explain the monitoring process, answers questions, and offer technical assistance. Not uncommonly, a separate technical assistance session may be set-up (especially for new program directors) to provide technical assistance around monitoring requirements.
- C. If there is program self-report data required for an objective, the program is required to submit the data to the DPH Business Owner/System of Care Representative by the date stipulated in the posted Performance Objectives document for the relevant DPH section. The DPH Business Owner Director (or designee) should make every effort to attend the monitoring visit. This is a great opportunity to check in with the program, answer questions, and provide technical assistance.
- D. Note, an outcome of the pandemic is the implementation of virtual monitoring sites visits where all Site Visit boxes are completed through the use of camera phones, etc. As such, a Site Visit may be on-sight or virtual and will review the same items.

Monitoring Components	Site Visit	Desk Audit
Tour site and premises for applicable requirements	X	
Review Administrative Binder, other documentation	X	
Review a sample of client files, if applicable	X	
Review documentation of deliverables and invoices	X	X
Review documentation of performance objectives	X	X
Review client satisfaction process & documentation, if applicable	X	X

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Fiscal and Compliance Monitoring Overview

	1. BOCC General Financial Assessment	2. Citywide Fiscal and Compliance Monitoring
Purpose	Aims to prevent disruptions in services due to fiscal related issues or financial insolvency. It also aims to ensure proper use of tax dollars .	Aims to ensure public funds are spent in alignment with the City's financial and administrative standards and that nonprofit contractors have strong, sustainable fiscal operations .
History	Established by DPH to monitor the fiscal health of Community-Based Organizations (CBOs) that hold contracts with DPH. Scores are also used to determine participation in the Citywide Fiscal and Compliance Monitoring program.	To minimize duplication of effort and improve coordination across City departments, the Program was established in 2005 by the Controller's Office to streamline and standardize the City's nonprofit fiscal and compliance monitoring so that nonprofits that receive funding from multiple departments participating in the Program, or have large contracts, receive a single fiscal and compliance monitoring each year.
Description	Community-Based Organizations are required to send their audited financial statements annually, six months after its year-end close date, to DPH's Business Office of Contract Compliance (BOCC). BOCC tracks the submission of these statements, reviews, and score, them. Scores are recorded each year to determine any negative trends that raise concerns or prompts for technical assistance.	The Controller's Office coordinates the Citywide Fiscal and Compliance Monitoring Program to promote efficient monitoring that uses consistent standards and methods among the 12 City departments that are the primary funders of health and social services. BOCC participates in the Citywide Fiscal and Compliance Monitoring. The monitoring covers all DPH contracts (BHS, HHS, MHSA, etc.). The monitoring includes CBO's financial statements review, invoices, governance, internal controls and other compliance standards such as the Public Access ordinance and Emergency preparedness.

MICHELLE RUGGELS

BOCC General Financial Assessment: Objectives

- **Assess the fiscal health of the contractor agency**, and if needed, refer the agency to technical assistance or any other resources the city can provide. BOCC also alerts the DPH Business Owner/System of Care of any financial risk that could lead to disruption of services to help adjust the contract amounts or structure when possible.
- **Ensure the proper board governance** and involvement in the financials, which is required for the agency's long-term sustainability.
- **Ensure proper invoice billings** to the City, to make sure tax dollars are spent in alignment with the City's ordinances and policies.
- **Ensure compliance with tax filings** and other standards in the scope of this program.

BOCC General Financial Assessment: Annual Process

- A. Document Collection:** BOCC collects Audited Financial Statements from ALL contractors annually
- B. Analysis:** BOCC performs a deep dive analysis of the financial statements, looks at financial indicators such as Working Capital Ratio, Cash Reserves, Net Assets, and Cash Flows.
- C. Results:** Each agency is assigned a risk level:
 - **Low:** Agency is financial stable and has the capability of growing and adding new programs
 - **Moderate:** Agency financials are good but there are a few concerning items that require continued close monitoring
 - **High:** Agency is experiencing financial issues and requires assistance and attention from DPH
- D. Outcome:** Risk levels determine the type of monitoring in the Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building program. The analysis is documented in a memo and is shared with DPH Management, when necessary.

Note: Prior to a Contracting Process, DPH may also assess an Agency's financial health during the RFP Process. When an RFP is scored, a total of 30 points can be set aside for the financial health of the agency applying for the contract.

MICHELLE RUGGELS

Jerna Reyes' Team Roster

BOCC



NAME

Jerna Reyes, Director

Israel Alleyne

Nick Hancock

Michelle O'Neal

September Rose

Wasim Samara

Melissa Ta

Elissa Velez

Craig Wenzl



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MICHELLE RUGGELS
DPH Business Office, Director



Q & A

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

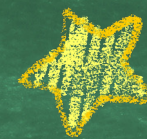


Coming Up...
2 Minute Break

Next Topic...
**An Overview of
DPH Contracting and
Understanding your Contract**

DEAN GOODWIN

Manager of Community-Based Organization Contracting



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

Beginning in FY22-23, there are two different types of contract templates: G-100 in addition to P-600

Administrative change to improve contract processing time

What is this new Grant Agreement format? Why Now?

- The G-100 Grant Agreement is a new contract template and format that has different approval requirements. Most City Departments outside of DPH already use this template/process for community-based contracts.
- Effective January 2022, updates to the City's Admin Code, Chapter 21G-Grants were approved by the Board of Supervisors. Implementation began in FY22-23 with a small handful in FY21-22.
- As DPH strives to decrease Contract processing timelines, the update has created incentive to begin the transition from Professional Service Agreements (P-600) to Grant Agreements (G-100) to support Community Based Services. (SEE RIGHT ►)
- This transition represents a DPH contractual processing change and contract agreement template change
- It is expected to decrease some administrative requirements/barriers that don't align as well with community-based service delivery contracts.
- Every potential new Community-Based contracted service, starting with the solicitation development, will be evaluated to determine if it meets the G-100 criteria.

P-600 vs G-100

P-600: Professional Services Agreement

- Vendor is Contractor
- Established by SF Admin Code, Chapter 21: Acquisition of Commodities and Services
- At this time, the most commonly used DPH contract template for the acquisition of professional services. It is designed to fit most situations.
- P-600 Agreements are used for services that are “contracted out”

G-100: Grant Agreement (City is Grantor)

- Vendor is Grantee
- Established by SF Admin Code, Chapter 21G: Grants
- Updated in January 2022
- This template is used to grant funding, or in furtherance of a public purpose, “a benefit in the interest of one or more communities in the City or for the general good of the people of the City...”
- Funding can be any funding source, including General Fund, Grants, etc.; Funds are “granted”

DEAN GOODWIN

Standard: Agreement and the Boiler Plate

- **Agreement:** (*aka contract or grant agreement*) is the legal agreement which is made by and between the City and County of San Francisco and the Contractor. Original agreements are made only as the result of a competitive solicitation (RFP/RFQ) or an approved Office of Contract Administration (OCA) sole source waiver.
- The Agreement contains the legal language required by the City, which is also referred to as “the boilerplate” or “City template,” and refers to everything in the Agreement up to and including the signature page. The Agreement boilerplate identifies:
 - The total contract amount or *Compensation* amount (funding estimated for all contract years). The Compensation total is also referred to as the **Not To Exceed (NTE)** amount. Expenditures (spending) made under the contract may not exceed the total Compensation/NTE amount, a requirement that is stated in all City agreements.
 - The Term of the agreement. The term of the agreement may include more than one fiscal or funding year (typical contract length is five years). The contract term may not exceed the time period designated in the competitive solicitation or the approved sole source request. (Historically, while BHS contracts have multi-year contracts, the budget is typically for only one fiscal year at a time.)
 - Changes to the term, the addition of a new scope of services, or a funding increase over the NTE amount are done through an Amendment. Changes that touch the term, NTE or Scope or processed through a revision to program budget (RPB).
- Contractors’ primary responsibility is creating and updating the Appendices (budget and scope of work)

DEAN GOODWIN

Standard: All Contracts have a Contingency

- DPH Contracts include a 12% Contingency Value as part of the contract Not to Exceed value.
- This is a placeholder value which is equal to 12% of the contract allocation. This placeholder is referred to as the “Contingency”. The **Contingency** allows DPH to accommodate potential funding increases, up to 12% of the contract allocation, without requiring a formal contract modification to add the potential increases, or a second approval by the Board of Supervisors or Health Commission.
- The contingency is not money. It is a placeholder value that allows us flexibility to add funding, such as a Cost of Doing Business increase.

DEAN GOODWIN

"Contract" Agreement Appendix Label Terminology

Cross Walk: P-600 Prof.Services Agreement vs. G-100 Grant Agreement

What is actually different for me?

- **Content Stays Mostly the Same:** Vendor Document Content (aka the Scope and Budget) stays mostly the same

See Next Slide ▼

- **Appendix Labeling is Different:** The Final Certified Agreement will have different Appendix Labeling, depending on the Agreement Type, P-600 vs. G-100

See Right ►

- **New FY 23-24 – UOS/UDC Tables Move from Scope/Grant Plan to the Budget Appendix:** These will be removed from the Scope/Grant Plan and will be an Attachment to the Budget Documents (Non-BHS Contracts)

Why? See Slide10 ▼

P-600 vs G-100: Labeling for Vendor Submitted Documents

P-600 Appendix	G-100 Appendix
None	Appendix A: Definition of Eligible Expenses
Appendix A: Scope of Services Appendix A-1, A-2, A-3: Description of Services	Appendix B: Definition of Grant Plan Appendix B, Attachment 1.1, 1.2, 1.3: Grant Plan
Appendix B: Calculation of Charges Appendix B-1, B-2, B-3: Budget(s)	Appendix B, Attachment 2: Grant Budget Attachment 2.1, 2.2, 2.3: Budget(s)
Non-BHS Contracts Only	
Attachment 1, 2, 3 to Appendix B: UOS/UDC Tables	New Location FY23-24 Attachment 2a, 2b, 2c: UOS/UDC Tables
Appendix F: Invoice Templates	Appendix C: Form of Funding Request

Non-BHS Contracts Only

DEAN GOODWIN

Appendix A – Program Narrative/Scope of Work/Grant Plan

- Appendix A – Program Narrative (Grant Plan) describes your funded program.

Be brief, but thorough when compiling this Appendix. Refer to the RFP/RFQ or Request for Grant Agreements (RFGA) for which you are funded to ensure you are capturing the basic requirements for the services you are providing and the clients you are serving.

Please: Review Your Scope of Work and Budget Quality Control is Important for the Scope/Grant Plan

- 1. What?** It is critical that you (a) review your Scope/Grant Plan, (b) update it to remove old information or clarify current information, AND (c) correlate it effectively to your Budget appendix.
- 2. Why?** If, and when your contract must be (a) approved by the Board of Supervisors, (b) reviewed by the City Attorney, (c) selected for audit by the Controller's Office or Budget and Legislative Analyst's Office, (d) requested by a journalist, or (e) used as the source for BOCC monitoring, it is critical that the Scope/Grant Plan be specific, clearly defined, and clearly linked to the Budget.

Quality Control Tips listed here ►

General Clarity

- Must be written clearly to describe each program (Goal Statement = Program Description)

Organization

- If programs are combined within one Scope/Grant Plan, then include clearly defined sections to describe each program.
- Ensure the Scope/Grant Plan translates easily to a clearly labeled and easily located corresponding Budget Appendix.

Scope Specificity


- Be specific and clear in describing the programs funded by the contract itself. The subject program may be part of your Agency's larger portfolio of services, but ensure you are clear about what pieces are being funded by the contract and what is not funded by the contract.


Final Quality Control Check


- Can someone unfamiliar with your Agency, Contract, Program(s), and Budget pick up the Scope/Grant Plan and Budget Document and understand what the City is funding?

DEAN GOODWIN

Basic Instructions for Appendix A – Contract Narrative/Grant Plan

- **Compare your Narrative/Grant Plan and Budget.** 
 - Make certain that all of the program details (dollar amounts, funding terms, UOS, UDC, etc.) in the Narrative match the details in the budget workbook (Appendix B).

- **Submit Appendix A and Appendix B at the same time.** 
 - You must submit your Appendix A and Appendix B at the same time.

- **Use the template provided at the CDTA Website.** 
 - When writing your Appendix A – Contract Narrative you must use the “Appendix A Narrative Template” document located on the CDTA website: www.sfdph.org/cdta (unless otherwise directed by your CDTA Program Manager).

DEAN GOODWIN

Basic Instructions for Appendix A – Contract Narrative/Grant Plan *(continued)*

- **Use the Checklist.**



- Use the “Contract Checklist for Providers” also located on the CDTA website. Review all elements of this checklist to ensure your documents are complete and accurate.

- **The Checklist is a great time-saver!**



- Using the Checklist will help you find and eliminate many common errors. Which will save time of documents going back and forth. This will get your contract documents certified more quickly.

DPH Directive Concerning Appendix A Language for Target Populations

Review Your Narrative For:

- Language pertaining to ethnicity when describing target populations.
- Consider alternatives to any current language that appear to limit acceptance into a program.

New Language Suggestions:

- “While *program* welcomes and serves all ethnicities and populations, services are designed to meet the cultural and linguistic needs of...”
- Replace: “Only serve/ Primarily serve/ Restricted to” with: “Designed to address/ Focus/ Special experience/ Expertise with/ Emphasis on/ etc.”

Refer to Appendix A Narrative Instructions

- “SFDPH CDTA Appendix A Narrative Instructions” document can be found at CDTA website: www.sfdph.org/cdta
- There are specific instructions for each System of Care (SOC) in separate sections.
- Refer to the instructions for the SOC for which you are providing service as there are different requirements from each SOC for different areas of the Appendix A.

Refer to Appendix A Narrative Instructions

(continued)

- Pay particular attention to the SOC-specific details for:
 - Target Population
 - Modality(s)/ Intervention(s) – especially the UOS description and table
 - Methodology
 - Objectives and Measurements
 - Continuous Quality Improvement (CQI)
 - Required Language

Non-BHS Contracts Only

FY23-24 Non BHS Contracts Change to Narrative

UOS/UDC Tables, aka the Modalities and Interventions section, will be moved to the Budget Appendix, beginning FY23-24

What is the change?

- This change is for Non-BHS Contracts Only.
- Beginning FY23-24, the Unit of Service (UOS) / Unduplicated Client (UDC) tables, currently in the Appendix A: Scope (P-600) or Appendix B, Attachment 1: Grant Plan (G-100) will move to the first tab of the Budget Workbook named **“UOS/UDC Allocation Page”**. The tab named “[Vendor Name] Summary Page” in the Budget Workbook will be removed as it will be repetitive of the first tab.

Why?

- A Revision to Program Budget, aka RPB may be used for changes to the Budget Appendix but not the Scope of Services/Grant Plan (aka Appendix A). The latter requires an amendment and thus additional approval requirements. By relocating this table to the Budget Appendix, minor changes to the contract/grant agreement may be incorporated without triggering additional approval requirements.

What do I do?

- When submitting your Contract Documents, make sure you have (1) Removed “Section 5: Modalities and Interventions” from your Scope/Grant Plan, and (2) Populate this information into the Budget Workbook tab labeled “UOS/UDC Allocation Page”.
- This revised Budget template will be available at:
www.sfdph.org/cdta → click on **“Contract Development Instructions and Templates”**
- If you have questions, reach out to your CDTA Program Manager

DEAN GOODWIN

You Must Stay in Compliance / Good Standing with State and Federal Agencies

- Vendors must remain in good standing with the State and Federal Agencies listed here.
 - The DPH Business Office will verify the Vendor is in Good Standing with each.
 - **NEW FY22-23** City Nonprofit Supplier Compliance with California Attorney General Registry of Charitable Trusts.
 - Effective February 7, 2023, the City may not enter into any new contracts or grants, or amend existing contracts or grants, with nonprofit suppliers that are not in current or probationary status with the State Attorney General, including those in suspended or revoked status. Existing contractors must be in compliance by July 1, 2023.
 - For a full listing of the City Policy visit: [Policy on Nonprofit Compliance with CAAG Charity Registry - issued 2.7.23.pdf](#)
 - **NOTE:** Subcontractors are also required to be in good standing with the state and federal agencies listed to the right.
- California Secretary of State:
<https://bizfileonline.sos.ca.gov/search>
 - California Franchise Tax Board:
<https://webapp.ftb.ca.gov/eletter>
 - Internal Revenue Service:
<https://apps.irs.gov/app/eos/>
 - **NEW FY22-23:** California Attorney General's Registry of Charitable Trusts:
<https://rct.doj.ca.gov/Verification/>
 - Department of Treasury, Office of Foreign Assets Control:
<https://sanctionssearch.ofac.treas.gov/>

Original Agreements, Amendments, Revision to Program Budgets (RPB) and Initial Payments (9/6/23)

Original Agreement (new contract/grant agreement)	Ongoing Contract Annual Updates processed Using Revision to Program Budget, aka RPB (RPB used if contract term unchanged and total multi-year contract funding not exceeded)	Formal Amendment/ Modification
(Certification in Year 1, e.g. FY23-24 for new multi-year contract/grant agreement)	Continuation of the Agreement in Year 2, Year 3, 4 etc.	As needed, e.g. Boiler Plate changes to extend term or change funding total
<ul style="list-style-type: none"> • Funding Notification Letter (FNL) issued by Biz Office Budget. Except for Behavioral Health Services (BHS) the FNL will indicate total funding for the full term. A BHS FNL is typically one-year of funding only. • Contractor submits two Appendices (Scope budget) covering all years, except for BHS which is typically for the current year only. • Contracts Office assembles the new original agreement, establishing a <u>multi-year</u> term multi-year funding. The budget appendix will be for one or the full term, depending on what was requested in FNL. (See Article 2 Terms of the Agreement for term length) • Approval Signatures Obtained: <ul style="list-style-type: none"> • Vendor Signature • City Attorney Approval • DPH Director Signature • City Office of Contract Administration (OCA) Approval (2x) • DPH Fiscal sets up a blanket encumbrance earmarking total multi-year contract funding, followed by a purchase order (p.o.) equal to the annual funding value. The completion of the blanket encumbrance signifies that the contract is <u>certified</u>. • Invoice templates are issued by Biz Office Budget Unit, based on the certified contract's Appendix B detail. (Note: Once a multi-year contract is certified, it remains certified until the term expires. Revisions will occur by RPB or 	<ul style="list-style-type: none"> • Funding Notification issued for new annual fiscal year funding amount (BHS) or for any updates (All Others) • Contractor submits Appendix A (scope) and Appendix B (budget) for new fiscal year (BHS), or for updates (All Others) • Contracts Office processes a Revision to Program Budget (RPB), replacing the updated appendices • Approval Signatures Obtained <ul style="list-style-type: none"> • Vendor/Contractor Signature • DPH SOC Director Signature, e.g. BHS Director • DPH Fiscal issues a purchase order equal to one year of funding against the blanket encumbrance created when the original agreement was first certified. • Biz Office Budget Unit issues invoice templates that reflect the updated Appendix B (budget). At this stage, the annual RPB contract update is complete. • Biz Office Budget Unit prepares an Adjustment Invoice for a one-time payment if a gap exists between reimbursement using prior year funding levels in the MYE invoice templates (see below for BHS) and the updated annual costs/rates retroactive to July 1. Contractors will now use updated templates. <p><i><u>BHS interim process for cash-flow continuation prior to annual contract update (see above for update steps)</u></i></p> <ul style="list-style-type: none"> • <u>Initial Payment</u>: Assuming the contract term has not expired, (see Amendment column), most BHS contractors receive an initial payment in July or August, typically equal to 25% of the contractor's prior year budget amounts. Additionally, interim or "<u>MYE</u>" <u>monthly invoice templates</u>, based on prior year funding and rates, are issued and used until the annual contract update is completed (see steps above) with new invoice templates issued. These placeholder invoices continue cash flow. The term "MYE" is informal DPH terminology to reference placeholder invoices. Processing steps include: <ul style="list-style-type: none"> • The Contracts Office prepares an Initial Payment Invoice for contractor signature, based on pre-determined eligible amounts. (vendor insurance and business tax must be valid, or this step will not be completed) • DPH Fiscal sets up an "MYE" annual purchase order, which reflects eligible prior year funding levels. The initial payment is then issued to the vendor via direct deposit. • Biz Office Budget Unit issues MYE invoice templates to be used each month pending completion of fiscal year contract updates (also paid out of the "MYE" annual purchase order). • Contractors will continue to submit monthly MYE invoices until the process described above is completed. At this time, new and updated invoice templates will be used by the contractor. 	<ul style="list-style-type: none"> • An amendment is required if there is a change to the contract boiler plate. • Boiler plate changes occur most often to extend the multi-year term, or to add money to the overall contract Not to Exceed amount (the full value of the contract, including the contingency value of 12%) or if there is a change to the scope. • An amendment requires all the approvals listed in the Original Agreement column (plus BOS approval if applicable), so a longer process than the RPB. • If an ongoing contract term has expired, (e.g. on 6/30 of the prior fiscal year) and will be amended to extend the term to cover the new fiscal year and beyond, neither an initial payment or MYE invoice will occur in BHS until the contract amendment is complete. Critical to plan ahead for expiring contracts!

Dean Goodwin's *Team Roster* Contracts Unit



NAME

**Dean Goodwin, Manager of
Community-Based Organization
Contracting**

Phil Mach, Supervisor

David Folmar

Luciana Garcia

Stephanie Hon

Sarah Ghoneim

Loan Tran

Nathaniel Wong

Nora Macias, Supervisor

Kristine Ly

William Gaitan

Yaoquan Zhu

Jessica Huang

Anna Gutierrez



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DEAN GOODWIN

Manager of Community-Based Organization Contracting



Q & A

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DPH Business Office, September 6, 2023

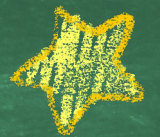
Coming Up...



How Do I Get Help?

MICHELLE LONG

Contract Development and Technical Assistance, Director



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

It is a complex system, but you can master it!

54

- Most governmental systems are complex
 - ▣ The size, the silos
 - ▣ The rules and regulations
 - ▣ Public bodies and officials
- We try to clarify and simplify where we can
- When questions arise, your best friend will be ...your CDTA Program Manager; your Principal Point of Contact
- When questions arise, your best friend will be ...your CDTA Program Manager; your Principal Point of Contact

SFDPH CONTRACT CERTIFICATION PROCESS

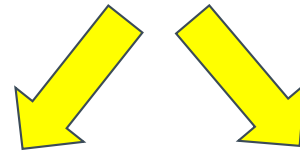
2023



Just Tell Me What to Do!

56

★ THE KEYS TO SUCCESS ★



MICHELLE LONG

What does it mean to be Principal Point of Contact?

57



MICHELLE LONG

CDTA WEBSITE

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HELPFUL LINKS

**Contract Development
Instructions and Templates**

**Policies, Procedures, Forms &
Guidelines**

**Meeting Presentations and
Training Materials**

**Performance Objectives &
Scoring Criteria**

**Systems of Care Resources &
Other Important Links**

Correspondence

Articles & Other Resources

Contact Us

MICHELLE LONG

Reminder: Important DPH Forms

What You Want To DO:	Form to Get it Done:
To make programmatic or budgetary changes to a contract	Contract Change Request Form
Increase the Fringe Benefit Rate <u>above 30%</u>	Fringe Benefit Rate Increase Request Form
To initiate or update permissions for signing documents	Signature Authority Form
Spend more in an expense category than the amount currently budgeted	Invoice Variance Request Form

Contract Change Request Process

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- To establish protocols and guidelines for Contractors and System of Care Program Managers (SOC PM) who wish to make:
 - ▣ **Programmatic** Changes
 - Change in the Scope of Work or Methodology
 - Change to Process & Outcome Objectives
 - Addition or deletion of a mode of service as listed in Appendix B
 - Increase/decrease in contract deliverables (either UOS or UDC)
 - Change to services provided by subcontractor
 - and/or **budget** changes to an existing certified contract or request a contract negotiation.

MICHELLE LONG

Contract Change Request Process

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- Requested **Budget** Changes
 - Additional funds
 - A reallocation of existing funds
 - A change in the time period for which the funds are allocated
 - Creation of a budget line item not included in the certified contract
 - Movement of budgeted funds between Salaries/Benefits and Operating Expenses in excess of 10% of the currently certified appendix budget.
- Request for Contract Negotiation

MICHELLE LONG

Contract Preparation



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- ❑ Common things that can slow down the contract development and certification process
 - ❑ **Expired Insurance Certificates** - please check for expired insurance once you send in your contract documents; make sure you have sufficient coverage for the type of service that you are funded to provide and in sufficient amounts
 - ❑ **Use of incorrect document templates** - please go to the CDTA website and select the appropriate template
 - ❑ **Late documents** – Send in documents by Date listed in Funding Notification; contact your CDTA Program Manager if you cannot make this deadline
 - ❑ **Waiting for Requested Contract Changes** - Contractors often delay in meeting the deadline in the Funding Notification because they are waiting for requested changes to the contract such as additional money, funding from a specific funding source, adding a grant funded or state funded program.

MICHELLE LONG



If you need to **stop service...**



63

- Consult with your funder (System of Care (SOC) Program Manager or Director

□ **Most Common Reasons**

- Non-Selection in Solicitation for Renewal of Services - A currently contracted agency, or program within an agency is not selected to continue providing services as an outcome of a competitive procurement process;
- Termination of Contract with Cause - such as for poor performance, malfeasance, or compliance issues. failure to provide insurance, voluntary or involuntary insolvency.
- Termination of Contract without Cause - a decision by the city to discontinue all - or a portion of - funding of an agency or program due to no fault of the agency or program.
- Planned Program Closure – project with finite funding and planned end term

MICHELLE LONG

If you need to **stop service...**

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□ If you need to **discontinue a service:**

1. Notify your System of Care Director or Program Manager in writing **as soon as possible.**

□ **The Process**

- Begins a collaborative and respectful process to close the service(s) to ensure that applicable clients are offered alternatives;
- Staff is offered alternatives, as available
- Community is notified, as applicable



MICHELLE LONG



“Class Assignments”

Please Remember the Following:

- 1. Use the Contract Checklist to assist you as you prepare your documents. If you have questions about your Appendix A or B, please contact your CDTA Program Manager for assistance;**
- 2. If you want to modify your current contract, the Contract Change Request form (CCR) must be used.**
- 3. Expired insurance certificates will hold up the processing of contract documents;**
- 4. See the CDTA website for contract templates, objectives, forms, procedures, etc.**



Michelle Long's Team Roster CDTA



NAME

***Michelle Long, Director**

*Anthony (Tony) Buckman

*April J. Crawford

Elizabeth Davis

*Margaret Elam

*Mario Hernandez

*Richelle-Lynn Mojica

James Stroh

*Valerie Wiggins

Andrew Williams, III

*Denise Williams



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***Contracting 101 Committee Members**



MICHELLE LONG
CDTA, Director



Q & A

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

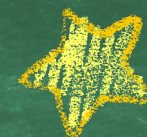




**Coming Up...
5 Minute Break**

**Next Topic...
Funding Notification and
Appendix B: Budget (BHS)**

JUDY PERILLO
Budget Analyst



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

FUNDING NOTIFICATION

- Cover Letter
- Funding Detail

COVER LETTER



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax, MD
Director of Health

FY 23-24 Funding Notification # 1

September 5, 2023

Robert Smith, Executive Director
SF Behavioral Health Services
1400 Howard Street
San Francisco, CA 94103

The Department of Public Health Business Office has allocated the amount below as SF Behavioral Health Services' funding for fiscal year 23-24. This allocation is summarized in the table below and funding details are included in the attached spreadsheet(s).

Contract ID# ¹	DPH Section ¹	FY 22-23 Funding Amount	FY 23-24 Funding Amount	Change in Funding
1000099999	BHS - Mental Health	\$1,586,157	\$1,613,631	\$27,474
	BHS - Substance Use Disorder	\$174,808	\$180,052	\$5,244
Total		\$1,760,965	\$1,793,683	\$32,718

¹ A backup funding detail is provided for each contract by DPH section.

Contract Document Submission Deadline

Please submit the Description of Services (Appendix A) and Budget (Appendix B) including the appropriate subcontract agreement(s) (if applicable) no later than **September 19, 2023**. The Appendix A and B forms are available via the Contract Development & Technical Assistance (CDTA) website at www.sfdph.org/cdta. These documents *must be submitted* via e-mail to cdtaunit@sfdph.org with your Agency's name in the subject title.

Revised Funding Notification

All funds allocated to SF Behavioral Health Services are dependent on availability of funding to DPH. DPH will adjust this allocation upon notification of changes from funding sources, issue a revised funding notification letter, and request that SF Behavioral Health Services modify its contract to the amount of funding available. Other reasons that may impact the total allocation include the ability of SF Behavioral Health Services to meet contractual objectives or to comply with contractual requirements.

CalOMS and Counselor Certification Regulations Compliance

SF Behavioral Health Services must comply with applicable client data collection and reporting requirements of the California Outcomes Measurement System (CalOMS) as required by the State of California Department of Health Care Services (DHCS). Additionally, SF Behavioral Health Services must comply with applicable counselor, staff training, or certification requirements as mandated by DHCS.

Contracts with Federal Grants

The Department of Public Health (DPH) receives and allocates federal grant funds to contractors, including SF Behavioral Health Services. In accordance with federal regulations, DPH hereby provides notice to SF Behavioral Health Services of applicable information with regard to those federal funds included in this funding notification:

Grant Information

CFDA Title	CFDA #	Award Name	Award #	Research & Development (yes/no)	Federal Awarding Agency	Applicable Compliance Requirements
Block Grant for Community Mental Health Svcs	93.958	SAMSHA - MHBG, System of Care	N/A	No	DHHS-SAMHSA	2 CFR Part 200, Uniform Guidance

Please ensure that the CFDA number is indicated on the appropriate DPH Funding Sources line(s) on the Appendix B.

We look forward to working with you and your staff in the provision of these services. If you have any questions, please contact **Richelle-Lynn Mojica (415)255-3555** or via email at richelle-lynn.mojica@sfdph.org.

Sincerely,

Shirley Giang
Budget Director
DPH Business Office

cc: Richelle-Lynn Mojica, Angelica Almeida, Farahmand Farahnaz Juan Ibarra, Philip Mach, Christopher Kim, Mary Tan, Alan Fok, Clifford Gee, Lai Saechao, Weijie Chen, Miguel Quinonez, Laurel Snead, Erik Dubon, Michelle Long, Margaret Elam, Nick Hancock, Israel Alleyne

JUDY PERILLO



2. **September 5, 2023**
1. **FY 23-24 Funding Notification # 1**

Robert Smith, Executive Director
SF Behavioral Health Services
1400 Howard Street
San Francisco, CA 94103

3. The Department of Public Health Business Office has allocated the amount below as SF Behavioral Health Services' funding for fiscal year **23-24**. This allocation is summarized in the table below and funding details are included in the attached spreadsheet(s).

4.

Contract ID# ¹	DPH Section ¹	FY 22-23 Funding Amount	FY 23-24 Funding Amount	Change in Funding
1000099999	BHS - Mental Health	\$1,586,157	\$1,613,631	\$27,474
	BHS - Substance Use Disorder	\$174,805	\$180,052	\$5,244
Total		\$1,760,965	\$1,793,683	\$32,718

5.

¹ A backup funding detail is provided for each contract by DPH section.

6. **Contract Document Submission Deadline**
Please submit the Description of Services (Appendix A) and Budget (Appendix B) including the appropriate subcontract agreement(s) (if applicable) no later than **September 19, 2023**. The Appendix A and B forms are available via the Contract Development & Technical Assistance (CDTA) website at www.sfdph.org/cdta. These documents *must be submitted* via e-mail to cdtaunit@sfdph.org with your Agency's name in the subject title.

7. **Revised Funding Notification**
All funds allocated to SF Behavioral Health Services are dependent on availability of funding to DPH. DPH will adjust this allocation upon notification of changes from funding sources, issue a revised funding notification letter, and request that SF Behavioral Health Services modify its contract to the amount of funding available. Other reasons that may impact the total allocation include the ability of SF Behavioral Health Services to meet contractual objectives or to comply with contractual requirements.

Cover Letter

1. Funding Notification #
2. Funding Notification Date
3. Fiscal Year
4. Contract ID#
5. Funding Amount
6. Contract Document Submission Deadline
7. CDTA Website and E-mail Address for Contract Document Submission

CalOMS and Counselor Certification Regulations Compliance

SF Behavioral Health Services must comply with applicable client data collection and reporting requirements of the California Outcomes Measurement System (CalOMS) as required by the State of California Department of Health Care Services (DHCS). Additionally, SF Behavioral Health Services must comply with applicable counselor, staff training, or certification requirements as mandated by DHCS.

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The Department of Public Health (DPH) receives and allocates federal grant funds to contractors, including SF Behavioral Health Services. In accordance with federal regulations, DPH hereby provides notice to SF Behavioral Health Services of applicable information with regard to those federal funds included in this funding notification:

8. Grant Information

CFDA Title	CFDA #	Award Name	Award #	Research & Development (yes/no)	Federal Awarding Agency	Applicable Compliance Requirements
Block Grant for Community Mental Health Svcs	93.958	SAMSHA - MHBG, System of Care	N/A	No	DHHS-SAMHSA	2 CFR Part 200, Uniform Guidance

Please ensure that the CFDA number is indicated on the appropriate DPH Funding Sources line(s) on the Appendix B.

9. We look forward to working with you and your staff in the provision of these services. If you have any questions, please contact **Richelle-Lynn Mojica (415)255-3555** or via email at **richelle-lynn.mojica@sfdph.org**.

Sincerely,

Shirley Giang
Budget Director
DPH Business Office

cc: Richelle-Lynn Mojica, Angelica Almeida, Farahmand Farahnaz Juan Ibarra, Philip Mach, Christopher Kim, Mary Tan, Alan Fok, Clifford Gee, Lai Saechao, Weijie Chen, Miquel Quinonez, Laurel Sneed, Erik Dubon, Michelle Long, Margaret Flam, Nick

Cover Letter (con't)

8. Grant Information, if there is federal grant funding
9. CDTA Manager and Contact Information

Funding Detail

FUNDING DETAIL

DPH Section: BHS-Mental Health			RFP/RFQ # (or note if Sole Source): various		
Revision #: [REDACTED]			Contract ID#: 1000099999		
Contractor: SF Behavioral Health Sevices			CDTA Program Mgr: Richelle-Lyn Mojica		
Executive Director: Robert Smith			CDTA Program Mgr Phone #: 415-255-3555		
Contractor Phone: 415-863-4200			CDTA Program Mgr Email: richelle-lynn.mojica@sfdph.org		
Contractor E-mail Address: rsmith@sfbhs.org			Contract Analyst: Philip Mach		
Program	RFP/RFQ#	FY22-23	FY23-24	Variance	
Older Adult Outpatient	RFP 8-2017	293,195	293,195	0	
Behavioral Health Svcs in Primary Care	RFQ 32-2017	332,824	332,824	0	
Senior Drop-in Center	RFQ 5-2017	223,276	223,276	0	
General Fund CODB - to be allocated			5,368	5,368	
	Adult Programs	849,295	854,663	5,368	
Full Circle	RFP 1-2017	736,862	758,968	22,106	
	CYF Programs	736,862	758,968	22,106	
	Total	1,586,157	1,613,631	27,474	
Funding Mix	Fund-Dept-Auth-Proj-Activity	FY22-23	FY23-24	Variance	
MH Adult Fed SDMC FFP (50%)	10000-251984-10000-10001792-0001	13,214	13,214	0	
MH Adult County General Fund	10000-251984-10000-10001792-0001	165,708	171,076	5,368	
MH Grant SAMHSA Adult SOC, CFDA 93.958	11580-251984-10001-10038132-0001	114,273		-114,273	
MH Grant SAMHSA Adult SOC, CFDA 93.958	11580-251984-10001-10039340-0001		114,273	114,273	
MH MHSA (OA)	11630-251984-17156-10031199-0072	556,100			
MH MHSA (OA)	11630-251984-17156-10031199-0088		556,100	556,100	
	Adult Total	849,295	854,663	561,468	
MH CYF Fed SDMC FFP (50%)	10000-251962-10000-10001670-0001	266,948	266,948	0	
MH CYF State 2011 PSR-EPSDT	10000-251962-10000-10001670-0001	147,816	147,816	0	
MH CYF State 1991 Realignment	10000-251962-10000-10001670-0001	98,578	98,578	0	
MH CYF County General Fund	10000-251962-10000-10001670-0001	153,520	175,626	22,106	
MH CYF County General Fund ERMHS	10000-251962-10000-10001670-0001	70,000	70,000	0	
	CYF Total	736,862	758,968	22,106	
	Mental Health Total	1,586,157	1,613,631	583,574	
Variance Explanation:					
FY23-24					
FY22-23			1,586,157		
3% MH-Adult General Fund CODB			5,368		
3% MH-CYF General Fund CODB			22,106		
Total			1,613,631		

Funding Detail

1.	DPH Section: BHS-Mental Health	RFP/RFQ # (or note if Sole Source): various
	Revision #: [REDACTED]	Contract ID#: 100099999
	Contractor: SF Behavioral Health Sevices	CDTA Program Mgr: Richelle-Lyn Mojica
	Executive Director: Robert Smith	CDTA Program Mgr Phone #: 415-255-3555
	Contractor Phone: 415-863-4200	CDTA Program Mgr Email: richelle-lynn.mojica@sfdph.org
Contractor E-mail Address: rsmith@sfbhs.org	Contract Analyst: Philip Mach	

2.	Program	RFP/RFQ#	FY22-23	FY23-24	Variance
	Older Adult Outpatient	RFP 8-2017	293,195	293,195	0
	Behavioral Health Svcs in Primary Care	RFQ 32-2017	332,824	332,824	0
	Senior Drop-in Center	RFQ 5-2017	223,276	223,276	0
	General Fund CODB - to be allocated			5,368	5,368
	Adult Programs		849,295	854,663	5,368
Full Circle	RFP 1-2017	736,862	758,968	22,106	
	CYF Programs		736,862	758,968	22,106
	Total		1,586,157	1,613,631	27,474

3.	Funding Mix	Fund-Dept-Auth-Proj-Activity	FY22-23	FY23-24	Variance
	MH Adult Fed SDMC FFP (50%)	10000-251984-10000-10001792-0001	13,214	13,214	0
	MH Adult County General Fund	10000-251984-10000-10001792-0001	165,708	171,076	5,368
	MH Grant SAMHSA Adult SOC, CFDA 93.958	11580-251984-10001-10038132-0001	114,273		-114,273
	MH Grant SAMHSA Adult SOC, CFDA 93.958	11580-251984-10001-10039340-0001		114,273	114,273
	MH MHSA (OA)	11630-251984-17156-10031199-0072	556,100		
	MH MHSA (OA)	11630-251984-17156-10031199-0088		556,100	556,100
		Adult Total	849,295	854,663	561,468
	MH CYF Fed SDMC FFP (50%)	10000-251962-10000-10001670-0001	266,948	266,948	0
	MH CYF State 2011 PSR-EPSDT	10000-251962-10000-10001670-0001	147,816	147,816	0
	MH CYF State 1991 Realignment	10000-251962-10000-10001670-0001	98,578	98,578	0
	MH CYF County General Fund	10000-251962-10000-10001670-0001	153,520	175,626	22,106
	MH CYF County General Fund ERMHS	10000-251962-10000-10001670-0001	70,000	70,000	0
		CYF Total	736,862	758,968	22,106
		Mental Health Total	1,586,157	1,613,631	583,574

4.	Variance Explanation:			
	FY23-24			
	FY22-23		1,586,157	
	3% MH-Adult General Fund CODB		5,368	
3% MH-CYF General Fund CODB		22,106		
Total		1,613,631		

- 1. Contractor, Contract, and Contact Information**
- 2. Program Details**
- 3. Funding Mix**
- 4. Variance Explanation**

Contract ID#1000099999

**SF Behavioral Health Services
FY19-20 Budget by Program**

5.

Program	General Fund	FFP Medi-Cal	SAMHSA Adult SOC	MHSA (OA)	Total
Older Adult IFSO	165,708	13,214	114,273		293,195
Behavioral Health Primary Care Integration				332,824	332,824
Senior Drop-in Center				223,276	223,276
Cost of Doing Business	5,368			0	5,368
Total	171,076	13,214	114,273	556,100	854,663

5. Funding Detail at Program Level

FY 2019-2020 Children's Program Funding Mix		FSP Contract ID# 1000099999							
DPH-CBHS, Children, Youth & Families System of Care									
Contract Agency: SF Behavioral Services									
Date: 7/01/19									
Program Number:		382203	Direct	382203	Indirect	Cost	FY23-24	FY22-23	
		Full Circle	Services	Full Circle	Services	of Doing	Contract	Contract	variance
		Family Program	Subtotal	Family Program	Subtotal	Business			
		(EPSDT)		(EPSDT)					
	PS Codes	(OP)		Indirect					
	(Fund-Dept-Auth-Project-Activity)	07/01/23-06/30/24		07/01/23-06/30/24					
Total Cost		677,450	677,450	59,412	59,412	22,106	758,968	736,862	22,106
Funding Mix			0						
MH Fed SDMC FFP (50%) CYF	10000-251962-10000-10001670-0001	266,948	266,948				266,948	266,948	0
MH State CYF 2011 PSR-EPSDT	10000-251962-10000-10001670-0001	147,816	147,816				147,816	147,816	0
MH State CYF 1991 Realignment (matched)	10000-251962-10000-10001670-0001	75,798	75,798				75,798	75,798	0
MH State CYF 1991 Realignment	10000-251962-10000-10001670-0001		0	22,780	22,780		22,780	22,780	0
MH CYF County General Fund (matched)	10000-251962-10000-10001670-0001	43,334	43,334		0		43,334	43,334	0
MH CYF County General Fund	10000-251962-10000-10001670-0001	73,554	73,554	36,632	36,632	22,106	132,292	110,186	22,106
MH CYF County General Fund (ERMHS)	10000-251962-10000-10037431-0001	70,000	70,000				70,000	70,000	0
FY19-20 total funding		677,450	677,450	59,412	59,412	22,106	758,968	736,862	22,106
FY18-19 total funding		677,450	677,450	59,412	59,412	0	736,862	736,862	
variance		0	0	0	0	22,106	22,106	0	22,106

Appendix B - Contract Budget

- DPH 1 – Contract Budget Summary
- DPH 2 – Cost Reporting Data Collection (CRDC)
- DPH 3 – Salaries and Employee Benefits Detail
- DPH 4 – Operating Expenses Detail
- DPH 5 – Capital Expenses Detail
- DPH 6 – Contract-Wide Indirect Detail
- DPH 7 – Budget Justification

DPH 1 - Contract Budget Summary

1. Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 09999						Appendix B, Page 1
Legal Entity Name/Contractor Name SF Behavioral Health Services						Fiscal Year 2023-24
Contract ID Number 1000099999						Funding Notification Date 07/10/23
Appendix Number	B-1	B-2	B-3	B-4	B-5	
Provider Number	99IS	9999	9999	990070	9999	
Program Name	Older Adult Outpatient	Behavioral Services in Primary Care	Senior Drop-in	Senior Center Outpatient	Full Cycle	
Program Code	99ISBH	9999PC	9999DC	00700	9999FC	
Funding Term	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	07/01/19-06/30/20	
FUNDING USES						TOTAL
Salaries	\$ 183,410	\$ 210,025	\$ 146,599	\$ 106,800	\$385,500	\$ 1,032,334
Employee Benefits	\$ 51,287	\$ 56,707	\$ 33,555	\$ 28,302	\$115,650	\$ 285,501
Subtotal Salaries & Employee Benefits	\$ 234,697	\$ 266,732	\$ 180,154	\$ 135,102	\$ 501,150	\$ 1,317,835
Operating Expenses	\$ -	\$ 22,680	\$ 14,000	\$ 21,465	\$ 158,822	\$ 216,967
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 234,697	\$ 289,412	\$ 194,154	\$ 156,567	\$ 659,972	\$ 1,534,802
Indirect Expenses	\$ 38,943	\$ 43,410	\$ 29,122	\$ 23,485	\$ 98,996	\$ 253,956
Indirect %	16.6%	15.0%	15.0%	15.0%	15.0%	15.2%
TOTAL FUNDING USES	\$ 273,640	\$ 332,822	\$ 223,278	\$ 180,052	\$ 758,968	\$ 1,768,758
						Employee Benefits Rate 27.5%
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult County General Fund	\$ 171,076					\$ 171,076
MH Adult Fed SDMC FFP (50%)	\$ 13,214					\$ 13,214
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 114,273					\$ 114,273
MH MHSA (OA)		\$ 332,822	\$ 223,278			\$ 556,100
MH CYF Fed SDMC FFP (50%)					\$ 266,948	\$ 266,948
MH CYF State 2011 PSR-EPSDT					\$ 147,816	\$ 147,816
MH CYF State 1991 Realignment					\$ 98,578	\$ 98,578
MH CYF County General Fund					\$ 245,626	\$ 245,626
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 298,563	\$ 332,822	\$ 223,278	\$ -	\$ 758,968	\$ 1,613,631
BHS SUD FUNDING SOURCES						
SUD County General Fund				\$ 180,052		\$ 180,052
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ 180,052	\$ -	\$ 180,052
OTHER DPH FUNDING SOURCES						
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 298,563	\$ 332,822	\$ 223,278	\$ 180,052	\$ 758,968	\$ 1,793,683
NON-DPH FUNDING SOURCES						
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 298,563	\$ 332,822	\$ 223,278	\$ 180,052	\$ 758,968	\$ 1,793,683
Prepared By	Robert Smith		Phone Number	415-554-999		

1. Contractor, Contract, and Program Information
2. Funding Term
3. Funding Uses and Indirect Rate
4. Funding Sources: MH, SUD, Other DPH Section, and Non DPH Funding
5. Prepared by and Phone #

1.

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 09999		Provider Name SF Behavioral Health Services		Appendix Number B-3	
Contract ID Number 1000099999		Provider Number 9999DC		Page Number	
				Fiscal Year 2023-24	
				Funding Notification Date 07/10/23	
Program Name Senior Drop-in		Program Code 9999DC			
Mode/SFC (MH) or Modality (SUD) 60/60-69		SS-Case Mgt Support			
Funding Term (mm/dd/yy-mm/dd/yyyy) 07/01/23-06/30/24					
FUNDING USES					
					TOTAL
Salaries & Employee Benefits	\$ 180,154				\$ 180,154
Operating Expenses	\$ 14,000				\$ 14,000
Capital Expenses	\$ -	\$ -			\$ -
Subtotal Direct Expenses	\$ 194,154	\$ -	\$ -	\$ -	\$ 194,154
Indirect Expenses	\$ 29,122				\$ 29,122
TOTAL FUNDING USES	\$ 223,276	\$ -	\$ -	\$ -	\$ 223,276
Indirect %	15.0%	#DIV/0!	#DIV/0!	#DIV/0!	15%
BHS MENTAL HEALTH FUNDING SOURCES	Fund-Dept-Auth-Proj-Activity				
MH Adult County General Fund	10000-251984-10000-10001792-0001				\$ -
MH Adult Fed SAMC FFP (50%)	10000-251984-10000-10001792-0001				\$ -
MH Grant SAMHSA Adult SOC, CFDA 93.958	11580-251984-10001-10039340-0001				\$ -
MH MHSA (OA)	11630-251984-17156-10031199-0088	\$ 223,278			\$ 223,278
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 223,278	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 223,278	\$ -	\$ -	\$ -
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		223,278	-	-	223,278
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased	N/A	N/A	N/A	N/A	
SUD Only - Number of Outpatient Group Counseling Sessions	N/A	N/A	N/A	N/A	
SUD Only - Licensed Capacity for Narcotic Treatment Programs	N/A	N/A	N/A	N/A	
Payment Method	Cost Reimbursement				
DPH Units of Service	3,601				
Unit Type	Staff Minute	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 62.00	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 62.00	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	N/A				
Unduplicated Clients (UDC)	120				Total UDC

2.

3.

4.

5.

DPH 2 - Cost Reporting Data Collection (CRDC)

1. Contract, Program Information, and Service Description
2. Funding Term
3. Funding Uses and Indirect Rate
4. Funding Sources and Accounting Codes
5. Payment Method, UOS, Unit Rates, UDC, and Published Rate if there's MediCal funding

1.

Appendix B - DPH 4: Operating Expenses Detail

Program Name Older Adult Outpatient
 Program Code 99ISBH
 Contract ID Number 1000099999

4.

Appendix Number B-1
 Page Number
 Fiscal Year 2023-24
 Funding Notification Date 07/10/23

DPH 4 – Operating Expenses Detail

2.

3.

Expense Categories & Line Items	TOTAL	11630-251984-17156-1003119-0088			Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/23-06/30/24	07/01/23-06/30/24	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 5,200	\$ 5,200					
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ 5,200	\$ 5,200	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 500	\$ 500					
Photocopying	\$ -						
Program Supplies	\$ 1,934	\$ 1,934					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 2,434	\$ 2,434	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 200	\$ 200					
Insurance	\$ 2,000	\$ 2,000					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 2,200	\$ 2,200	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 500	\$ 500					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -
St. John's (\$30.55/hr x 8 hours/mo x 12 months)	\$ 3,666	\$ 3,666					
Consultant/Subcontracting Agency Name, Service Detail, w/Dates, Hourly Rate and	\$ -						
Consultant/Subcontractor Total:	\$ 3,666	\$ 3,666	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Volunteer Stipend	\$ -						
	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

1. Program and Contract Information
2. Expense Categories and Line Items
3. Funding Term
4. Funding Sources (Fund-Dept-Auth-Proj-Activity)
5. Consultant/Subcontract or – Agency name/service details with dates, rate, and amount
6. Other – brief description

Note: Expense Categories may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

Appendix B - Contract Budget

•DPH 7 – Budget Justification

–BHS Budget Justification is only needed for a program if:

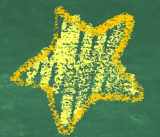
- required by the funder/funding source
- the program/service is new as a result of an RFP/RFQ



Coming Up...

Budget

SHIRLEY GIANG
DPH Business Office, Budget Director



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

A wooden ledge at the bottom of the greenboard. On the left, there is a black eraser and a white piece of chalk. On the right, there are two more white pieces of chalk.

**(BHS-ONLY) California Advancing and Innovating MediCal Payment Reform (CaAIM)
Beginning July 1, 2023 (BHS ONLY) Contract Changes for Outpatient Services**

- Changes for MH and SUD Outpatient programs in Appendix B
 - Payment method will be converted to Cost Reimbursement invoices
 - Includes Level of Effort (LOE) calculation to track under or over performance
 - Collapses Mode 15 and Mode 45/60 services and budget into Mode 15 services where applicable
 - Any Outpatient-91, Outpatient-105, or ancillary services will be consolidated into only Outpatient Services
 - The new Appendix B format and instructions for Outpatient programs are posted in the CDTA website.
 - <https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents.asp>

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(BHS-ONLY)

CALAIM Contract Changes in Salaries & Benefits Detail Page of Appendix B

	Total Budgeted FTE	Total Budgeted Salaries	Practitioner Type	Portion of FTE Providing Services to Clients	Portion of FTE Providing Program Support	FY23/24 Level of Effort (LOE) Target
			Use the dropdown to select the appropriate Practitioner Type for all positions. Direct Patient Care Percentages are fixed by Practitioner Type using DHCS recommendations.	Include all billable and non-billable time for staff providing services to the client.	Include only time involved in program support activities. Examples include Program Director & QA.	LOE Formula: Column E (Estimated Direct Patient Care %) X Column F (Portion of FTE Providing Services to Clients) X 46 weeks X 40
Funding Term	(mm/dd/yy-mm/dd/yy):					
Position Title	FTE	Salaries				
Program Director	0.50	\$ 35,000.00	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered	-	0.50	-
Psychologist/Clinical Supervisor	1.00	\$ 52,000.00	Psychologist/Pre-licensed Psychologist - 40%	0.75	0.25	552.00
Program Coordinator	1.00	\$ 43,000.00	No DHCS Practitioner type applies. Non-billable	0.80	0.20	-
MH Clinician III	0.50	\$ 33,750.00	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered	0.50	-	368.00
MH Clinician II	2.00	\$ 121,000.00	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered	2.00	-	1,472.00
MH Clinician I	2.00	\$ 112,000.00	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered	2.00	-	1,472.00
Program Assistant	1.00	\$ 35,000.00	Mental Health Rehab Specialist - 36%	0.50	0.50	331.20
Peer	1.00	\$ 31,500.00	No DHCS Practitioner type applies. Non-billable	1.00	-	-
Totals:	9.00	\$ 463,250.00		7.55	1.45	4,195.20

(BHS-ONLY)

CALAIM Contract Changes: Practitioners and Level of Effort

Practitioner Type	Estimated Direct Patient Care (DPC)%
No DHCS Practitioner type applies. Non-billable	0%
No DHCS Practitioner type applies. Non-billable (Peer)	0%
Psychiatrist/ Contracted Psychiatrist - 45%	45%
Physicians Assistant - 40%	40%
Nurse Practitioner - 40%	40%
RN - 40%	40%
Certified Nurse Specialist - 40%	40%
Alcohol and Drug Counselor - 40%	40%
LVN - 40%	40%
Pharmacist - 40%	40%
Licensed Psychiatric Technician - 40%	40%
Psychologist/Pre-licensed Psychologist - 40%	40%
LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC) - 40%	40%
Occupational Therapist - 40%	40%
Mental Health Rehab Specialist - 36%	36%
Peer Recovery Specialist - 36%	36%
Other Qualified Providers - Other Designated MH Staff that Bill Medical - 40%	40%

Level of Effort (LOE) Calculations

Formula:

(Estimated Direct Patient Care %) x (Portion of FTE Providing Services to Clients) x 46 weeks (assumes 6 weeks PTO) x 40 hours/week = **LOE Target**

Example:

Nurse Practitioner, 40% x 0.50 FTE x 46 weeks x 40 hours = LOE Target
 $0.40 \times 0.50 \times 46 \times 40 = \text{LOE Target}$
368.00 hours = **Individual Staff LOE Target**

*All Staff LOE Targets will be summed to establish each program's FY23-24 LOE Target

Appendix B- DPH-2 Department of Public Health Cost of Report/Data Collection (CRDC)

(BHS-ONLY)

DHCS Legal Entity Number	0					Appendix Number	B-#
Provider Name						Page Number	
Provider Number	0					Fiscal Year	0
Contract ID Number	0					Funding Notification Date	01/00/00
Program Name							
Program Code							
Mode/SFC (MH) or Modality (SUD)	15	ODS-91					
Service Description	Outpatient Services	Outpatient Services					
Funding Term (mm/dd/yy-mm/dd/yy):							
FUNDING USES							TOTAL
Salaries & Employee Benefits							\$ -
Operating Expenses							\$ -
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Expenses							\$ -
Indirect %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL FUNDING USES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method							
DPH Units of Service/Hours to Bill (LOF)	4,195						
Unit Type	Staff Hour	#N/A		0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SHIRLEY GIANG

(BHS-ONLY)

CalAIM Contact Information

- **BHS CalAIM Office Hours on Wednesday from 10am- 11am**
 - ▣ Join Zoom
Meeting: <https://sfdph.zoom.us/j/86713819716>
 - ▣ Meeting ID: **867 1381 9716**
- **CalAIM billing and documentation resources on SFGOV**
at <https://sf.gov/resource/2023/provider-billing-documentation-library>
- **For additional questions or feedback**
Please email bhscalaim@sfdph.org



Reminder on Subcontractor/Consultant Policy

- Contracts that contain subcontractor/consultant expenses are expected to submit a copy of all subcontractor/consultant contracts (signed and dated) to CDTA (cdtaunit@sfdph.org) **WITH Appendices A and B.**
- For contractors that are unable to submit their Subcontractor/Consultant Agreements with Appendices A and B, contractors must: 1) Provide a written explanation on why this requirement cannot be met via email to their CDTA Program Managers and; 2) Submit their Subcontractor/Consultant Agreements no later than 30 days of the submission of Appendix A and B.
- Invoice payments for subcontractors will be withheld until a copy of the subcontractor/ consultant contract is on file with the CDTA Program Manager.

Reminder on Subcontractor/Consultant Policy

- In the boilerplate, it is required that the contractor names and identifies the subcontractor/consultant. If the name of the subcontractor or other detailed information is unknown, will then be required to modify the contract to incorporate the name and rate information once that information is available.
- Invoice payments cannot be processed if the name is different from the Appendix B, or the reimbursement rate is different from the rate indicated in Appendix B.

Invoice Due

- Invoices are due to DPH Invoice Analyst by the 15th calendar day of each month for expenses and deliverables from the previous month. Contractors can expect to receive contract payments approximately 15 to 20 working days following receipt of the invoice by DPH.

Common Invoicing Errors

- Incorrectly prepared invoices or other factors may result in delayed processing. Common errors include:
 - ▣ Using an invoice template not provided by the DPH Invoice Analyst. For example, not using the latest invoice template prepared by the DPH Invoice Analyst after contract modification or contract certification
 - ▣ Billing estimated expenditures or deliverables is not acceptable. Monthly expenditures or deliverables reported should reflect actual expenses/units of service delivered
 - ▣ Inaccurate Delivered-to-Date or Expenses-to-Date figures caused by overriding formulas placed in the electronic invoice template

Common Invoicing Errors (con't)

- Absence of required supporting forms or documentation for cost reimbursement invoice such as Page B, Detail of Personnel Expenditures or staff name or Page C, worksheet for subcontract expense by month.
- Consultant or subcontract agreement has not been received by DPH
- The name on the consultant/subcontractor's invoice does not match the name in the subcontract agreement and Appendix B budget pages of the contract
- The term indicated on the consultant/subcontractor's invoice does not match the term in the subcontract agreement and Appendix B budget pages of the contract

Other Reasons Result in Delaying of Invoice Payment

□ What could be the other reasons why payments are delayed?

□ Besides the common invoicing errors, the reasons below also result in delayed payment processing:

■ Expired and insufficient insurance coverage – according to contract provision Article 5.1.5 –

5.1.5 - Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance. ¶

■ Unsettled Business Tax and other City Taxes – the Financial System automatically blocks the approval of any vouchers until all taxes are paid.

■ Non-compliance to SF Admin Code Chapter 12B - the Financial System automatically blocks the approval of any vouchers until this issue is settled.

Invoice Submission

- Please submit the electronic invoice to the email address listed below.
 - BHS – cbhsinvoices@sfdph.org
 - HHS, HPS, CHEP – aidsoffice@sfdph.org

Shirley Giang's Team Roster Budget



NAME

Shirley Giang, Budget Director

Alice Kurniadi

Christina Xiong

Daniel Leong

Deanna Chan

JinQuan Li

Judy Perillo

Mimi Fung

Michelle Kern

Sajid Shaikh

Valerie Lai

Winnie Chen

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SHIRLEY GIANG

DPH Business Office Budget Director

JUDY PERILLO

Budget Analyst



Q & A Session

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DPH Business Office, September 6, 2023

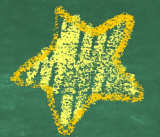


Coming Up...

Appendix B: Budget (Non-BHS)

DEAN GOODWIN

Manager of Community – Based Organization Contracting



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

A wooden ledge at the bottom of the chalkboard. On the left is a black eraser. In the center and right are two white markers.

APPENDIX B: NON-BHS

Changes made to workbook (HIGHLIGHTS)

- Format changes to pages to create more flexibility for edits.
- Instructions and examples off to side of budget pages to help guide users.
- Capital Expenses removed (Appendix B pages with Capital Expenses is available – tabs are hidden within workbook).
- Annualized FTE formulas.
- Brief duties related to program instead of Minimum Qualifications in Budget Justification.
- Pull down menu for HHS Service Category types to list UOS Cost Caps (can be easily overtyped by non-HHS users).

Things to Keep in Mind:

- Each non-BHS Appendix B is to contain a Budget Summary that summarizes all funding sources and/or programs contained in the budget for every fiscal year.
- Each program narrative (A-1, A-2, etc.) is to have a corresponding UOS Cost Allocation and Budget Justification. A-1 will have a corresponding B-1; A-2 will have a corresponding B-2, etc.
- Each funding source is to have a UOS Cost Allocation tab and corresponding Budget Justification tab distinguished by a lower-case letter (B-1a, B-1b, B-2a, B-2b, etc.) if more than one funding source exists.

DEAN GOODWIN

DEAN GOODWIN

Manager of Community-Based Organization Contracting



Q & A

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DPH Business Office, September 6, 2023



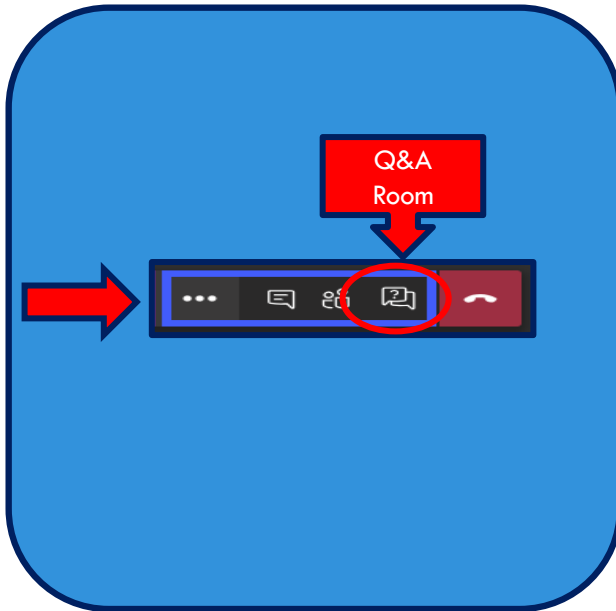
CLOSING REMARKS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH Business Office, September 6, 2023

EVALUATION FORM OPTIONS

106

LINK



QR CODE

FY 23-24 CONTRACTING 101
EVALUATION SURVEY



THANK YOU FOR ATTENDING CONTRACTING 101!

